

Woundedness and the Spiritual Journey

This is a talk offered at the Christian Community Health Fellowship annual conference in May of 2006. In it I explore the relationship between the woundedness of the people I've served, my own woundedness, and my spiritual journey.

Bruce Jackson has asked me to speak this morning about the impact of my work with the impoverished upon my spiritual journey, and I'm going to try. But it's a tricky business, and I've struggled to find something to say that might be helpful. Let me begin with a few caveats:

- First, I suspect we usually know far less than we think we do about our own spiritual journeys. It's easy to identify events as important that turn out not to be so and then miss the really important things.
- Second, at my age, memories of what actually happened begin to merge with certain story lines that I've constructed about my journey, so I can't guarantee a close relationship between my memory and what actually happened.
- Third, put into prose, what seem like—and may have been—profound spiritual experiences often seem like bland clichés.
- Finally, to tell you the truth, I'm not even sure what my “spiritual journey” is, just as I'm not really sure how my “spiritual life” differs from any other part of my life. It seems to me it's all of a piece, and trying to tease one part out to call it a “spiritual journey” risks illusion.

With all those caveats, I'll give it a try. And I'm going to speak about three parts of my spiritual journey:

- an understanding of justice
- the search for a deeper compassion, and
- the reality of human brokenness.

In 1982, I'd burned out from seven years as a rural doctor in the wilderness of northeastern Minnesota, or at least so I thought. My wife Marja, our three young children, and I decided on a year's sabbatical to Marja's hometown in Finland for my recuperation. That summer, in a cottage on a small Finnish lake, I began writing, trying to make sense of some of the contradictions in medicine that had driven me nuts in my rural practice, a manuscript that eventually became my first book, *Healing the Wounds*. As our year away drew to a close, I found I was literally terrified of returning to the rigors of rural medicine. It was just then that

Janelle Goetcheus sent me an invitation to join her and the Church of the Saviour in their work with the urban poor of Washington DC.

On the face of it, my moving to the inner city of Washington was, at best, a bizarre idea. I'd just burned out in an idyllic wilderness environment amidst a supportive community of white Scandinavians, whose culture I well understood. I don't like cities and couldn't imagine living in one. I don't particularly like the South, and I can't tolerate hot, humid weather. Yet here I was headed to Washington DC to work amidst the pain of Washington's urban poor!

But Marja and I were consciously seeking a closer relationship with God. We'd just spent seventeen years as agnostics and were trying to find our way back. We took seriously liberation theology's notion that those oppressed by the system know a spiritual reality that people of privilege like us need to learn. We came to Washington, in other words, because we wanted to find what Mother Teresa called "the face of Jesus in the poor."

I began working at a church-sponsored neighborhood clinic. During those first months, it seemed to me that I found anything *but* the face of Jesus in the impoverished people with whom I was working. I felt overwhelmed, almost assaulted by the brokenness that my patients brought into the clinic: addictions, abuse, homelessness, alienation, mistrust, an apparent inability to follow even the simplest of instructions. I noticed myself falling into that common American point of view that blames poor people themselves for their poverty.

Perhaps even more difficult was the cultural and language divide that so often complicated attempts at even the most rudimentary conversation. Among my rural Minnesota patients were many with addictions, others who for one reason or another didn't want to tell me the entire story, lots who didn't comply with my instructions, and so on. But with most of them we could communicate at an intuitive level, too. A few minutes into our conversation and I could be pretty sure that it wasn't the headache he was *really* concerned about. I could catch the little cues the young mother dropped that she was near desperation trying to care for her two young children. Even when people weren't telling me the truth, it seemed we had little signals that let me know they weren't giving me the whole story. We shared a common cultural background.

Much of that disappeared when I moved to the inner city.

I ended up feeling overwhelmed. It was really easy to slide towards blaming my patients. Worse, it was easy to start believing that the lack of education, the cultural differences, the lives that I didn't really understand were signs of moral (or spiritual) inferiority. In fact, I'm now quite sure, it's the other way around, and it's *our* hearts that must be broken by the poor.

Fortunately, I'd learned how to listen carefully to my patients, and I kept at it. It didn't take too long, perhaps a couple of years, before my patients had instructed me in a much deeper truth. As I listened, I began to realize that virtually every one of my patients was doing the best they could with what they had. I began to see that even the behavior that most frustrated me was rooted in things that had assaulted them. Abuse; a media environment that certified their failure because of their poverty; a local culture of hopelessness and despair that robbed initiative and made education seem pointless; role models that left little doubt that you, too, were going to be a teen mother or a pusher on the corner; schools that didn't work; and so on. There were *reasons* people behaved as they did, and I came to understand that I would never be able to fully empathize with people who'd experienced such different histories. (Just to be clear, this isn't to relieve these folks of their portion of the *responsibility* for their plights. When I worked with them, we had to work with what they could change, with their behavior. But I needed to keep in *my* head the primary causes.) Once born into the ghetto, a person discovers that the ladders out are few ... and slippery.

But where'd this ghetto come from in the first place? Where'd this deep brokenness come from? Why is it a *black* ghetto?

As I asked that question, I recognized my unspoken racist assumption: there's something in the larger black culture that was ultimately responsible for the ghetto. After doing some basic historical reading, however, I discovered how wrong my assumptions had been. There is, in fact, a unique history to the African-American ghetto. Social, political, and economic structures far beyond the control of the people who lived there are responsible for its formation. There isn't time to go into that whole interesting story now, but perhaps later in the workshop we can talk about it, or you can read my book *Urban Injustice, Why Ghettos Happen*.

The point of all that for us this morning is that over time, my work with the impoverished has given me an understanding of the deep injustice that pervades our society. My heart has been broken, and I've come to see my responsibility for challenging the powerful structures that keep

impoverished people impoverished.

To put it in “spiritual language,” I’ve recognized that the expression of Christ’s love at a macro level is called “justice.” If our lives are not in active solidarity with the excluded of the world, we suffer an alienation that ultimately separates us from our deeper selves and God and leads to cynicism and despair. *Inclusiveness* is central to the spiritual journey and that means not only doing charity but also working for justice, challenging the structures that impoverish in the first place.

Not long after we arrived in Washington, our family joined Janelle and others in founding Christ House, a medical recovery shelter for homeless men where we lived for five years. In 1990, our family then moved to found Joseph’s House, a home and community for homeless men dying with AIDS, where we lived for three years. Joseph’s House was an intimate community. We each had our own bedrooms, but otherwise we shared living room, dining room, kitchen and other common space. We met twice weekly for community meetings and gradually moved into each others’ lives, sharing joy and pain, life and death.

Marja and I had lived in many intentional communities, but this was by far the deepest and most intense. The issues we had to deal with—addiction, racial misunderstanding and anger, mending broken family relationships, to say nothing of the tensions of just living together—forced us to enter deeply into one another’s lives. The prospect of imminent death brings life into focus, clarifies our need for one another. With AIDS, one often dies slowly, so there’s opportunity for masks to be shed on both sides, for intimacy to develop.

One of the three men who moved into Joseph’s House the same day that we did was Howard Janifer. Howard was forty, and—before he learned of his HIV diagnosis—had lived on the street for seventeen years supporting his drug and alcohol habit by burglarizing homes.

We almost didn’t bring Howard into the House because he seemed a little too sick for us. During that first year we weren’t quite ready to provide hospice care because we were renovating the house to accommodate more residents. We were also a little leery of taking Howard in because ... well ... he seemed a bit demented. We were to discover, though, that Howard’s “dementia” was actually the product of a habit of mumbling and a strange sense of humor. And as for being “too sick,” Howard lived with us for six and a half years.

He would have been an extraordinary person in any community. I first got a glimpse of that a few weeks after we moved into Joseph's House, and Howard rushed up to me breathless, "Doc, you gotta do something. This house is *wide* open. *Anybody* could break in here!" Then he paused and said with a grin, "And that's a *professional* opinion." We gave him a few tools and supplies and over the next few weeks, he meticulously burglar-proofed the place for us.

Howard was a night owl. He usually stayed up until six or seven in the morning prowling the house, "protecting" it, he said. When I sometimes couldn't sleep, I'd come downstairs and find him at prayer in the living room. He said he spent about two hours every night before his homemade altar. During the other hours of the night, he cleaned the kitchen, fixed the plumbing, rewired somebody's TV to get cable, did the gardening and lawn work. He was a remarkably skilled handyman. He was very good with locks.

But Howard also requested to be called upon whenever any of the men was in his last days at the House. He'd discovered a special gift in helping a man die. Especially during the middle of the night, he'd sit for hours at a man's bedside, singing to him, reading Scripture to him, holding him, cleaning him, feeding him, whatever was necessary. Howard had had a deep spiritual conversion. (He claimed to be simultaneously both a Baptist [his church growing up] and a Roman Catholic [his place of conversion]. The theological contradictions didn't bother him.) He told the story of living in Mother Teresa's hospice for the poor in Washington before coming to Joseph's House and seeing on a wall plaque the names of all the people who had died there. He realized that he'd destroyed his own life with drugs and alcohol, but now he was being given a chance for new life, and this new life belonged to God. Howard would use it to care for others. He shaped our lives deeply.

Howard had never said much about his background. He was the youngest of eight children from a very poor family in Washington. As a child he had to work to bring in cash for the family. At age 17 he dropped out of high school and married. His bride was twelve year old. They eventually had three children.

Howard came of age during the Vietnam War and joined the army. He was never sent overseas to participate in actual combat, but Howard's stories were full of experiences as a paratrooper and his training for fighting in the jungle ... although I was never sure where his memory ended and his imagination began. After leaving the Army, however, he seemed to drop out of society. I don't know how it happened. He'd become addicted, and his addiction overcame him. He was soon separated from his wife and children, living on the streets or in

prison.

Howard had spent seventeen years in destitution on the streets. In the community of love and forgiveness at Joseph's House, however, his remarkable giftedness became evident.

It's easy to see how living with Howard for several years would be deeply hopeful, how much he could teach you about the power of love and the possibility of conversion. But, to be honest, Howard wasn't your typical Joseph's House resident. I sometimes felt I was in the presence of a somewhat weird, utterly unselfconscious saint.

But there were other kinds of experiences as well. Two men came from the streets to Joseph's House. Suspicious of others, Monroe had lived on the edges of our society for years, avoiding shelters, supporting himself by doing odd jobs. At age sixty-three he had no health insurance and received no other benefits. One day on the street, he collapsed and—when he woke up—found himself in the hospital ... breathing through a hole in his neck, unable to speak. Only then did Monroe learn that he had advanced throat cancer. He was despondent and delusional when we welcomed him to the house, and we half expected he'd leave before giving Joseph's House a chance. And he might have, but then Larry arrived.

Larry appeared an unlikely savior. During an emergency hospitalization, just before coming to Joseph's House, Larry'd been diagnosed with late-stage AIDS. Gaunt and crusted with dirt, he was one of those men we're sometimes afraid of on the street, dressed in dark, ragged clothes walking slowly, head down, mumbling in their own worlds. With his paranoia from mental illness, his outward behavior could be threatening. Like Monroe, Larry trusted no one and had survived completely outside the system. Sick and angry, Larry arrived at Joseph's House reluctantly, pushed by a hospital social worker in the winter to go inside ... somewhere.

Unfortunately, the only bed in the House was in a double room with Monroe. Two paranoid men in a double room! We held our breath. But Monroe seemed to see inside Larry's belligerence and wasn't frightened by his behavior. There was something remarkable in Monroe's quiet way of listening, even when Larry growled obscenities.

Before Larry arrived, Monroe had kept the room the way he wanted: cool with the window open, quiet with the TV off, and dark with no light when he slept. He kept his worldly belongings

in small, neat stacks under his bed.

When Larry arrived, he pretty much took over. Larry liked it hot. He kept the portable heater on full blast, the TV blaring, and the overhead light on day and night. His stuff, of course, got strewn everywhere.

On closer examination, though, it was not so clear *who* was taking over whom, for Larry was transformed ... by Monroe. He began to get up early in the morning to shower and put on clean clothes. He asked an aide to give him a haircut and find a razor so he could shave. Larry tempered his profanity and began to talk sports with anyone who'd listen. Unreachable just weeks before, Larry allowed us to trim his long fingernails.

It was Monroe who facilitated this change in Larry. Monroe chose to remain with Larry because they had something to offer one another. Monroe—while still sometimes difficult to relate to—was no longer delusional or despondent, in part, perhaps, because he'd found someone who needed him. When another room became available, we offered it to Monroe, thinking he might sleep better without all of Larry's fuss. Because of his throat cancer, Monroe couldn't speak. But he shook his head and scratched on his pad that he liked his bed, didn't mind Larry, and didn't want to move.

Larry would sometimes forget his medications, especially his anti-psychotics. Within the hour, however, Monroe would come up to him, mute, shaking the bottle of pills before Larry until he took them. And if Larry ignored him, Monroe would take off after the nurse, shaking the bottle before her, until she gave Larry his medication. If Larry had an appointment with the doctor, Monroe would anxiously write a note to a volunteer reminding him to arrange a ride for Larry.

After a while, Monroe's tumor started growing again. He began breathing with increasing difficulty and spent more time in bed. To keep his airway clear we had to suction his tracheostomy at regular intervals around the clock. In the night when an aide would step in to suction him, however, she had to step over not just Larry's stuff (strewn everywhere) but over Larry himself, who had taken to sleeping on the floor next to Monroe, turned toward him, keeping watch. In his company, Monroe took comfort.

Monroe, of course, couldn't speak to Larry, and we never saw him hand Larry a note. They certainly had no normal conversation. But in their dying days, these men became family to one another. Each of them was still mentally ill; each of them was still dying of his disease. But in their deep brokenness, they found a caring for one another, a love for one another that renews hope.

They reminded me of alpine flowers growing on a rock where there seems to be nothing to hold onto. Love and forgiveness are ultimate expressions of God. If we keep our hearts open, we see that love and forgiveness everywhere, a sure manifestation of God among us.

I must tell you, though, there's an embarrassing little secret about that story. Although I wrote it down, I didn't see it happening. Someone else—who had better eyes to see—saw it and told me about it. I'd passed Larry and Monroe often in the house and hadn't noticed.

The lesson in that for me is that in order to experience deepening compassion for those we work with, we must begin to see them differently. We must meet them at a deeper level. The person who's written most profoundly about this is Jean Vanier, the founder of L'Arche, the worldwide organization for mentally handicapped adults and their assistants. Recently, Vanier was telling about a man who was in prison because he'd murdered five women.

He needs someone [said Vanier] who will see that behind all those walls that have been created, there's a little child who has never been awakened. Will one day he find somebody who will reveal to him his beauty? That he is a child of God? That he is precious?

Will this serial killer someday find someone who will listen deeply enough to reveal his preciousness?

The quest [says Vanier] is not just believing in God, but believing in other people. Believing in ourselves as children of God, and that we are called to see other people as God sees them, not as we would like them to be.

You see, the whole of the Christian message is that we have to change to see people as God

sees them. We have to have our eyes changed. We have to have attitudes that are changed.

It begins ... with listening. But we can be frightened of listening because it can shake up our certitudes, shake up our system of values because we don't quite know what to do with it once we have heard the story.

We don't know what to do with it.

I'm only beginning to learn the truth of what Vanier says, and to be honest, I still don't know quite what to do with it. There is, I think, a tension between the search for justice and the deep compassion to which Vanier calls us. Justice is social and, in a certain way, it glosses over the uniqueness of the individual. In our struggle for justice, we can forget to really listen to the person. (On the other side, of course, we can get so wrapped up in individual compassion that we ignore the structures that must be challenged.) The resolution to this tension is most certainly to go deeper into each one, although it is not an easy journey.

There's another reality that surfaces in working with the poor. And that is that the woundedness of the poor often makes our own woundedness strikingly obvious. And in facing our own woundedness we're pushed deeper into the spiritual journey. (Some of you, I'm afraid, have heard the following story, perhaps several times, so I'll abbreviate it ... and beg your indulgence.) It's the only way I can talk about this.]

By the time we founded Joseph's House, I was discovering that the emotional turmoil I'd experienced all my life was due, in part, to a significant organic depression. Looking back, it'd been with me at least since college. Over the years, I'd done everything I'd known to do—prolonged intensive psychotherapy, medications of various stripes, prayer, spiritual direction, aerobic exercise, sabbaticals, meditation ... you name it. I was beginning to realize that the depression would never be completely healed, that it'd always be there, sometimes crouched just beneath the surface, more often chronically interfering with everything at a low-grade level, occasionally leaping out to overwhelm me.

Although I hadn't realized it at the time, my depression had been a major part of the reason I'd burned out in Minnesota and left the practice there. And after I'd been in Washington for a while, it started breaking through again. Part of it, of course, was just the mental illness:

chemical imbalance in my brain. But part of it came from working within the chaos of my patients' lives. Trying to respond to their woundedness triggered my own.

After we'd lived at Joseph's House about two-and-a-half years, the depression started to worsen ... and then became agonizing. I intensified my psychotherapy, visited my psychiatrist and adjusted medications; I cut back on my work schedule; I prayed harder. Nothing worked. The intensity mounted, and I became for the first time in my life dysfunctional. It scared me. I was peering into an abyss and I couldn't see the bottom ... or the other side. I stopped work at the clinic, but I was still living at Joseph's House. I knew, though, that the pressure of trying to be present to the men in the face of my depression would be too much.

I had from time to time shared in our twice-weekly community meetings about my depression but always with a certain clinical detachment that left me pretty much in control. But this time there was no illusion of control. I talked about the acuteness of my depression and about my fear of the chaos. I told the men I wouldn't be able to respond to them either as a doctor or as a person of responsibility in the house for a while. I asked them just to allow me to live in the house as another resident.

I stopped talking, not knowing what to expect. Right away, PeeWee spoke up. PeeWee, you should understand, had been a drug kingpin before getting AIDS, living an extraordinarily violent life. But once he had AIDS, everything fell through, and he was largely abandoned by friends and family and became destitute. Even in his debility, however, he seemed to have no other way except violence to deal with conflict. He and I had had several run-ins. His brokenness was right on the surface.

But after I described my depression at the meeting, it was PeeWee who spoke up immediately. "That's cool, Doc," he said. "We been noticin' somethin' wrong. You just take as much time as you need. We'll still be here for you."

That was it—just those few words. Over the next several minutes, each of the men responded similarly. There was no over-reaction, no soulful looks of deep understanding or pity, no embarrassment for me, no offers of help, just simple acknowledgment that I was going through a rough time and that they'd be there for me. Howard said he'd pray for me.

No, there was no miracle cure to my depression, no flash of intellectual insight, but the healing to my soul was, ultimately, incalculable. I'd acknowledged my utter brokenness, and they weren't frightened by it, embarrassed by it, disgusted with it, or even eager to cure it. Just, "That's cool, Doc. We'll be here for you."

In our society, of course, we ghettoize these men and their brothers and sisters. They're the "dope addicts," the failures, the criminals, the violent. We push them out of our sight because, I think, we're afraid of our own darkness, unwilling to look at our own vulnerability and brokenness. They become the repositories of all that fearfulness, hopelessness, valuelessness, meaninglessness that we can't face in ourselves.

PeeWee had been responsible for the deaths of several people in the violent drug world that he'd inhabited for so many years before coming to Joseph's House. He was one of those we so rightly fear when we think of the inner city. And now he was dying. He was no stranger to his own brokenness. What he offered me was un pitying acknowledgment of my vulnerability ... and the awareness that some things won't ever be healed.

Part of the mystery is that the love and acceptance the men offered began that extraordinary process of healing in my soul. I began to understand my depression more deeply as a broken—probably *permanently* broken—part of me. Like most professionals I'd always seen my brokenness as a debit, something to be either corrected or denied. But the failure to embrace our own brokenness can ultimately hinder our knowing God. PeeWee was offering me the opportunity to accept my weakness and brokenness and to see it as an important pathway into a relationship with God. My task was to learn to live with it, in some way to make friends with it. I began to realize at a profound emotional level that I was, in fact, just like each of the men in that room, limited and unable to heal myself.

And they'd taught me another thing. Over the years in my inner-city practice, I'd come to know and love some of these people who were broken in such obvious ways: drug and alcohol addiction, mental illness, cognitive impairment, low self-esteem. Their brokenness didn't keep me from loving and respecting them. In fact, it was their woundedness that made them most real, most human. Perhaps I could trust that I was equally loved ... even in the darkness of my depression.

Sometimes—just every once in a while—in our community meetings at Joseph's House I'd look around at the people arrayed there: white professionals; white, post-college full-time

volunteers; black, working class women who were personal care aides; black men dying of AIDS, and I'd be suddenly overcome with the sense of living in the beloved community, experiencing a small piece of Heaven. Perhaps someone had made a gesture of love or forgiveness, perhaps someone had confessed his deep brokenness and other had listened nonjudgmentally, perhaps people with deep disagreement and distrust were reconciled. I would be overcome with the experience of God's presence.

I should mention, too, that my depression eventually led to my leaving the practice of medicine, although I still work at Joseph's House.

If you ask most people here who've worked for any length of time with the poor why they do it, eventually you'll hear them talk about the spirit, about how their life with the poor brings them closer to God. It's paradoxical. God *does* have a preferential option for the poor. It's not to say that impoverished people are better than the rest of us; it's only to say that there's something about brokenness that sometimes brings us closer to God. God *does* dwell more easily among the poor than among the satiated.

Finally, one brief word about hope: I often lecture about the abandonment of the poor, and I'm frequently asked where I find hope amidst all of this despair. Part of my spiritual journey has been to learn the difference between optimism and hope. I'm not optimistic about the directions our society seems to be taking. I don't believe things will get better for the poor in America anytime soon. And—given the militarism, the loss of civil liberties, the gradual erosion of democracy, the increasingly imperial presidency, the love affair with *laissez-faire*, free-market economics, the preemption of science by ideology, and many other issues any of us could catalog—I suspect things for everyone will get worse before they get better. But hope is not dependent upon optimism, in a perspective that sees broad change soon at hand. Rather, my hope is in the love manifesting itself in so many places *despite* the darkness. For me hope comes, in part, from those alpine flowers at Joseph's House.