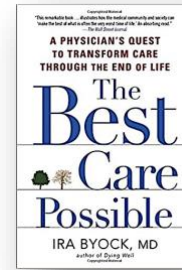


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The Spiritual Core of Human Experience  
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A heightened awareness of the essential mystery of life and the potential to evoke terror and awe affects anyone who ventures close to a person's dying. Confronted with the mystery of life—and death—we reflexively try to make some meaning of our experience in the world, strengthen our relationships with others, and feel part of something larger and more enduring than ourselves.

Throughout time and across cultures, people have conveyed wisdom for dealing with life's mysteries through religions. Anthropologists and archaeologists have found evidence of spiritual practices throughout human history. Religious teachings, customs, rituals, traditions, stories, and songs have guided individuals and families through births and deaths, celebrations and grief. Not surprisingly, people who have a deep religious faith often feel it is a source of strength and comfort in dealing with illness, caregiving, death, and grief.

Spirituality is rightly considered the province of religion, but it is not an exclusive province. Accompanying people who are dying has taught me that human life is inherently spiritual, whether or not a person practices a religion.

One afternoon in clinic, I asked Mr. Grady, a gruff, wizened farmer from Thetford, Vermont, if he considered himself a spiritual person. It is a question I ask every patient, unless the person has already volunteered information about his or her beliefs. I ask, because I can't count the number of times I would have surmised wrongly.

"Nah, not me," Mr. Grady said with a wry, tight smile. Congestive heart failure and lung disease gave him the habit of delivering short, considered bursts of words, all spoken in a thick New England brogue.

I probed a bit. "Do you have a sense of where we go after we leave this life?"

"Yup," he replied with a chuckle, his smile giving way to a broad, toothless grin. "The worms go in; the worms go out," he replied, his hand and wrist mimicking an undulate in motion.

I was curious about where he was planning to be buried. "Where will the worms go in and out of your bones, Mr. Grady?"

"Oh, we have a family cemetery on a hill in Thetford," his tone now earnest between pauses to breathe. "We Gradys have been buried there since the early 1800s." Another breath. "I suspect my grandchildren and their grandchildren will be there, too."

Mr. Grady didn't pray, attend church, or believe in God. However, his strongly felt connection to the land and his family, including generations of ancestors that preceded him and generations that would follow, seemed authentically spiritual to me.

Our team members—and increasingly, clinicians in our field—sometimes use poetry to explore spiritual aspects of people's experience.

Alice Fehling was a forty-seven-year old woman with advanced intraperitoneal

cancer and ascites who was admitted to the hospital when her leg suddenly turned cold and blue. After the successful removal of an arterial clot restored circulation to the limb, she developed kidney failure. During rounds one Sunday morning, I visited Alice in her hospital room. Following the requisite pain and bowel update, we indulged in musings about illness, healing, God, and love. The conversation began when I asked about the collection of Rumi's poems on her bedside table. We read a few and then I shared a favorite poem and asked her to guess who wrote it.

You do not need to leave your room,  
Remain sitting at your table and listen.  
Do not even listen, simply wait.  
Do not even wait, be quiet, still and solitary.  
The world will freely offer itself to you to be unmasked.  
It has no choice.  
It will roll in ecstasy at your feet.

"That's wonderful, but I have no idea who the poet is." Alice said.

"Franz Kafka," I replied.

Alice was surprised that Kafka, the quintessential existentialist whose writing typically portrayed the universe as cold and impersonal, leaving each individual exposed to circumstance and happenstance, would offer a vision of an ecstatic world. This led Alice and me to talk about chaos theory, fractals, and patterns within randomness. She spoke about healing and well-being in the face of loss and her sense of God within us all and all that is. She knew she was dying and hated to leave her husband with whom she felt ever more deeply in love. Alice said that except for her physical ailments, she had felt "well" and alive in these last few months.

The spiritual impact of death's approach is often felt by those who know and care for a person who is ill. Birth, illness, and death, even with the financial strain, time pressures, and turmoil in health care, imbue clinical care with a spiritual dimension.

Doctors and nurses only rarely talk to one another about these things. However, over the years many colleagues have spoken to me about accompanying patients in their final days, hours, and moments before death. Again and again, the words, "privilege" and "sacred," are part of their descriptions. "There was something sacred about being there when Mrs. Jones passed." Or, "It was a sacred moment for the family," adding, "for me, too." Along with, "It was a privilege to help care for Mrs. Jones. I feel fortunate to have been there as she died." Or simply, "What a privilege!"

My unscientific sample suggests that the experience of sacredness and privilege in the presence of these events is shared by people of all religions, politics, and temperaments. I have exchanged nods of silent recognition of the indefatigable quality of people's deaths with unsentimental surgeons and tightly wrapped intensivists. It is not just the end of life, but somehow a culmination of human experience. To those who have had the experience, no explanation is necessary; to those who have not, no explanation will be sufficient.

None of this suggests that modern clinicians harbor a religious agenda. My sense is that “sacred” is merely the word that most closely fits what many of us experience. “Sacred” is experienced—physically and emotionally—as complete rightness in the moment. The sacred is not reasoned or abstracted, but felt. It is phenomenological or anthropological, rather than theological or medical. Within the sacred, the mystery of life is miraculous. There is no terror, only awe. All paradox and conflict are resolved, or, more precisely, dissolve. In sacred places or sacred moments a person experiences: Being infinitesimal *and* infinite. Being utterly vulnerable *and* unshakably confident. Having inherent meaning despite individual insignificance. The completeness of *this moment*—here and now—within the limitless expanse of all that is, was, and will be.

This is not intoxication in any sense. In fact, it is a deep awareness of the true nature of reality, a sense of being fully, firmly grounded.

Religions teach that experiences of the sacred are always available for those who can access this level of awareness. But for the vast majority of us, the threshold for perception is crossed more readily in places like cathedrals, be they human made such as Notre Dame, Angkor Wat, the Wailing Wall, or Mecca, or natural cathedrals such as the Grand Canyon, Himalayan peaks, or an ocean’s endless expanse. For me and many of us who are drawn to medicine and nursing, the doors to the sacred are thrown open at times of birth and at times of death.