

Morgan Crane

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Intended Audience: This story is for those who struggle to reconcile their faith with a sudden loss or diagnosis. It is also for those generally interested in the intersections of religion and medicine.

Brain Pain, Go Away

A bottle of Folk & Fable red blend splatters like paint into my toilet's once-spotless porcelain bowl. I'm giving Jackson Pollock a run for his money. Hot, heavy tears spill down my cheeks as my stomach rejects the cheap wine, burning my nose and throat the second time around. Savanna, my considerably-less-intoxicated best friend, watches through leaking, blue eyes set behind a furrowed brow. She crouches in the doorway, warrior-like, putting matter between me and my family's dark and empty house. Tonight, if life were always fair, we would all lounge on the couch, order in from Pizza Yeah, and watch Walter White grow gradually more evil on *Breaking Bad*.

Savanna is an aspiring guardian angel. Between heaves, I breathe in her helplessness. She wants to serve me, to take the pain, but there's nowhere for her here but her liminal perch. Even my sandy blond curls can fend for themselves; cropped close to the scalp, they won't become collateral damage. Besides, my brand of misery demands expression, not comfort. Throwing it up feels more productive than talking it out.

Three days ago, Dad's MRI scans revealed four glioblastomas flanking his motor cortex. This is the deadliest type of brain tumor. His have already caused him crippling headaches, at least two minor seizures, and the loss of dexterity on his left side. A legion of Aunts and Uncles

cautioned that I shouldn't look into the life expectancy of glioblastoma patients because Dad's a "fighter" who will "beat the odds." Their warning came too late.

According to the American Cancer Society's webpage, the five-year relative survival rate for someone of Dad's age bracket (ages 55-64) is 6 percent. In the next five years, I have a 94 percent chance of losing the man who gave me life.



On the morning of Wednesday, April 22nd, just hours before his diagnosis, Dad couldn't sign his own name. When the call came from Penn Radiology, I was sprawled across my floral-patterned quilt and completely absorbed in chest-tightening, finals-week anxiety. I still had to complete an exam for Religion and Sexuality, in addition to a chapbook for Creative Writing and an audio project for Representing Adolescence.

Aside from the killer migraine that had sent him to the doctor that morning, which, in my haste, I had barely acknowledged, I knew little about the extent of Dad's symptoms. But from my second-floor bedroom, perhaps a hundred feet away from the awaited phone conversation, I could clearly hear the shift in his voice as he learned what was growing in his brain. His jovial baritone timbre faded to a faint crackle, like satellite-radio static in a tunnel.

"Let me just tell my kids. I'll be there as soon as I can get a ride," he promised, his words raspy and unsure as if he'd forgotten how to breathe. And for a moment, maybe he did.

I sensed the news before his lips could form the words. I didn't wait for him to call me down to the living room, but joined him, quiet as a ghost, on our brown leather couch and put my arm around his quivering shoulders. I tried to remember everything about that day: The day Dad, at 56, lost his independence; the day I became a caretaker; and the day our home became a shrine to sickness. But that day made no sense. Mind grasping for familiar straws, I envisioned six-

year-old Morgan, sick with croup, her Dad providing water and tissues and Wheaties in bed. Dad never got sick.

My hero's face was an open casket.

I noticed his signature light-wash blue jeans, one of perhaps fifteen ragged pairs, and his navy-and-white flannel. The orange bandanna he used as a makeshift face covering sat crumpled to his right. Would his treatment plan suffer as the American healthcare system groaned under the weight of a global pandemic?

Outside these walls, which were suddenly claustrophobic, it was just another April afternoon in Yardley, Pennsylvania, clinging to the winter chill despite existing solidly in springtime. The world was deceptively sunny. The large living room window looked onto Dad's carefully curated front lawn, the grass he took such pride in mowing and maintaining. A family of four biked through the lazy intersection at Pevsner and Anderson, the two young boys trailing behind their parents and wearing light jackets to keep the desperate wind from their skin. These boys reminded me of my brother, Russell, who was due back soon from a bike ride with friends.

"The doctor called," Dad choked out. "I need to go to the hospital. I have four brain tumors, and I need surgery, maybe as early as tomorrow. I'm scared, Morgan."

The moment my name fell from his lips, he began to sob.

I couldn't help but recall the last time I saw him cry, on the thirty-seventh anniversary of his own father's death. George Crane, father of four, favored his third child and only son, Dave. He coached Dave in baseball and hockey and loved him well, seeing his own crooked smile, messy brows, and blue eyes reflected back back at him. A framed black-and-white photograph of him hangs in our foyer, providing enduring evidence that my father was, and is, the spitting image of his own.

Grandpa George died when my dad was eighteen — the same age as Russell, and only three years younger than me — after a long battle with brain cancer. Post-mortem testing showed that his tired body was tumor-free, but he had succumbed to depression and lost the will to live.

So Dad’s tears were no surprise. It didn’t matter that he was perfectly healthy apart from four fast-growing glioblastomas, and it didn’t matter that medicine had advanced far beyond the treatment plans and diagnostic technologies of 1982.

He was eighteen again, watching his dad suffer and, ultimately, die.

He was scared. I was scared.

I’m not a toddler-mom with magical powers; my kisses do not heal bumps and bruises, and my hugs certainly do not cure cancer. Nevertheless, we sat, embraced, and mourned the loss of normalcy and health. Dad called me his rock, and I fought the awkward, panicked urge to try to make him laugh by asking, “What type? Igneous? Metamorphic? Sedimentary?”

In a more appropriate attempt to bring him and myself some semblance of hope, I retrieved the palm-sized, scarlet HoldingCross™ that I’d been carrying around since I was a senior in high school. Having painted the cross red so it would be harder to lose, I pressed the symbol of salvation into his shaky hand. I invited his fingers to curl around the smooth oak and call it home.

“It’s yours,” I urged. “A reminder that Jesus has you.”



“The prayer of faith will save the sick, and the Lord will raise them up; and anyone who has committed sins will be forgiven” (James 5:15 NRSV).

It seemed that Dad — to my mind, the sickest of the sick — just needed a little prayer. After all, the afflicted have prayed since they found Someone to pray to. Born from this need for a divine hope, faith healing rituals in mainstream Catholicism and Protestant Christianity entail a prayerful reliance on the Godhead to cure ailments of body and mind. Usually working in conjunction with, not in place of, orthodox medical care, the ill offer up desperate pleas to the Lord. Intercessors also pray on their behalf; this might mean anything from the passionate laying on of hands to a quick prayer sent heavenward from many miles away. Though Christians often pray for healing with confidence, the medical community necessarily questions whether prayer can do as it promises.

A number of double-blind medical studies target the relationship between prayer and health. Dr. Herbert Benson, a cardiovascular specialist and professor of mind/body medicine at Harvard Medical School, discovered a phenomenon called the “relaxation response” pointing to the health benefits of prayer and meditation. He studied the ancient meditation practices of Buddhist monks on the Tibetan Plateau, finding that as their metabolic processes and heart rate slowed, their blood pressure went down, and in turn their breath and brain waves slowed. At least temporarily, prayer and meditation allow the body to experience peace.

Do the calming effects of spiritual practices continue in the long term? A study funded by the National Institutes of Health found that those with a regular prayer practice are 40% less likely to have high blood pressure than those who pray infrequently. Also, Benson’s most recent research suggests that engaging in prayer or meditation daily can affect gene expression. Such practices may be able to deactivate genes that cause inflammation and prompt cell death. Though the jury is still out on the benefits of intercessory prayer, science confirms the physiological efficacy of some practices used in faith healing.



Jesus of Nazareth functions as the paradigm for Protestant Christian faith healing, having performed medical miracles at each turn of his three-year ministry. After scouring the internet, it seems that different Bible scholars, who profess varying definitions of healing and miracles, count anywhere from 19 to 40 miraculous healings by Christ embedded in the drama of the New Testament. The number further rises when considering the alleged supernatural healings performed by the Apostles after Pentecost, which was the day the Holy Spirit descended to abide in followers of Jesus.

On at least three occasions, Jesus drew explicit connections between miraculous healings and the faithfulness of the healed. The Bible teaches that he healed 10 lepers (Luke 17:11-19), a woman who menstruated unceasingly for 12 years (Matthew 9:20-22), and a blind man (Mark 10:46-52).

“Your faith has made you well,” said Jesus, all three times, to the newly free.



Traditions specific to the Catholic church, including the intercession of the saints, complicate our discussion of faith healing. In the Catholic view, saints are those known, beyond a shadow of a doubt, to be in heaven and thus capable of interceding with God on the living’s behalf. Before the Vatican can consider exemplary Catholics for sainthood, they must perform at least two verifiable postmortem miracles. The ghostly wannabe-saints have their work cut out for them, and if it’s not in pulling off the miracle itself, then it’s in getting us Earth-dwellers to believe they did.

Since the 16th century, the Vatican has appointed theologians and medical scientists to a miracle commission. Now called the Congregation for the Causes of Saints, the commission evaluates the virtues of the deceased and the validity of the miraculous claims with which they are associated. The Congregation only confirms medical miracles if the healed prayed to just one potential heavenly intercessor, and the cure must take the form of a permanent, unforeseen recovery from a terminal disease resistant to all previous treatment.

For example, the late Pope John Paul II's beatification ceremony was set to take place on May 1, 2011. But first, the Vatican had to verify the Pope's miraculous postmortem healings of a French nun with Parkinson's disease in 2005 and a Costa Rican woman with an aneurysm earlier in the year 2011.

Did he fit the criteria for sainthood?

- ✓ Good, virtuous life.
- ✓ Two posthumous miracles.

Just like that, the canonized Pope John Paul II joined the ranks of more than 10,000 confirmed saints. These days, the listening ears of this demographic are open to the prayers of an estimated 1.2 billion Roman Catholics worldwide. Masters at Whisper Down the Lane, the saints then pass on the message to the Father.



Pilgrimage, too, though certainly not limited to Catholicism, is valued by many Catholics as a means to accessing faith healing. Lourdes, France, a small town in the foothills of the Pyrenees, remains a heavily-trafficked pilgrimage site. In 1858, a young girl claimed to see a vision of Mother Mary, leaving Lourdes subject to international attention and speculation.

Those who seek healing flock to Lourdes. In 1987, a French native named Jean-Pierre

Bely joined the health-hungry hordes at a grotto near the *Sanctuaires Notre-Dame de Lourdes* (Sanctuary of Our Lady of Lourdes). Then 51, Bely had struggled for years with a diagnosis of multiple sclerosis (MS), an autoimmune disorder hellbent on destroying the body's central nervous system. Before visiting the shrine of Mother Mary in Lourdes, Bely's MS had him bound to a wheelchair. There, he experienced a miraculous healing, the 66th in the history of the shrine to be approved by the Catholic hierarchy.

The cure, Bely said, was “a warmth which began in my toes and moved slowly up my legs before it invaded every cell in my body. That night, I heard a voice full of tenderness, telling me to rise up and walk.”

And walk he did.

Bely's words can send shivers down the spine of anyone familiar with the New Testament story of the Pool of Bethesda. The command to rise up and walk, spoken to an invalid of 38 years, originated with Jesus.

“When Jesus saw him lying there and knew that he had been there a long time, he said to him, “Do you want to be made well?” The sick man answered him, “Sir, I have no one to put me into the pool when the water is stirred up; and while I am making my way, someone else steps down ahead of me.” Jesus said to him, “*Stand up, take your mat and walk.*” At once the man was made well, and he took up his mat and began to walk.” (John 5:6-9 NRSV, emphasis added).

Prayerful faith in the divine offers hope for those facing terminal illness, loss, and grief. There's little harm in hope, and the sick just may find healing.



Since Dad was not a Catholic, the saints seemed inaccessible. Prayer to Jesus would remain part of his treatment plan. But first, my family had to get him to the hospital.

The sun-bathing Philadelphia skyline greeted us as we sped down I-95 three hours after Dad's diagnosis. The destination: Penn Presbyterian Medical Center, where we would drop him off for brain surgery. Russell and I set up camp in the back of Mom's silver Buick Encore. Observing her and Dad, who had been divorced for six years, as they sat together in the front was like trying to squeeze into a dress that didn't quite fit anymore. Otherwise, this drive felt oddly normal. Dad's speech, while still infrequent, had recovered some of its usual gusto, and he had packed a black duffel bag filled with toiletries and about a week's worth of clothes. We didn't know how long his stay might be.

"Isn't it kind of weird that *Breaking Bad* started with a cancer diagnosis? And now here we are," Dad said slyly from the passenger seat. "Don't worry, I won't start cooking meth."

"That's a relief," I laughed, forgetting, for a moment, that glioblastomas are no joke.

After pulling up to the patient entrance at Penn Pres, I opened the passenger-side door. Dad climbed out with his bag and slid his already-tied orange bandanna over his mouth and nose. While Mom and Russell searched for a parking spot, I walked him toward a security guard wearing a blue surgical mask, who waited to take his temperature with an infrared forehead thermometer and send him on his way, through a metal detector. Russell took longer than expected to meet us, and the guard grew impatient. Dad decided not to draw out the moment.

So we hugged once more, this time to say goodbye. I inhaled his medley scents of Coast bar soap and peppermint Altoids and tried to hold it in my memory as I let go of him. Russell didn't even get a whiff goodbye to carry him through Dad's stay at the hospital, and we couldn't visit due to COVID-19 safety protocols. In an entirely unnatural, twisted way, I felt like I was dropping a kindergartener off at the bus stop for the first time and hoping for the best.

"Call me, okay? I'm going to be lonely," Dad whispered.

“Of course.”



The hospital chaplains — Dad has a good excuse for not remembering their names — were quite literally a Godsend. They prayed with and for him throughout his four days of inpatient care, and the lonely became communal. My family is indebted to these spiritual-healthcare heroes.

It’s hard to say exactly where and when hospital chaplaincy began in the United States. Katie Mayo, a former coworker and current student at Emory University’s Candler School of Theology, learned early on in her Introduction to Chaplaincy course that there are not many definitive sources on chaplaincy throughout history. American-Revolution-era ministers serving the troops of George Washington’s army were the likely forerunners to both military and hospital chaplains, as they cared for the spiritual needs of the wounded and the dying in war. I like to imagine that some indiscriminate Patriot chaplains-to-be cared for even the rattle-breathed Redcoats who laid dying on the battlefield, just as they would have cared for their own. Similarly, hospital chaplains today must prepare to meet the sick and sad in the middle of their sickness and sadness, whether or not they share the same faith tradition.

And as it turns out, chaplains today must prepare for more than that. If you’re looking to become a board-certified hospital chaplain, you must complete one unit — 400 hours — of clinical pastoral education (CPE) and one to two years of residency, followed by an extensive evaluation of core competencies. Mayo is about to embark on her first year of residency at Mary Washington Hospital in Fredericksburg, VA, where this past summer she completed her CPE. A Yahweh-loving intellectual who describes herself as “loosely” United Methodist, Mayo

addresses the unique relationship between hospital chaplains and their patients even amidst a general decline in church membership and religious affiliation.

“People are still spiritual,” Mayo told me. “People still have big questions about life, about the divine, about the universe. And they still want to talk to somebody about it. The aspect of not being in a church lends some people to want to talk to chaplains a little bit more than they would want to talk to a pastor.”

Mayo is new to chaplaincy, so I also reached out to the seasoned Susan Sciarratta. For her, this is a second career. Upon graduating from Tufts University with a BS in chemical engineering, Sciarratta worked for twenty years as an environmental engineer. She then sought an MA in Christian counseling from Philadelphia Biblical University — now Cairn University. In 2016, she became an ordained Interfaith Minister through The New Seminary, which is the world’s oldest interfaith seminary.

I had never heard of interfaith healthcare chaplains until I talked to Sciarratta over Zoom. I knew chaplains came from all faith traditions: the various Protestant denominations, Catholicism, Judaism, Islam, Buddhism, and even Humanism. But because Sciarratta and I frequent the same church — Woodside Presbyterian — I incorrectly assumed that she was a Presbyterian chaplain. Instead, Sciarratta’s interfaith training complements healthcare’s non-proselytizing policies. She and Mayo are the indiscriminate ministers who care without hesitation for people of all religions.

“Personally, I’m of a [Protestant] faith,” Sciarratta said. “But pastorally, I can reach anybody.”

And the hospital chaplains at Penn Pres did reach Dad. In the hours before his surgery, the on-call chaplains prayed with him. Upon Dad’s request, they taped the palm-sized, scarlet

HoldingCross™ into his hand as the anesthesiologist prepared to put him under. The chaplains listened to and encouraged him. They did their jobs.



Three days and a few too many drinks later, I'm hunched over a toilet, wondering if God will do *His* job. Where's our miracle? The surgeon removed the largest tumor from Dad's brain — 4.5 cm in diameter. But three smaller glioblastomas remain. Medically speaking, they will probably always remain; they are inoperable.

I wipe spit from my mouth with the sleeve of my sweatshirt and meet Savanna's eyes.

"I'm so sad."

"I know."

Dad called me a *rock*. Look at me now.

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