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When Patients Talk Politics: Opportunities for Recontextualizing Ministerial Theory and Practice

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Abstract
Some chaplains and pastoral caregivers may regard political conversation in a care encounter as a distraction from spiritual work or a transgression of our professional role or ethical code. Yet politics is very often an expression of values that can shape a care recipient's self-image, impact spiritual and emotional well-being, and humanize or dehumanize others. Recontextualizing political references in a care recipient's personal and social history can reveal grief beneath grievance, trauma in need of healing, and sources of meaning and strength; hence, it is possible to integrate a care recipient's politics into a spiritual assessment and plan of care. It is all the more important that we do so conscientiously at a time when care professionals are taking seriously, and sometimes wrestling with, the ethical demand for anti-racist witness and its relationship to our commitment to "meet patients where they are." In order to provide ethical and effective interventions, we must first consider our own social location insofar as it impacts relationships and use of self. This article provides a framework for doing so as well as several suggestions for clinical practice.

Keywords Politics · Anti-racism · Grief · Trauma

Introduction: the personal and the political

> Did you see the news last night? Those Black Lives Matter people are rioting again. I can't believe those people. They're looting and burning things like animals. Next thing you know, it'll be *our* city that gets torn apart. I can't believe what this country is coming to. We're all going to be socialists before you know it. People don't get that you have to work for what you want and you can't just expect someone to give it to you for free. You'd think these people would get that, because supposedly they're Christians. Didn't they read the part about "turn the other cheek"? Jesus didn't say, "If someone slaps you, go and burn a whole city down."[1]

[1] This is a composite of remarks made by patients in an outpatient palliative care program in the greater Philadelphia area in 2020, which was also the context for other case studies discussed later in this paper.

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Alongside the challenges COVID-19 has posed to chaplains and other spiritual caregivers, at the end of the last decade a turbocharged political backdrop produced other pastoral concerns, some of which are implied in the above quotation. The polarization of political discourse in the United States and elsewhere suggests that contentious topics, often inflected by racism and other forms of prejudice, may continue to arise with greater frequency in pastoral encounters.

Many chaplains regard political conversation in a patient encounter as a distraction from spiritual care work or as a transgression of our professional role or ethical code. The divisive and sensitive nature of politics could increase the risk of conflict when the spiritual caregiver's belief system does not align with the care recipient's, a care recipient could feel vulnerable to political proselytizing, and a caregiver may feel triggered or otherwise distracted or inhibited in their important work of "meeting the patient where they are." Sensitive to the need not to get bogged down in such dynamics or to impose our own views as though they were infallible, we might find ourselves saying, "At the end of the day, this visit isn't about me; this is the patient's visit."

At the same time, following the murder of George Floyd and the reemergence of the Black Lives Matter movement into public consciousness—and into the sphere of concern of many of our patients—the importance of allyship, advocacy, and activism has also come to the fore. Chaplains may feel less comfortable sweeping their own convictions under the rug when faced with microaggressions, prejudice, or other hatefully charged language that arises in a care encounter.

This article takes such discomfort as its point of departure in an examination of the role or roles that politics can play in a care encounter and how a pastoral caregiver committed both to anti-racism and to nonjudgmental patient care might respond. It argues that integrating a patient's politics into a spiritual care assessment is an important step in addressing spiritual needs that may go unspoken except through the coded or unconscious language of reflection on "politics."

Second-wave feminism famously insisted that "the personal is political"—that so-called domestic spaces and concerns are shaped by political decisions and ideologies and vice versa. Likewise, a spiritual assessment cannot overlook a patient's imbrication in social and political events and meanings. This is not only because news television and social media have invaded personal space and connected communities and concerns across the globe. Chaplains are trained to view the human person as a part of a family of origin, but the family of origin has its own context, as well: culture and ancestry. Resmaa Menakem insists that everything that seems to belong to the individual must be situated in a concentric series of spheres of influence lest it be misrecognized. For example, "[T]rauma decontextualized in a person looks like personality. Trauma decontextualized in a family looks like family traits. Trauma decontextualized in a people looks like culture" (as quoted in Tippett, 2020).

Political conversation, then, is never a diversion from matters germane to patient-centered spiritual care; it provides a crucial element of context. It is an expression of values that can shape a care recipient's self-image, impact spiritual and emotional well-being, and humanize or dehumanize others. It may also be a lived space of trauma and grief.

Footnote 1 (continued)

Although this article is written from the perspective of a healthcare chaplain, I take the material presented here to be relevant to other spiritual and pastoral caregivers as well.

Yet the connection of the individual to a wider social context is not only a vertical matter of history. Thinking horizontally, every one of us is linked in some way to our contemporaries. At its best, this can imply a feeling of solidarity that can become a part of moral and spiritual thriving.[2] However, this connection also implies that a person's "privately" held views will impact relationships. One thinks of a white patient who freely uses racist language in a spiritual care visit with a fellow white chaplain and complains a minute later that she cannot understand why a Black home health aide seems so "mean" to her.

The insight from contemporary social justice movements that all people, chaplains included, are called to allyship and activism is only heightened by emerging studies in healthcare that identify racism as a social determinant of population health (Gee, 2016). Put simply, we cannot provide true care for our patients of color if we remain in complicit silence before the racism of their neighbors.[3]

Recontextualizing our own stories

Naturally, chaplains also vow not to impose their own viewpoints on their patients, yet an awareness of patients' political identity, limitations, and suffering can inform the plan of care we develop with due transparency and collaboration. Because we cannot accompany anyone to places we haven't been within ourselves, it is important at the outset of our conversation to assess and recontextualize our own embodied political belonging.

Land acknowledgments—public recognitions that most of us in the United States live on unceded indigenous land—are, in part, acknowledgments that our family and cultural histories have been decontextualized. They can therefore provide an opportunity for us now to consider our own social and spiritual location in a way that grounds us, literally and figuratively, in the earth and in history.[4] This can be a fraught but significant way of doing so insofar as it strikes at the roots of our self-identity. Throughout our training as spiritual care providers, we are taught that use of self is among our most valuable tools; but what happens when our tools have been socially constructed to perpetuate white supremacy, anti-Blackness, patriarchy, and violent settler colonialism? Said more positively, how would our practice as care providers improve if we decolonized our internal structures of oppression and hierarchy associated with settler colonialism?[5]

[2] "At times," Camus (2008) once reflected, "I feel myself overcome by an immense tenderness for those people around me who live in the same century" (p. 185). As appropriate, a chaplain might work to nurture a feeling of solidarity among patients who desire it, even and especially those who are homebound and forced to watch the drama of history on TV from their hospital beds or living rooms.

[3] Although an ethical commitment to society as a whole ecosystem that is more than the sum of its parts is not explicitly spelled out in the chaplaincy Common Code of Ethics, it is incipient in our social work colleagues' code (National Association of Social Workers, 2021, Sect. 6).

[4] For this insight, as for many others indicated in this article, I am indebted to my colleague Medina Jones, who has built land acknowledgment into an extended guided meditation on ancestry for use in workshops such as one we presented together for the Association of Professional Chaplains in 2021 (Jones & Collura, 2021).

[5] Settler colonialism, the disappearance of indigenous populations for the sake of settler permanence, has been described as "a structure, not an event" (Wolfe, 2006, p. 388). Displacement is a permanent alteration with daily, ongoing effects for settlers and indigenous survivors alike; as such, it also requires maintenance through systemic and ideological means. Our interrogation of our own settler identities is a necessary act if we are to disrupt its logic (Jones & Collura, 2021).

The maintenance of white supremacist and settler colonialist structures may not be obvious to those who benefit from it; thankfully, much work has been done by critical race theorists in recent years to reveal its mechanisms.[6] Structures of traumatization and oppression are often felt by the body before they are grasped by the conscious mind. Menakem, reflecting on the ways that whiteness and people of color (whom he refers to as people of culture) embody the epigenetic legacy of slavery, explains, "When I'm working with bodies of culture, one of the first things I have them do is orient; orient to the room, not orient in the mystical way, but actually literally. Because many times the bodies of culture are waiting for danger."

On the other hand, an embodied experience looks unsurprisingly different for a white person. "If you're a white person," he recommends, "go someplace where there are gonna be a lot of black bodies, and just feel what happens in your body.... Notice the rage. [And a person might say], 'I don't have rage.' Watch. Notice that one of your ancestors may show up, not as an image, but as a sense" (as quoted in Tippett, 2020).

As spiritual care providers, we cannot interrogate—much less disrupt—the perpetual harm associated with settler identities unless we examine their existence within ourselves and our own existence within a history that continues to shape contemporary oppression. For example, a Black patient once read a note from her doctor incorrectly stating she was scheduled for a hysterectomy. If the chaplain or medical team in this real situation were not aware of this country's history of forced sterilization, they likely would not understand why this "mistake" could be traumatizing and bring forth feelings of distrust, anger, and skepticism between the patient and her medical care provider (Jones & Collura, 2021).

Acknowledging the land we inhabit and the soil that holds us is one way to interrogate and deconstruct our settler identities and entitlement feelings that may arise. "Our great-grandmother migrated from Ireland two generations ago and passed down this farm to our family. Our family worked hard and struggled to make a home for ourselves so we could own this land and have a better life in America." When we unpack such a statement, we see how the normalization of land theft and genocide secures settler identities as we claim indigenous lands as rightfully our own (Jones & Collura, 2021). In this way, without even thinking about it, we establish a narrative in which one identity group's grief is validated and another's is made invisible.

If this feels like a stretch, we might pause a moment to heed Menakem's advice: "Notice." Notice whether there is rage, dismissiveness, or something else. We might "notice" by pausing in our reading and entering into a moment of real mindfulness, meditation, or prayer. Such self-inquiry is an important moment in the journey of responsible pastoral care because we will bring all of these submerged feelings to any patient encounter in which cultural or political themes arise.[7]

"Notice." Nahanee (n.d.) adapts Elisabeth Kübler-Ross's nonlinear "stages" of grief to explore the complex and confusing emotions that can arise as we consider our complicity in settler colonialism involved in "American citizenship," an illegitimate benefit acquired from living on stolen and blood-soaked land:

[6] See, for instance, Oluo (2018) and Kendi (2019).

[7] Even beyond self-awareness—or rather, expanding our awareness beyond our individual experience to include the culture of which we are a part—we can see that the collective lack of transparency related to our settler identity normalizes complacency in the face of unacceptable forms of harm, such as the disproportionate amount of violence native women experience in this country (see Missing and Murdered Indigenous Women Washington, 2022).

1. Denial, which may sound like "This has nothing to do with me or chaplaincy" or "I can't believe we haven't gotten over this yet."
2. Anger, which may sound like "I worked hard to have the land I own, and I'm not giving that up for something that I didn't do."
3. Bargaining, which may sound like "I didn't ask to be in this country or be born here."
4. Sadness, which may come with tears, as we continue to process our complicity in systemic marginalization, racism, and violence.
5. Acceptance, which "does not mean [settler colonialism] is acceptable.... Accepting the harm of settler-colonialism, as well as the benefits, is needed to examine our complacency honestly and activate the strengths we need to catalyze change." As spiritual care providers, this is important because we are in a unique position to advocate for change in the institutions we serve. Additionally, our own acceptance of historical reality allows us to go further with care seekers as they, sometimes for the first time, process the trauma associated with oppression and racial hierarchies that inform and impact their well-being.

Culture and projection

For social animals, the question of whether we feel we belong is deeply sensitive; the feelings that arise through a self-inquiry like the one we have just invited can, while buried, be very big, even cosmic, because not to belong on the only land we've ever inhabited—whether because we've stolen it, because it's been stolen from us, or because we've been forcibly displaced there—throws into question whether we belong to the world or to history at all. Does our ancestry or our individual life existence have a purpose? Is it connected to something greater or to a whole? Decentering ourselves within the story of the universe can, in fact, bring spiritual and moral transcendence, but it can also bring chaos—particularly if we are not supported in such a reckoning.

In an exchange with Krista Tippett, Menakem describes the context in which a critique of culture can quickly become a critique of one's whole self and world:

> Tippett: One thing that you say is that there's a lot of problems with the way progressives approach all this, well-meaningly. And one of them is that rather than creating culture, they create strategy, which, again, is a head move; it's a cognitive move . . . but [what] the people that are not ready to reckon with this, for all these many reasons, create instead is culture: symbols, stories, music, and belonging, and that that's so much more powerful than a strategy.
> Menakem: Exactly right. So if I'm a 13-year-old white boy, and I get on the internet. And I see symbol, I see rules of admonishment, rules of acceptance, a tone, a cadence, a dress and understanding, a rhythm— so I'm not just talking about just the things that we see, the dress and stuff like that, I'm talking about the glue, the resonant and dissonant glue that holds things together
> Tippett: And it's about your identity. It's not even necessarily about actions you're gonna perpetrate against other people. It's about how you feel inside your body.
> Menakem: It's about how—and this is why I keep coming back to energy. And I'm not talking about mystical energy. And so one of the things that happens is: I'm a 13-year-old white boy. I'm lost. But I'm watching this, and they have a whole history. Even if I know that the history is bunk, but it has a beginning, a middle, and an end. And we all like a good story. I'm 13; I'm lost; I'm poor. And the reason why I'm

> poor is because these little Mexicans keep coming over here, taking my job. The reason why I'm poor is because these black brutes that the only thing that they can do is jump and play football, or sing and dance, they're taking my job, and I'm the rightful heir. (as quoted in Tippett, 2020).

Many liberal Americans respond with bewilderment when fellow citizens can find no other symbol of their heritage than a symbol of oppression, such as the Confederate flag, yet it remains true that these symbols stand as bulwarks against existential irrelevance, bestowing a narrative of sense and a feeling of belonging. The historical revisionism that is required for them to be interpreted *only* as romantic invocations of cultural ancestry of course only abets the white supremacist order the symbols themselves cement. It is important to grasp that such symbols are typically "given" before they are chosen; to have the wherewithal to disavow the symbols on which one's inheritance has been staked and to construct a new identity from scratch would be a monumental task indeed because merely critiquing it—like critiquing whiteness for anything at all—can open wide all sorts of unconscious psychic floodgates.

Therefore, we can understand how, alongside the global pandemic that threatened our physical safety in one way, the 2020 political season that was understood as a referendum on race, white supremacy, capitalism, the myth of the American dream, the totemic power of the presidency and of the flag, and more *also* threatened people's feelings of safety, their defense mechanisms, and their systems of meaning. It begins to make sense, too, why patients would talk spontaneously to their chaplains about politics.

To be clear, this is true for patients across the political spectrum, including those with whom a chaplain might feel in sync and with whom the temptation is not to argue but to attempt to heal prematurely. For patients who experience systemic oppression, the trauma of their erasure is a daily onslaught; it demands that chaplains acknowledge its cosmic scale. "Racism produces grief and loss and as long as there is racism, we all remain in racial grief and loss" (Nayak, 2019). This grief is not something to "get over" but an existential state that demands acknowledgment and invites in-depth mining for political and psychological resources.

One overarching point is that we are dealing not simply with a contingent historical moment but with fundamental dynamics in the constitution of people's selves. We are touching a place where the collective unconscious and the individual unconscious meet. Throughout his work, Fanon (2008) makes explicit the link between structural racism and early human development. For instance, in psychoanalytic terms, commenting on Jacques Lacan's mirror stage, Fanon wonders.

> to what extent the *imago* that the young white boy constructs of his fellow man undergoes an imaginary aggression with the appearance of the black man. Once we have understood the process described by Lacan [a process of differentiation], there is no longer any doubt that the true "Other" for the white man is and remains the black man, and vice versa. For the white man, however, "the Other" is perceived as a bodily image, absolutely as the non ego, i.e., the unidentifiable, the unassimilable.[8] (p. 139)

[8] Recent scientific research on racism and discrimination in child development has shown that "3-month-old babies prefer faces from certain racial groups, 9-month-olds use race to categorize faces, and 3-year-old children in the U.S. associate some racial groups with negative traits. By age 4, children in the U.S. associate whites with wealth and higher status, and race-based discrimination is already widespread when children start elementary school" (Sullivan et al., 2020).

Here, we see an instance of how hierarchization immediately infects every binary; racial difference becomes white supremacy. Furthermore, Fanon and others in postcolonial studies demonstrate how these supremacist structures shape the subjectivity of the colonized, as well, such that it is difficult for one living under hegemonic rule and oppression to see and understand oneself on one's own terms (Nielsen, 2013, p. 342).

Once our psyche has been given this binary structure, racism (as well as sexism, ableism, speciesism, and other pernicious dualisms) will always inflect our theology, politics, and other rhetorical expressions of our self-understanding. Of deep importance for pastoral caregivers, it will impact our coping mechanisms as well. Crumpton (2004/2005), approaching religious meaning-making from the standpoint of a hermeneutics of suspicion toward the ways that Eurocentrism and patriarchy have permeated even Black church culture, tells the heartbreaking story of a young woman named Aquila who was the survivor of childhood intimate violence. After hearing a minister preach on the importance of praying in Jesus' name, Aquila relates that she.

> went to the restroom and talked to God and said, 'Oh . . . now I understand why my brother keeps raping me . . . I'd been saying 'God.' So I said, 'Oh, please stop him from touching me, *in Jesus' name I pray*.' So that was perhaps a summer when he was going to come. And that summer he did not come. (as quoted in Crumpton, p. 106)

Crumpton faults the symbolic imagination of the church for an idealization of virginity into which Aquila's experience could never fit; the wounded child receives no liberating ethic or compassionate acknowledgment from her church's rhetoric but still casts about for some rationalization or meaning making that she might internalize from the religious culture around her—a culture that claims to exist precisely in order to explain good and evil, suffering and redemption, definitively.

Crumpton's powerful warnings about the complicity of religious institutions in the perpetuation of human trauma highlight the importance of the role of the pastoral caregiver—an importance that takes on political dimensions. Herman's (2015) pioneering work on trauma is also useful here. Because traumatic pain is often literally and figuratively "unspeakable," it asks a lot from bystanders to hear it, whereas the perpetrator asks only for silence and maintenance of the status quo.[9] Therefore, Herman writes, it is crucial that the bystander demonstrate the courage to validate the traumatized person's experience—although, she remarks, it may take a political movement to provide the necessary safety for traumatized voices not to be shouted down.[10]

Beyond providing inspiration for chaplains to become involved in political advocacy, Herman also evokes a dynamic relevant to our work with individual care recipients.

[9] Herman (2015) explains that Freud gleaned early on that what was known as "hysteria" had its origins in childhood abuse, but when he floated this theory, it was met with silence in the scientific community because it meant an indictment of the Vienna bourgeoisie's endemic physical and sexual mistreatment of girls. Too squeamish to take on public opinion, Freud changed his theory, pinning blame on women victims for having disordered attachments to sexual pleasure. While some of these patients found healing precisely in abandoning Freud (one, "Dora," became engaged in political theater and social service work), it was not until women were better represented in professional psychiatry that the Take Back the Night movement in the 1970s was able to place the blame on sexual violence, creating both an impetus for women's liberation and a wealth of insight that would prove useful in the study of trauma (pp. 7–33).

[10] We can understand the rise of movement chaplaincy – spiritual care to activists in the social justice movements – as an opportunity for chaplains to amplify voices of protest. As Paz Artaza-Regan, a Catholic climate activist, mentioned in a conversation with the author of this article, "The world is changing and

Projection is a basic move in the individuating process; as soon as we begin to develop a unique identity as an individual, even as children but also at various stages of life, we expose ourselves to criticism and isolation, prompting our search for a container (akin to what the psychoanalytic tradition calls a "transitional object") for the sense of self that is arising within us. We are likely to project our identity onto a religion, ideology, charismatic role model, or attachment figure so that we don't feel so alone. As we are, gradually yet inevitably, faced with data that this person or object is imperfect, cracks will begin to appear in our confidence again; this typically becomes the basis of an experience of disillusionment in which the individual falls back into questioning and regrouping around their own lights *or* of a doubling down, a hardening of one's dogmas, a refusal to associate with others who are different or who might question the ideas in which one has invested everything (Lee et al., 2021).

Here, we see the significance of Crumpton's and Herman's insights for us. The suffering people we encounter are likely to *internalize* things we say, however inadvertently, that will shore up their systems of meaning even when what they may need most of all is a pastoral presence that allows for the safe exploration of new, more liberating meanings. These are the psychic dynamics, swollen with the tidewaters of history, that a pastoral caregiver can step into. A chaplain may rightly feel uncomfortable when a patient says something problematic and expects it to be validated, but, beyond assessing the patient's politics as content, can we become aware of the weight of expectation that is being pressed upon our shoulders? What does the patient expect from us in our role as a chaplain? What is the relationship to the world that this person wants to be buttressed or fed? What are the wounds that have been framed unhelpfully by religious and cultural systems like the ones we represent? What is the psychic insecurity beneath what appears as dogmatic certainty? How can we provide a courageous space for the exploration of fear, grief, or anger that may not be entirely conscious in the patient but may be driving the patient's agenda?

All of the interventions we explore in this article—and many others as well—will assume the importance of disrupting unconscious dynamics of projection so that patients stand a better chance of experiencing what in psychological terms we might call individuation and in the language of social ethics we might call liberation.

Grief and grievance

"I saw deep wounds," Cornel West (Hedges, 2021) reported perspicaciously after looking in the eyes of neo-Nazi protestors in Charlottesville. His remark is illustrative for all of us as we attempt to see what lies behind political grievance and do not simply or unethically "correct" a patient's point of view. Rather, our vocation as chaplains is precisely to hear the needs and constraints in the patient's language so that we can minister to that person's pain.

"Our cultural heritage... defines how we will react to loss in behavior, emotion, and understanding," writes Attig. "For some of us this cultural influence interferes in or inhibits our grieving" (2011, p. 92). Because white supremacy and settler colonialism have conditioned white loss to be just as unacceptable as non-white gain, to the point that any acknowledgment of Black loss and grief might seem to come at the expense of white

Footnote 10 (continued)
many people would like to be part of that change, but institutional hierarchies that oppose them can be so intimidating; they need chaplains to hold their hand" (personal communication, January 22, 2021).

safety, security, and dominance (Hooker, 2017), it is not a stretch of the imagination to understand certain forms of political protest—such as the U.S. Capitol insurrection on January 6, 2021—as a form of anticipatory grief (Jones & Collura, 2021).

While analogies between that insurrection and Black Lives Matter protests fail on many counts, it is nonetheless true that grief underlies both political movements. "Grief becomes a grievance, if not a protest and a social movement, when the task of grief is to assert the value of that lost life," Butler (2020) remarks, "regardless of the value of the life that has been in the eyes of the law or in the dominant racial scheme" (p. 12).

Black grief has always been pathologized (through the figure of the "angry Black woman," for instance) or erased (for example, through the insistence that Black and Brown people brought their disproportionate number of deaths under Covid "upon themselves"[11]), to the point that Black mourning, "coextensive with life, has already started at birth. And yet, reframing" —such as has happened lately in the public eye— "can mobilize against this sense of death pervading life.... It is an alchemical process of adamant acknowledgement by which speechless grief turns into collective protest" (Butler, 2020, p. 12).

Whiteness has less lived experience of loss; grief is newer to white Americans' vocabulary. We have already seen that members of the far right—paranoid about being "replaced," for instance, by "Jews"—have expressed their grief through violent occupation, drawing on a deep culture of U.S. imperialism and colonization (and the historical precedent of the Reconstruction, when whiteness—threatened by Black representation in government—responded with violent racial terror). Menakem's warning that this is not an "intellectual problem" (as cited in Tippett, 2020) takes on urgency here, for community chaplains and spiritual and congregational leaders. If there are not communities of support and other resources for whiteness, grief runs the risk of becoming disenfranchised, thereby compounding the intensity of its emotional response (Jones & Collura, 2021).

But the expression of grief as grievance can occur on a more modest scale. One chaplain was ministering to an 80-year-old white male Mennonite on palliative care. This patient had grown up on a family farm and regularly lamented how society is "falling apart" due to the vices of "young people these days." A series of chaplaincy visits enabled this patient to identify grief beneath his disgust—grief for the loss of a world he once loved, where he knew his place—until felt freer to consider the good *and* the bad of what he was leaving behind (as often happens in bereavement care). At one point, the patient surprised his chaplain by remarking candidly, "You know, I'm ashamed to admit it, but I grew up being taught that Black people are less than white people." This session ended with the chaplain offering a prayer, with the patient's permission, for an end to systemic racism—a first for chaplain and patient alike and an intervention that helped to soften the patient's spirit as he approached hospice and death.

[11] Responding to an interviewer's question about why Black and Brown deaths have not been more publicly mourned during the pandemic, Kami Fletcher suggests that it is "because of the mentality of 'Black and Brown people just kind of brought it on themselves' . . . I'm talking about this collective Black experience born out of slavery and oppression. . . . Because to mainstream society we're just a number: 'Oh a bunch of Black people died, they had high blood pressure already, they smoked a lot, they drank a lot.' There's no care. There's no concern there. In the same interview, Fletcher goes on to discuss the very different public and political responses to the crack epidemic and the heroin and opioid epidemics (Echavarri, 2020).

Suggestions for practice

When politics arises in a patient visit, it is helpful to have prepared some scripting that can keep the conversation focused and make it easier for us to connect a patient's politics and spiritual life. For instance, we might reply at the first chance we get, "I'm very happy to talk about politics because it's so important, and I want to make sure it's in service of what we're here for, which is caring for your spiritual life. Could you tell me what you might hope for from this conversation?".

It can be surprising to discover how adept patients are at identifying the relevance of a seemingly tangential political digression. One patient in a palliative care program, a 50-year-old Christian white woman with chronic pain, spent many sessions with her chaplain criticizing socialist politicians as though their perfidy were self-evident to the chaplain, too. When the chaplain finally asked the patient what she hoped for in talking about this, she replied immediately, "I want to understand my daughter better, because *she* holds all these views and I just can't for the life of me understand what she's thinking. We keep on coming to loggerheads about it." In this instance, disrupting the patient's comfortable projections onto her chaplain allowed her to name and explore, almost instantaneously, the real areas of tension and discord present in her life.

Beyond simply redirecting, a carefully thought out response to a political monolog can also introduce the possibility that the chaplain will disagree. This is, in the first place, potentially liberating for chaplains because it clarifies that our role is not to be an uncritical cheerleader for problematic views and gives us cover if we later feel it is necessary to challenge something gently or if the patient later asks us directly whether we agree. (We may say, for instance, "I'm uncomfortable with the language you're using to describe gay people," and see where the patient goes from there.) Yet, questioning the validity of projection can also model for the patient the possibility of a real conversation.

For example, a chaplain might say, "I'm glad you're bringing this up. And when politics come up, I always make it a point to tell everyone from the outset—since we don't know what each other's beliefs are yet—that we may agree or disagree about things but that I'm here to understand what this topic means to *you*. Do you give me permission to do that whether I personally agree or not?" This phrasing demonstrates to the patient that it is possible to acknowledge the possibility of difference in a respectful and curious way. We might draw on the insights of Agazarian's systems-centered theory (1997) to inform our care of a patient whose political views are important to them. If the patient feels an association with us on the basis of a shared identity, we can find ourselves in a de facto functional subgroup, one in which we can begin by acknowledging similarities and then use the safety of that shared identity as an encouragement to consider differences. This can model for patients that it is also all right to explore discordant views within themselves.

One patient, a pleasant 70-year-old white woman living alone in the suburbs of a major city, would say with the greatest sweetness that she thought Black Lives Matter protesters were worse than animals. Her white chaplain committed to the conversation, saying at the outset, "I have to say that I disagree with that assessment of them"—and at this point the patient immediately began to walk her comments back— "but I'm genuinely curious to hear and understand you. Is it OK if we keep on talking even though we might be coming from different places?" The patient agreed. This respectful but honest framing of the conversation allowed her to get quickly to the heart of what these issues meant to her: fear that looting threatened her own security.

Next, her chaplain asked permission to represent another point of view, sharing with the patient what he understood the Black Lives Matter organizers' motivations to be and

empathizing both with the patient's fear and with the fear endured daily by people of color. By the end of the conversation, which remained respectful, the patient was able to admit, "This is the first time I'm thinking about them that way.... I suppose I did grow up a little sheltered." When charting this conversation, the chaplain indicated "fear of civil unrest" in his spiritual assessment, "conversation around race and political realities" as an intervention, and "decrease in fear of civil unrest" as a tangible outcome that benefited the patient's holistic well-being.

Because the patient worried about her daughter was both better informed and more convicted in her opinions than the patient afraid of Black Lives Matter, her chaplain chose to adapt a technique from the voice dialogue tradition (Pangaia, 2012, pp. 3–11). The chaplain invited the patient to draw four columns on a piece of paper and, in the *second* column, to indicate five to ten values, behaviors, or political positions that annoyed her. Next, in the *third* column, the patient was invited to indicate a virtue that corresponded to each "vice"—in other words, a positive value that she held dear and that the "vices" seemed to be negating. The patient and chaplain discussed these two central columns (which represented the patient's core convictions) in a way that affirmed the patient's positive values.

Next, the chaplain invited the patient to fill out the *first* and *fourth* columns (which represented an outside perspective). In the first column, the patient was invited to indicate the virtues that might, in her ideological opponent's mind, lie behind the behaviors or ideas she had listed as vices. The chaplain then facilitated conversation around this column; for the patient, it was an exercise in empathy. Lastly, when the patient felt comfortable moving on, she filled out the fourth column in reference to the virtues she had identified in the third. The fourth column was a place in which she could imagine how her opponent might view, critically, the virtues she held dear. Was there a shadow side or a drawback, in other words, to virtues that seemed self-evident to her? This last task is a challenging exercise not only in empathy but also in self-scrutiny.

This intervention was chosen carefully on the basis of the chaplain's and patient's mutual trust. The chaplain followed it up with a series of "homework" questions for the patient's ongoing reflection: "How does your daughter view the values you think are misaligned? How does your daughter view the values *you* hold dear? Are there admirable values in her you've overlooked? Are there latent values in yourself that you haven't developed as fully as the ones you're most proud of now?" When the chaplain ended his pastoral relationship with the patient, the patient reported a better relationship with her daughter than she'd had in years as she and her daughter felt that conversations could be conducted from a place of newfound curiosity and respect.

Needless to say, these interventions are not guaranteed to be successful; there are no such guarantees in politics or in life. Moreover, mindful self-awareness on the chaplain's part is critically important so that the conversation remains safely within the bounds of professionalism and respect. Yet, even when interventions miss the mark, an initial discussion of the terms by which conversation about politics could be fruitful can leave the chaplain (and, indeed, the patient) feeling more comfortable ending a conversation if it begins to feel inappropriate or unproductive to pastoral care.[12]

[12] Of course, chaplains must know and respect their own comfort and boundaries so that neither engagement nor avoidance becomes overly emotional or unethical. Most importantly, a chaplain who is regularly at the receiving end of microaggressions or other violent or prejudicial language is justified in seeking support from a supervisor or manager, and chaplains whose identity group is not routinely subject to disrespect or verbal violence might consider their responsibility toadvocate for their fellow clinicians whom a common patient might make uncomfortable or unsafe.

When patients don't talk politics

As we have mentioned, grief, trauma, anger, and other experiences are often radically decontextualized. For this reason, it is important to be curious when politics does *not* come up in a visit. In these instances, we might view politics from the perspective of an internal experience that is shaped, however unconsciously, by the external world.

In one real-life example, the acute grief of a Black mother experiencing a pregnancy-related loss was viewed as "excessive" or "abnormal" by her physician, who referred her to the toxicology team out of suspicion that she was detoxing from drugs. The racist stereotypes of Black women that inform such perceptions (or imperceptions) of grief are inherently political, as Townes (2006) reminds us in describing the white fantastic hegemonic imagination behind such racist stereotypes as Aunt Jemima, the Welfare Queen, Jezebel, and the Bad Black Mother. Through such stereotypes, the dominant culture has the power to shape how a Black woman is cared for and treated (Jones & Collura, 2021). A chaplain ministering in this situation might be called to address this issue systemically, through education and advocacy within the interdisciplinary care team.

Chaplains intent on recontextualizing trauma might also make the connection with politics themselves for their patients. Reflecting on trends in his clinical practice over several decades, Bruce Rogers-Vaughn (2016) proposes that the rise of neoliberalism, with its ideology of the self and of rampant competition, has increased the number of his patients who fundamentally doubt their worth as they blame every suffering on their own moral failures rather than on a social order rife with inequalities (pp. 1–4).

Rogers-Vaughn (2016) first discusses patients who do not at all perceive their victimization by neoliberalism. He references what psychoanalyst Christopher Bollas calls the "normotic personality," a "particular drive to be normal, one that is typified by numbing and eventual erasure of subjectivity in favour of a self that is conceived as a material object among other man-made [sic] products in the object world" (as cited in Rogers-Vaughn, 2016, p. 187). These are individuals who may have some sort of life-agenda, tasks, or acquaintances but very little sense of self or capacity for self-reflection. In Bollas's words, the normotic personality shows itself in those for whom "the simple discovery of a familiar object, such as a Coca-Cola, can be greeted with an affection and celebration that other people reserve only for human beings" (as cited in Rogers-Vaughn, 2016, p. 188). Lynne Layton suggests that these may be people whose caregivers treated them as child-objects rather than as subjects in their own right. It is, however, an especially prevalent form of consciousness under the hegemony of "neoliberal subjectivity," which emphasizes material gain as the substance of human fulfillment and takes every effort to dismantle the interiority that might otherwise become the seat of conscience or resistance.

It is very hard, Rogers-Vaughn (2016) indicates, to work with such people; the vacuity of their inner life makes them almost impervious to psychoanalysis. But insofar as he's had limited success, he writes, it has been in eschewing "therapeutic neutrality" and offering self-disclosure, thereby modeling the attractiveness of introspection and kindling some kind of capacity for relationship in the client. This success suggests that the "relational psychoanalysis" movement may be especially pertinent in late capitalism (p. 191).

Rogers-Vaughn then discusses those who experience, but do not know how to contextualize, the suffering germane to neoliberalism. Lynne Layton describes "Sally," a middle-aged woman who despairs that she hasn't bought a big house for her family like her bourgeois friends have. In fact, Sally must cut down to part-time hours in order to care for her children. Layton also eschews "therapeutic neutrality" in favor of what we might call,

on the model of psycho-education, "political education": she brings up lean-in feminism's complicity with neoliberalism and patriarchy in their devaluing of capacities for nurture; she describes the "care drain" whereby Sally's colleagues can have a big house because they've hired women from developing countries to care for their children at the expense of their own; she wonders whether it's unfair that Sally's husband has never considered whether he could be the one to cut down to part-time, etc. (as cited in Rogers-Vaughn, 2016, p. 193–194). Adding political context to these patients' or clients' suffering will, Layton suggests, displace the burden of guilt from their lonely shoulders and lend their despair "new meaning, psychosocial meaning" (as cited in Rogers-Vaughn, 2016, p. 194).

Conclusion

While it is impossible to say where history will lead us next, racism, xenophobia, and bigotry are clearly not going to vanish at the drop of a hat in a century ever more deeply marked by nationalism, climate change, refugee crises, widening economic inequality, and a crisis in confidence in reporting and politics. Whether the political context of human suffering enters into the foreground of our awareness, as it has recently, or momentarily recedes into the background, it will be there.

Without becoming one-issue practitioners, it will be increasingly important for pastoral caregivers to develop their skills related to engaging with the political dimension of patients' suffering, whether they can articulate it for themselves or not. When we "follow the patient's lead," psychologist Muriel Dimon reasons, "we are not likely to be led to politics. But even if a patient doesn't consciously want to talk about dependency or sexual desire, aggression or mourning, we are always listening for those leads to take us to these very important matters, aren't we? Might we do the same for civil life?" (as cited in Rogers-Vaughn, 2016, p. 195).

References

Agazarian, Y. M. (1997). *Systems-centered therapy for groups*. Guilford Press.

Attig, T. (2011). *How we grieve: Relearning the world* (rev. ed.). Oxford University Press.

Butler, J. (2020). Between grief and grievance, a new sense of justice. In E. Okwui, N. Beckwith, & M. Gioni (Eds.), *Grief and grievance: Art and mourning in America*. Phaidon.

Camus, A. (2008). *Notebooks: 1951–1959*. Ivan R. Dee.

Crumpton, S. (2004/2005). No safe space: The impact of sexist hermeneutics on Black women victim survivors of intimate abuse—A womanist pastoral care perspective. *Journal of the Interdenominational Theological Center*, *32*(1–2), 99–121.

Echavarri, F. (2020). *The coronavirus has a disparate impact on Black grief, too.* Mother Jones. https://www.motherjones.com/coronavirus-updates/2020/05/the-coronavirus-has-a-disparate-impact-on-black-grief-too/

Fanon, F. (2008). *Black skin, white masks* (trans. R. Philcox). Grove Press.

Gee, G. C. (2016). Racism as a social determinant of health inequities. Presentation at Leveraging the Social Determinants to Build a Culture of Health, Philadelphia, Pennsylvania. https://healthequity.globalpolicysolutions.org/wp-content/uploads/2016/12/RacismasSDOH.pdf

Hedges, C. (2021). *America's existential crisis with Cornel West*. [Video]. YouTube. https://www.youtube.com/watch?v=jHW0Q0CPpqQ

Herman, J. (2015). *Trauma and recovery: The aftermath of violence—From domestic abuse to political terror*. Basic Books.

Hooker, J. (2017). Black protest/white grievance: On the problem of white political imaginations not shaped by loss. *South Atlantic Quarterly, 116*(3), 483–504. https://doi.org/10.1215/00382876-3961450

Jones, M., & Collura, N. (2021). When patients talk politics. Presentation at the Association of Professional Chaplains Annual Virtual Conference.
Kendi, I. X. (2019). *How to be an antiracist*. Random House.
Lee, J. R., Marchiano, L., & Stewart, D. C. (2021). Tending the ego-self axis: Reconnecting with source (No. 162) [Audio podcast episode]. *This Jungian Life.* https://thisjungianlife.com/episode-162-ego-self-axis-reconnecting-with-source/
Missing and Murdered Indigenous Women Washington. (2022). https://www.missingandmurderedindigenouswomenwashington.org/
Nahanee, M. L. (n.d.). *Decolonize first: A liberating guide & workbook for peeling back the layers of neocolonialism.* https://www.theconnection.ca/hp_wordpress/wp-content/uploads/2020/06/Decolonize-First-Section-3.pdf. Accessed 2022
National Association of Social Workers. (2021). *Code of ethics.* https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English
Nayak, S. (2019). Occupation of racial grief, loss as a resource: Learning from 'The Combahee River Collective Black Feminist Statement.' *Psychological Studies, 64*, 352–364. https://doi.org/10.1007/s12646-019-00527-w
Nielsen, C. R. (2013). Frantz Fanon and the négritude movement: How strategic essentialism subverts Manichean binaries. *Callaloo, 36*(2), 342–352.
Oluo, I. (2018). *So you want to talk about race*. Seal Press.
Pangaia, J. O. (2012). *An introduction to voice dialogue: Finding the benefit of people who bug you.* Ingram.
Rogers-Vaughn, B. (2016). *Caring for souls in a neoliberal age*. Palgrave Macmillan.
Sullivan, J., Wilton, L., & Apfelbaum, E. P. (2020). Adults delay conversations about race because they underestimate children's processing of race, *Journal of Experimental Psychology.* https://www.apa.org/news/press/releases/2020/08/children-notice-race
Tippett, K. (Host). (2020). Resmaa Menakem: Notice the rage, notice the silence [Audio podcast episode]. *On Being with Krista Tippett.* https://onbeing.org/programs/resmaa-menakem-notice-the-rage-notice-the-silence/
Townes, E. (2006). *Womanist ethics and the cultural production of evil*. Palgrave Macmillan.
Wolfe, P. (2006). Settler colonialism and the elimination of the native. *Journal of Genocide Research, 8*(4), 387–409. https://doi.org/10.1080/14623520601056240