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The fall of 2010 marked the 40th anniversary of the annual Luther Colloquy, in which Reformation scholars present the trends and current research on Luther and an array of Reformation topics. We continue to publish presentations and lectures from this extraordinary series that has included scholars such as Roland Bainton, Rosemary Reuther, Jaroslav Pelikan, Robert Jenson, George Lindbeck and many more. We publish here the 40-year brief history and origins of the colloquy by Gerald Christianson, remarks introducing this anniversary event by President Cooper-White, the sermon preached by cofounder Eric Gritsch and two of the presentations from this most recent late October day. — ed.

and a member of an ELCA congregation in Pennsylvania. Dr. Deirdre Neilen teaches in the medical humanities department at SUNY Upstate Medical University in Syracuse, N.Y. She is editor of the literary journal *The Healing Muse*.

The interviews are followed by two book recommendations, an essay on faith and metaphor by former U.S. Poet Laureate Ted Kooser, and a selection of poems grappling with either faith or health or both. Featured poets include John Graber, writing from the banks of the Mississippi River in western Wisconsin; George Ella Lyon, one of our foremost Appalachian authors; Raza Ali Hasan, who currently teaches at University of Colorado at Boulder; Steven Schroeder, from Chicago and China; Pennsylvania-based theologian and poet Mary Anne Morefield, Patricia Kirkpatrick, poetry editor of *Water-Stone Review* and a survivor of brain cancer surgery; British poet and nurse Maureen Jivani; and Gettysburg College's Will Lane, who is also one of our area's key activists for health care reform.

And what about the word "more?" It keeps jumping out at me, not only because it is the title of Barbara Crooker's recent (and wonderful) poetry collection. It jumps out when Paul Steinke says that hospital chaplains should be *more* than friendly visitors. It jumps out when Deirdre Neilen says people are actually *more* interested in what pastors and pastoral care givers do. It jumps out when all three interviewees say we should read *more* poetry. It jumps out when we see that disabilities and church life need *more* attention. Fruitful, realistic attention. And, when Steinke speaks from his many years of teaching pastoral care, as a supervisor who loves literature, and as a theologian, he says nothing "can teach you *more* about death than reading *The Death of Ivan Ilyich*."

An Interview with Deirdre Neilen

Deirdre Neilen is an associate professor at the Center for Bioethics and Humanities, a department in Upstate Medical University's College of Medicine. Her work includes teaching humanities electives and bioethics to medical students and nursing students. She is the editor of the university's literary journal The Healing Muse.

SRR: Tell us what you seek to do in your work as editor of *The Healing Muse* and in the courses you teach in bioethics and the humanities.

DN: I see important connections in my responsibilities as professor and editor: in the classroom, I wish to encourage medical students to incorporate reflection and writing in their clinical practices, and in the journal, I wish to encourage our writers to explore their experiences with illness and healing in their work. Both groups have much to teach and to learn from each other. The journal wants to be a place where conversations can occur between clinicians and caregivers, between patients and families. The electives that I teach (AIDS in American Literature, Death and Dying in Literature, Medicine in Film and Literature, for example) encourage students to find common ground with those who suffer, to truly think about how we as a society show true compassion or fail to do so. The journal also gives readers a chance to go beyond a diagnosis or an illness into a real awareness of how life even though changed does go on. Many of our writers and artists create work that examines society's and medicine's responses to their medical conditions. They remind us that such a response can be limiting and wrong.

SRR: You mention poet/physician Rafael Campo in "My Story, Your Attention, Our Connection" on a Literature, Arts and Medicine blog commentary. (I love Campo's poetry, and his reading presence.) You quote something he says about what good writing can do in the midst of bad outcomes. It can "make empathy for human suffering, if not entirely comprehensible, then at least clearly and palpably evident." This emphasis on making things palpably evident is one of the reasons excellent pastoral care demands good language. How do you think reading, writing and using language and metaphors that go beyond clinical language improve communication and "seeing" another individual?

DN: Medical education is an intense experience for students; the first two years they are primarily focused on the sciences, learning how the human

body can be divided into organ systems, components of exquisite detail and complicated workings. They are mastering the biomedical culture which divides in order to analyze. The emphasis is on learning what can go wrong and what we can then do to make the body better. This work of biochemistry and anatomy and physiology is essential for a physician to know, yet it contributes to what we call “detached concern.” This is supposedly the armor that a physician must assume so that he or she is not consumed by the patient’s suffering.

But I think medicine has come to understand that such detachment does not really help either the physician or the patient. Such detachment can lead a physician to tell the medical student to go check on “the diabetic in Room 2012.” What literature, poetry, and stories can do is to remind us of the individual, that unique person who in Room 2012 is suffering from diabetes complications and who wants a physician who recognizes that. Poetry can “deliver” a powerful portrait of that person in a very few lines and images. What the best literature does is to shake the reader up a bit, take us out of ourselves and into another’s world.

For medicine, this seems essential to me. Medicine is an area where suffering lives; health professionals take oaths and enter their various professions committed to alleviating suffering, but it is too easy to get caught in the system’s needs, to find oneself exhausted by paperwork and time constraints. All of this leads us astray from what the medical encounter should be: a meeting of individuals. If we truly sit with a person and listen to the story that person tells us, we have a much better chance of “seeing” him or her in the wider context. I would imagine that it is similar in pastoral care; the person you visit, whether in the home or in the hospital, is desperate to be seen as who he or she was before the diagnosis, the depression, the cancer. If our language stays only within our own specialty, it may not allow the other to be revealed to us. What a missed opportunity that is for both clinicians and pastors.

SRR: Can you recommend some poets or books in particular regarding medicine and poetry to SRR readers? Regarding disability and poetry, for example?

DN: There are so many good books being written which incorporate poetry and medicine. Rafael Campo, of course, has tried to show other clinicians and patients why he sees poetry as a true part of his clinical practice. I would recommend his books *The Healing Art* and *The Desire to Heal* which discuss how he uses poetry with his patients. His own poetry books *What the Body Told*, *Diva*, and *The Enemy*, for example, show him working at his craft of poetry and reveal beautiful portraits of healing and forgiveness

which are such a part of medicine and life. Two poetry collections edited by Dr. Jack Coulehan and Angela Belli, *Blood and Bone* and *Primary Care* show physicians revisiting medical decisions and examining their own behaviors with patients as well as their own families. The emotions they have felt but not expressed during the clinical hours come forth in blazing images or verses that enable the reader to identify with medicine’s sometimes-messy contradictions. A book I love is by the poet Donald Hall, *Without*, which recounts the last year of his wife’s life as together they faced her leukemia diagnosis and treatments. It is poignant and powerful and wrenching. It describes medicine from the perspective of a layperson as we try to navigate the system and preserve ourselves in the face of treatment and its many side effects. Hall’s wife, Jane Kenyon, was also a poet so we experience the added tragedy of the writer growing weaker yet still trying to finish her final manuscript. Hall later wrote, *The Best Day, The Worst Day*, which takes us through these same events but this time in prose. It is fascinating to read them side-by-side; we can really see poetry’s ability to compress story, action, emotion, and image.

And, of course, Mary Oliver’s book *Thirst* which she wrote after the death of her lover is a wonderful collection of poems seeking a way out of loss and sorrow and finding one in a renewal of the spiritual and the natural world. Many poets have written about their HIV status; a body of amazing work has emerged from this disease. I would recommend *HIV, Mon Amour* and *Black Milk* by Tori Dent. There was a collection called *Poets for Life* edited by Michael Klein that contains some beautiful work by people living with AIDS. And of course I will put a plug here for *The Healing Muse*, which has many works written by people living with a disability and writing about it.

SRR: I don’t want to overreach in comparing professions here, but the notion of vocation is often talked about for clergy and for doctors and nurses. A vocation seems linked to expectations of their abilities to say the right thing at the right time and in the right way. How, in your opinion, can literature and poetry be useful for professionals of whom so much is expected?

DN: A vocation implies that one has been called to service; I’m not sure that it means we expect our clergy or physicians and nurses always to be able to say the right thing so much as we want them to be *present* for us at the times we need them. This is a huge expectation of course, but in medicine each patient comes to the physician with a story that is unique. If the physician truly listens and is open to that patient’s story, a relationship begins. I think literature and poetry can help those in the healing professions by re-

minding them of the connections that link us. When we are fatigued or discouraged, we can find in the words of a poem or a story the courage to keep going or the energy to become engaged again. Poetry can soothe; it can stimulate, irritate, or help us transcend our current state of mind. I would think it refreshes the healers.

If the healers also write about their feelings and experiences, they can gain what many patients who write gain: the sense that they can take some control over what has seemed beyond their control. Living with illness is not often easy or pretty; illness turns our world upside down and makes us feel as though we've become somewhat invisible as an individual. All people seem to see is the diagnosis, particularly our physicians and other health professionals who may in their haste to get the diagnosis right forget that we are so much more than a list of symptoms. Poetry and literature are the ways writers leave their marks; they write to share, yes, but they also write to insist on their presence. There is a wonderful book of short stories called *Fourteen Stories* by physician writer Jay Baruch; I use it with first year medical students who have not yet been given the privilege and responsibility of treating patients. Baruch takes us into the world of emergency medicine, and he is unsparing in his depiction of its failures, the times when healers stop seeing patients as people and instead find them too often irritants or poorly behaved beggars. He also has many positive portraits too, physicians who care deeply for their patients and their families and are trying to do the right thing all the time. Baruch has said that writing keeps him centered in his professional responsibilities. Reading his work has reminded me of mine as well. This is what is so wonderful about literature: it takes us out of our own worlds, introduces us to someone else's, and then forges a connection between us that seems to deepen our appreciation for each other.

SRR: *Is there an example from your own education or earlier work experience which first peaked your interest in this kind of cross-disciplinary focus?*

DN: Teaching itself seems to foster an interest in people. I walked into my first classroom as a graduate teaching assistant when I was 22 years old, and I just loved it. I thought my students were wonderful, interesting, and funny; I'm well over three decades into this and I still walk into the classroom and think how fortunate I am to meet these people. I love hearing them tell their stories. When I first began working in bioethics and medicine, my world expanded even further. We have the privilege of working with people who take care of people; we can hear their stories and sometimes help them talk about the problems they are having and engender new ways to approach those dilemmas.

People often say to me how odd they think it is that a literature professor ended up in a medical university, but now I find it the perfect match between two professions that want to deepen their understanding of the human condition. Both professions have to watch their tendency to speak only in the jargon each profession employs; that language can separate us from the layperson. In medicine, the layperson is the patient and his or her family, surely the people we most want to be open with and to.

In my own personal experience, medicine and literature careened into each other in 2002 when my partner was diagnosed with a brain tumor. She was – and this will sound like a cliché but I assure you it is the truth – a brilliant teacher, scholar, and poet. To witness her diagnosis, then subsequent treatments (neurosurgery, chemotherapy, radiation) was to understand intimately how medicine in its attempt to save can ironically and callously seem to ignore the person and personality and character of the patient. I was a vocal and insistent reminder that everyone who entered her room understood they were in the presence of loveliness. I had her poetry, her articles; I had my history with her, and I was tireless. And it worked: that is to say, I felt our caregivers were careful and respectful of her, came to know and understand why those of us who loved her were so protective and devastated and resolute. I was teaching the death and dying course while she was in treatment and when we learned there were no more treatments to offer. It was a cross-disciplinary focus that has never left me.

SRR: *Clergy and health care providers grapple with their own health problems and family tragedies. Would you like to say anything about how poetry can be personally helpful, not just professionally?*

DN: I guess I would return here to my earlier thoughts on how poetry can take us out of ourselves. For clergy and health care providers, there is always the danger in being so consumed by the needs (the suffering) of others that they don't take care of themselves. Poetry would be a good place to rekindle one's spirits. In a poem, the reader is taken to another's world, which may or may not seem familiar, but in a good poem even the unfamiliar makes space for us. We sit for a while just imagining that new place. We connect to the speaker of the poem or the characters in the poem. We begin realizing that we too have felt that way or we too have wished to be that brave or even that we too have been that weak. That can be a humbling experience, but even so, it seems to me to stretch me in good ways, like a spiritual yoga session perhaps! Perhaps even like prayer, if we take the time to read some poetry, we have taken the time to be still. Such stillness brings its own rewards. For those whose professions are about service and serving others, stillness is usually a rarity.

Poetry and literature provide a good reason for the stillness that we need. One of my favorite parts of the Old Testament is in Kings when Elijah has gone into the wilderness, exhausted and afraid, and he experiences the mighty wind, the earthquake, the fire and none of them does to him what “the still small voice” does, which was the divine. Poetry can provide that still moment from which we can hear all kinds of revelations. Poetry can lift us up to face the tasks we have been called to do. Poetry reminds us of our connections to each other which transcend race, gender, religion, sexual orientation, class, disability, and poverty. I would recommend that clergy and caregivers think about reading others’ work and writing their own stories in poetry or prose just to see what happens. I think they would be pleasantly surprised by the results.

SRR: *What would you most like to say to these readers? What parting advice can you give them?*

DN: I would first say thank you to the clergy and health care clinicians and caregivers. Their calling is honorable and difficult but simply and absolutely essential to any notion of true community. I would remind them that people do want to know more about what they do and how they think about it; writing their experiences can be not only personally rewarding but professionally enriching and valuable. To write is to make clear; it is to share on a deep level what we have in common, how we navigate life’s hardest paths. I would not presume to give advice, only to ask them to take care of themselves even as they take care of the rest of us, and perhaps make a little room for poetry.

Visit *The Healing Muse: A Journal of Visual and Literary Arts*:
www.upstate.edu/bioethics/thehealingmuse/.

A Conversation with Paul Steinke at Bellevue Hospital, December 2010

Founded in 1736 before the Revolutionary War, Bellevue Hospital is the oldest public hospital in the United States. It is academically affiliated with the New York University School of Medicine, and it serves as the medical facility for dignitaries and UN diplomats visiting New York City. Its CPE program is a program of the Bellevue Hospital Center, in cooperation with Lutheran Disaster Response of New York and the Atlantic District – LCMS. Chapel Hall in the old hospital’s administration building, has a synagogue, a Catholic chapel, a Protestant chapel and a Muslim prayer room.

Paul Steinke served for ten years in a parish, three years in upstate New York and seven years in Southington Connecticut, before beginning his career in clinical pastoral education (CPE). He is certified by the Association for Clinical Pastoral Education, Inc. (ACPE), a multicultural, multifaith organization for clinical and academic training in pastoral care.

SRR: *Describe how you became interested in CPE.*

PS: I’d never really heard of CPE until I met Clarence Bruninga, [one of the “first generation” of CPE supervisors.] He was the speaker at a Lutheran conference. He talked about CPE and I thought, “yea – that sounds interesting.” So, I eventually went to Norwich State Hospital for a year, and then I went to Philadelphia State Hospital for two years.

SRR: *Were those residencies?*

PS: Yes. At Norwich I was a resident. In those days you went for the first level of certification in the region. We used to call it an “Acting Supervisor.” Now we call it “Associate Supervisor.” It’s now done at the national level. Once I became an Acting Supervisor, I could get a job. At that time there were about five job offers in the CPE newsletter. Two were in California. Two were in Columbia, S.C. I forget where the other one was. I interviewed at the two in Columbia. Also, I had heard about this new community mental health center in Roanoke, VA. I interviewed in Roanoke and he offered me the job on the spot, so I took it. I enjoyed that immensely – working with people from other disciplines, and a big education department.