

CORH Values – Season 1, Episode 2

Sarah Gagnebin on Chaplaincy During the Pandemic

We speak to Sarah Gagnebin, M.Div who teaches in our Religious Studies program and has worked as a chaplain for many years in various settings. How does the Covid Pandemic affect healthcare workers? What role do Religion and Spirituality have in the difficult situation we currently find ourselves in?

Podcast Link: <https://anchor.fm/csuchico-corh/episodes/Season-1-2-Sarah-Gagnebin-on-Chaplaincy-During-the-Pandemic-emkscp>

Transcript:

Welcome to CORH Values the religion and humanities podcast produced by the Department of Comparative Religion and Humanities at California State University Chico. I'm your host, Daniel Vedilinger. Our theme for this semester, will be religion and health. Inspired, of course, by the pandemic that we're all, and we'll have a number of guests come to talk to us about their work as it relates to this topic. I'm talking today to Sarah Gagnebin, who is a professor in our department. And she actually went to Chico State herself as a student and was a religious studies major. And it's really exciting to have her on faculty now I want to see the cycle of life come full circle, where she's back teaching our courses. The main courses that she has been teaching, our death, dying and the afterlife, which is a perennially popular course that we have. And also women in religion. She went to the Pacific School of religion, which is part of the Graduate Theological Union. And she studied psychology and religion and God, both an MA and a Masters of Divinity. So Sarah, could you just talk a little bit about what a Masters of Divinity? Exactly. It is the epic trader. Sir. Yes, I love the name. People very studying and let instance or divinity here would enter word of times that just means it's the same degree most priests won't get in order to be ordained. You have to give a lot more and get that degree to be ordained. At the end they get dead and Masters of Divinity, this is what priests, it's actually a good thing from this news to know a little bit about this. Like how do you actually become a religious professionals such as a rabbi or a priest or any mom. Usually the different religions have their own theological schools. And in general, in the Western world, it's a two-year degree, I think a rabbi, rabbinical degrees also standardly a two-year graduate degree, a master's level degree. And of course, you couldn't go on to further study after that if you want to get more degrees. So today we are going to be talking about religion and spirituality and the role that it plays in the health care system. Because we are living in what is truly a biblical passage. It's amazing. A year ago somebody had told me that the whole world would be brought to its needs by some little virus that started with a few people went to, I guess, some fish market in China than they didn't feel well. And then a few weeks later, the whole world is brought to its knees. Every bank, every theater in India, in Brazil, in England and America closed. You can't make this thing up. You know, it's amazing. I've always said one of my mottos is that real life is stranger than fiction. And everything I witness from the political situation to the now health situation just reinforces that belief that things happen in the world that if you wrote it into a book, people would say, and this is just too far-fetched. So because of what's going on with the pandemic and COVID-19, I thought that we would start with you talking a little bit about your experiences as a chaplain and your knowledge of health, religion, and also of death and dying practices. And you could talk a little bit about from both your personal experience and your academic knowledge about these subjects. So let's, why don't we start by saying a little bit about you chaplaincy work that you've done in the past, when, before the COVID times. This, tell us a little bit about what it even means to be a chaplain. I know that many people, including myself, kind of learned about what a chaplain is from watching the show Mash where you had fought them, okay, he being the chocolate, right? I mean, that is the way many people learned about this thing called a shot. So could you tell us a little bit about why to be a chef and then about your own personal experience as a child. So what Chaplin, typically it works in some sort of institution. So we might see an army chaplain, yes, a military chaplain. We might see your hospital chaplain, which is where the chimpanzees, but I did. You might even see a college chaplain depending on the institution. The hope is that at Chaplin can show up for people within that institution as a support who is also knowledgeable about spirituality. Let's talk a little bit about the situation nowadays. So we have the COVID-19 pandemic. We have a situation in which

there's a contagious. Disease that is potentially fatal to us. Significant proportion of the population wanted to percent whatever it may be. But that's dangerous enough. That is, I'm sure all the listeners know it is severely restricting the visiting policies of various hospitals in many of them. In fact, they don't really let visitors come at all. So now we have a situation in which somebody is maybe gravely ill and they're not allowed to have their friends and family come to visit them. So how have you seen that affecting or heard stories about that affecting people's emotional state? The fate that especially if you're talking from the chaplaincy perspective, has to do dying alone. There's not so much worry around the PPE, the protective gear because that's always been a part of it. We've always had to Donna, it's grabbing this they call and put on mask and put on gloves and are always people in the hospital that were charged with seeing sometimes that how can that contagious diseases, right? That's a good point. I mean, that I'm not going to go in their room there blobs are scared. So we're kinda used to working through that. And I'm not the biggest that is the mask. But then not being able to be in the room is actually pretty huge for many people, even if it's just a chaplain say, works in this situation, well, we're very careful. There is also a moment of humanity that can be really helpful to people. When I worked in hospice, especially there was a patient that she was indeed nearing the end of her life and people were quite careful to not touch her, means that she had not received any kind of loving touch at all a really long time. And I was as careful as I could be, I suppose under the circumstances. But I took off one glove and set my hand on her hand, and she was nonverbal, but she cried quite visceral about receiving just the smallest amount of caries touch I washed out by the lto. I made sure everything is up high to have cross. So everything worked fine. My thinking is having that story in my head means that there are a lot of people out there who just, their only job is to provide care and they cannot. But we also need to think about the fact that it's not just chaplains or family members, right? It's it's family can't come in. So when I think about the times that I talked to a mother who knew that her child was dying, it is one of the most difficult things and that in itself would be enough to try and imagine speaking with a mother who knew her child was dying and knew that she could not go in and touch. So scared and not being able to be in the presence of your, of your peer rights. So this is what's one thing from a chaplaincy to say we can't help, but it's another to really consider what it is to die alone as real people. And I think that is some of what's coming to head. The stories that we're hearing is very difficult to FaceTime. In particular. This is a good time to make a little shout out to the doctors and nurses and all the health care workers who are at the front lines against this terrible disease. We really have to take our hats off to them and thank them for all the hard work they've done to keep us safe. And then as far as doctors go there too, that are in the nurse, that advocacy in the respiratory specialists that are exposed amongst I think about, I mean, really iterations and a hospital, there might be an elderly person who has COVID and that is likely the thing that was going to take their life if they are coding just right there. Imminence, typically, under any other circumstance, people would go in with a crash cart in an attempt to resuscitate them. And whether or not that works. Oddly enough, it can be really comforting for a family member to see that. Now, doctors and nurses and respiratory specialists are putting themselves at risk, the most risk if they go in there and try and attempt to resuscitate this percentage if they know because perhaps their elderly, that their chances of being resuscitated to any kind of health are very slim. But there is they say of that elderly person saying, please, please go in there. She's crashing. Please, please go in there. These are the doctors having to look at this person and say, it's not worth the risk, difficult decisions to make for sure. Have you ever been involved in mediating between families and doctors? Were they finally cause some ritual? Her costume that they want to be respected move doctor doesn't know and doesn't care about it. Oh, all the time. So often? Yeah. I mean, anything from traditions in which every single person from the family far and wide needs to comments either person as they die or just moments after their death. I are dying in the hospital. People will be coming as quickly as they can see, that's pretty soon, but the family would prefer they not be moved. And oh, everybody has come in from LA to see the body on the deathbed, right? Even after they have, it's very important. Person has had their product. When someone has died, they need to initiate certain things and then they have a timeline that they need to follow to get the body taking care of. That can be sort of work that it depends on what's going on, though. Yeah. I'd have to go back and forth and sort of tell the family. Okay, well, we only have next time do you think science, I will get here on time. Go back to the nurse and say, All right, well, they're requesting this much time, can't really get them. Perhaps one more half-hour. Yeah, I can totally see that a cultural specialists such as yourself can be invaluable. In situations like this. There's probably lots of other situations where somebody with knowledge of different rituals and practices from around the world can be really helpful in these situations. There's a lot of things that are bothering her

husband. No fire. So any religious tradition that involves a key and that wouldn't be allowed or they last like incense? Probably not. Not at all. No. You're right. And that's a lot of religious ritual? Yes. Involves incense or fire or candles or something like that, which I'm about to be done there. So I suppose in some traditions do you find the pupil would prefer not to die in the hospital and they'd rather die at home so that these rituals can be not know and say statistically, certainly in the US, most people would prefer to die at home. They research bears that out and just separate 40. Uh-huh. Statistically, more than half of us will die in a hospital for that. So most of people in modern day America die in the hospital, right? Inverse the best report, not wanting to see that most of the problems medicine in general, there's a lot of things that people don't wants. But the medical apparatus just goes ahead and does it anyway. And there's a lack of understanding. Doctors are, they move fast? They are quite busy for most of us don't understand and are explanations can be quite convoluted. I think patients will say yes because we trust doctors didn't understand, but also there's a lot of misunderstanding in our deck way. It's just in our funeral industry and the way that we die, if you die in the hospital, we have no idea what the legality is, simply taking the body of the left one out. But there's there's legalities. I just took a while. Yachts pull up your car and put the body and it depends actually, yeah. In some states, Yes. I see her work and an order. Right. Yeah. The hospital does not love when I see. And so technically, yes, you can even it with hospice at home, which means that somebody has been given a six month or less diagnosis. They have been sent home from the hospital. And everybody is aware that they're hoping to take their last breaths at home. It can be scary for a family member to watch someone go through the dying process. What happens a lot is a family member Woo, call an ambulance or something and have him rushed to the hospital. Because it's sort of I don't want to say it's a knee-jerk reaction, but it's certainly something that we see happen a lot because it's really difficult to resist urge to drive someone so that get sometimes unless they are struggling, many family members who are acting as caregivers might not really know how to handle death as it approaches. So I'm wondering if there are resources to help prepare them for it and to explain to them what to expect frequently. Found hospice, hopefully you have a chaplain who can show up in sort of help you through that process and affirm for you they is difficult when someone you love is struggling in. And again, be with you. You feel those feelings. And instead of sending to the hospital because they didn't want instead help the family member through that process. To be there at the moment of death must be a very disorienting experience to see your body alive one moment, and then something changes and suddenly it enters a state that we call dead. It still physically is there the chemicals in the body are more or less same as they were, but it has entered a new state. And I suppose who have actually been there to see life and on a number of occasions, thought must be difficult. Yeah. And yeah, they're different. Yes. Right. I'd like you to describe that. Yes. Certainly, there's there's a sense that is generated huge meet somebody who has distinct real line and someone who has already had their last, right? Yeah, there's a real difference in it. Palpable and yet very hard to describe. It's part of the reason I think that people, a lot of people, not everyone, finds closure in seeing somebody once they have passed because it is. So we're really not the person that they remember a lot of these reports. You know, when they do see the bug is that it just doesn't seem like the person, even though it looks like the person is a kind of Doppelgangers, something, there's something missing. It's not really the person just bought sort of makes it easier. I think for some people it's just wherever they are. It's not here and we can move on from not reality forwards, however that might be. But I think to honestly, one thing that we do in our directories that might not be helpful is I think that we do sort of romantic era is the last moments of debt because we don't see people die very often. Serious society currently. What we have is maybe a movie version. Sometimes that line is not interstate, that sometimes the breaths come and go and they stop and then there's another branch of struggled breath and maybe a few more minutes where the body is still clearly moving. So sometimes it's not a distinct moment. And what, what really interests me and got me working there was, I mean, I think of death and making coconut oil. If your brain isn't working and your heart isn't working, you are officially dead. But we have machines now. They can hook up and see what's going on in your heart or your brain. And now we know that you might have some brain activity, but no brain function. I think that's called being a politician. And perhaps you're hurt, has a pulse, but no rhythm at that point. I don't know if you're alive or dead because things have gotten too nuanced and I don't understand science in this zone. When doctors would say this person is indeed that, yes. But their huts machine that indicates activity, it's very confusing to us that would seem to stay something is occurring, doctor, seem to have a different opinion. And so I was struck by how fuzzy that line is between alive and dead. Right? It's just like this one thing that in academia we talk about a lot are just lines between one state and another. And the answer is always the same. That whenever you try to make strict lines, There's

always cases in which it gets right That goes for anything. What's a language versus what's a dialect, what's a religion and what's not a religion, right? So you have things that everybody agrees that religions like Judaism and Christianity, then you have things that some people feel it, right? There's no solid line. Is golf a kind of religion are not well, some people say that. So you have a similar thing with died. We know that there are some things that are just like, you know, Abraham Lincoln. Everybody would agree. He is. And hopefully you and I, everybody would agree are live. But then there's a number of cases in-between those two that there is some disagreement about it. Monty Python perhaps captured this best in their depiction of life during the Black Death Day. Well, not, I encourage you to write, but he's not dead yet. While you will be doing very well. We started at an amendment to Have you ever met with individuals who had been, in some sense pronounced dead and then came back and one way or another area. Sure. Yeah. And then keep on hand very distinct memories. And they talk about what happened after during the period that they were dead. That can be spoken personally. I mean, I've read lots of reports, but I've never actually met somebody who claims to have at 1 been so-called debt. Yeah, I kept on trains and mediums. Thevenin's making this better because of what happened that day to create new debts. Somebody, because that can be, that can trigger an existential crisis. Fisher Hall. But so a couple of times and those varying counts there, everything from there is a light and heaven and the piece and something beautiful too. I remember nothing was out of that for 30 days, as far as I know, it was yesterday or maybe they were considered clinically dead for some of that time and then no, they didn't hear anybody. They didn't have nice CV. I would like to say something about the near-death experience, I guess I'll just call it a ring. First time I was put under anesthetic was when I had my wisdom teeth out. Unfortunately, they took all of them out, so I don't have much wisdom left. But I was I about 20 years old and I went fully under a general anesthetic and they took my wisdom teeth that and when I woke, I just it seemed like I had just pharmacy. Like all I remembered was sort of falling asleep and then waking up. I didn't remember anything whatsoever during that 30 or 40 minutes that I was for the under and then I remember later that night when I was sort of lying around in bed and pain. I thought that well, wait a minute. If I was perfectly a lot but wasn't conscious of anything whatsoever. I didn't feel smell, hear nothing. Let's say, God forbid, I had died during the procedure. It just seemed a little odd to me that I'm perfectly ally, but yet experienced nothing. And if I hadn't died, somehow would have then had more experience and I would have seen a light and a tunnel or something and it struck me that that was one time when I started to doubt that maybe there is anything that happens after we die simply because if I was alive and there was nothing going on, how could it be that I'm like dead, which is much worse than being alive but yet more experienced with hot. I mean. So did you find that patients have existential questions like this? When they're terribly ill in the hospitals. They have, the patients have more of a question, that Arab Christian question, right? Why when bad things happen to good people? That was that question. That was what they wanted to talk about. Can experience that near-death experience doesn't matter at which air. And they were talking about themselves in particular, why is the stuff happening to me? When I think that I'm a good person or their family member who is suffering. They take me aside and oh, I see. Right? Yes. So we did in uh-huh. And was there any particular answers stuck with you that you might have given all of that they might have come up with themselves when you were discussing this issue of why Bob things are happening, what bill, good people? There's a lot of answers to that in the moment. As a chaplain, when someone asks that question, I imagine it as a job, a style element. I imagine that they're not asking me for any hints or know that when they say Why is this happening to me, it's just they need to say that out loud to someone who won't touch them. So when I think of the patients who have said, why is this happening to me and why would this happen to such a beautiful person? Why then we're looking for y went Job's friends did in the story, wouldn't give theological and theories about why God would do this. That no, instead they're asking that question because they have to say it out loud. An Arctic you listen. I'm thinking, you know, there's that saying that there's no atheists on a sinking ship. So I'm wondering during a pandemic or when people are gravely ill in the hospital, do they tend to believe more strongly in God that they would have otherwise? Maybe just because they hope that there is a God who can help them out of this predicament. Certainly not everyone believes an all powerful, all knowing, all loving God, like a good plan. And there's a lot of religious traditions. Religious traditions, modern Paganism for examples. Lot of people within there that would say, we use suffer for here, death and all of the suffering. Because we are soft, full of feelings and blood. And we live in a world that is full of sharp pokey things. That is why it doesn't matter if it's necessarily if it relates to God or not. It's an existential question. And I think COVID has, is actually important in this way because COVID assets to wrestle with the existential crisis of mortality we have to face. You know,

how do we continue to exist? Knowing in general and during COVID that our loved ones will experience suffering. And in the end, we will die. Can we find meaning right, even in the midst of unreasonable suffering? I would think the point is on the whole, many humans, not everybody, certainly, but many humans find some peace hope in the notion that there is inherent purpose or meaning to our suffering and to our life and our ultimate death. That's why I look at it ultimately as when we answer this question, why is this happening to me? It has to do with how we see each other in a relationship and our relationship to the divine. We have to ask ourselves in these times, if we honestly think that the divine likes us better than other people, you know, would we be safe? When we ask, why would God do this to us? That is a little bit of that notion, right? Like God is doing it to you within COVID as a sinking ship, if you want to say there's no atheists, I would say instead, COVID amplifies our core values and it heightens our blame responses. And both of them are survival mechanisms. So I think about even atheists are nihilist, that they're bound to have their core values, whatever they are, amplified as a survival mechanism. But I'm really interested to see how getting sick in this way has brought out politics and brought out r, again is our core values, isn't it? Perhaps as politics could be religion. And the way that this has brought out our fundamentals and made them so firm, absolute. It certainly has done that. When you're living in difficult times, you just have to, yeah, it's maybe not, it might not be religion per se, but some sort of ideology you grab onto. And it gets strengthened because you have to have something solid to give you guidance. So if it's not the usual things in life, then it has to be some sort of intellectual edifice that you can build up in your mind and grab onto that. And people are just digging in. And we can see that happening all around us for sure. And it's in some ways good in the sense that people should think about their core ideas, their core values, and live their lives in accordance with them. I think it's some extent, but when it becomes completely inflexible, obviously, that's a problem. That probably is a ladder, but we're seeing right now is that finding those four values actually could be a really valuable exercise. Certainly be using that we each, all of us have those ordinary issues. And they are inevitably different, means that some level of flexibility needs to occur. We're going to get through this together for values that we stand on are simply going to be big. We're not able to meet each other, opponents or values. It's going to be really difficult. And they're kind of backed up with that, blaming that we really don't want to die. And so anytime somebody dies, we need to know we would never be in that situation and therefore never received grace. Blame so easily. We need to know it's because they did this one particular thing they aren't did in this way because this way they got cookies. If I don't do that, I won't get it going. It's just a survival mechanism we want to ensure excels at least momentarily. Never put ourselves in a situation where we would get sick and tired. Of course, I always, when I hear about people randomly die, I always try to think, well, what did they do that I am not doing. Differentiate yourself from them because we definitely don't want to die. Me in particular, like I have told my wife that if anything should happen, just resuscitate as many times as necessary. And I'm one of those people who just has not come to terms with my debt, but some people do. So the last thing I want to say, I've always wondered, soldiers, how do they go to sleep at nights waiting for the EBIT like they, let's say they're in a encampment and the battle plans are all laid out so that they know on such and such a day they're going to march forward into battle. And a few days leading up to that, they're kind of eating and sleeping, just knowing that they're going to be in battle a few days later. I just can't imagine how people put themselves in that situation. Do you have any insight into that? I have talked about this yesterday. People who have been in the military base, that situation itself. I can reflect some of the things that were meaningful to me. A couple of people who have come back from those scenarios and when I have questions then about what it's like to move forward, knowing that at any given point in time that might be a snowman, right? How do you eat sweets? The anxiety must be so high that sense, and I'll say 2 times, but at times they had struck me was you are in exactly that position today. That line at one step. You every day. Every human walking around here is in that position because I can have it anywhere that tomorrow I could get hit by a car or fall down. No matter what, no matter what human you are in the scenario in which you are a moment away from that as far as. So, we like to walk around and pretend. And they are in a position. Well, Sarah, thank you so much for spending this time with us and giving us all this amazing insight into death and dying and disease from your experience. Oh you're quite welcome. That yeah, I really, I guess I could say I enjoyed it. I I didn't think I would use the word enjoy to describe talking about death and dying, but I really did enjoy this. And I thank you again. If you'd like to learn more about the Department of Comparative Religion and Humanities, please go to our website at [CSU Chico.edu slash CORH](http://CSUChico.edu/slash/CORH) that's [CSU CH ICO.edu slash CORH](http://CSUChico.edu/slash/CORH). I want to point out that the opinions expressed here in do not necessarily reflect those of the faculty and staff of our departments. I am increasingly online, I am increasingly recorded. And that

means when I dead there are going to be so many videos and sound, yes, absolutely. We can do whole interview with you when you're dead.