The chaplain who is acquainted with surgical procedures and who is not threatened by them can provide general information regarding anesthesia and surgery, as well as offering reassurance. Moreover, he can help prepare the patient for what to expect following the operation.

Spiritual Crises Facing Surgical Patients

ANY PERSON entering the hospital, whether for surgery or for any other cause, must make certain adjustments to a totally new frame of reference. The surgical patient, however, is unique in two respects. The situations he faces are somewhat different in nature from those faced by most other hospital patients, and certain situations—some reaching crisis proportions—are inimical to him alone. This article will attempt to explore the problems and crises facing surgical patients and the role of the chaplain or minister in dealing with them.

1. Disruption of Life and Community

A stay in the hospital is a disruption of the normal routine of life and of one's community (family, church, circle of friends, etc.) for any patient. However, in cases of surgery, the disruption may be much more abrupt. A patient with an incurable disease may not be too surprised when told he must come to the hospital for several weeks. But the individual who goes for a checkup and learns he has cancer that will very often require an immediate operation is caught completely off guard.

Russell Dicks, for example, tells of going to New York for theological study and of being informed by a physician shortly after his arrival, of his need for surgery, three months' recuperation, and possibly a second operation. Then Dicks writes,

I felt as if I had been hit on the head with a mallet. What of my plans for the theological school? For four years I had planned, worked, anticipated study in New York. What about money? I had about thirty dollars; how could I afford months of convalescence and two difficult operations?

1. Robert Reeves suggests that the basic problem facing all hospital patients is that of reduction. "Essentially, the patient as a person is reduced: from rationality toward emotionalism, from self-reliance toward dependency, from cooperation toward complaint, from reality-fac ing toward magic-working, from social awareness toward isolation in the 'me-here-nowness' of his illness, from selfhood toward thinghood." "Pastoral Care in the General Hospital Chaplaincy," PASTORAL PSYCHOLOGY, XVII (June, 1966), p. 15.

2. Richard C. Cabot and Russell L. Dicks,
In a six-week chaplain training program at University Hospitals, University of Iowa, this writer observed a number of similar cases. In one instance, a freshman student at the University was severely injured in a motorcycle accident. Her boy friend was killed. For two months she has been bedridden in a surgery ward and will require physical rehabilitation following her release. Her plans for the summer were shattered as well as any chance of entering the University in the fall.

In another instance, a 22-year-old girl had entered nurses training, but an automobile accident with resulting quadriplegia abruptly and indefinitely halted further preparation for her career. This case also illustrates the breach of community necessitated by surgery. The young woman had married three years prior to the accident due to pregnancy out of wedlock. Three days following the marriage her father died of a heart attack. The social worker suspected that the girl may have felt a great deal of guilt regarding her pregnancy and marriage, fearing that this was indirectly the cause of her father’s death. She was later divorced from her husband and remarried. With these complicated domestic problems, it was extremely difficult on the young woman because of separation from her family. Now one of her chief concerns is her son, who is living with her mother, creating a situation she fears may not be for the best.

The fact is that breach of community is a concern for any hospital patient. During a period of six weeks, not one patient visited by this chaplain has failed to express a desire to go home. Sometimes what happens to be a trivial reason may be quite a meaningful one to the patient. For example, one woman, whose hobby was gardening, complained that her roses were blooming at that time, and that she had already missed seeing her nasturtiums as well as enjoying her neighbor’s strawberries.

What can the chaplain do when a patient’s community and routine of life are disrupted? He cannot bring a person’s community to his bedside or restore his usual way of life. He can, however, help the patient to accept his present situation by encouraging him to work through this period of transition. With regard to the break in life’s routine, the chaplain should not allow the patient to dwell on his present inability to function normally. Rather, he should precipitate movement in the patient’s mind toward the future. With regard to the breach in community, the chaplain can become community for the patient in a temporary sort of way. While the chaplain cannot assume all the functions of the patient’s community, he can provide care, acceptance, and understanding.

There are times when the chaplain can take real steps toward restoring community in actuality. A man with a leg amputation had been separated from his wife for five years and had lost all contact with her. During hospitalization he desired to hear from her. After consultation with social service, this chaplain succeeded in locating the wife, informing her of her husband’s amputation and

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