

## God in the ICU

Health-care workers are all about science. Or are they?

By Marjorie Lyon

A critically ill hospital patient struggles to breathe. The respiratory therapist expertly changes settings on life-support equipment. To the observer, the health worker is all business efficiency. But go beneath the surface and you will hear her silently praying.

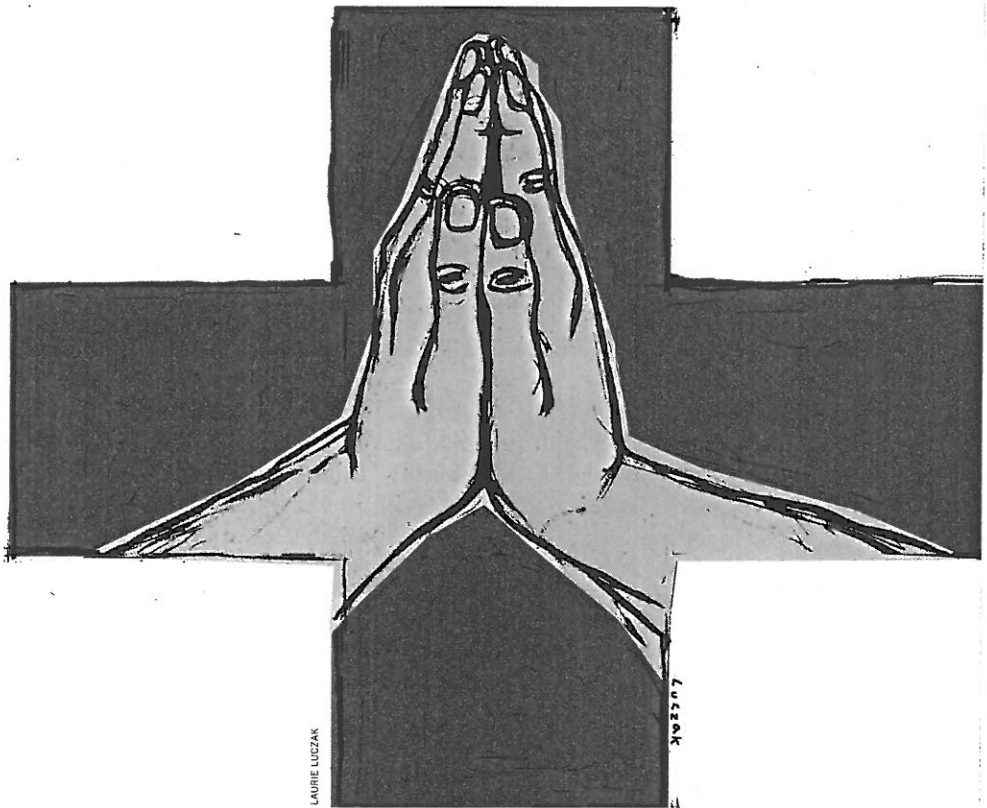
It is this seldom-observed, emotionally charged realm that Wendy Cadge, assistant professor of sociology, explores in her current research.

Cadge focuses on spirituality in hospitals, interviewing technicians, nurses, physicians, chaplains, and other personnel. What part do their religious beliefs and practices play in their daily work experiences? she asks. One survey showed that 80 percent of nurses say there is something spiritual about the care they provide. This part of their job is not readily seen, and that's what intrigues Cadge. She looks at the visible and the invisible, working on a new book to be called *Paging God: Religion in the Halls of Medicine*.

To capture an understanding of exactly what hospital chaplains do on a daily basis, Cadge interviewed more than seventy. She shadowed them, going to meetings and sometimes even joining them as they accompanied families to the morgue.

"I was interested in how hospitals, as secular organizations, respond to religion and spirituality," she says.

Cadge also delved into intensive-care facilities, striving to learn more about the thoughts and motivations of those who work with the most critically ill. A survey of a neonatal intensive-care unit, she notes,



revealed that more than 80 percent of the staff privately prayed for the babies.

"You can't see that—you would never know," says Cadge. One nurse confided that when she has a very ill baby she calls her Catholic grandmother, who lights a candle on her kitchen table. Another told of working with a Muslim family who put a copy of the Koran in a baby's crib. It was placed in a plastic bag labeled with the

baby's name, just like a piece of medical equipment. And there are statues and icons watching over the neonates' tiny enclosures.

After growing up in suburban Philadelphia, Cadge attended Swarthmore College, where she made a spontaneous decision that proved pivotal.

"I wanted to take a philosophy course to learn to think big ideas," she explains, "but those classes were full. Since the disciplines



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were arranged alphabetically, registration for religion classes was at the next table and I thought ‘religion, philosophy—probably pretty similar.’” She stuck with it, receiving a PhD in sociology with a focus on religion from Princeton University in 2002.

What grabbed her?

“In studying religion, I found a way of connecting what I read in books with what I see in everyday life. It gives me a window into what makes people tick,” she says.

Cadge’s groundbreaking research blends participant observation, interviews, and quantitative analysis. “Nothing I write,” she says, “will be any better than the relationships I’ve developed with the people I’m writing about.”

In researching her book *Heartwood: The First Generation of Theravada Buddhism in America* (University of Chicago Press, 2005), Cadge spent more than a year in two communities of Theravada Buddhists. “I was interested in how these organizations

were founded and how the individuals involved understood themselves, their communities, and their lives,” she explains.

Cadge has also published research on Buddhist and Catholic nuns, religious identity, homosexuality in mainline Protestant churches, and gay marriage, and she is collaborating on work exploring how

stand the role of religion in different kinds people’s lives.”

Fundamentally, Cadge says, she wants to know how the world looks through different people’s eyes. She suggests that most investigators studying health and medicine are concerned with the bottom line—more efficient, less expensive services. But she

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religion influences the experiences of immigrants in small cities.

“It seems,” Cadge says, “that religion intersects with almost everything. So all my projects are about religion and something else—religion and immigration, religion and sexuality, religion and medicine. The common thread is an attempt to under-

proposes that we need to think about a third factor—our humanity. Her research will likely not impact costs, but her hope is that it can lead all of us to be more humane and more present and to see each other as fuller human beings.

*Marjorie Lyon is a staff writer.*