

Lotus Flowers and Rose Windows A Season of Visits to Hospital Chapels

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THE REVEREND WILLIAM ALBERTS, a chaplain at the Boston Medical Center, tells this story about the white altar cloth with yellow flower adorning a table in one of BMC's two chapels (see figure 1): When a telephone operator who had worked at the hospital for twenty-five years died, her friends decided to donate the altar cloth in her name. They chose one with a lotus flower, inspired by the quotation by Kahlil Gibran:

Say not, "I have found the truth" but rather "I have found a truth." Say not, "I have found the path of the soul." Say rather, "I have met the soul walking upon my path." For the soul walks upon all paths. The soul walks not upon a line, neither does it grow like a reed. The soul unfolds itself, like a lotus of countless petals.¹

"This image," Reverend Alberts explains, "gets at the diversity of divinity, or the divinity of diversity."

During the spring of 2002, I observed chapels at the Boston Medical Center, Beth Israel Deaconess Medical Center, Brigham and Women's Hospital, Children's Hospital Boston, Dana-Farber Cancer Institute, Faulkner Hospital, Massachusetts General Hospital, and St. Elizabeth's Medical Center. In every case, I visited the chapels and spoke to a chaplain, either in person or over the phone. I also took photographs, in order to collect the images that any visitor has when he or she walks into the chapel. I decided to focus on the following questions: What is a chapel? How is a chapel different from other rooms in the hospital, such as waiting rooms or conference rooms? How do visitors recognize a chapel when they walk into one? How do the objects and design elements found in chapels inform and instruct visitors regarding appropriate or expected chapel behavior?

The material contents of Boston's hospital chapels include a variety of sacred and everyday items: artwork, tabernacles, a table or altar, educational literature, flowers, prayer books, Jewish prayer shawls,

rosaries, prayer rugs, meditation cushions, yarmulkes, a mezuzah, a prayer box or prayer request notebook, scripture, and chairs. These items certainly cue the visitor to the religious nature of the room. But more than the sum of the specific items, the atmosphere of the chapels profoundly differs from the mood of the rest of the hospital. This atmosphere is generated through four primary traits: dim lighting, silence, stillness, and stained glass.

In some chapels the lighting is intentionally darker than in the rest of the hospital. This is particularly noticeable because of the extremely bright lighting in every other part of the hospital. Most medical procedures require unusually strong lighting. Even in hospital rooms, one of the complaints of patients is that the lights are never turned off, making it difficult to rest. Darkness in the rest of the hospital would be experienced as chaotic, signaling a crisis or emergency. During citywide electrical blackouts, getting the necessary energy and light to hospitals is a primary concern. Yet the hospital chapel remains out of the focus of this bright glare. The dimmed light of a chapel is allowed because its purpose is different from that of the rest of the hospital. If bright light is required for the scientific work of medicine, for the healing of the body, for that which is both visible and knowable, then perhaps dim light is required for those spaces of the spirit, for the work of the soul, and for that which is invisible, mysterious, or unknowable.

Another way in which chapels differ from the rest of the hospital is in terms of sound. Although they are almost always near the front door of the hospital, chapels are intentionally quiet spaces. For example, at Children's Hospital Boston, the Reverend Mary Robinson explained that the chapel has a sound system, and for a short time she considered playing music for people who used the chapel.

Before she acted on this, she conducted a survey to ask people if they would like music in the chapel. The overwhelming response was that people preferred silence. Chapels are made intentionally quiet, by the carpet that many of them have and by the lack of activity that happens within them. The rest of the hospital is constantly noisy. Both human and mechanical sounds pervade every inch of the hospital. Even when patients are in bed, they are separated from their roommate by only a thin curtain, allowing every cough and moan to be heard. The click of heels along hospital corridors, the buzzing of pagers, the hum of consultations, visitors, life-support equipment, ringing of telephones, and clatter of cafeteria trays are the audio backdrop of hospitals. The chapel is the exception to the constant noise of the rest of the hospital. It is intentionally quiet, and visitors know that if they want to speak, they need to whisper. Silence reinforces the contrast to the rest of the hospital. The chapel is a place, and perhaps the only place, where talking, beeping, and the ringing of phones are out of place. Silence indicates a lack of engagement with the mechanical and human sounds of the rest of the hospital. There is no one to talk to, nothing to do. One sits in silence in order to pray, to meditate, to think, and to rest.

Another element that creates the mood of the hospital is the level of activity. In the rest of the hospital, there is constant activity. Patients are routinely interrupted from sleep or conversation for medical checks, questions, and visits from doctors making their rounds. The routine of the patient is forced to comply with the routine of the hospital staffing and cleaning schedule. Even if the constant activity prevents some patients from resting, the bustling routines are what structure the medical community. In contrast, the hospital chapel rests suspended in a kind of timelessness. It is open twenty-four hours a day, and only several hours are taken up with religious services, if there are services in the chapel at all. In several chapels I visited, there are no regular services. A visitor could sit undisturbed in the chapel for hours. Unlike the rest of the hospital, there are no interruptions in the chapel. The lack of structure lends itself to diversity of thought, ritual, and activity, while the rest of the hospital relies on precise and predictable routine.

The use of stained glass was common to all the chapels I visited. Some stained-glass pieces had long stories associated with them, while other chaplains I spoke to knew nothing about the glass in the chapels. Some were literal representations of the intention of the chapel. At the Boston Medical Center, the images in the stained glass were of a doc-

tor, a nurse, and a chaplain. Reverend Alberts reported that this represents the interdisciplinary commitment of the hospital. The stained glass in the chapel of Children's Hospital Boston is the literal symbol of the hospital, which depicts a nurse holding a child in her arms. The Reverend Mary Robinson called this a "powerful symbol of the mission of our hospital."

At Beth Israel Deaconess Medical Center's non-denominational chapel, the stained glass is clearly marked with title and theme of the piece. The first stained-glass piece is called "B'riah" by the artist, Emmanuel Genovese. The theme is "Creation/Health," and the text which goes along with it is Genesis 1:3: "And God said, 'Let there be light' and there was light." On the left side of the chapel is a stained-glass piece by the same artist, entitled "R'fuah." The theme is "Healing Water" and the text chosen for this piece is Genesis 1:6: "And God said, 'Let there be a firmament in the midst of the waters, and let it separate the waters from the waters.'"

At Brigham and Women's, the stained glass in the hall by the main hospital elevators helps people to notice the chapel (see figure 2). The stained glass at Massachusetts General Hospital is described in a brochure called "A Self-Guided Tour of the Stained Glass Windows." The windows include images from both the Christian and Jewish traditions, including the tree of life, the parable of the vine, and the Beatitudes.

The ubiquitous presence of stained glass in Boston-area hospital chapels suggests that the glass is something more than an artistic decoration. It contributes in an essential way to marking the chapel as different in essence from the rest of the hospital. But how does it accomplish this? First, stained glass entails lighting from behind or within. Besides the many metaphoric connotations this might offer to the visitor, it requires that the chapel be slightly dark, in order to view the lit glass. The light that filters through the stained glass is diffuse, utterly different from the glaring lights of the operating theater. Second, stained glass suffuses the room with color, in contrast to the monochrome whites or greens of the rest of the hospital. Even in chapels in which the stained glass is not well-lit from behind, the glass itself is colorful and filled with symbolic images that stimulate the imagination, different in every way from the stainless steel and the clear, succinct signboards outside the chapel. Third, stained glass is exquisitely nonfunctional, blocking out as much light as it allows in. Again, this stands in contrast to the high and evident functionality found in all other parts of the hospital.

I would also like to suggest that stained glass reminds the visitor that a chapel is similar to a church. Stained glass with scriptural representations are common in churches and cathedrals, and this seems to have carried over to hospital chapels. Massachusetts General Hospital is one example of this carryover. Stained glass, grounded in its Christian heritage, may be problematic for people who are not part of this tradition, particularly in those spaces that represent scriptural passages from a particular tradition.

In addition to stained glass, there are also tables and chairs in each of the chapels I visited. At first, this seemed so obvious it was not worth mentioning. But I began to think about how the rooms were arranged, which direction the chairs face, and if there was anything on the table in the chapel. I began to reflect on which faith traditions use tables and chairs, and which do not.

The chapels I visited have two kinds of tables and chairs. Some are moveable, and some are permanent. In chapels where there are moveable chairs, the space can be transformed to accommodate various faith communities who require space on the floor to kneel or sit. There is no altar at Brigham and Women's, only a small table holding flowers. The chairs can be rearranged, and they face the table at the front of the room. Dana-Farber has a small moveable table in front of its stained glass wall and chairs that can be moved around. I should note that in Dana-Farber's chapel, the table is not central to the room, and the stained glass far outshines the table as the centerpiece. At Beth Israel Deaconess, Rabbi Terry Bard explained that the altar is common to both Christian and Jewish traditions. In this chapel there is a large table with an "eternal light" hanging above it. The chairs are facing the table and are freestanding and can be rearranged. Boston Medical Center has an altar, with the altar cloth described above. It also has permanent pews that face the table. Children's Hospital Boston has a table with two electric candles on it. There are pews that face this table. Faulkner Hospital has a table with pamphlets for Christians and a Bible opened to Psalms 96–100. The chairs sit around the edge of the room, and face toward the room's center. Massachusetts General Hospital also has a table at the front of the chapel with an organ and a podium nearby. The high-backed chairs are moveable. St. Elizabeth's has a traditional Catholic altar in its chapel and the chairs are moveable.

The placement of tables and chairs is instructive for the visitor. It informs them when they come in that they should sit down, and face a particular

direction. For the most part, when the visitor sits, he or she will be facing a table with something on it, such as flowers, scripture, or candles. Whether flowers or candles are "spiritual," decorative, or something else altogether depends on the interpretation of the visitor.

Many of the chaplains I spoke to made clear to me that sacred objects from many traditions are available for those who want to use them, and in many chapels space is provided in which to place prayer rugs or meditation cushions on the floor (see figure 3). All the chaplains I spoke to emphasized their commitment to welcoming all people into the chapels. All the chapels I visited are interfaith, with the exception of St. Elizabeth's, which is a Catholic chapel.

The chaplains I spoke to strive to provide sacred space for people of various faiths, or of no faith. Still, the overall structure of the chapels seems to draw primarily from the Judeo-Christian tradition of sitting before the presence of some holy, spiritual, or beautiful object. Like the stained glass, the table and chairs indicate a certain kind of atmosphere for the visitor, an atmosphere that to me seemed very much like a church. This interpretation points to the difficulty of creating space that is both spiritually meaningful and value neutral. The chaplains I spoke to continue to strive to make the space spiritually inclusive and welcoming, and to develop new ways to do so.

The atmosphere or mood created by the stillness, dim lighting, and quiet are the essence of the work of the chapels. Modern hospitals do not include chapels in their design plans because the architects and administrators hope to find favor with or receive special blessings from God. Chaplains do not offer healing services in chapels so that patients will receive miraculous cures, obviating the need for medical care. Chapels do not make a theological argument about their power and role in the hospital. Rather, they create a mood, an atmosphere that is different from the rest of the hospital and yet is contained within it.

Several of the chaplains I spoke to mentioned to me that most of their work as spiritual caregivers goes on at the bedside of the patient, not in the chapel. In this era of managed care and soaring health-care costs, patients are sent home when they are well enough to get out of bed. This means that the chapel is not a primary site for spiritual counseling or formal liturgical services. Some of the chapels seem to be rarely used. Still, they are perceived to be an essential part of Boston area hospitals, often located in the highly trafficked area right off the hospital lobby.

The hospital chapel is truly between worlds. The lighting, the silence, the unstructured time, and the physical objects kept within mark it as liminal space. It is neither hospital nor faith community. It is not dark, nor is it brightly lit. Most importantly, it is used to welcome those of many different religions, or no religion. It is a transitional state between here and there, between hospital and home, between illness and health. It is separate from the hospital, and yet inextricably linked to its tragic and miraculous

events. In this way, the hospital chapel continues on its impossible task: to be both silent and expressive, both sacred and secular, and both private and welcoming.

Note

1. Kahlil Gibran, *The Prophet* (New York: A. A. Knopf, 1923), 54.



Figure 1
Altar with altar cloth in the chapel of the Boston Medical Center (Photo: Jennifer L. Hollis)



Figure 2
Stained glass in hallway,
Brigham and Women's Hospital
(Photo: Larry Maglott)



Figure 3

Meditation cushions, prayer rugs, and other religious and spiritual symbols are available in the Dana-Farber Cancer Institute chapel (Photo: Jennifer L. Hollis)