Becoming Formed by Place

Gianni Francisco-Passarella*

Abstract

This reflection from a chaplain resident explores how chaplaincy is formed by place. Drawing on experiences in hospital rooms, hallways, and staff spaces, it considers how the sacred emerges in unexpected settings. Formation unfolds through attentive presence, silence, and listening, revealing the hospital itself as holy ground for spiritual care.

Keywords

Chaplaincy and place, Spiritual care in healthcare, Formation through presence

> Researchers have begun to explore how the sacred can be encountered in secular settings as well as religious ones—in sporting events, in nature, in social justice initiatives, even in national holidays. This broader view of the sacred challenges Spiritual Care Professionals to articulate their work in a world where holiness appears in unexpected places.
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> —Simon Lasair[1]

This insight from Lasair frames the argument of this reflection, which is that chaplaincy is always shaped by the places where it takes form. In fact, the practice of chaplaincy is inseparable from the environments in which it occurs. Historically, churches and sanctuaries have functioned as privileged sites of sacred encounter, while health-care chaplaincy has relied upon hospital chapels as central settings for ministry. Over time, I became aware that attendance at services in hospital chapels has long been low, even as increasing numbers of patients identify as spiritual rather than religious. This reality challenges conventional models of chaplaincy, compelling practitioners to reconceptualize sacred space and discern the presence of the holy within the hospital's diffuse and often liminal environments. As a result, the practice of spiritual and pastoral care now unfolds primarily in patient rooms, hallways, and waiting areas—spaces that demand a re-examination of both context and praxis. Chaplaincy today is not primarily about inviting patients into sacred spaces but about accompanying them where they

* Gianni Francisco-Passarella is a chaplain resident at the Tibor Rubin VA Medical Center in Long Beach, California. Gianni holds a PhD in theology from Rome and an MA in spirituality from Milan, Italy. Email: giannipassarellahd@gmail.com.

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already are. This shift redefines where hospital ministry takes place from chapels as centralized sites of care to the hospital itself as sacred ground.

Chaplaincy And The Question Of Place

Building on Lasair's insight, the question of *place* in chaplaincy is never neutral. Every location in the clinical setting carries meanings that shape both care and caregiver. Patient rooms, hallways, waiting areas, and even staff kitchens become sites where spiritual presence takes form. Chaplaincy, therefore, participates in the transformation of ordinary or sterile environments into places of encounter and transcendence. Through attentive presence and compassionate listening, chaplains collaborate with patients, families, staff, and the wider hospital community in creating what might be called new geographies of care.

Shelly Rambo, in *Spirit and Trauma* (2010), deepens this understanding by showing that place becomes significant precisely through its capacity to hold what lingers and resists resolution.[2] In clinical contexts, spaces such as patient rooms or waiting areas often bear the weight of suffering, uncertainty, and hope—realities that cannot be contained within traditional sacred architecture. For chaplains, the task is not merely to locate the sacred but to remain with the complexity of places marked by trauma, ambiguity, and the persistence of life amid disruption. Each encounter reminds us that place is not a passive backdrop but a dynamic force shaping both formation and practice.

My own journey in clinical pastoral education (CPE) at the VA Medical Center in Long Beach, California, has brought this truth into sharp relief. Each patient's room—whether noisy or silent, shared or private—has challenged me to practice new pastoral skills and to reflect on how place forms both chaplain and patient. This reflection explores how noisy spaces, silent places, communal gatherings, and institutional contexts have shaped my practice and identity as a chaplain.

The Patient's Room as Sacred Place

At first glance, the patient's room appears as a sterile space defined by medical equipment, charting stations, and curtains. Yet, in the practice of chaplaincy, it quickly reveals itself as a sacred place—an intersection of body, spirit, memory, and hope. Veterans bring into these rooms not only their diagnoses but also their life stories: military service, family bonds, traumas, and faith traditions. Families arrive carrying both love and grief, while staff enter with their professional focus and personal burdens.

Henri Nouwen, in *The Wounded Healer* (1979), reminds us that ministry is grounded in vulnerability and presence—that the minister is a "wounded healer."[3] To step into a patient's room, then, is to step onto holy ground, where God's presence is mediated not through stained glass or ritual but through attentive listening, compassionate silence, and shared humanity. The room becomes a locus of encounter where narratives are told, tears are shed, and resilience is revealed. In this sense, the

patient's room functions as a kind of *living chapel*—an unplanned sacred space carrying its own liturgy: the rhythm of monitors, the whispered prayers of families, and the daily rituals of care performed by nurses and physicians. The chaplain's task is not to import holiness from elsewhere but to recognize it as already present and to bear witness to it.

Serving for several months in one of the hospital's busiest surgical wards, I remember visiting a veteran who struggled to be heard over the blaring television of his roommate and the constant hum of machines. At first, I felt frustrated, wondering how meaningful conversation could emerge amid such disruption. Yet, the noise itself became the condition of ministry. Instead of seeking silence, the encounter called for *attentiveness in fragments*—leaning closer, repeating key words, acknowledging interruptions without letting them dominate. When I concluded the visit, the patient said, "Thank you for hearing me in all this mess." His comment reframed my understanding of place. Ministry is not always about creating perfect calm; sometimes chaplaincy means honoring the sacred amid noise, adapting presence to the conditions of the room. Place, in its complexity, calls forth particular skills—focused listening, resilience, and the capacity to hold meaning amid distraction.

Nichols and Straus, in *The Lost Art of Listening* (2022), remind us that people long not for advice but for the experience of being truly heard.[4] In noisy rooms, even fragmented listening can create connection. Within my own pastoral theology, grounded in Scripture, this echoes God's presence with Israel in the wilderness—not the absence of struggle but companionship within it.

In contrast, the Spinal Cord Injury Ward—where I spent much of my CPE—often placed me in single rooms marked by profound silence. One veteran, immobilized after spinal surgery, spoke very little. His quiet room invited a different kind of ministry, one shaped not by words but by presence. Here, I found resonance with Rambo's theology of "remaining." After trauma, the work of care is less about resolution and more about staying in the middle spaces—where survival itself becomes testimony. Remaining with this veteran in silence, allowing eye contact and quiet companionship to sustain the encounter, reshaped my practice. Silence is both gift and challenge; it invites deep connection but also exposes the chaplain's discomfort with doing "nothing." Formation through silence requires resisting the urge to fill emptiness with words, trusting instead that presence itself can transform sterile rooms into places of care.

Another dimension of place emerges when family gathers around a bed. One day I was called by nursing staff to a room where a veteran was dying, surrounded by a few family members. The space, already small, became thick with emotion. It was no longer defined by medical equipment but by love, grief, and memory. My pastoral role shifted from individual companion to communal facilitator. As requested, I prayed, offered a blessing, and simply provided tissues. In those moments, the room became a sacred place of collective meaning-making. The boundaries of "chaplain and patient" dissolved into "chaplain with community." This experience revealed how place is fluid, transformed by

those who inhabit it. A room of sterile quiet becomes a place of sacred community when family gathers. Here, the theology of Nouwen meets the sociology of place; the chaplain is both guest and host, navigating multiple layers of grief and meaning.

The Hospital as Living Community and Network of Sacred Places

Beyond individual rooms, the VA Medical Center functions as a living community of care. Hallways, cafeterias, and elevators are not incidental but vital pastoral sites. More than once, I was stopped in the corridor by a veteran who saw my badge and asked for a word. One such hallway conversation by the vending machines extended into twenty minutes of life review and spiritual fear—of not being able to walk again, of grief for the things he might never do. Such encounters remind me that pastoral care is not confined to designated sacred spaces. Chaplaincy requires readiness to honor liminal places as holy— waiting rooms, stairwells, and benches outside the hospital. In these unexpected spaces, ministry happens spontaneously, demanding presence without preparation.

Nurses, physicians, and allied health professionals also seek brief moments of emotional or spiritual support during their shifts—sometimes in hallways, sometimes at a nurses' station. Over time, I noticed that attendance at the hospital chapel for religious moments was very low—less than 1 percent of healthcare staff. This realization invited me to listen more closely to their experience of place. I created an anonymous survey for the staff in my unit, asking whether they would welcome brief prayers or blessings offered by chaplains directly on the floor rather than in the chapel. The response was striking: 72.5 percent answered "yes," and many added comments about longing for emotional and spiritual support where they actually serve—on their units, during twelve-hour shifts, often amid fatigue and burnout. Their responses reminded me that chaplaincy takes its shape from the lived reality of those it serves. Ministry becomes credible and sustaining when it meets people where they are, honoring the sacred that emerges in their everyday environment.

This reflection echoed a broader insight from a recent local survey in the hospital, which revealed that nearly one in five nurses identified emotional care as essential to preventing burnout and called for more support. These findings highlight the vital role of chaplains in sustaining staff resilience and underscore that staff themselves inhabit places of vulnerability within the hospital. Caring for them is part of the broader ecology of chaplaincy, which extends ministry beyond patients and families to the entire institutional body.

One day, I learned from a respiratory therapist about a small practice of staff who gather weekly in a floor kitchen. For about twenty minutes, they pause together to read something spiritual, to share briefly with one another, and sometimes to pray on their own. Because leaving the ward to go to the chapel would take too much time in the middle of their duties, they created their own sacred space close at hand. The therapist explained how vital this time is for them, especially when they are caring for dying

patients. This simple gathering becomes a wellspring of strength, reminding them that they are not alone in their work. What strikes me is how staff, like patients and families, reconfigure ordinary places into sacred places when they cannot reach traditional chapels. A kitchen, usually meant for quick meals and hurried breaks, becomes instead a sanctuary of mutual care.

For chaplains, attending to these improvised sacred places means recognizing that the hospital's living community includes not only patient rooms and hallways but also the hidden spaces where staff seek meaning and renewal. These realities highlight the expanding role of chaplains in sustaining the hospital community as a whole. Staff, too, inhabit places of vulnerability, and when chaplains acknowledge and support those spaces, they extend ministry beyond patients and families into the very heart of the institution itself.

Conclusion

What I have learned through my formation as a chaplain is that place is never incidental. Each space within the hospital carries its own challenges and possibilities for ministry. Noisy rooms, with their constant interruptions, have taught me adaptability and resilience, showing how to honor meaning even amid disruption. Silent rooms have drawn me into the discipline of presence, teaching me to trust that remaining faithfully with patients can itself be a profound form of care. Family rooms, filled with love and grief, have invited me to expand my pastoral identity by holding communal sorrow and facilitating sacred moments of connection. Institutional places—hallways, stairwells, kitchens, and staff spaces—have revealed the need to attend not only to patients but also to the medical teams who serve them, reminding me that staff, too, inhabit vulnerable places that call for spiritual support.

Each of these encounters has impressed upon me that ministry is shaped not in abstraction but in the concrete reality of place. Patient rooms, hallways, and waiting areas are not backdrops but active participants in the encounter. Chaplaincy invites us to see them as sacred, as noisy rooms transformed by listening, silent rooms dignified by presence, family rooms infused with communal memory, and institutional corridors alive with quiet acts of care.

As Simon Lasair reminds us, holiness appears in unexpected places. Through the formation that happens within these places, chaplaincy itself becomes a practice of recognizing sacredness wherever life unfolds. In my own journey, I have come to see that place is not merely *where* ministry happens—it is also *how* ministry forms us. The hospital, in all its noise, silence, and complexity, is not only a setting for care but also a teacher of care—a living community where the sacred is continually revealed through the people who dwell, work, and heal within it.

NOTES

[1] *Spirituality and Holistic Spiritual Health[1]: Expanding Chaplaincy's Theoretic Frame* (Routledge, 2024), 5.
[2] Shelly Rambo, *Spirit and Traum: A Theology of Remaining* (Westminster John Knox Press, 2010).
[3] Henri J. M. Nouwen, *The Wounded Healer: Ministry in Contemporary Society* (Image, 1979).
[4] Michael P. Nichols and Martha B. Straus, *The Lost Art of Listening: How Learning to Listen Can Improve Relationships* (Guilford Press, 2021).