

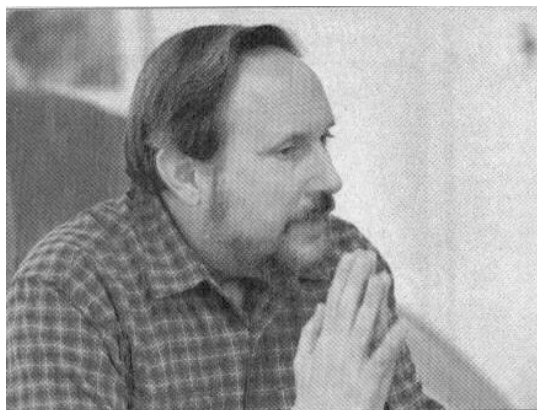
# LIVING



Chaplain Richard Groves leafs through a Moroccan family Koran, dating from the early 1800s. "The family history's in the back, telling who died and how and what helped them die well." Behind it is the massive 1729 Officium Defunctorum, which guided Benedictine monks who were ministering to the dying.

## Hospice of the spirit

*Richard Groves has devoted himself to the process of death and how to ease dying.*



Richard Groves recorded 500 cases of what worked and didn't as people died.

*"I thought: There must be a way to diagnose spiritual pain. And if I can diagnose it, can I address it?"* Richard Groves

By PAUL DUCHENE  
*Of The Oregonian staff*

**B**end — In Richard Groves' scholarly hands, the black leather-bound Officium Defun looms dark as death itself, casting a chilling shadow in his sunny study. The greenish-black Latin text is painstakingly illuminated on parchment. The ink's acid content has gnawed through the sheets over the past 269 years, making them look like handmade

punchcards.

Groves' Officium Defunctorum is a gift from a Benedictine abbey in Montserrat, Spain. For more than two centuries, monks ministering to the dying strained their eyes to read its big type, as both the light and the life before them gradually dimmed.

It is the book of death, filled with rituals to usher the faithful from this world to the next. Hand-scribbled notes beside the text ad-lib liturgical instructions: "A cross should be brought here before this psalm is said," and "Here a candle should be lit behind the head."

The huge, black Officium is the most striking relic of Groves' 1998 summer odyssey, which led the 48-year-old chaplain hundreds of miles across Europe and as far back as a thousand years.

But it may not be the most permanent reminder for Groves, whose experience at the loss of his father exposed him to the world of hospice care and changed the course of his life. A highly educated man, Groves has devoted himself to understanding the process of death and how caregivers can ease the pain of dying through prayer, music and ritual. His research stretched back to medieval Europe,

crossed paths with folks in Montana studying the same process and resulted in the Sacred Art of Dying, Groves' four-part course that has gained national attention.

Next door to his ranch house on Will Scarlet Lane, in this whimsically named Robin Hood subdivision of Nottingham Square, is another building. A building that is both a house and a spiritual home.

Bought last November through the generosity of local doctor Norwyn Newby, the building has become Common Ground, a retreat center for the Sacred Art of Living.

The center, a nonprofit organization, was founded by Groves and his wife, Mary, to help the needy and bring spiritual education to Central Oregon.

It's also the starting point for a four-part certification program on death and dying that Groves is teaching nationwide. The first four-day session took place at Mount Angel in November.

Both hospice workers, Groves is the former executive director of the Hospice of Bend-LaPine and Mary Groves was its bereavement coordinator.

Originally from Detroit, Mich., Groves has a master's degree in divinity from Mount Angel, a degree in canon law from Catholic University in Washington, D.C., a philosophy degree from the University of Innsbruck, Austria, and a theology degree from Angelicum University in the Vatican.

He and Mary have also produced secular videos for 15 years, the most successful of which was the DeSales Program.

"It's a 64-video encyclopedia of the history of the Catholic Church since the Second Vatican Council, and it's been translated into 17 languages," Groves said.

But it is his work at Common Ground, his concern for the spiritual care of the dying, that is his passion.

At Common Ground, family members of the terminally ill and hospice workers alike can relax and stay overnight in rooms dedicated to different religious themes: one as a Syrian mountain retreat; another as Christian Palestine; and a third as the wild Sinai. In the adjoining Russian Orthodox chapel (once the woodshed), volunteers from as many as 25 denominations rotate through to keep prayer for the dying going around the clock.

Groves, who has been a Catholic chaplain for 25 years, is currently completing his doctorate in spirituality and end-of-life issues.

Last summer, the pieces of his doctoral thesis clicked into place as he pored over 1,000 year old manuscripts in the enormous Vatican library in Rome.

Groves, sitting amid the year-round orchids and succulents that decorate the home he shares with his wife, reflected on the spiritual path that led him to Rome last year.

"In six years of hospice work in Bend, I tracked 500 cases where I studied, observed and recorded what worked and didn't work as people died, and I began to find groupings. I was opened to how people help others to die.

"I thought: There must be a way to diagnose spiritual pain. And if I can diagnose it, can I address it?"

Such questions led him to the study of holistic medicine, which in turn led him to medieval Europe and the Celtic monks who were the recorders of life and death.

Groves' Vatican library search took him to seven major abbeys across Europe and finally to Cluny in France — the mother ship of 2,000 Benedictine abbeys in the 10th century — where many documents came to rest.

"All roads kept leading back to Cluny," said Groves, who speaks nine languages.

"The abbey's just a shell now — it was destroyed by Napoleon — but the library was preserved in Paris.

And that's where Groves wound up.



### Monks soothe the dying

Among the dusty manuscripts, Groves, who is skilled in Latin, discovered that although the monks may not have understood what was happening to the bodies of people dying in their care, their extraordinary eye for detail generated remarkable spiritual insights and led to complex rituals to soothe their patients.

"They were experts in holistic medicine and developed a very elaborate system to bring peace to people at the end of life. It was the original hospice movement, but it was lost at the time of the Renaissance, replaced by the acute-care system we have today."

Groves was also aware that the manuscripts that had been rolled up in darkness for 1,000 years.

"For me it was a thrill going into material that hadn't been researched before," he said. "Librarians would bring out these huge, dusty tomes. It was addictive. I could have stayed there for two years."

In fact his *Officium Defun* — at 1729 a comparative newcomer among the documents he read — was actually a present from the Montserrat abbey librarian. "I'd been reading all these manuscripts and I admired this one, and he just inclined his head and closed his eyes at me," said Groves as he cheerfully demonstrated.

Groves also discovered Blessed Finten, a monk who brought Celtic holistic skills to Europe from Ireland in the ninth century. Relatively free of Viking domination, Irish society had evolved into a physical and spiritual welfare state, with the abbey as the center of society. As the Catholic Church prospered, it achieved independent wealth and power, with abbots no longer appointed by local aristocracy.

By the time of Blessed Finten's death in Germany in the 11th century, abbeys had established a network of physical and spiritual care — a religious Blue Cross.

Great halls, such as in Beaune, France, ministered to the sick, including the terminally ill, while people visited, children and animals played and life went on around the afflicted.

"It became the heart of the community," said Groves. "The hall at Beaune was actually built over the river, which was visible through the glass floor. People could see and hear the water. It was a symbol of cleansing."

Ann Spencer, 79 has been diagnosed with terminal lung cancer, and she is staying in Bend with her daughter Jan Corkhuff. Groves visited with harpist Gail Coon, who played while Spencer touched the instrument to feel the vibrations. As Groves spoke with Spencer about her past, her pulse slowed from the 90's to the 70's.



## More Information

Further study at Common Grounds: Blessed Grief, a ministry training program; Enneagram seminars, which teach people how to understand themselves and teach contemplation; and Taizé prayer, which features simple songs based on psalms, interspersed with meditative pauses.

**To contact the Groves:** Call 1-541-383-4179

## Dad's death inspires change

Groves' first experience with hospice came when his father died in Portland in 1991.

"He died a miserable death," said Groves. "I was angered by it. That was my first introduction to hospice. They were nice people who held your hand and had no idea they were at the cutting edge of pain control," Groves explained, adding that he now knows medicine isn't the only answer to pain control. "There was an emotional and spiritual connection."

In medieval times, Groves said, there were "42, 43 or 45 sacraments designed to reduce different stress at death as compared to modern sacraments for the dying — last rites, that's the only ritual."

He also discovered as he pursued holistic studies after his father's death that music played a large part in the process, particularly harp music.

"Patients can play a melody in a pentatonic mode. Then can sit up in bed and play, and it calms them down," Groves said. "Harp music interacts with the skin; it's the vibration, and it affects what's around it."

## Giving back what he learned

Groves sustained the spiritual drive that took him to Europe and began his class, *The Sacred Art of Dying*, last fall.

"It was time to start teaching, time to give back what I'd learned," he said.

Groves divided his course into four parts, focusing on what he'd learned in his research. Each part lasts four days.

Unit One diagnoses and addresses spiritual pain. Students learn historical and contemporary practices for detecting and alleviating spiritual and emotional distress at life's end.

Unit Two studies time-tested primary diagnoses of spiritual pain, forgiveness, meaning and hope through a series of case histories with the aim of recognizing the growth and transformation that occurs.

Unit Three invokes psychospiritual tools for end-of-life care, including art and music, holistic therapies, guided imagery, coma work and prescriptive ritual.

Unit four focuses on lessons that the end-of-life experience give to the caregiver, with exercises including meditation, life priorities and evaluation of the meaning of compassion and caring.

Groves has not been alone on his spiritual path. It is a path that has also been trod by clinicians working on the Chalice of Repose Project in Montana

Therese Shroeder-Sheker, the academic dean of the School of Music Thanatology at St. Patrick Hospital in Missoula, helped Groves and his wife launch their course, lecturing and playing a harp concert.

"Richard became inspired by it (his research) and is now seeking to learn about it in depth," Shroeder-Sheker said. The body of research that Groves and others have completed "is a most psychologically astute, spiritually integrated and clinically insightful and effective way of caring for the dying," she added. "The basis of monastic medicine has a venerable history which may have flowered 800 years ago but remains a remarkable model for those in palliative care today."

And Shroeder-Sheker is delighted that the Groves' work is meeting such support.

"The mere fact so many people registered for the course says worlds," she said.

"The first session of Groves' course attracted 80 doctors, nurses and counselors from across the country, 78 of whom signed up for the rest of the series. And the word spread. 'The phone's been ringing off the wall,' said Groves. 'I'm booked through 2010.'"

Former nurse and hospital counselor Mary Lou Love — her self a harpist — attended Groves' program and described one session.

"It took about 10 hours," she said "and I was on the edge of my chair all the time."

As harpist Gail Coon played, one student volunteered to "die" for Groves, explained Love. He put her on the bed, and she described major events of her life. As he began talking with her, he guided the harpist, who started playing in the mode of a Gregorian chant.

"He (Groves) would signal when she should start singing — it was her won song, and she had a gorgeous voice. Then he's signal for her to stop, and the harpist would change mode.

"He was taking her pulse as this was going on, and we could see her respiration change. Her pulse dropped from 90 to 72. We're used to reading monitors in ICU and see what we're doing to people. The combination of all this would make a wonderful degree."

Each section of Groves' program takes four days to complete, and when he is finished with the current course at Mount Angel and another planned for Portland, he plans to take the show on the road.

"It's been a dickens of a time — we're very busy," he said.



# OREGON HEALTH FORUM

## Spiritual pain conformed by unique hospice program

Oregon is generally regarded as a leader in palliative care because practitioners have a strong desire to ensure a dying person's last days are as pain free and comfortable as possible. What's been neglected, though, is a patient's spiritual pain, says Richard Groves, a Bend chaplain, educator and director of a retreat center, The Sacred Art of Living.

Based on a belief that the spiritual pain of terminally ill patients is as important to diagnose and treat as physical pain, Groves and his wife Mary have developed a widely used program for hospice workers called Sacred Art of Dying. Drawing upon their experiences working for the Bend-La Pine Hospice, where Richard Groves spent seven years as executive director and Mary Groves was a bereavement educator, they established courses that combine ancient and contemporary therapies to relieve spiritual pain, including music, prayer, touch therapy, "coma therapy" and other rituals to help people die more peacefully.

Groves defines spiritual pain as "that intangible area we find at the end of life, sometimes an element that has nothing to do with physical symptoms. You can have the best of pain treatments, medications, but there is a crisis in meaning, or in relationships, or loss of home or forgiveness. If you have a huge area of unreconciled hurt, there's no way you can shove it under the carpet at this time. This person just lays there in huge pain and no way to access it. We give (dying patients) permission to talk about these things, to bring the pain to light."

The Groves first used the program to train Bend-area hospice workers. Word of the program spread, and now, three years later, Sacred Art of Dying classes have been presented to more than 12,000 caregivers in North America, Europe and Asia. The program is taught in four parts over a two-year period. Each part is presented in a two-day forum. This gives people "an understanding of the relationship of spiritual pain to diagnosis, treatment and symptom management at the end of life," Groves said.

Typically, a health system will sponsor the program for its employees. Recently, 40 nurses and other staff of Asante Health System participated.

"The response has been phenomenal, not because we're unique, but because there hasn't been anything else close to it," Groves said. "What we hear consistently is, Wow, this is what I never got in medical school. It's the human part I missed."

He continued: "One of the unique things

about this is that rarely do I find that physicians show up at an educational forum for four days with nurses, counselors and clergy. Here, they exist as peers. At this level, we are all beginners, and doctors are willing to work with this." In developing the program, Groves studied the medieval origins of hospice care. "Back in the Dark Ages, they were very enlightened," he said. "The biggest thing is how holistic it was. They incorporated touch therapy, music, aroma therapy. They just had a profound sense of spiritual pain. Catholics have talked about last rites. Back then, there were 43 different anointing for every possible part of the body, to connect body and spirit, not just a canned approach."

One tool recommended in the Sacred Art of Dying program is an assessment of an individual's spiritual pain, taking into consideration their ethnic background, education and religious beliefs.

"We want to understand those areas before we prescriptively recommend a therapy or modality to address spiritual pain," Groves said. "It's the most important thing we do. What our data suggest is that these therapies have a huge impact on patients, from constipation to bone pain to dizziness, when used in conjunction with a traditional pain regimen."

"What Richard Groves does, better than any person I've ever met, is spiritual care," said Dr. Steve Kornfeld, an oncologist at Bend Memorial Clinic and medical director of the Bend-La Pine Hospice. "He's a master at separating spirituality from religion. It doesn't matter what a person's religion or faith is, or if there's none. He can tap into their spirituality and give them spiritual comfort. For many patients, that's often the most overlooked, yet most important aspect of their dying."

Among those who have taken Groves' classes are Rev. John Hubbard, a chaplain at Providence Medical Center, and his wife Judy, a nurse with Multnomah County Senior Disability Services.

"I feel I became more in touch with my own mortality," John Hubbard said. "It's possible to pass from this life and have what we would call a good death. The way the program helps my work is that I'm not really at all fearful about broaching the subject of death, at least not to the degree I was before. The end time can be a great time of healing for families who have been through times of estrangement or times of disagreement. Those are all spiritual matters. If they are resolved, that makes it a better thing for those who

live and those who are dying.

Judy Hubbard wanted more education on how to communicate with the frail elderly people I deal with in their final stages of life. The main thing I got out of (the Groves) approach is that in a caregiving situation or a listening situation, it's not your job to convert (a dying patient) to your way of thinking. It's to meet them where they are spiritually and support them."

Dr. Unpok Choe, a geriatrician and internist with Providence's Elder Place program, which helps extremely frail elderly people, said he took the course because "I needed to know more about how to deal with death and dying patients. The program reassured him "that we need to know and share and learn from each other." Choe shared those insights with the Elder Place staff, including fellow physicians and people who transport patients. From the classes, he learned "death itself has a power to heal," he said "Dying is not the issue of one person, but of the whole family."

Now Choe, who spent eight years as Elder Place, is preparing to return to his native Korea and will adapt what he learned from the Sacred Art of Dying program to his work with frail and dying patients. Meanwhile, a new round of Sacred Art of Dying classes begins Oct. 26, at Mount Angel. For information call Richard Groves at 541-383-4179. ❖

Mary Bellotti

WHO WAS BETTER AT PROVIDING  
END OF LIFE CARE?

