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To cite this article: Christina Shu (2023) “I need my granddaughter to know who I am!” A case study of a 67-year-old African American man and his spiritual legacy, *Journal of Health Care Chaplaincy*, 29:3, 256-268, DOI: [10.1080/08854726.2023.2209463](https://doi.org/10.1080/08854726.2023.2209463)

To link to this article: <https://doi.org/10.1080/08854726.2023.2209463>



Published online: 10 May 2023.



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“I need my granddaughter to know who I am!” A case study of a 67-year-old African American man and his spiritual legacy

Christina Shu

Spiritual Care Department, Cedars-Sinai Medical Center, Los Angeles, CA, USA

ABSTRACT

This case study describes the spiritual care relationship between an African American man receiving palliative care for metastatic cancer and a Chinese American woman chaplain over the period of multiple hospitalizations. It illustrates legacy making as a key spiritual need, one that is complicated by discrimination, structural racism, estranged family relationships, and the patient’s own mortality. Included are verbatim conversations that address the impact of racism in the US context and express the complex identities of both patient and chaplain in a dynamic and collaborative intercultural relationship. This case posits the importance of voices of chaplains of color and encourages all chaplains to develop caregiving capacities that address patients’ needs for racial justice, meaning, and spiritual legacy.

KEYWORDS

African American; case study; legacy; palliative care; racism; spirituality

Introduction

Legacy is defined as what is transmitted and received from an ancestor to a descendent. In the context of patients with a serious life-limiting illness, the question of how to construct and secure one’s legacy is an essential spiritual need (Fitchett et al., 2020). While patients across racial and cultural identities engage in legacy-making, patients of color may experience multiple threats to this task, such as discrimination, structural racism, family conflict or estrangement, and experiences of injustice. Yet, the legacy-making experiences of patients of color are rarely described. This case of an African American man¹ receiving palliative care presents legacy-making as a key theme and the role of a chaplain in collaborating with this patient as he reflected on life, relationships, and his own mortality.

Case studies offer rich and detailed reflection on how relationships are built, sustained, and evolve over time. This case describes intercultural spiritual care in which both patient and chaplain identify as non-Christian (African Spiritual Science and Unitarian Universalist) and as non-White (African American and Chinese American). In a review of 32 published chaplain case studies from years 2000 to 2022, only seven described relationships in which the chaplain was a different race from the patient or a

different religion (Cooper, 2011; Fitchett & Nolan, 2018, 2015; Heikkinen & Roberts, 2022; King, 2012; Nolan, 2016; Wirpsa & Pugliese, 2020). Many cases did not include racial identity as an assessment factor for either patient or chaplain. Conscious of this gap in patient of color case studies, this case is important for examining how the racial, religious, and other intersectional identities of a particular chaplain and patient are part of a dynamic relationship, while also encouraging the field of chaplaincy to expand research in spiritual care in diverse communities. I rely on Doehring's intercultural approach to spiritual care (2014) which includes two aspects, *respecting the "alterity" or radical mystery of the other, and a co-constructive and collaborative process in which both parties create meaning that reflects the particularities of their lived experiences and their relationship*. As chaplains who seek to provide care that is ethnically, culturally, and religiously skillful and appropriate, and also to advocate for greater inclusion, diversity, and justice in our healthcare systems, this case invites consideration of how our efforts for racial justice are rooted in the practice of self-reflection and direct care for patients.

Background

The patient in this case study is "Malcolm," a pseudonym for a 67-year-old African American, straight, cisgender man with a primary diagnosis of metastatic prostate cancer. He was born in Los Angeles and grew up in a religious household; his mother was Baptist and his father Jehovah's Witness. He describes them as "middle-class Black folks" and said that one of his first awakenings to racism in religious communities was learning that even though his father was a leader in the Jehovah's Witness community, the family experienced housing discrimination from other Witnesses. As a young adult, Malcolm questioned his parents' Christianity and was greatly influenced by prominent Black thinkers, such as Malcolm X. He graduated college and held several jobs throughout his life including football recruiter, lawyer, and labor representative. Ultimately, Malcolm rejected the Christian faith of his parents, joined the US Organization—a movement founded by Maulana Karenga (known as the creator of Kwanzaa)—and became a leader and teacher of African Spiritual Science.

Malcolm's family relationships were complicated. Malcolm was married twice; one marriage ending in a bitter divorce, and the second with his wife dying in a car accident within their first year of marriage. Malcolm had one daughter from his first marriage and the conflict with his ex-wife resulted in separation and estrangement from raising this daughter. At the time of this case, Malcolm had reconnected with his adult daughter, now pregnant, and was struggling with navigating their relationship and his desire to provide a legacy for her and his grandchild.

I identify as a 38-year-old, third generation Chinese American, straight, cisgender woman, and an ordained Unitarian Universalist minister. At the time of meeting Malcolm, I had worked for five years in the role of palliative care chaplain, with a multidisciplinary team at a large, tertiary care medical center in Los Angeles. I am also a Board Certified Chaplain through the Association of Professional Chaplains. My spirituality as a Unitarian Universalist centers on a belief in interdependence, with aspects of humanism, Buddhism, and pantheism. One foundation of my spiritual caregiving is a

commitment to anti-racism and social justice, which is reflected in my personal and professional life. **This case represents my care for Malcolm at a point in time and I also acknowledge the ways my chaplaincy practice is continually evolving.**

I met Malcolm in late 2016 and visited him during hospitalizations for the next year and a half. The following pivotal encounters demonstrate the building of trust and depth in the spiritual caregiving relationship and my support of Malcolm as he confronted questions of his legacy, suffering, and mortality.

Case study

Initial encounter: Identity and story telling

Malcolm had been admitted for 15 days for issues related to his heart and liver after surgery when a Supportive Care Medicine (our palliative care team) consult was placed and a palliative care physician visited him, focusing on symptom relief. Doctor G provided a referral to the chaplain, saying the patient might appreciate the offer of spiritual support. When I entered the room, I observed an energetic, African American man with long dreadlocks, sitting up in bed. I introduced myself as a chaplain and asked if I could sit down with him for a visit.

Malcolm: What kind of chaplain are you?

Chaplain: I'm an interfaith chaplain, I support people of all spiritual backgrounds.

Malcolm: [suspicious tone] So you say, but what do you believe in? What kind of chaplain are you?

Chaplain: Personally, my denomination is Unitarian Universalist, but in the hospital, I see people of all religions and spiritual backgrounds. What about you, do you have a particular spiritual or religious background?

Malcolm: Ahh, Unitarian Universalist, I know them. I don't believe in any of that Christian Jesus stuff. My father was a Jehovah's Witness and my mother was Protestant, and that is the religion of oppression. I am a professor of African Spiritual Science, that is the religion of ancient Kemet. You know that is the real name for what they call Egypt. But you're, what are you? Chinese, Japanese, Korean?

Chaplain: I'm Chinese American.

Malcolm: What is a Chinese girl doing with the Unitarians? Why aren't you Buddhist? The religion of your ancestors, the ancestors who resisted colonization, who built the Great Wall? Why did you turn your back on them?

Chaplain: Actually, my ancestors were Christians. But I'm not really here to talk about myself, I'm interested in your beliefs. Tell me more about African Spiritual Science.

Malcolm: The stories that the history books tell about Egypt or Kemet are wrong. This was ancient civilization that spanned so many centuries, that invented things, that worshipped many gods and the ancestors, not one god....

I felt judged, frustrated, and challenged on my first visit with Malcolm, but I also felt a desire for connection and empathy. I decided to stay and listen and to open myself to witnessing his story. This could be called a "jarring moment," in which I encountered the otherness of my patient and chose to enter into Malcolm's world while trying to

truly respect his unique perspective and beliefs (Doehring, 2014, pp. 2–7). Using my own experience as a Chinese American, I connected empathetically with Malcolm regarding the painful effects of colonialism and racism in religion, the value of ancestry and the search to find one’s ethnic spiritual roots. Rather than become defensive, I asked Malcolm to share his own spiritual journey and sought to meet his spiritual need to have his story heard, respected, and valued. He spent these first visits energetically teaching me about the history of ancient Kemet and about his belief in *Maat*, which he defined as a universal law of balance, order, justice, and truth. He exploded in anger in talking about movie depictions of ancient Egyptians as barbaric pagans, such as in *The Mummy* franchise. Believing that the wisdom of African civilizations had been stolen and hidden by White oppressors, he advocated for the return to African religious beliefs as a source of power and racial identity for Black people.

Malcolm was often at odds with the medical team about issues, such as fall risk and his frequent trips outside the hospital to (not so secretly) smoke cigarettes. He described the ethnicity of each one of his care providers, and whether or not he felt they were helping or oppressing him. He was a fiercely independent, intelligent, and proud Black man, who was angry at his hospitalization and illness for the loss of freedom it entailed, and who fought against the portrayal of himself as a simple patient. By engaging Malcolm in his role as teacher and activist, I developed a therapeutic relationship in which he trusted me with more of his inner religious world. Malcolm stated his appreciation for having a chaplain who respected his spirituality without proselytizing to him, and with whom he could share his understanding of race, culture, and justice. During my third visit with Malcolm, he asked for my support in finding meaning regarding one of his most important spiritual concerns: the need to create and shape his own legacy.

Malcolm: Since you’re a minister and spiritual person, there is a spiritual issue that I want to address with you. I have a daughter. Now, I was not allowed to be part of her life growing up, because her mother kept us apart. Her mother hid her away from me and told all of our family not to tell me where she was. My own daughter! Whatever happened between me and her mother she knew I wanted to be a father. The last time I saw her was when she was six months old. Do you think that’s right, to keep a father away from his daughter?

Chaplain: I can tell how unbelievably painful that was for you.

Malcolm: Yes, it was painful! And now, my daughter does not even call me “Father!” She calls her step-father, “Father.” She does not know me. I am her blood, I am the one who gave life to her. I am her father.

Chaplain: Being a father is so important to you.

Malcolm: In the African culture, family is very important. And now, my daughter is pregnant with my first grandchild. A girl. The role of a father and a grandfather is to provide. To help the next generation. The one thing I respect about Trump is that he has provided wealth for all his children.

Chaplain: You want to be able to provide something to your new grandchild.

Malcolm: My mother is in her nineties. She is not long for this world. And she is sitting on this house, my parents’ house. It’s a very nice house, and she does not use all the rooms. Selling this house would give us a good sum of money, that would mean a great

deal in another state. In Texas, I could buy a little house for my mother, and I could buy a bigger piece of land, enough to have horses. That is what I want to give to my daughter and granddaughter, land. Land is the means to create wealth in this country.

Chaplain: That sounds like a beautiful thing to give to your granddaughter.

Malcolm: My mother won't understand! She's not using the house. She's attached to it because my mother grew up very poor. Her family were sharecroppers. She came out to Los Angeles on her own. Now that she's got that house, she won't let go of it. She won't listen to me. My only hope is that she might pass. That sounds bad but I need to sell that house.

Chaplain: It feels like that's the only way.

Malcolm: But now I'm in the hospital, I'm sick. They are telling me that my heart is bad. That I have cancer. What if she outlives me?

Chaplain: I hear how you're holding all these questions, it's so stressful and painful. You want to give a legacy to your granddaughter. If you're not able to buy this land in Texas, are other ways to share your legacy with your daughter and granddaughter?

Malcolm: Of course I want to teach her about life, about where she comes from, about her ancestors.

Chaplain: Could you do that by writing some of your life experiences down? You've done so many things in your life, I know that you enjoy teaching ...

Malcolm: I could do that. I could set aside some books for her ...

Malcolm's hope to create a physical and financial legacy for his daughter and unborn grandchild continued as a major theme throughout our relationship. He perseverated on his dream of selling his mother's house and buying a horse ranch in Texas. He was deeply wounded by the loss of relationship with his daughter and saw this land as means of reconciliation and healing. His socio-political and religious views emphasized the importance of family: the role of patriarch as provider, family unity, intergenerational connection, and resisting the forces of oppression, including forces of structural racism that prevented Black families from passing on property. He did so much work to recover his stolen spiritual legacy as a Black man through African Spiritual Science but was unable to transfer a financial or material legacy to his descendants. I wanted to create a safe space for him to feel seen in his pain and his hopes and to empower him to move from a place of being stuck to forging a new relationship with his daughter and reframing his understanding of spiritual legacy.

Second encounter: Surgery and advance care planning

Five months later, Malcolm was hospitalized for surgery and he wanted to discuss his emotional, spiritual, and practical concerns.

Malcolm: So, there is a mass in my liver that they have to remove. They said it will kill me if they don't take it out, but I could also die on the table. I have no choice but to allow them to cut me open.

Chaplain: That sounds like it could be very frightening, and you're stuck between two difficult options.

Malcolm: They gave me this! [he pointed to a hospital advance directive form] I guess I should be filling out my will.

Chaplain: Oh, that's an advance directive. Have you looked at it?

Malcolm: Who will take care of my dog? What about my books? I've talked to my mother and told her that I agree that we could have a memorial service at her church, but that it would have to be my service, with my beliefs, not Christian beliefs. I even got her pastor to agree to this.

Chaplain: You've been doing a lot of thinking about this, really wanting your beliefs to be respected, even if something happens in the surgery.

Malcolm: I'm fighting for my life here! I have to stay alive. You know, I have a granddaughter now.

Chaplain: Oh, she was born! Have you seen her?

Malcolm: Yes, just once. I still want to do all these things for her, like buying some property for her. This is why I can't give up. [he begins to cry]

Chaplain: You have so much more that you want to do with your life. It would be painful not to be able to spend more time with her.

Malcolm: Yes, you know things were not perfect with her mother and she didn't really know me as a father, even though I wanted to be. Why is it that every time something good happens to me, it's taken away? Like with my wife [he references his second wife, who died in a car accident after their first year of marriage]. If she was here, that's how things should be! If someone is facing surgery they should have family with them.

Chaplain: It doesn't seem fair.

Malcolm: No, it's not fair. A man should have his family.

Chaplain: If you're facing death, you shouldn't have to do it alone.

Malcolm: That's right. Although, I'm not afraid of death. I'm not like those people, worried about heaven or hell. I believe that you go on to be one of the ancestors. But your soul is weighed.

Chaplain: Are you worried about your soul?

Malcolm: I'm trying to live in accordance with *Maat*, that means, the universal principle of life, of balance, of order. That's what I teach to my students. That's what I want to give to my granddaughter.

Chaplain: So what would it mean to live by *Maat* even in this moment?

Malcolm: To take care of my family. To fight to live. To make sure that if this is the end, that all my affairs are in order.

Chaplain: It sounds like you have a good idea of what you want to do, what would be living up to your highest values. And I'm here to support you through this surgery and want to ensure that our medical team are also able to help respect your beliefs. Can I encourage you to take a look at that advance directive and talk to your family and community about your wishes?

Malcolm: Yes, that would be helpful.

In subsequent visits leading up to his surgery, Malcolm expressed hope for longer life and more relationship with his granddaughter, as well as fear of death or disability. He asked for help from his community and some students from his African spirituality class agreed to help him, such as by caring for his dog. One of Malcolm's fears was coming out of surgery dependent on life-prolonging treatment, such as a ventilator, and

that his devoutly Christian mother would want to pray for a miracle rather than removing such treatments. Malcolm completed his advance directive and asked me to read it. He named two friends and then his mother as decision makers and also wrote a narrative encapsulating his spiritual beliefs:

“My spiritual beliefs and practices are those of African Spiritual Science and the philosophy and principles of *Maat*, the 42 Confessions and the virtues taught by George James in ‘Stolen Legacy.’² It is my belief and assurance that when one ascends we are all guaranteed eternal life—and resurrected to be with and become an ancestor. Since coming into this knowledge, I have lived my life according to these principles, and now I know where I will be, without fear or blame.”

I reassured Malcolm that his advance directive would be followed and documented in our electronic medical record.

Malcolm: Good, well I’m not really someone who asks for prayer, but I’ve been praying a lot. And I’m asking that you do—whatever you do, pray to whoever you pray to—because this is me fighting for my life.

Chaplain: I will absolutely keep you in my prayers, that the ancestors give you strength and healing through this surgery, that you be protected and safe, and that this surgery helps you continue to live in accordance with *Maat*.

I felt impressed that Malcolm had completed such a unique and explicit advance directive and I saw it as a creation of a legacy document, a representation of his deepest values which could be read and respected by others. My chaplain interventions were to provide comfort and peace to Malcolm by validating his feelings of fear and vulnerability, helping him complete this document, advocating for his beliefs and preferences, and providing continuity of care including follow up during his recovery from surgery.

Third encounter: Suffering, grief, and meaning

Half a year after his surgery, I was asked by a member of our palliative care team to visit Malcom again. His prostate cancer had metastasized, and he was treated in our outpatient cancer center and then hospitalized.

Malcolm: [After describing his cancer and immense physical pain, fatigue and anxieties about chemotherapy] I feel a lot like Job from the Bible.

Chaplain: That sounds like you’re going through a lot of suffering. I’m curious as to why you say Job, because that’s such a Christian reference.

Malcolm: Well I did grow up Christian and as I remember it, Job had everything taken away from him—his children, his land, his animals—and he was marked on his body, just like I’ve been marked [pointing to bruising on his arms and chest].

Chaplain: And Job really struggles with asking why this happened to him. Is that also what you’re relating to?

Malcolm: Yes, and I remember that Job feels unjustly punished, cursed by God. I feel cursed.

Chaplain: You feel cursed...

Malcolm: Yes, cursed not to have peace and success in my life. Any person would have his family with him at a time like this. When my daughter was born, I was robbed of being

able to be her father. My beloved wife, who would have been here with me, she died in a car crash. My mother, even my own mother, she is not doing anything to support me!

Chaplain: That's so painful ... you've gone through so many losses.

Malcolm: You know, I haven't really told my daughter that I'm sick ...

Malcolm goes on to describe his fear that his daughter does not see him as strong father figure, that she will visit and be shocked at his weakness and infirmity, and his grief at not being able to meet her and his own expectations. I realized that Malcolm chose to hide the severity of his illness from his daughter and turned to encourage and empower him to have more direct communication with her.

Chaplain: I'm hearing that you really want her to be here with you, in person, and supporting you in a time that's so scary for you. I wonder what it would look like ... for you to sit down with her and share that your time is really precious, and how much you value her. There are so many things that you do not have control over in this visit, but what if we think about this visit as a way for the two of you to get to know one another better?

Malcolm: There are a lot of things I want to share with her. *I want her to know who she comes from.* That is what I want, for her know me, to give me a chance. That could happen anywhere. We could have a good time, even in the hospital.

During these visits Malcolm wrestled with the spiritual pain of feeling "cursed," with grieving the losses of his of health and independence, and navigating his relationships with family. I assessed his feeling of being "cursed" as a recognition of his own powerlessness in the face of unfair suffering. I collaborated with our interdisciplinary palliative care team including physician and social worker, contributing my understanding of Malcolm's spiritual distress and how it influenced his total pain and decision-making about his illness. Malcolm was discharged before the end of the month, and I offered my wish that he have, "a meaningful visit with his daughter," according to his own values and principles. I saw Malcolm one more time in the hospital and he shared that he had several short visits with his daughter and granddaughter. Not long after, Malcolm died outside of the hospital.

Before the end of his life, I asked Malcolm's permission for the release of his medical records for the purpose of research and writing this case. He immediately said yes because of his interest in teaching and legacy. Although the focus of this case study was not to tell Malcolm's life story, but rather to describe chaplaincy care, I am also hopeful that one result of this case was that Malcolm knew his story was important and would be used to benefit others.

Assessments, interventions, and outcomes

Assessment: Malcolm

My spiritual assessment of Malcolm was informed by my understanding of models including the PC-7, Spiritual AIM, and the Spiritual Distress Assessment (Fitchett et al., 2020; Kestenbaum et al., 2022; Monod et al., 2012), interwoven with his physical, psychosocial and identity factors, especially racial identity, at different periods of his medical treatment. Physically he experienced new limitations in mobility, independence, and

increased pain. Malcolm expressed a dynamic emotional life, including feelings of anger, sadness, grief, and hope. Malcolm's identity as an African American man was the foundation for his world-view, his spiritual identity, his values of family, faith, and independence, and his understanding of purpose and meaning for his life. He had personally experienced and was keenly aware of the history of racism against Black Americans, often by the healthcare system. He understood himself within a context of social relationships, primarily his family, in which he experienced estrangement, conflict, and limited support, and also the wider African American community, who he taught, fought for, and loved. Malcolm valued issues of racial justice and healing, and liberation—both in his own life and for his community.

Malcolm's spirituality was rooted in his understanding of African Spiritual Science, which includes belief in many gods, ancestors, and the principle of *Maat*. Malcolm had a spiritual community in which he held the role of teacher and leader. He relied on spiritual practices, such as prayer and consulting with his own spiritual leaders. He sought to live in accordance with his spiritual values of *Maat* and loyalty to his ancestors and his descendants.

I assessed many areas of spiritual distress and need in Malcolm. Primarily, his need for the recognition of his identity and spiritual journey and the ability to transmit this as legacy to his descendants. In Malcolm's relationships with his daughter and mother he sought acknowledgement of past loss and injustice, forgiveness, and reconciliation. Malcolm's desire for healing with his family was not only emotional and practical but was connected to his beliefs about the sacred importance of family, ancestry, and legacy. Malcolm believed that in the afterlife he would become an ancestor and he would be judged on his deeds in this life, including what he had done or not done to provide for his family. Malcolm expressed spiritual distress related to loss of meaning, relationships, and health, and feeling "cursed." He asked spiritual questions to understand the purposes of his suffering, to find meaning in an uncertain future, and to reckon with his mortality.

Self-assessment

My visits with Malcolm produced deep reflection regarding my ethnic identity, my family relationships, my spirituality, and how they each inform my provision of intercultural spiritual support. Prompted by Malcolm's early questioning of my heritage and identity, I became more conscious of the gifts that I inherited: resilience of my immigrant ancestors and values of education, service to community, and respect for elders. I reflected on my own intact family and the value of intergenerational connections. I empathized with Malcolm's journey to recover and "decolonize" his African spiritual roots which resonated with my own search to connect with Chinese spirituality. I also questioned the ways our separate life experiences, especially regarding race, gender, age, and family status, shaped our world views and the differences between us. For example, as a feminist, I sometimes felt distanced by Malcolm's patriarchal perspective on family. During our visits, I felt deep emotions: anger, defensiveness, curiosity, sadness, empathy, and affection, and was aware that the differences in our identity influenced expression of these emotions. For example, I often witnessed Malcolm's anger at his loss of

independence and his frustrated expectations for his family; whereas in my family interdependence and avoidance of conflict are highly valued. I recognized elements of transference in Malcolm viewing me like a daughter, which had both positive and negative impact on our relationship. I was deeply conscious of my own spiritual commitment to racial justice and combating oppression, and how this commitment was a source of empathy to Malcolm's own passion for justice, as well as a potential hurdle to seeing Malcolm as a unique individual.

I am very grateful for the learning, challenge, and trust present in my relationship with Malcolm and the ways this increased my own capacity for compassion and self-awareness. In our relationship, I relied on Unitarian Universalist principles of interdependence, the inherent worth and dignity of each person, and the importance of diverse spiritual journeys and growth, justice, and equality for all. As I became more aware of Malcolm's social and spiritual isolation, I felt that being able to accompany him was an act of spiritual presence and healing, which required my own spiritual and emotional grounding. At the same time, I knew I had to let go of and remain aware of any need to fix or resolve Malcolm's situation. Malcolm challenged me to continue to build awareness of his own unique personhood, to see his radical otherness without seeking to make him similar to me, and to participate in a mutually constructive and transformative relationship.

Interventions

My spiritual care interventions with Malcolm fit the framework of Lartey's functions of spiritual care including healing, sustaining, guiding, reconciling, nurturing, liberating, and empowering (Lartey, 2003). I built an initial trusting and empathetic relationship with Malcolm through deep listening, validation of emotions, and non-judgmental and non-anxious presence. I facilitated meaning making and spiritual reflection on his relationships, grief, mortality, and sources of purpose. I validated his spiritual need for legacy and together we discussed ways to reframe and implement legacy work. I empowered Malcolm to articulate his end-of-life wishes and his religious values in his advance directive. I used life review to explore areas of achievement, failure, quest, and contentment. I listened to Malcolm's feelings of conflict with family and empowered him to communicate directly with family members. I co-constructed meaningful spiritual practices, such as prayer and sacred story study with Malcolm. I bore witness to his spiritual journey and facilitated use of African Spiritual Science beliefs and practices as a source of ethics, meaning, and courage throughout illness and even in the afterlife.

Outcomes

Malcolm accepted and sought out the support of a chaplain—someone who he initially distrusted—seeing me as spiritually beneficial, trust-worthy, and a non-judgmental professional presence. When Malcolm disclosed more about his family, he felt heard and understood—as a father trying to accomplish important life tasks. Malcolm was able to reframe and shift his idea of legacy for his granddaughter to something less physical and financial, to more of a spiritual legacy. He completed an advance directive, which

articulated his beliefs and values to the rest of the medical team, and felt more secure that his wishes would be respected. Malcolm was also able to express, process, and direct his emotions toward furthering his hopes and goals. Although not able to achieve his exact expectations with his mother or daughter, Malcolm remained in communication with them and was able to celebrate smaller achievements, such as happy visits with his daughter and granddaughter. An on-going project, Malcolm continued to seek meaningful answers in his spiritual journey, to try to understand his own suffering and grieve losses in life, and to find new meaning in being a good grandfather, living with authenticity and according to the principle of *Maat*, and finding gratitude and peace in his life, both past and present. By telling his story to me and giving permission for it to be written in a case study, Malcolm and I were able to collaborate in a legacy-making activity, the transmission of his values and journey to others to contribute to greater learning and understanding.

Discussion

This case study is limited by the author's own memory and subjectivities and would be enlarged by Malcolm's first-person perspective and/or the perspective of other providers who interacted with Malcolm. As a case study, it is limited to one individual and cannot be broadly generalized. Each chaplain's care for a patient is unique, and there are many different ways one could have offered spiritual support for Malcolm. Additionally, this case seeks to give rich description of spiritual care between a singular African American man and a Chinese American woman chaplain, while recognizing the many complexities and nuances between communities of color and the dimensions of intercultural care.

Some of the questions that arise are: How does the chaplain's racial, ethnic, and cultural background influence the care a chaplain provides to a patient of color with serious illness? What are other ways to meet the legacy-making needs of patients of color, both on an individual and communal basis? How might early challenges or "jarring moments" in the chaplain-patient relationship, such as Malcolm's judgments of the chaplain's identity, be received and integrated? How can models of spiritual assessment better account for intersectional identities of both patient and chaplain and the ways they interrelate with the provision of spiritual care? A suggested model might be to always include factors of racial, ethnic, and cultural identity in both patient and chaplain self-assessment. How do the experiences of patients of color and chaplains of color contribute to both theory and practice of intercultural spiritual care?

Conclusion

When I first wrote Malcolm's case it was before the COVID-19 pandemic and before the uprising for racial justice following the murders of George Floyd, Breonna Taylor, Ahmaud Arbery, and so many more. The call for a greater movement of anti-racism, equity, and inclusion within healthcare and within chaplaincy has grown wider and louder. I imagine that Malcolm would respond to this moment by sharing the hopefulness, cynicism, energy, grief, and exhaustion felt by Black, Indigenous, people of color

communities. I look forward to case studies exploring spiritual care amidst COVID-19 and the push for racial justice, as well as cases that describe how racial identity, healing, and justice are important factors in the spiritual assessment. I hope this case contributes to the growing body of literature written by chaplains of color and about patients of color, as well as the movement to dismantle racism and White supremacy in chaplaincy and healthcare. Now an ancestor, I feel Malcolm's challenge to chaplains is to continue to bear witness to the stories of our patients, especially those who have had to fight against various forms of oppression to live, to teach, and to pass on their stories to future generations. Malcolm's case adds to our understanding of both the nuance of legacy-making for patients of color and our understanding of the dimensions of intercultural spiritual care, inspiring chaplains and other caregivers to better collaborate with our patients in the creation of meaningful and life-affirming spiritual beliefs and actions.

Notes

1. When asked for permission for the writing of this case study, Malcom requested to be described as "African American" with the emphasis on "African" rather than "Black" or as a "racial minority."
2. In *Stolen Legacy: Greek Philosophy is Stolen Egyptian Philosophy* (1954) author George James argues that the tenets of ancient Greek philosophy were stolen from Egypt.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The author(s) reported there is no funding associated with the work featured in this article.

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