

Vision

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The National Association
of Catholic Chaplains



Inside

Remembering September 11, 2001 • Ministering to Family & Friends after a Suicide

The CPE Program Growing at Akwatia in Ghana

Akwatia is a diamond-mining town in the eastern region of Ghana. The population is about 17,000. It is a cosmopolitan town with young people coming from almost every part of Ghana to search for jobs in the diamond fields. The Ghana Consolidated Diamond Company, a big company in Akwatia, and employs about 800 workers. Small-scale mining companies scattered over the Akwatia lands employ about thrice the number of workers at the big company.

Life is brisk in Akwatia and it is not unusual to find young people who have huge amounts of money from the sale of diamonds and who are careless about what they eat, drink, and smoke, as well as their sexual life style in these times of the HIV/AIDS pandemic.

It is against this background that I found myself challenged to start a Clinical Pastoral Education (CPE) program from the Catholic Church in Akwatia where I was the pastor from 1997 through 2001.

The socioeconomic activity in Akwatia has naturally affected everybody including the Church. Many people living here are at risk and evidence of this abounds at the St. Dominic's Catholic Hospital under the supervision of Dominican Sisters from Germany. One of the sisters, Miguela Keller, has taken up primary health care activities in addition to the HIV/AIDS program at the hospital, Akwatia township, and its environs. She has been working very hard, but there remains much more to be done.

Some of my CPE students do their practicals in the community, and St. Dominic's Hospital is the practical training ground for most of them. Our program, code named "Matthew 25," enables my students to interact with people living with HIV/AIDS by providing them with lunch once weekly at my residence. Here, they are counseled to accept their situation, live positively, and avoid spreading the disease, all to ensure a prolonged life.

Most of these people have been mounting public platforms to tell the whole community that they have AIDS, how they acquired it, the pain they are going through physically and emotionally, and the need for



CPE graduates (left to right) Millicent Marmah, George Yeboah-Mankah, Sister Monica Akumah, Emmanuel Sobotie, and Sister Miguela Keller with Rev. Father Alex Bobby Benson.

people to be more careful to avoid AIDS. These messages from people living with AIDS have been found to be more effective and powerful than newspaper, radio, and television campaigns against HIV/AIDS in Akwatia and its environs.

In March 1999 the first CPE began with three students. The fifth unit of 12 weeks duration for each unit ended on April 5th. One student has so far taken all four units. I take students from all over the country irrespective of gender or religion.

The concept of CPE is very new in this part of the world. There is a lot to be done to gain acceptance and recognition by the public and government. The program has taken off with the encouragement and support of my bishop. He released me from parish work to undertake the CPE program on full-time basis in June 2001. He has so far instructed all priests he is ordaining during this period to take CPE six months after their ordination. The exciting part for me is that he is always encouraging me not to relent on what I am doing.

It has not been easy starting and sustaining the program, but with the modest achievement made so far, I am convinced that the future will be a success story. For the first time I am receiving so many applications that I cannot honor and have had to put students on waiting lists. I am looking forward to getting some retired and active CPE supervisors to co-supervise at least a unit with me and straighten me out where necessary.

A wonderful and faith-lifting experience

I had of late is that I was called to administer the sacrament of the sick to an AIDS patient on Christmas morning. I rushed to the hospital to undertake this exercise without delay since I had made a firm resolution not to postpone administering this sacrament.

After I had finished, I sent for the patient's family to prepare themselves for her burial since she was on the point of death. To my surprise, the patient started walking around the following day. She was later discharged to go home and has been attending the weekly meetings of the Matthew 25 group in my premises. I always tell her I am surprised she is still alive and she remarks, "Are you God to tell when I am going to die?"

My faith in the strength of the sacrament has been greatly heightened by this uplifting experience.

Rev. Alex Bobby Benson
St. Dominic's Hospital
P.O. Box 59
Akwatia, Ghana

(Rev. Alex Bobby Benson started his CPE journey at St Vincent's Hospital, Dublin, under Rev. Joe Cahill. He went further to do supervisory training under the eagle eyes of Rev. Duane Parker at Interfaith Healthcare Ministries in Providence, Rhode Island. He left the supervisory track and came home at the invitation of his bishop and boldly started a CPE program in Ghana. A group of 35 delegates to the 5th ICPCC visited Akwatia and saw things for themselves.)

Vision

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SC Ministry Foundation Awards Grant to NACC

NACC President and Chief Executive Officer Rev. Joseph J. Driscoll is happy to announce that the SC Ministry Foundation has awarded the NACC a grant designated to assist with the symposium, Comprehensive Spiritual Care for Our Sick and Dying: A National Pastoral Strategy. A letter from Sister Maryanna Coyle, President and Executive Director of SC Ministry Foundation, stated that the Foundation's board of trustees elected to support the symposium because it was in keeping with the Foundation's mission and is a unique opportunity that the board felt met a sig-

nificant community need. Sister Maryanna also serves as an extern member of the NACC board of directors. Father Driscoll commented on the grant by saying, "We are excited about the possibilities that this project can offer as a catalyst for improving spiritual care for the sick and dying in communities across the United States."

The SC Ministry Foundation is a public grant-making organization that promotes the mission and ministry of the Sisters of Charity of Cincinnati. The Foundation is committed to advocacy, direct service, and systemic change.

Nominations for Election to the Board of Directors

On behalf of the Nominations Committee, I am happy to announce that we have two candidates for the two openings for member-at-large on the Board of Directors for a three-year term beginning January 1, 2003. They are Ann E. Hurst and Bridget Deegan Krause.

As you may recall from the May and June issues of *Vision*, we invited nominations for the two openings, outlining the criteria for eligibility and the process for nominating candidates. Three nominations were received by the committee by the time of the deadline on July 8, 2002. One nominator, however, did not follow the process and call the potential candidate to ask if the person was willing to run, and in fact the person declined when we subsequently checked.

The Nominations Committee then met to review the process for election that was scheduled for August and September. After discussion and consultation, the committee decided that since there were two openings with two candidates put forward by the membership that an election process with individual ballots was not warranted since the outcome would be the same with or without the ballots. This decision was made in light of the value of stewardship of our resources since the cost of running a one-ballot election is approximately \$1200.00 (not including an individual's cost of postage for mailing in the ballot).

The committee is therefore proceeding with a two-step process to complete this election. First, we are presenting to you the membership the candidates nominated for the board including a picture, a biographical sketch, the reasons the nominators cited in their nominating letter, and the hopes and aspirations of the candidates themselves (see page 4). Since you would have received this information in the balloting process, we feel this responsibility to present the candidates first to you.

Second, we will present the candidates to the Board of Directors for appointment at the next Board meeting scheduled on November 7-9, 2002, in Milwaukee.

The Nominations Committee would like to thank the persons who took the time and responsibility to nominate these two candidates, and in particular the candidates themselves who so generously have agreed to come forward in accepting this nomination to leadership in our association.

If you have any questions or comments, please contact either Shirley Nugent, SCN (617-770-4110) or myself (317-338-2236), and we would be happy to respond.

**Joan Bumpus
Chair
NACC Nominations Committee**

Nominees for Member-at-Large – NACC Board of Directors



Ann E. Hurst

Ann E. Hurst currently serves as staff chaplain at Deaconess Medical Center in Spokane, Washington.

Originally a nurse, Ann served in the U.S. Air Force for four years then attended McGeorge School of Law in Sacramento, earning a JD degree. For most of her law career, she practiced employment law. She also worked as a mediator and arbitrator. Ann has extensive experience in board work and has done consulting work for various not-for-profit organizations that includes strategic planning and mission development.

Her interest in chaplaincy grew out of a personal encounter with intractable pain due to a back injury, and she began asking questions about ministry to those who suffer. She embraced the theological, spiritual, and experiential piece of her life's journey and earned an MA in Spirituality at Gonzaga University in Spokane. She completed her CPE training there as well, and was certified by the NACC in 2001.

Ann was nominated by Jane Mather, NACC-certified chaplain and Chaplain Coordinator at Empire Health Services in Spokane. In her nomination letter, Jane wrote: "After her fourth unit of CPE, I was fortunate enough to have the opportunity to hire Ann, first as a part-time then as a full-time chaplain. I have grown in respect for her skills, her intuition, her knowledge, and her wisdom. Her background prior to becoming a chaplain and her sense of personal and corporate integrity make her an excellent choice as our representative on the NACC Board. She is a leader and at the same time, an excellent team player. Ann is a life-long Catholic lay woman who has always been active in parish work and involved in social and charitable endeavors. She is focused and organized. Ann would serve the NACC extremely well."

Ann stated, "I have over two decades of board experience and believe I can bring to the NACC expertise in board structure, governance, and development, as well as the organizational development of mission, vision, and strategic planning."



Bridget Deegan Krause

Bridget Deegan Krause currently serves as the University Minister for the College of Health Professions and School of Dentistry at the University of Detroit Mercy in Detroit, Michigan. She oversees the pastoral care of faculty, staff, and students and holds other responsibilities in teaching, curriculum planning and administration of various health education programs.

She earned a Master of Divinity from the University of Notre Dame and after completing units of CPE at Yale New Haven Hospital and St. Vincent Hospital in Indianapolis was certified by the NACC in the spring of 1998. Her ministry experience

includes chaplaincy in various health care settings.

She has been active in NACC events, especially in the Detroit area, and is currently serving as a member of the National Planning Committee for the 2002 fall symposia. She is active in her local parish, and serves with her husband as support person for the Jesuit Volunteer community that resides in Detroit.

Bridget was nominated by Rev. Walter Smith, President and CEO of The HealthCare Chaplaincy in New York City and NACC board member. Father Smith wrote: "I believe Bridget will bring a fresh perspective to the Board. Her youth, energy, and vision are all needed. She sees the NACC as a great gift to the Church with its ongoing support and formation of Catholic ministers, especially with its careful development and implementation of professional standards for ministry."

As a Board member, Bridget hopes to focus attention upon three important areas:

- "Renewing our membership – We must be responsive to the changing needs and concerns of our membership by: continuing to develop opportunities for professional development, including increased opportunities for collaboration; considering closely the lack of diversity in our organization; and striving to make the NACC an increasingly hospitable and effective association.

- "Attending to our educational mission – We need to further explore the benefits of closer collaboration with health care institutions, educational institutions, our cognate groups, and dioceses around the country. To ensure the endurance of the CPE model of training, it will be necessary to find sources of continuing financial support for current CPE centers and their supervisors, to support community-based CPE and other innovations in CPE programming, to encourage collaborative research, and, very importantly, to cultivate a new generation of CPE supervisors.

- "Sharing our gifts – Perhaps the NACC's greatest gift to the Church and to the wider society is the ability of our members to listen well to the needs of the sick and most vulnerable and to respond with the healing power of Jesus Christ. Likewise, as an organization, we need to listen well to the needs of our wounded Church, recognizing the important role we may play in the healing and renewal of the institution."

Task Forces for Strategic Planning

In response to our timetable for strategic planning, the Board of Directors and the national office staff have identified the following task forces which will address the critical areas indicated in formulating the strategic plan. We are currently assembling the membership for these task forces.

– Joe Driscoll

Task Force on Standards

Certification, code of ethics, policies and procedures, Constitution and bylaws, benchmarking

Task Force on Technology and Communications

Software development, education, multimedia, website development, marketing, networking, advocacy, public relations, publications

Task Force on Membership Development

Recruitment, retention, services, education, diversity resources

Task Force on Development

Grants, foundations, fundraising, scholarships, endowments, investments

Task Force on Governance

Board recruitment, orientation, and formation, committee structures, finance, executive leadership planning, human resources

Report on Scheduled Activities

April – June 2002

Rev. Joseph J. Driscoll

President and Chief Executive Officer

The following highlights my work with various individuals and groups on behalf of the association since the March Board of Directors meeting:

Date (2002)	Individual / group / location	Purpose of meeting
April 2–4	Via Christi Health System <i>Wichita</i>	Presentations: chaplains/clergy, physicians, executive staff
April 4	Bishop Thomas Olmsted <i>Wichita</i>	Certification process CPE programs Fall symposia
April 29	Cardinal J. F. Stafford Prefect for the Congregation of the Laity <i>Rome</i>	Use of the title “chaplain”
April 30	Archbishop Javier Lozano Barragán, President Pontifical Council for Pastoral Health Workers <i>Rome</i>	Use of the title “chaplain” Mission of the NACC
May 2	Plenary Session Pontifical Council for Pastoral Health Workers Private audience with Pope John Paul II <i>Rome</i>	Invitation by Archbishop Lozano
May 4	Certification interviews <i>Milwaukee</i>	Staff
May 9	Msgr. James Moroney Executive Director USCCB Committee on Liturgy <i>Washington, D.C.</i>	Fall symposia
May 14	Catholic Healthcare Partners <i>Cincinnati</i>	Presentation to pastoral care directors and system leaders
May 18	Certification interviews <i>St. Louis</i>	Staff
May 20	Bishop Wilton Gregory President, USCCB <i>Belleville, Illinois</i>	Update on meetings in Rome
May 21	Bishop Timothy Dolan <i>St. Louis</i>	NACC mission Endorsement and certification process
June 3	Office of Health Care Ministry Archdiocese of Boston	Annual chaplains dinner and meeting
June 5	Bishop Thomas Doran <i>Rockford</i>	Fall symposia
June 8	Representatives of the national office staff & Board of Directors <i>Milwaukee</i>	Orientation for strategic planning
June 9–10	Board of Directors <i>Milwaukee</i>	Scheduled meeting
June 12	Rev. Michael Place President, CHA <i>St. Louis</i>	Fall symposia World Day of the Sick 2003 NCHPEG (National Coalition for Healthcare Professional Education in Genetics)
June 13–14	NACC Episcopal Advisory Council USCCB meeting <i>Dallas</i>	Fall symposia
June 27–30	National Certification Commission <i>Milwaukee</i>	Staff

Remembering September 11, 2001



We will soon mark the anniversary of the events of September 11, 2001. In reflecting upon and remembering that time, the NACC is including a special sample prayer service in this issue of *Vision* for your use on September 11, 2002.

The NACC is interested in helping its members make their own prayer services meaningful, both to their settings and their populations. While we have listed certain readings, prayers, and songs, we encourage you to personalize your own prayer service, using our suggestions as a guide, especially should you have an interfaith service.

Following this sample service are a number of reflections, which were submitted by our NACC SAIR Team chaplains, as well as an article by Therese M. Becker, NACC special representative to the American Red Cross Disaster Network, entitled, "Why Is Spiritual Care Different after a Disaster?" Karen Reiniger, SAIR Team chaplain and Director of Pastoral Care at Mercy Center in Pennsylvania, assisted the NACC with writing the prayer service and compiling the reflections.

Prayer Service

*Musical Interlude**

Gathering Prayer

You are our hope, Consoling God, in every trial. Gather us today and strengthen our faith as we come together to pray for healing in mind, body, and spirit. We trust you will listen to our prayers.

Reading I

A reading from Isaiah 49:13-16

Sing out, O heavens, and rejoice, O earth,
break forth into song, you mountains.
For the Lord comforts his people
and shows mercy to his afflicted.
But Zion said, "The Lord has forsaken me;
my Lord has forgotten me."
Can a mother forget her infant,
be without tenderness for the child of her womb?
Even should she forget,
I will never forget you.
See, upon the palms of my hands I have written your name;
your walls are ever before me.

Psalm 23

RESPONSE: The Lord is my shepherd; there is nothing I shall want.

The Lord is my shepherd; I shall not want. In verdant pastures he gives me repose;
Beside restful waters he leads me; he refreshes my soul. RESPONSE.

Remembering September 11, 2001

He guides me in right paths for his name's sake.
Even though I walk in the dark valley I fear no evil;
For you are at my side with your rod and your staff that give me courage.
RESPONSE.

You spread the table before me in the sight of my foes;
You anoint my head with oil; my cup overflows. RESPONSE.

Only goodness and kindness follow me all the days of my life;
And I shall dwell in the house of the Lord for years to come. RESPONSE.

Reading II

A reading from Colossians 3:12-15

Brothers and sisters:

Put on, as God's chosen ones, holy and beloved, heartfelt compassion, kindness, humility, gentleness, and patience, bearing with one another and forgiving one another, if one has a grievance against another; as the Lord has forgiven you, so must you also do. And over all these put on love, that is, the bond of perfection. And let the peace of Christ control your hearts, the peace into which you were also called in one body. And be thankful.

Shared Reflections

Those present in the Lord are invited to share their own personal reflections on the scripture readings and the events of September 11, 2001.

Prayers of the Faithful

It would appropriate here to develop prayers of the faithful that are most meaningful to your setting and population.

Closing Prayer

Wherever we go, O God, we trust you are with us. Wrap a blanket of courage around us. Send us with the strength to overcome all our fears and worries and fill us with a deep sense of Jesus' courage in facing life and death.

*Musical Interlude**

*Suggestions for the musical interlude:

Instrumental music

Taped music

Specific songs including: On Eagle's Wings; Be Not Afraid; Come to the

Water; You Are Near

We Remember Them

In the rising of the sun and in its
going down,

We remember them.

In the blowing of the wind and in the
chill of winter,

We remember them.

In the opening of buds and in the
rebirth of spring,

We remember them.

In the blueness of the sky and in the
warmth of summer,

We remember them.

In the rustling of leaves and in the
beauty of autumn,

We remember them.

In the beginning of the year and when
it ends,

We remember them.

When we are weary and in need of
strength,

We remember them.

When we are lost and sick at heart,

We remember them.

When we have joys we yearn to share,

We remember them.

So long as we live, they too shall live,

For they are now a part of us,

As we remember them.

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From Gates of Prayer, Reform Judaism
Prayerbook.

Looking Again for a Beautiful Cloudless Sky

Rev. Joseph J. Driscoll
President and Chief Executive Officer

Like a trickle from a tiny spring, the faces and stories from the thousands and thousands buried under the collapsed World Trade Center still bubble up in the pages of The New York Times. Faces shimmering like light on the surface from this thick black and white press. Profiles of the victims, initially two, three, four pages every day. Then the torrent slowed, eventually one page, perhaps two pages on Sunday.

And each time I would frantically look, holding my breath before diving into this cold, calamitous ocean-like grief and disbelief—"please no"—sometimes not even conscious of the picked up pace of my beating heart and darting eyes. Would I recognize someone I knew?

It happened once in the first few days. The Boston Globe published the list of the passengers on the doomed planes, and there I saw the names of Jim and Mary Trentini, a lovely couple from my deacon parish. Schoolteachers, I think, as I go back almost 25 years; and I remember their daughter, Pam, pretty, athletic, a really nice kid. On that September morning with its beautiful cloudless sky they were off to visit their grandchildren in California carrying luggage for themselves and gifts for those grandchildren. I wonder, was it Pam they were visiting?

I knew two persons. And yet as I ache with grief and disbelief, how much more the pain for so many of you who knew so many individuals and families? Not to even

begin to fathom the communities and parishes that lost scores of firefighters and police, of Pentagon workers, or airline attendants where faces shimmer not once on the newspaper page, but every morning at work, or on a walk down the block, or a drive down the street, or the sight of a child who lost mommy or daddy, or the wave of a neighbor who lost wife or husband?

For many of us the stories are depicted in those faces in The New York Times—almost all smiling, like a beautiful cloudless sky. Almost all young, very young, they were starting careers, going to school, building houses, falling in love. How many

*How do we process
this enormity of grief
as we approach the
one-year mark?*

of those were engaged to be married last fall? How many were expectant fathers whose fatherless children would be born in the next month, three months, seven months? How many were expectant mothers whose children would be born into eternal light without ever seeing the light of day?

A cloudless sky is blackened with horror unspeakable in thousands and thousands dead in the twinkling of an eye. We watched blue sky and yellow sun turn black cloud and red flame.

Then it was finally over. The stories had ended. The New York Times carried the announcement that the full list of stories is on their webpage and that a book would be published in the near future. No more stories—we could move on.

But it wasn't over. The turn of the morning page nearly a year later and there are those faces again. I thought they were done. I assumed they were done. I wanted them to be done. This is not over, and it will not be over.

How do we process this enormity of grief—not just for them, the immediate victims who lost loved ones—but for ourselves? Be, oh so careful, of projection, the problem is "out there." We, individually and collectively, but first individually, are grieving and will be grieving for some time. Without attentiveness to our own reality, we will not be able to attend to and minister to those around us, not only in New York, Washington, D.C., Pittsburgh, but also in Chattanooga, Kansas City, and Seattle.

I remember in the final days of my supervisory training we had a crisis in the summer CPE program where two students left suddenly in a dramatic and emotionally charged atmosphere. We supervisors did all the appropriate interventions; we had an immediate debriefing, several follow-up group sessions, and time for individual process in supervision. Several weeks went by and we felt that we had weathered this storm.

The program director came into a supervisory group process and asked us supervisors how the students were doing with the grief and trauma of the past several weeks. The five of us went around and gave our assessment that things had passed and the issues dealt with. He listened attentively and when we were finished, he offered another view. He observed that all of the students were still acting out and that the grief was far from over. He went around to each of us, named our student and the behaviors that he had observed which brought him to this conclusion. He was right; we thought it was finally over, when in fact the acute trauma may have been dealt with, but people were still in grief and disbelief.

How do we process this enormity of grief as we approach this one-year mark?

First, we need to work with the realization of the enormity of the September 11 attack on all of us. It parallels, and exceeds, the enormity of the impact of the assassination of President John F. Kennedy in 1963. If you were old enough at the time you know exactly where you were and what you were doing when you heard the news that darkened our lives so unexpectedly. It

Remembering September 11, 2001

was as if we were frozen in a still shot, like the pictures from the motorcade, at 1:57 that November afternoon.

The grief went on for years. A secure and stable early-sixties erupted into a chaotic and unstable late-sixties in the wake of a country whose young and promising leader was gunned down on an earlier beautiful, cloudless day. Not only did we lose a leader, we lost a world.

Not only did we lose so many people in the September 11 terrorist attacks, we too have lost a world.

This catastrophe has affected our every aspect of living: flying in planes, driving over bridges, walking in malls, going up elevators in buildings, going down stairs into subways. How aware are we of the picked-up pace of our beating hearts and darting eyes?

This catastrophe has affected our every aspect of believing: struggling with good and evil, seeing the fragility of the human life, appreciating the gifts around us, especially family and friends, anguishing over gospel values—loving our enemies, welcoming the stranger, protecting the innocent. How aware are we of the picked-up pace of these new challenges to our faith and values?

These dynamics are happening and will continue to happen in every aspect of our lives—in our homes, in our workplaces, in our neighborhoods, in our places of worship, even within our professional organizations. How does this underlying anxiety manifest itself in all the interactions in our daily lives? Am I angrier at times? Am I restless? Am I less willing to be engaged? Am I frightened? Does a sadness seep into my being at the most unexpected of times?

Like an oil spill on the water, or garbage washed up on our shore, the pain of September 11 spreads its toxic horror into our beings with little or no consciousness at times. It's just there. At other times we may be very conscious, such as when hearing the voices of the firefighters echoing a death knell in a stairwell some six months after.

Alongside the enormity of the grief—

individual and collective, mine and ours, the citizen and the country—there beams an enormity of good, or abbreviated in our lexicon, God. This awareness is the second way we can process this grief at this one-year mark.

Imagine, if you will, a powerful twin concept: standing alongside this enormity of grief — the resurgency of God. God is the ground on which we stand—and upon which towers fall and fields are scorched. God is the sky up to which we look—and against which human missiles pass and roaring flames rage. Our faith has God

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right in the middle. Our faith plants a cross in the ground and hangs a savior in the air. And both reveal a God become so human that we cannot but be divine.

Yes, our God knows the hearts of men and women, and for a year now, the broken, badly broken, hearts of all of us in this country of ours. Just like God has always known the badly broken hearts of women and men from other countries with a different ground and a different cityscape.

The enormity of God has been seen, and will continue to be seen, in the outpouring of love in stories no New York Times could ever run out of telling. And so much of that good—God—comes from the divine hanging between heaven and earth.

All the volunteers at ground zero, all the donations of monies, food, and clothing, all the messages in schoolchildren's drawings, all the poetry and prayer in workers' graffiti, all the lyrics and notes in musicians' songs, all the searching for survivors, all the cleaning and removing of debris and

recovering of remains, each has a story and a title sitting in a heart, and when ready, will be spoken and passed on.

That is the resurgency of our God.

So as we continue the long process of this grief, and still at times, disbelief, of evil writ large around us, let us know the resurgency of our God in a faith that is constantly changing the whole picture.

Antoine de Saint-Exupery, in his classic work on the adventure of flying, *Wind, Sand and Stars*, tells of the anxiety and anticipation the night before his first flight as a pilot. He sits down with a veteran pilot who he says "exuded confidence the way a lamp gives off light." They take out the maps for tomorrow's journey and the veteran pilot, Guillaumet, begins to give him "a strange lesson in geography." Instead of pointing out provinces, towns, rivers, and other tips learned from the air, he points out a grove of orange trees, a small farm, and the watchful eyes of the farmer and his wife, the shape of a meadow, the cut and turn of an unseen brook—unknown to the staid marking on the stretched out maps.

The author concludes, "Little by little, under the lamp, the Spain of my map became a sort of fairyland. The crosses I marked to indicate safety zones and traps were buoys and beacons. I charted the farmer, the thirty sheep, the brook. And, exactly where she stood, I set a buoy to mark the shepherdess forgotten by the geographers."

Our faith is a strange lesson in geography. When the reports of September 11 are compiled, the histories written, and the accounts given, there will be markings about how this country was routed that day and the changing of the maps henceforth. But that is only one account of history. A second account will be beamed upward, is in fact already shining upward, in endless stories of goodness, or abbreviated in our lexicon, endless stories of God. That account is salvation history.

While anxiety and fear unravel our living and believing in the enormity of our grief, anticipation and hope hold us together in a faith that exudes confidence in the resurgency of our God. ▼

Why Is Spiritual Care Different after a Disaster?



Therese M. Becker

*This is a talk presented June 17, 2002, to 750 religious leaders at a conference sponsored by the Greater New York American Red Cross Chapter entitled, *The Life-Cycle of a Disaster: Ritual and Practice*. It proposes that to answer the question of why spiritual care is different after September 11 it is necessary to speak two languages: the language of the social sciences and the language of theology/spirituality. Understanding the dynamics of grief and trauma both of individuals and of the community is as important as examining theological questions of suffering and evil. And finally, the question of forgiveness is raised.*

“We have entered the third millennium through a gate of fire.”

So spoke Kofi Annan as he received the Nobel Peace Prize last December. Few people on earth know this truth more intimately than you, the religious women and men of New York who have been both wounded and caregivers to a wounded people.

When we ask the question why spiritual care is different after a disaster, we are not asking an abstract question. We are really asking why spiritual care is different after *this particular* disaster, this tragedy of unspeakable proportions, this disaster of September 11th. We are also asking why we are different, why our congregations are different, why our lives seem somehow forever changed, why we – and they – are asking questions in ways we and they have not asked before.

We are gathered today as clergy because to be an effective caregiver is to be a lifelong learner, and an unlearner, and a new learner (Smith 1997). We are entrusted with the humbling task of translating, of making relevant, our ancient traditions to the current moment. We are called to offer hope and a future, to ground all reality in the reality of God, to translate the signs of the times into a comprehensible vision.

These are very hard times in which to do this.

They are very hard times because the *scope* of the tragedy of the World Trade Center is so much larger than anything that we have had to comprehend up to now. Anything we knew about helping others seems at one

and the same time relevant and irrelevant. We have learned how to speak to individual or family trauma, not so much community or national trauma. We have few categories with which to explain the current phenomenon, for it is an event of both deeply felt individual trauma and broadly experienced community or national trauma.

I would like to offer a way of looking, a lens, that may be helpful in sorting out the various dimensions that need attention. The human person is made up of three interpenetrating dimensions – the physical, the psychological, and the spiritual – and all three are permeated by another dimension – the historical-social dimension. The physical shapes some of our qualities and determines the length of our days. The psychological includes both the emotional and the intellectual. And the spiritual is that part in us that seeks ultimate meaning, that opens us to the Divine, and that shapes our very being. Yet there is more. The whole of our life experience is soaked through with the time in history, the nation in which we live, and our culture. Our fundamental assumptions, the way we make meaning, and our very patterns of thinking and behaving are all shaped by this dimension. In this disaster we have seen trauma in all four dimensions.

All four dimensions interpenetrate, each impacting the other. But healing that is needed in one dimension cannot take place in another. (That is except for miracles!) So for example a nearly burst appendix will need surgery; it will not be healed by prayer. Likewise, issues that are fundamentally spiritual in nature cannot be healed in the psychological dimension.

A story I read recently makes the point. A young man returned from Vietnam very disturbed at what he had seen. He went to his priest and described his horrific experiences and asked the priest how God could allow such things. The priest, likewise disturbed, said that he was at a loss because he had no experience with war. The young man said, “I am not asking you about *war*, I am asking you about *God!*” He did not need help coping psychologically, but spiritually!

To understand the impact of this disaster on spiritual care, we need to be able to attend to all dimensions, especially to the historical-social, or communal, dimension. Our funda-

Remembering September 11, 2001

mental sense of safety and security as a nation has been violated. We no longer can assume that we are safe on our side of the world. We are drawn by inescapable chords into the pain and suffering of others in the world. There has been, for lack of better words, a disturbance in the Force.

To explore spiritual care after this disaster we need to speak two languages, the language of the social sciences – which will help us with the psychological and communal dimensions of our experience, and the language of theology/spirituality – which will help us with the profound theological questions at stake. Because the actions which have horrified us were perpetrated in the name of God and because of the unspeakable suffering we have witnessed, we have been forced to grapple deeply with the question of evil.

Language of the social sciences

We can learn from those who have written about both grief and trauma, and from those who have begun to explore the dynamics of community traumas. As we begin I am very aware of how early in our process we are. Nine months are not very long.

A disaster is a traumatic event in which the person's ordinary ability to cope is overwhelmed. Traumatic events undermine the belief systems that gave meaning to human experience; nothing can be taken for granted. Our sense of safety in the world is deeply shaken or destroyed. Basic trust, the foundation of all human interaction and relationships, is lost.

Six factors which increase the impact on a community of a traumatic event have been identified (Zinner and Williams 1999):

1. The event is the result of individual or group hostile action. *In the case of the WTC this introduces the element of evil. The notion of the intentionality of harm also complicates the recovery from trauma. As an act of terrorism it is an assault on the sense of safety and security of the community itself.*

2. The event happened suddenly without warning. *Clearly the case.*

3. The event kills large numbers of people. *Here not only were large numbers killed, but they were at work, doing normal every day things; so many of them were young and had children. Their deaths were ghastly, involving an intense degree of "social offensiveness."*

4. The event destroys massive amounts of property. *This property, located in the midst of one of the largest and most significant cities in the world, was carefully selected for its symbolic meaning.*

5. The event involved prolonged suffering. *Many people did not die suddenly, but knowing their lives were in danger, attempted to save them and the lives of others.*

6. The event was preventable and preventive measures were not taken. *The current investigation in Congress addresses this issue. We as a people did not have the ability to imagine the act. While there had been hijackings of airplanes, they never before had been flown into buildings. It was unthinkable.*

7. I would add one more: *when the event is a symbolic assault on an entire nation.*

We can see that not only was almost every element that intensifies the impact of an event present, they were also present in maximum form. This was an event of unspeakable consequences.

Another dynamic that even further intensified the impact of this tragedy was that it was followed by the crash of an airplane in the Rockaway area [of Queens, New York] and then by bio-terrorism, the spread of anthrax through the mail. One had a sense of "rolling disasters," of one event coming on the heels of another. Safety and security were seemingly unattainable.

Recovery from such an event is both an internal, personal task for the individual, and an external, communal task for a people. It parallels the grieving process. In the acute phase during and immediately after the attack we were reeling, in shock, barely able to comprehend the reality of what had happened. Here the media were very helpful. In addition to disseminating information, the media's words and images that showed us the event helped us to cognitively grasp and acknowledge what had happened.

After this, recovery unfolds in three stages. Warning: these stages should be understood as an attempt to impose both simplicity and order on a process that is by nature tumultuous and complex. Movement toward recovery is oscillating and dialectical. The stages make a kind of sense intellectually, but in fact we do not move through them in any kind of order. Another caveat: Individuals vary in their resilience and ability to recover. Those who have had other traumas or serious losses in their past, a history of

A Tribute to the Angels of September 11

I thought of you tonight
dear people of the light
Who on September 11
Took an angel's flight

You left us without time
To hug and say good-bye
At first no time to laugh
And many days to cry

We watched as planes flew in
We watched a building fall
We stared in disbelief
Then strength came to us all

For something new was born
That day because of you
Our country came together
A spirit great and new

Your light shone on us all
and led us from the dark
You will never be forgotten
For you now light our heart!

With my love and prayers.
March 14, 2002

– Carol Bamesberger
NACC-certified Chaplain
Founder and Director
The Angel Connection
Greystone Park, New Jersey

Remembering September 11, 2001

Sudden death of a loved one challenges our very core; sometimes even our faith is questioned. “My God, my God, why have you abandoned me?” are words that come to mind.

Words of assurance – calming words to quiet the panic and give strength to face the days ahead can be found in the Psalms. They are soft and musical; a breeze in the heat of despair.

One of my favorites is Psalm 121.

I lift my eyes to the hills.

From whence does my help come?

My help comes from the Lord,
who made heaven and earth.

He will not let your foot be moved,
he who keeps you will not slumber.

Behold, he who keeps Israel
will neither slumber or sleep.

The Lord is your keeper;
the Lord is your shade on your right hand.

The sun shall not smite you by day,
nor the moon by night.

The Lord will keep you from all evil;
he will keep your life.

The Lord will keep your going out and coming
in from this time forth forever more.

It is a privilege to be with people and to offer words (or silence) in their time of deep need. One of the older family members at the Pennsylvania site said when she left: “I am still full of sadness, but you have taken away the pain.” I think that is the greatest compliment I have ever received.

– Marjorie Ackerman
NACC-certified Chaplain
Ackerman, Inc.
Bethesda, Maryland

mental illness, or who have had a recent major life stressor, may have a slower recovery process.

The three stages in the recovery process are (Herman 1997):

1. Establishment of safety;
2. Remembrance and mourning;
and
3. Reconnection with ordinary life.

The *establishment of safety*, as we have noted, is a complicated matter in this disaster. For individuals it involves connection to caring others who can help in the rebuilding of some form of trust, and a returning to ordinary life activities. For the nation, however, it has involved many complex developments, including the creation of the Department of Homeland Security. None of these have or can have the result of providing a reliable sense of safety for the country. This inability to establish safety underlines the principle that issues must be addressed in their own dimension. Here the question of safety is one belonging to the communal, not individual level. One can be a well-adjusted person and not feel safe during a stage yellow alert.

Remembrance and mourning. In this stage the telling of the story of the trauma unfolds. For individuals it includes telling what life was like before the event. It is for us as clergy to be a witness to this telling. The telling of the story brings with it inescapable grief. We can hear into voice the pain and the evolving sense of its meaning to the person. This is an act of solidarity.

I would like to quote from the classic *Trauma and Recovery* by Judith Herman (1997):

The traumatic event challenges an ordinary person to become a theologian, a philosopher, and a jurist. The survivor is called upon to articulate the values and beliefs that she once held and that the trauma destroyed. She stands mute before the emptiness of evil, feeling the insufficiency of any known system of explanation. Survivors of atrocity of every age and every culture come to a point

in their testimony where all questions are reduced to one, spoken more in bewilderment than in outrage: Why? The answer is beyond human understanding.

For the nation in this tragedy there has been overwhelming international and national support — from the very first day. As a nodal event (people recall vividly where they were when the event took place) in the history of our country, those who have been most personally impacted have received love and support from children and adults from all over the world. Local leadership was exemplary in helping to support and sustain the community in the early critical days, week, and months. Many significant and meaningful rituals for both individuals and the community have been a part of the mourning process, marking important events such as the recent closing of work at Ground Zero.

Reconnection, the third and last stage, involves some resolution of the grief, a regaining of ability to trust, and a finding of a way to understand the meaning of the event. Eventually the person begins to take pleasure in life once again, and, if religious, reestablishes relationship to God, if it had been broken. Resolution is never complete — the traumatic event is never forgotten and may resurface during important life-cycle events (marriage, divorce, birth, death in family, illness, retirement). We are not at this point yet as a community.

In a post-trauma period it is said that lessons are gleaned from the suffering and spiritual evolution is possible. I do not feel ready to speak these words in this context. It is far too early for that. Far too early.

The tragedy of the WTC is woven into the fabric of history and into the politics of our day. In some way the healing we can do as individuals is tied to the playing out of the historical-political process. How our leaders lead us can help or complicate the healing process.

What can be said is that we now have the ability to stand in solidarity with those in history who have had the unthinkable done to them.

Remembering September 11, 2001

Language of theology/ spirituality

As we move to the language of theology or spirituality I will offer three thoughts. First, I will define spiritual care, second, explore the theology of suffering and evil, and finally, raise an issue for the future.

We have been asking why spiritual care is different after a disaster, but have not yet defined “spiritual care.” This definition is ultimately a question about theology, as our theology shapes both what we see and the manner in which we make ourselves available to others (Elson 1986).^{*} My understanding of spiritual care has been formed both by my formal training as a chaplain and by Roman Catholicism, the tradition through which I have been brought to God.

To define spiritual care I would use words such as accompaniment, witness, solidarity. My definition is rooted in the notion that my *being* with another at the point of their suffering is far more significant than my words or my actions, that when people are deeply heard, they heal. As Saint Francis said, “Preach the Gospel at all times, and when necessary use words.”

It is very important that I stick very closely to the experience of the person, that I listen for the *music behind the words* as one of my early mentors says. For only by this kind of listening (which by the way is very hard work) can I hear what is truly at stake. Most often the anger at God, the alienation from God, that is experienced by those impacted by this disaster, is more a profound cry of pain than evidence of an endangered relationship to God.

In my experience, the more effective helpers are those who allow those whom they help to instruct them about what or who was lost and the meaning of the loss. Spiritualities that are not grounded in the truth of personal experience can encourage those injured to move ahead of themselves and thereby do damage to their

spirits – for example advising them to forgive prematurely or to rely on narrow interpretations of Scripture (Grant 1998). We must know ourselves. Realities we cannot abide in ourselves will be denied in the world and in others, leading to abandonment of those who suffer.

One of my co-workers is a woman who is a survivor of Hiroshima. Her mother was killed instantly. In a recent conversation she told me of her experience in a missionary school after the bomb. She was frightened by the aggressive preaching of the missionaries. What saved her life, quite literally, was a woman who came to be a physical education teacher,

Why, O Lord?

It is so easy to use the words, *death* and *resurrection*. It is so difficult to integrate them, truly wrap them, into my daily life. Walking the edges of the World Trade Center rubble for three weeks in September and October of last year, the depth of the pain barely seemed to touch me as adrenalin pushed me through 17-hour days.

When I went home, without guilt for doing so, for I was exhausted, the airline clerk at JFK came around the counter, and, in the presence of several hundred people in line, wrapped her arms around me and said “Thank you for coming to New York.” Tears flowed ever so easily, then. The numb, helpless feeling of the previous three weeks came to fruition, completion.

For reasons (still) beyond my understanding, there has to be death, so that there can be life. *Lord, give me the courage to walk this perilous journey, from death to life. Amen.*

– Joe O'Donnell, CSC
NACC-certified Chaplain
Phoenix, Arizona

not to save souls but because she felt so bad about what had happened. Tammi told me that *this woman* became her spiritual guide. When she asked Tammi how she was, and Tammi told her that she was in such despair that she wanted to commit suicide, the woman's eyes teared up. She said very little. In very small daily ways she loved the girl. To this day Tammi remains close to her. The woman is now in her 90s. Use words only when necessary.

The destruction of the World Trade Center was an act of terror against a people and against particular people. It represents an excess of evil. How can we, religious people, speak of God in the face of such evil and suffering?

I will, I confess, not directly answer this eternal question of theodicy, but will speak about spiritual care in the context of evil, of suffering. What is asked of us?

The friends of Job who came to console and comfort him, first sat with him for seven days and seven nights. They did not speak a word to him “for they saw that his suffering was very great.” They were mute before his anguish. They were witnesses; they stood in solidarity. When they began to speak theology they got into trouble. But Job worked it through, not restraining his tongue. His complaint, his protest, resonates with the cries of those who suffer innocently. The blood of those unjustly killed cries out from the very earth.

To accompany the suffering in their anguish, we too enter dangerous waters. Do their questions not resonate with ours? Is it possible to risk getting into the boat with them, riding the waves of protest and agony, hearing them to the full?

And then, if, when the pain has subsided, the questions remain, can we allow the questions to mature and penetrate us more deeply? This is a spiritual journey we are privileged to take with others.

When we stay close to experience, we can see the fingerprints of God in daily life, for as Steve Bevans, one of my professors, wrote, “Revelation does not hap-

pen in set-apart, particularly holy places, in strange unworldly circumstances, or in words that are spoken in a stilted voice. It comes in daily life, in ordinary words, through ordinary people” (Bevans 1997). At one and the same time that we face and experience evil, we can see God alive in our midst. We can see acts of loving kindness, and feel the abundance of love from so many people. In contrast to radical evil, radical love roots our lives in God.

There is one more thing.

A question has been nagging at me throughout preparing this presentation. What about forgiveness?

It is way too early yet. I do not feel ready to engage this question theological-

Remembering September 11, 2001

The events of September 11, 2001, affected all of us in a profound and life-changing way. As chaplains we were also worried and concerned for our patients and their families. We also wanted to pay attention to the feelings of staff as they cared for their patients. My hope is that this poem describes my feelings surrounding September 11, 2001.

Threads of Memory September 13, 2001

Sinking into deep exhausted sleep
I woke at 3, 4:30 and then again at 8 a.m.
At each awakening I remembered – remembered
with a jolt – the images and events
of two days before – as two airliners, piloted by
terrorists
sliced through top stories
of the World Trade Center – swift surreal angry
blows to twin towers high above
the streets of New York.
Explosions enveloped these symbolic structures
of American wealth and power, filled with
office workers,
mothers, fathers, brothers, sisters,
firemen, policemen, emergency medical teams,
children, tourists.
Windows and steel pillars
tumbled, tumbled and tumbled
inside out, outside in.
These twins died together – first one, then the
other – floor by floor by floor collapsed to the
earth below
creating thick bilious clouds of white smoke
which appeared to chase those still alive down
the street – like ghosts.
Smoldering ashes met the falling rain – tears
from Heaven, some said.
And our American flag, symbol of freedom and
hope
rose amidst the honored gravesite of so many –
as our
world took notice and wept.

– Josie Rodriguez
NACC-certified Chaplain
San Diego Hospice
San Diego, California

ly or spiritually, yet I feel any theological presentation is incomplete without some mention of it.

I wonder about the limitations of forgiveness. I wonder if the perpetrators of this atrocity would ask for our forgiveness. After I completed my work at the Family Assistance Center I was convinced that if they had known, truly known, the unspeakable grief they were to cause, they would not have done the deed.

In a very well-written article on forgiveness in The New York Times a few weeks ago, Archbishop Tutu, a man of great moral authority, said there is no future without forgiveness. Father Michael Lapsley, who had been a chaplain to the African National Congress, and who lost both his hands and an eye in a letter bomb during the anti-apartheid struggle, spoke about forgiveness as a matter of choice that many Americans have never examined since our government ultimately responded militarily. He tells us that so many worldwide shared our horror and grief. “Your pain has been acknowledged. That gives you freedom to take a position away from war and hatred and revenge” (Murphy 2002).

Why is spiritual care different after a disaster?

- It is different because the ground we stand on is different.
- We are different.
- The people we serve are different.
- The questions we ask of God are different.

May we who continue in this work of compassion and pain draw closer to the God who both loves us and needs us. And may we be granted strength. Amen.

*Here Elson was speaking of psychological theory. I believe the same applies to one's theology.

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One Year Later



Sister Laurentilla Back, SSND

Each time there is a remembrance service, a memorial, a look back to September 11, I, like so many others, find myself transported to the time and place I was on that fateful day. I relive the pain and horror that I felt while watching four separate planes plow into four separate places ... and I pause and I pray.

Geographically distanced from the actual events (I lived in Arkansas at the time), my experiences and feelings were certainly different from those in closer proximity. When I was asked to fly to New York as a member of the SAIR Team on September 25, I was able to go without hesitancy, but not without fear and apprehension.

My first call was to the Motherhouse of my Baltimore SSND province to ask for the prayers of our infirm and retired Sisters. I knew I would need all the spiritual support I could rally. My neighbors and friends joined their prayers to mine, and I arrived in New York without incident. I was also numb—unable to fathom the enormity of the disaster and certainly unable to comprehend the courage and dedication of those who lived, worked, and moved in and out of the hallowed spaces.

The prayer of Father Mychal Judge was posted on the wall of the chaplaincy area at the Brooklyn Headquarters:

*Lord, take me where you want me to go.
Let me meet who you want me to meet.
Tell me what you want me to say and
Keep me out of your way. Amen.*

I can't tell you how many times I said that prayer each day. I had my own prayer that I said as I began each day in my hotel room: *Lord, let every beat of my heart be an act of adoration; every thought an act of praise, every word an act of thanksgiving. Let every movement of my hands be an act of supplication and every footstep an act of expiation, a prayer for forgiveness.*

Since I walked many miles—breathed deeply of New York's clouded air—I prayed more than I ever had. How fortunate I was to be a member of a team that knew prayer was needed as we did both the mundane and the profound. Our Jewish team member, Gila Katz, had requested that we pray at our morning staff meetings. It was a brief but needed moment or two to remind us of why

we were in New York and that this was not our service, but God's compassion and love to share with others. How do I explain the courage and strength that came from that brief time together? All I know is that I always felt God's peace and presence and knew God's love as I began my day.

Our priest leader, Father Joe O'Donnell, CSC, shared Eucharist with workers whenever he was asked. He also shared Eucharist with me. So did all those team members who allowed me to see them united as one, broken, given and received—shared and poured out in their untiring efforts to heal and soothe.

Each evening those of us who were at the Brooklyn Headquarters assembled once more to review the day, to leave behind the grit and darkness, the frustration at seeing so many needs and knowing how little we could do. Our final prayer was one for safety in traveling back to our own rest.

How many times I have reviewed those few short days I was able to be physically present in that sacred place. I can still hear the mournful tone of the subway whistle where a reverent conductor paid respect to those buried beneath the debris of the towers. I will cherish my memory of so many who labored so long under such difficult circumstances and I will present them to our loving God again and again. I know that without the prayers of supportive people throughout the world, without the prayers of supportive team members who worked in close proximity, and without the arms of God personally upholding and supporting me those very busy and very dark days, I should not have been able to be and do for those I met.

In retrospect, I praise our Father/Mother Creator God, who brought some semblance of order out of chaos; light out of darkness and new life out of death (AGAIN); I thank our Redemptive God who accepted the lives of those who died for others and I celebrate the Spirit God who continues to enable and encourage each community of persons who strives to rebuild a nonviolent world of freedom and peace.

(Sister Laurentilla Back is an NACC-certified supervisor at St. John Medical Center in Tulsa, Oklahoma.)

Being Still

Anne Murphy

How timely to come to a place to reflect on the incredible magnitude of the events of September 11. The inner journey has been constant; the outer journey is just beginning with every new day.

At the end of my work with the SAIR Team in New York, I stood at top of the Empire State Building, with a view to forever. It was the loneliest place in the world, and yet the most incredible. I stood alone, the only person there. The ripples this tragedy were like cresting waves flowing outward around the world.

At Ground Zero, yearning eyes sought the comfort of one question, "How ya doin'?" And at the landfill, the haunting echo of silence. This peaceful plateau transformed into a burial ground. Where lives lost, were being found in every grain of sand. The only recognizable remnants on the path, were a trail of scattered shoes.

When we feel we've heard enough, I pray, we quiet our anxiety to hear just a little more, for there is so much more of this song that is yet to be sung. And yes, there is light, laughter, joy, and wonder in it all. For it was in giving that we have received. But there will be more to the story, healing will come in time, and the joy I cradle, is still this journey, now, today, one breath at a time and the song of Isaiah 49, "I will never forget you, I will not leave you orphaned, I will never forget my own."

– Tim Serban
NACC-certified Chaplain
Director of Spiritual Care & Mission Integration
Providence Everett Medical Center
Everett, Washington

Responding to the call to help with the Red Cross SAIR Team at the World Trade Center disaster took me well beyond my usual world. I had not traveled by plane often and had not traveled alone since the mid-1980s. Getting the details sorted out and myself to New York was a challenge, or so I thought at the time. Living in a large urban city like Chicago helped me think New York would be similar—I forgot that I know the major streets in Chicago but not the ones in NYC.

I was totally unprepared for being at the designated Ground Zero. I was overwhelmed with the magnitude of the area of devastation and the sense of pain, shock, grief, and loss I felt when I was there. I felt the anger and righteous indignation I've read in Job. Where was/is God? How can a merciful, loving God allow this to happen? I wanted an answer from God and I wanted it right away.

I wanted to dive into the setting and do all I could to make things "right" AND, I wanted to run away and never face this situation or feel-

ings again. I did neither. As I surveyed the scene, I knew that even if I devoted every moment of my life to help those hurt by this disaster, I could not bring their loved ones back. I could not fix the wounds of another. Running away would not obliterate any of my feelings.

As often happens, a song rose to my consciousness—written by Steve Warner from the Isaiah text—*Be Still and Know that I Am God*. This was what I needed to do. To be still. I could not fix the situation nor could I ignore it—I could be a still center offering a ministry of presence as I went about my SAIR Team duties.

This was my answer from God. I was not relieved of my anguish from the encounter at Ground Zero and the emotions that erupted in me. I was reminded that I am not the only one offering help. God is here with all of us in the midst of and despite the disaster.

(Anne Murphy is an NACC-certified Chaplain at Resurrection Health Care in Chicago, Illinois.)



NEW!
September
2002

Recovering the Riches of Anointing

A Study of the Sacrament of the Sick

Genevieve Glen, O.S.B., Editor; Kevin Tripp, Susan Wood, S.C.L., Peter Fink, S.J., Michael Drumm, Kevin Irwin, John M. Huels, O.S.M., and Genevieve Glen, O.S.B.; Foreword by Joseph Driscoll

This book, which contains the papers presented at the NACC Symposium in Baltimore, will be available in September from The Liturgical Press. ISBN: 0-8146-2775-7. Softbound. 152 pages. \$12.95. Phone: (800) 858-5450
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Two sisters online the morning of September 11

Susan Cubar

My sister, Janet, lives and works in Maryland, just outside the Beltway around Washington, D.C. She's an administrator for a community college. It was her early morning message on September 11 that alerted us in the National Office that a plane had hit the World Trade Center. These are our messages that morning.

Sent: Tuesday, 9/11, 8:03 a.m. (CT)
Subject: News

A twin engine plane crashed into one of the World Trade Center towers a while ago. If you have a TV, turn it on. There's smoke billowing out of the upper floors.
janet

Sent: Tuesday, 9/11, 8:12 a.m. (CT)
Subject: Second plane hits other tower

A second bigger jet just hit the 2nd tower.
janet

Sent: Tuesday, 9/11, 8:31 a.m. (CT)
Subject: Re: Second plane hits other tower

Oh my God. It's just horrible.
susan

Sent: Tuesday, 9/11, 8:59 a.m. (CT)
Subject: RE: Second plane hits other tower

We just heard that a plane also crashed into the Pentagon and there have been threats made against the White House and the East & West Wings have been evacuated.
janet

Sent: Tuesday, 9/11, 10:05 a.m. (CT)
Subject: Yikes

Keep your head down!
susan

Sent: Tuesday, 9/11, 10:19 a.m. (CT)
Subject: RE: Yikes

My boss's wife works at the Pentagon. He's at the funeral of a staff member and has his phone off. It's just awful.
janet

Sent: Tuesday, 9/11, 10:27 a.m. (CT)
Subject: RE: Yikes

There is a hijacked plane in the air headed for Washington.
susan

Sent: Tuesday, 9/11, 10:37 a.m. (CT)
Subject: RE: Yikes

From where? Who says? It's not on the channel we're watching.
janet

Sent: Tuesday, 9/11, 11:11 a.m. (CT)
Subject: We're closing early

The public schools and the colleges and universities in the area are closing at 1 pm today. There are military planes/ helicopters flying around in the area. We should be home by 2 pm at the latest.
janet

Sent: Tuesday, 9/11, 11:29 a.m. (CT)
Subject: RE: We're closing early

Most of the government buildings have been closed here. And the one really tall building in town. I think I'll leave work after lunch so that I can pick up Andrew from school. I think there may be a lot of traffic now.

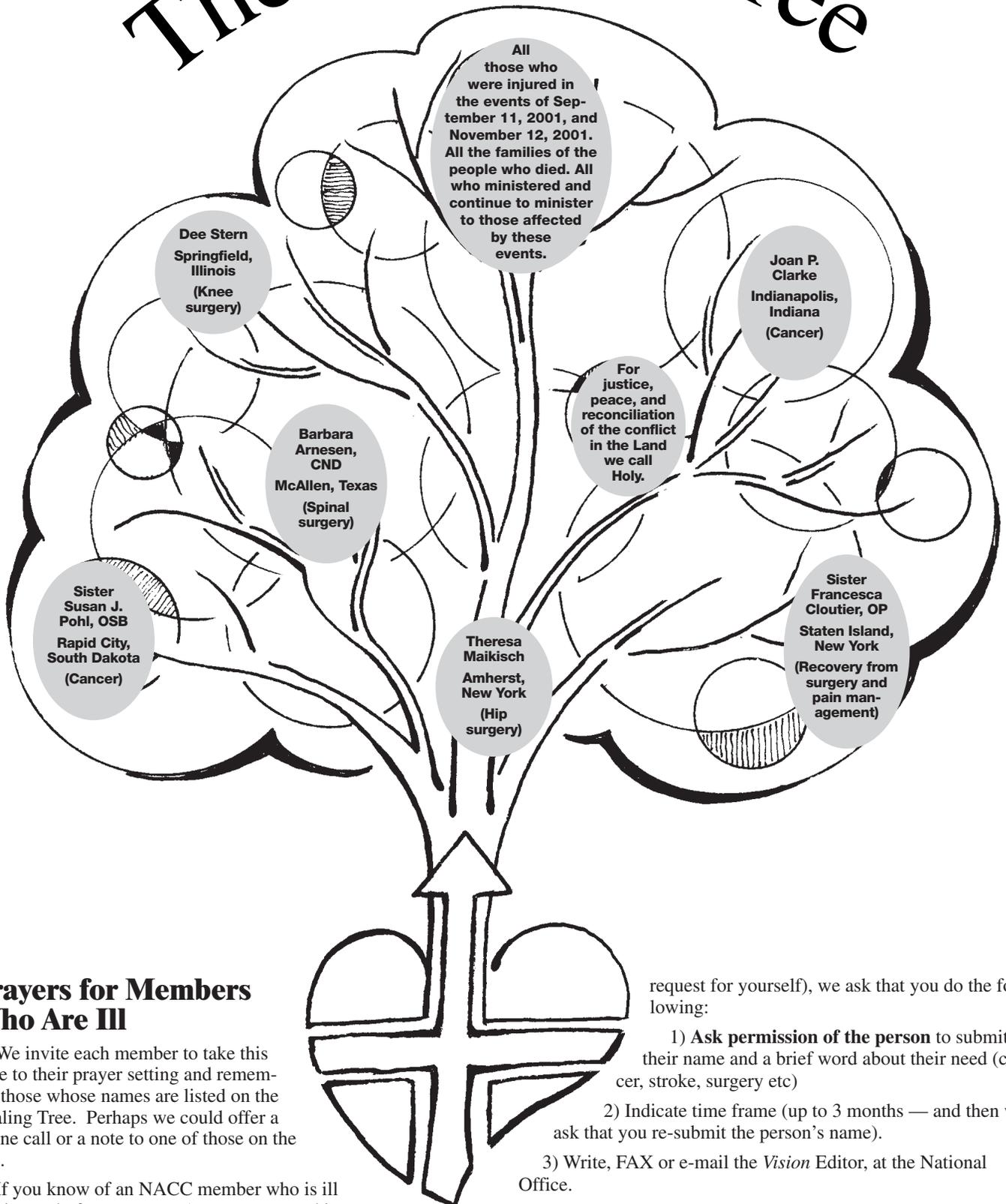
There was a special mass here at 10:15. The celebrant was in tears because he got a call from his mom that his nephew was in tower one. And another nephew is a cop on the first shift in the area of the WTC. Take care.
susan

Sent: Tuesday, 9/11, 11:37 a.m. (CT)
Subject: RE: We're closing early

My boss is back in the office and his wife is safe at home. She got out of the Pentagon OK. Traffic is getting bollixed up here since so many people have been let out. My boss said that this is worse than WWII Pearl Harbor and more people may have been killed than were killed in the Vietnam War (58,000). Depends on how many people were in the trade center. It's unbelievable.
janet

(Susan Cubar is editor of NACC Vision. She lives in suburban Milwaukee.)

The Healing Tree



Prayers for Members Who Are Ill

We invite each member to take this page to their prayer setting and remember those whose names are listed on the Healing Tree. Perhaps we could offer a phone call or a note to one of those on the tree.

If you know of an NACC member who is ill and in need of our prayers, (or you may send in a

request for yourself), we ask that you do the following:

- 1) Ask permission of the person to submit their name and a brief word about their need (cancer, stroke, surgery etc)
- 2) Indicate time frame (up to 3 months — and then we ask that you re-submit the person's name).
- 3) Write, FAX or e-mail the *Vision* Editor, at the National Office.

-Joe Driscoll

Ministering to Co-workers and Friends through Listening Presence and a Good-Bye Ceremony



Ebere Anosike, DDL

At the medical center in which I work a staff nurse completed suicide late last year. Hospital staff found her body in the evening after it was discovered that she had signed out the keys to the narcotics cabinet earlier in the day. Staff members were extremely distraught.

The following morning, the reluctant and fearful night team came to work with the rest of the department. No one wanted to enter the room where she died before a cleansing ritual was performed. I was sent for and urged to get a priest. I prayed with some staff in the room. Much later the priest on call came and more people joined in the ritual. I proposed that the entire department needed to meet with the chaplains for us to

talk and to say good-bye. The head of the department was gracious and allowed time for the meeting.

The next morning, we gathered in the activity room. At the center of this room the chaplains had set a picture of the deceased and some flowers in a basket. Chaplain Bob welcomed the group with a prayer and highlighted the purpose of the meeting. I called for the practice of listening presence, asking them to express what they felt and thought about the event. One person at a time, they were to speak freely, openly, and uninterrupted, while the rest listened respectfully, treating what was being said as something very sacred.

The majority of those present spoke. There were expressions of anger: "Why did she do it?" "Why didn't she do it at home?" Some felt their friendship betrayed: "Wasn't she selfish and thought only of herself to the neglect of her co-workers and family?" Others wondered if she could be at rest after she took her life. There was some feeling of guilt: "Did we refuse to notice and reach out?" As there were questions, so there were answers suggested.

We listened deeply to two of the speakers who spoke about the probable intense pain that must have driven her action; and that she did it at the place of her work because it was where she had friends and wanted them to find her body. After this explanation, many felt compassion and forgiveness for her, and there was less questioning.

Each time someone finished expressing her or himself, we the chaplains thanked the one for sharing. At the end of the sharing we thanked all and gave special credit to those who took the leadership role in the conversation.

We empowered them to continue to talk among themselves about their experience for such would free them of the feelings, memories, emotions, thoughts, concerns, problems, and wounds arising from the incident. Continuing, we the chaplains took turns reading some appropriate passages from the Scriptures. We reflected on God's Word for our circumstance: cleansing,

remembrance, grieving, Resurrection, healing, New Life, and the fact that nothing can separate us from the love of God.

Chaplain Bob sang melodiously, accompanied by the guitar . . . "Bridge over troubled water." I blessed the group with the Yahwist blessing in the Book of Numbers 6:24-26. As each person left the room, he or she bade farewell to the deceased co-worker while taking a flower from the basket and placing it into a flower vase. The vase was later placed in the chapel according to the group's wishes.

Before writing this report I had asked the two of the team who had found her body to tell me what helped them most to cope with the situation. Here are their replies.

- "I knew that prayer is a very strong sword with which to battle all the mixed emotions and frustrations that I felt. The prayer in the room where her body lay, the knowledge that God is very forgiving and that she had joined him in his kingdom, gave me some sense of peace. Besides, people at work were very supportive, giving me a chance to express how I felt for her, and listening, and knowing that I was not the only one feeling what I was feeling. It took a few more months until I finally felt at ease again at work; but through the difficult months I did not stop talking about that horrible night."

- "The things that helped me deal with the situation were talking to friends, crying, reading books on suicide. Every day we would talk about it at work. We would go eat after work to talk about it. Everyone at work was really supportive. They let us talk, talk, and talk about it. No one ever stopped us. As time goes on, it gets easier. Still almost seven months later, we still talk about it at least once a month. I will remember that day as long as I live as the worst experience of my life. I also look on that day as the day I grew as a person."

Let me add that the chaplains' bonding with this group of staff has grown from strength to strength.

(Sister Maria Eberchukwu Anosike, DDL, is an NACC-certified chaplain at McAllen Medical Center in McAllen, Texas.)

You Saw Him?

Colette Hanlon, SC

The phone jolted me from a sound sleep at 12:30 a.m. on a Wednesday morning. It was one of the local police officers asking for me to help with a suicide. As a volunteer in a new police chaplaincy program, I had often ridden the squad car, attended to accident victims, and assisted on other suicides, but this one was different.

A few minutes later riding with the officer I learned that Chad* was the son of a woman I knew who had previously worked at the hospital where I was a chaplain. As I entered the house, I met Sam, an undercover detective and buddy, who told me the grieving mother was in the basement. He was concerned because she would not leave the house, and they needed to remove Chad's body. For reasons unknown to me at the time, I asked to see him. Sam said, "Are you sure? He shot himself in the head." I wasn't at all sure, but something in me insisted. He opened the door to the bedroom — the scene was horrendous.

After taking a deep breath and praying for guidance, I went downstairs to see Chad's mom, Roberta. After a time of mutual crying and attempts to support her, I suggested she might want to accept the invitation of her neighbors to go to their house and wait for her husband and son to arrive from out of town. She immediately replied, "I can't leave him until his Dad sees him!" When I responded, "I saw Chad. Are you sure you want your husband to remember his this way?" She said in astonishment, "You saw him?" "Yes, I didn't want you to be alone in that horrible pain."

Assured that another would help her carry that grieving vision, she let me walk her to the next house to wait for her family and her local Methodist minister. On the way Roberta told me that Chad and a few friends had been picked up earlier in the evening for causing some damage at a

local fast food restaurant. They had all been taken to the police station where their parents picked them up. She said she didn't scold him because he was so ashamed. He had just been chosen for the prom court, had a track meet the next day, had done really well on his grades, and the next day was his birthday. He said he just wanted to go to his room and be quiet.

A while later she heard some of his friends come, and he visited briefly,

Each officer felt enormous guilt that he should have recognized Chad's behavior and been able to prevent his death.

before going back into his room. Just after midnight she was awakened by a muffled noise. Opening the door to Chad's room, she found the child she had delivered 18 years ago—dead with a note in his hand.

Once she was safely settled with her friends, I was able to be with the police who were frantically checking the homes of the other young men to make sure there was not a suicide pact. Each officer, in addition to having his own teenage children, felt enormous guilt that he should have recognized Chad's behavior and been able to prevent his death. It was a long night in the local coffee spot, spending time with each patrolman, assuring them that there was no way Chad's plan could have been known to them any more than his mom could have recognized his pain.

As I crawled into bed at five to catch a little sleep before the work day, I remembered a grieving mother's anguished question: "You saw him?"

Yes, Roberta, I saw your much loved son, and we are united in that painful vision. I still don't know for sure what prompted me to go in that room, but I believe it was the Spirit guiding me that I might become a more compassionate sojourner with a grieving mother.

*Names changed for confidentiality.

(Sister Colette Hanlon, SC, is an NACC-certified chaplain and Director of Pastoral Care and Patient Relations at the Hospital of Saint Raphael in New Haven, Connecticut.)

Certification News – Upcoming Dates

Certification Commission meetings

- 2002 – October 31 through November 3, in Milwaukee.
(This is a change.)
- 2003 – February 20 through 23 in Toronto.
- 2003 – June 26 through 29 in Milwaukee.

Interview dates for associate supervisor and supervisor candidates

- October 31- November 3, 2002

A Working Model of Post Suicide Family Intervention: A Healing Process

Rev. Ed Eckenrod

The tragedy of suicide has been part of my ministry here at Altoona Hospital Regional Trauma Center. The death of a loved one by suicide leaves family and friends bewildered, stunned, and effectively traumatized. Their world is turned upside down and for some it is obliterated.

In my pastoral ministry, a program that has worked effectively is based on the trauma intervention model. This model is from the National Institute of Trauma and Loss in Grosse Pointe Woods, Michigan (www.tlcnst.org). It is a program that can reduce and help normalize the trauma reactions that family and friends may experience in coping with a completed suicide. It has been my pastoral experience that persons must deal with the reality of the traumatic situation that confronts them as they try to comprehend the full scope of the tragedy that they face in their lives.

The trauma-based intervention model gives those victimized by the completed suicide a structured framework in which to deal with the loss. The model does not sidetrack the grief process, but very much enhances it in light of trauma reaction normalization. This program is unfolded over six to eight weeks of structured sessions. Each session builds on the previous one. It is based on a continuum of care.

The first session educates the participant in the process. It assesses the trauma and grief reactions. There is the normalization of grief and trauma reactions. The second

session identifies additional reactions and begins to develop the concept of being a survivor. The third session is debriefing. It is the time now to tell the story of this experience to someone who is not going to be frightened by it. It is important to have someone who can help make sense of the person's reactions and thus make it in a way that is easier to manage. In a way, the

The trauma-based intervention model gives those victimized by the completed suicide a structured framework in which to deal with the loss.

story telling following the debriefing enables the pastoral counselor to be a witness to the encounter or experience, especially since part of this session is the use of art as a tool for expression.

The next part of the process is to help the persons who encountered the suicide situation to switch thinking patterns—to help them change from a victim/witness of the event to a survivor. In addition, this session helps these persons cognitively reframe the situation. That does not mean altering the truth or reality of the event. The next step helps those who have experienced the trauma and grief of suicide to manage their anger. They are then encouraged to identify their worries since the suicide event, determining whether these worries are realistically likely to occur. Finally, it is time to end the story and move from victim to survivor of this horrible event.

There are many other steps in this process. But, I simply wanted to demonstrate that by using this model I have very successfully helped family and friends through the horror of completed suicide.

This program got started at the Altoona

Hospital when the hospital initiated trauma services. I used this structure for medical trauma intervention with families of patients suffering from acute trauma and grief episodes.

There was a young man, "John," who completed suicide. It was overwhelmingly devastating to the family. I invited them to participate in the post trauma healing process, and the family went through the process, which at times was extremely painful to them. The structured program gave them the insights and tools to help manage their reactions and emotions.

One of the most valuable teaching moments in the process was distinguishing between trauma and grief reactions. This was crucial for their healing. It was essential to "normalize" their trauma reactions to the suicide event before exploring their grief experience. Without that distinction, their mourning and coping with this tragedy would have been delayed or blunted. The family's ability to cope with this loss was enhanced when they were able to integrate the trauma experience and the loss of "John."

The grief process can mask some trauma reactions that a person experiences. It has been valuable in my pastoral ministry to acutely distinguish the various grief and loss factors so as to adequately assess the patient's need. The various elements of the trauma experience and the family's understanding of them gives me the proper diagnostic framework in which to minister. In addition, it helps me utilize other members of the care team for a holistic and well-rounded evaluation. The inclusion of trauma intervention gives the pastoral care worker a better handle on the situation and enables the worker to adjust spiritual and pastoral interventions.

The process need not be cumbersome and tedious. The intervention model is not complicated to use. The ultimate goal of the process is to help family and friends to emerge from the experience.

(Rev. Ed Eckenrod is a chaplain at Altoona Hospital Regional Trauma Center in Altoona, Pennsylvania.)

The Whispered Word

Sister Mary Therese Breuning, CSJP

Suicide is the word that is always whispered when spoken. And that's how it traveled through the small agricultural community where I lived. The area was not densely populated, families having from five to 20 acres, drawn to the area by the high quality of the school system. It was a family community—neighbors all knew each other—there were area picnics and community forums. It was a good place to live and raise a family.

The whispered word blew through the community, changing it in an instant. The oldest teenager in the "Rollins" family was found dead by his own hand. "Paul" had taken his life with his rifle used to hunt quail in the surrounding fields. Suddenly, neighbors visibly were uncomfortable with each other.

I was young and had never experienced a

situation like this, and a wide range of feelings and responses followed. I was not yet a chaplain and can remember all the questions that raced through my mind.

Why? What can I say now to the family? How can I help? What should I do?

Fear suddenly appeared as I realized we were not only neighbors but that my son was the same age. Paul came from a good, loving home and participated in his church's youth group. He didn't run with the rough crowd and was a relatively good student in school. He seemed like a well-rounded and happy teenager.

If I was struggling with my feelings and emotions, what must it be like for Paul's parents and younger brother? The family became my teachers, and I would learn more about suicide in the following years as I got my counseling degree and became a certified chaplain.

As chaplains, we look into the face of death on almost a daily basis and our training and experience also teaches us how complex this particular form of death is. Suicide is the whispered word. Family and friends avoid uttering it because even the word seems to be taboo. The word carries a stigma.

Survivors become trapped in silence. The whispered word and the silence add a different dimension to great loss. We know the

only way to heal is to mourn, yet the silence and inability to speak out because of explosive feelings and emotions keep healing from beginning. Breaking down the costly wall of silence is essential. In a suicide, your physical presence and active and nonjudgmental listening, being willing to hear the raw agony of the survivor's pain and anger can begin a healing process.

It's not a matter of being concerned about what to say to the survivors. Concentrate on what they are saying to you. Allow them to state it over and over, as many times as they need to repeat it, always with your full attention. They probably have numerous questions and it is very unlikely that you have any answers. Just be there. Just compassionately listen. If faith in God is a part of their lives, allow them to express whatever feelings they have, even their anger, without judgment or theologizing. Just be there. Just compassionately listen.

It has been 28 years since Paul took his life for reasons unknown, and as a hospital chaplain, I continue to experience this as the most difficult challenge for any family. For me, just being there and compassionately listening begins their healing and the grace of God takes it from there.

(Sister Mary Therese Breuning, CSJP, is an NACC-certified chaplain at St. Joseph Hospital in Bellingham, Washington.)

If you plan to apply for certification in 2003

Please review the following information

1. If you wish to apply for certification, you first must become a **full member of the NACC**. After you become a full member, you may request a certification packet from the national office.

2. You must submit a **completed certification application** to the national office **60 days prior to the certification interview**. Note that for 2003, the due dates for applications are as follows: For spring interviews, applications must be postmarked March 1; for fall interviews, applications must be postmarked by July 1.

3. A **completed application** consists of one set of required certification materials and the certification application fee. (You are to keep the original so that you can send additional copies to the interview team members when a team is assigned.)

4. The Director of Professional Practice will review the materials to determine if you have met all the formal requirements.

5. After the DPP has reviewed your materials and determined compliance, the DPP will then assign you a date, place, and interview team, honoring your first choice if at all possible.

6. **You will be responsible** for sending copies of the DPP-approved certification materials to your three certification team members. (These copies will be returned to you at the interview. The office copy will be kept until the process is closed, and then this copy will be destroyed.)

Please note that the Commission has increased the number of sites for interviews so as to reduce the need for travel for both candidates and interviewers; however, there is a chance that you may not receive your first preference. The number of interviews at sites will be determined by the number of interview team members who are available and who live in or close to the interview site.

The Certification Commission recommends that you seek mentoring from a certified NACC supervisor. This will help you to assemble the correct documentation as well as assist you with the clarity of its presentation.

Watch for the publication of interview dates and sites in *Vision*.

Current Issues in Suicide/Spirituality Research

Margot Hover

In his book, *The Psychology of Religion and Coping* (1997), Kenneth I. Pargament includes a moving vignette about a friend of his who committed suicide. "Ruth" had sustained a number of significant personal losses in rapid succession. Pargament rejects the explanation that her suicide was a single impulsive act, seeing it instead as a response to an accumulation of psychic insults and spiritual injuries that led to the failure of her customary resilience. In his chapter, "When Religion Fails," Pargament says that the "breaking point" in coping comes when high stress conditions endanger significance as well as the person's customary ways of sustaining that significance.

There are currently hundreds of articles and books dealing with positive correlations between religion, spirituality, and health. One of the difficulties in this field is distinguishing among the effects of many factors that may be related or confused. For example, are church-attending elders healthier because of the social support that churchgoing provides or because of the inner peace and calm they find in their spirituality? Or are study samples skewed if fewer homebound elders fill out questionnaires?

The picture becomes significantly more complicated with suicide, however. I looked at approximately 40 journal articles and abstracts on suicide and spirituality appear-

ing since 1990. Together, they point to the large range of factors that have a bearing on the issue—cultural acceptance of suicide, religious denomination, nature and level of disability, level of physical pain and experience of controlling it, perception of caregiver burden, degree of hopelessness, political situation (wartime, for example), socioeconomic status, and many others. Some studies, even when controlled for frequency of social contact, show that older persons dying by suicide, compared with natural

A significant portion of the current literature on suicide focuses on attitudes and decisions regarding hastened death and physician-assisted suicide.

death, are less likely to have participated in religious activities (Nisbit et al. 2000).

Other articles, however, point to the ways that religion may create significant psychological stress. For example, participants in a study of 200 college students and 54 persons seeking outpatient psychotherapy reported that they found more comfort than strain associated with religion. However, religious strain, guilt, and fear were associated with greater levels of depression and suicidality, particularly when the subject felt that she or he had committed an "unforgivable sin" (Exline et al. 2000).

In the thoughtful and comprehensive chapter, "When Religion Fails," Pargament comments that "The 'breaking point' in coping comes not only from attacks on significance, but from limitations in the orienting system" (p. 341). He points to rigidity, fragmentation or inconsistency between religion and lived experience or between religious belief and practice, and insecure or troubled religious attachment. The patient who feels that God is punishing her or for-

gotten her may despair. Or confusion between one's image of God and an abusive or neglectful parent may make it quite difficult for a person to experience and trust God's loving providence.

We have all met patients whose spirituality is challenged by their illness or disability. One would hope that painful life events would precipitate searching for values and principles that provide meaning and thus, comfort. However, we work with many patients and clients who fear the angry God they've been taught, or whose earlier beliefs do not answer the questions posed by their present situations. And we know that comfort is not always easily achieved or found.

Such religious strain occurs not only for patients affected by serious physical and/or psychological challenges, but for their caregivers as well. A significant portion of the current literature on suicide focuses on attitudes and decisions regarding hastened death and physician-assisted suicide. Researchers Rabkin, Wagner, and Del bene (2000) noted that, like the sick in their charge, caregivers were also engaged in finding positive meaning, suggesting that working with the stress of one also aided the other. Also, this study indicated that, at least with that population, greater stress was associated with greater interest in hastened death but not with the willingness to consider assisted suicide.

Finally, and with particular relevance to world political realities today, Pargament notes that while high stress on individuals challenges their belief systems and structures, there are also connections to be made with nations and cultures. Interviews with five British Columbia First Nations young women suggested that their suicidal ideation was related to themes of separation from family, community, and culture; reestablishing their connection to their culture and to their native spirituality was powerfully healing for them (Paproski 1997). Another study (Neeleman et al. 1998) cites the orthodox religious beliefs and devotion (as distinguished from practice and affiliation) of African-Americans as contributing to their lower level of suicide acceptability. The researchers wonder, however, if the young's growing secularization is a contributor to rising suicide rates in that group.

(Continued on page 24.)

Resources

Susanne Chawaszewski
NACC Director of Education

To accompany the articles in this issue of *Vision*, I am providing a bibliography on the topic of supporting families and friends of suicide victims. Some of the books/websites listed are more technical and others are more inspirational. Additionally, there are some books listed that provide good, basic information on death and bereavement with specific chapters aimed toward survivors of suicide.

If you have other resources that you would recommend, I encourage you to send them to me so that we can maintain and update the bibliography for others as new resources become available.

Books

- Bolton, I. (2001). *My son...my son...: A guide to healing after death, loss or suicide*. Atlanta, Georgia: Bolton Press.
- Carlson, T. (1995). *Suicide survivor's handbook: A guide to the bereaved and those who wish to help them*. Duluth, Minnesota: Benline Press.
- Corr, C. A. & Balk, D. E. (Eds.). (1996). *Handbook of adolescent death and bereavement*. New York: Springer.
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Research

(Continued from page 23)

Along those lines, Pargament looks at what happens when war challenges the belief systems of a people. He cites, for example, the popularity of the occult among Israeli Jews in the decades following the 1973 Yom Kippur war. We wonder, then, what we can expect here in the United States, as our national "religion" attempts to respond to the newly inescapable fact of our vulnerability. And what will be our role as chaplains?

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- (NACC-certified chaplain and supervisor Margot Hover, DMin, is Director, Pastoral Education, Memorial Sloan-Kettering Cancer Center, and CPE Supervisor, The HealthCare Chaplaincy, New York. She writes regularly in *Vision* about chaplaincy and research.)

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- The Center for Mental Health Services Knowledge Exchange Network (KEN): www.mentalhealth.org
- Compassionate Friends (grief support after the death of a child): www.compassionatefriends.org
- National Institute of Mental Health (NIHM) Suicide Research Consortium: www.nimh.nih.gov/research/suicide.cfm
- National Mental Health Association: www.nmha.org
- National Organization for People of Color Against Suicide: www.nopcas.com
- Parentbooks Suicide and Crisis Intervention Booklist: www.parentbookstore.com/suicide.html
- Resources of Clinicians Who Have Lost a Patient to Suicide: www.iusb.edu/~jmcintos/therapists_mainpg.htm
- The Samaritans: www.samaritans.org.uk
- SA/VE (Suicide Awareness/Voices of Education): www.save.org
- SPAN NC (Suicide Prevention Advocacy Network North Carolina): www.rtphome.org/spannc/
- 1000 Deaths: www.1000deaths.com

Websites

- American Association of Suicidology: www.suicidology.org
- American Foundation for Suicide Prevention: www.afsp.org
- Befrienders International: www.befrienders.org
- Bereaved Families Online: www.bereavedfamilies.net

LOSS Program

Catholic Charities of the Archdiocese of Chicago.

Loving Outreach to Survivors of Suicide Program (LOSS) was formed in March 1979 by Rev. Charles T. Rubey and three families as an outgrowth of Compassionate Friends, which support families who have experienced the death of a child.

The LOSS program works with survivors—family and friends who have experienced the death of a loved one through suicide—through various stages. For over 22 years, LOSS has offered a safe, nonjudgmental place where survivors are helped throughout the grieving process. Clinical professional counselors provide individual counseling sessions for family or individual survivors. Survivors gather for group meetings similar to the Alcoholics Anonymous 12-step program meetings and share with one another. These meetings have a dual leadership: two survivor facilitators and a mental health professional lead each meeting.

Another important service is publication of the monthly newsletter, *The Obelisk*. A lifeline for many of the LOSS members, it is sent all over the world. It contains writings of survivors and survivor-related issues

For more information, call the LOSS line, (312)655-7283.



Charting
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BOOK REVIEW

The Enduring Heart

Spirituality for the long haul

Wilkie Au. Paulist Press, New York, 2000. ISBN: 0-8091-0524-1. 179 pages. \$16.95.

Reviewed by **Linda F. Piotrowski**.

Wilkie Au, author of *The Enduring Heart*, is director of Spiritual Development Services in Los Angeles, California, and an adjunct professor of theological studies at Loyola Marymount University. A former Jesuit of 32 years, he calls upon the richness of the Jesuit spiritual tradition throughout his book.

Au attempts to demystify the spiritual life. He set out to write a book to assist anyone desiring to deepen their awareness of the holy while embracing all of life's joys and challenges. He succeeds.

Au's book is an embarrassment of riches. He provides numerous examples and stories to illustrate his points. Upon referring to his footnotes the reader will find a bibliography that will take you beyond Au's introduction to various prayer methods, meditation and contemplation, living in the moment, practicing gratitude, and developing a compassionate heart.

Au illustrates his points through sources as diverse as sacred scripture, novelist Andrew Greeley, Rabbi Lawrence Kushner, Anthony de Mello, theologian Walter Burghart, anonymous internet stories, and the much quoted "Footprints in the Sand." If Au's book has one fault it is possibly that of quoting too many sources and providing too many stories. Anyone who has been traveling the spiritual path for some time might find some of the stories annoyingly familiar. This is a book best read in small sections, savored and pondered.

Chaplains desiring to conduct a study or discussion group on spirituality for staff will find this book useful. However, be aware of its strong Christian bias. It is a gentle introduction to the art of living with an awareness of the spiritual dimension for beginners. In this age of anxiety it confronts the challenges of our age in a realistic and helpful way.

Each chapter of the book ends with a section of suggested activities for personal

reflection and spiritual exercises. Participating in the suggested spiritual practices is a helpful way to engage the text. I successfully used stories and concepts from the chapter "Support Along the Way from a Caring God" with nursing home residents. The staff of the behavioral health unit in the hospital where I am chaplain requested an inservice on "restoring the soul." They responded well to developing a Personal Compass, an activity suggested in the reflection section of the chapter "Potholes and Possibilities."

Don't purchase this book if you are looking for an esoteric theological discussion of spirituality. However, if you are looking for a gentle yet persistent guide to negotiating the challenges and joys of developing your spirituality or assisting others on their faith journey, Wilkie Au's book is just for you.

(Linda F. Piotrowski, M.T.S., NACC-cert., is Interfaith Chaplain at Central Vermont Medical Center, Berlin, Vermont; e-mail: Linda.Piotrowski@hitchcock.org.)

EDUCATIONAL OPPORTUNITIES

8th Annual Community Care Networking Conference

October 17-19, 2002
Chicago, Illinois

The National Community Care Network presents its 8th annual conference: "Celebrating Progress—Promoting a new era in health" to be held at the Hotel Inter-Continental Chicago in October 17-19. By attending you will take a look at what lies ahead for community-based health partnerships and learn about the vast potential of public-private partnerships to improve health and health care delivery.

For more information call (773)622-5648.

Spirituality, Culture, and End-of-Life Conference

September 12-14, 2002
Kansas City, Missouri

An objective of this conference is to provide a forum for networking among

educators, chaplains, and health care professionals interested in developing curricula in spirituality and medicine and in improving patient-centered care. This conference is sponsored by the Association of American Medical Colleges.

For the full meeting agenda, a complete listing of workshops, as well as registration, travel, and hotel information, visit the website: www.aamc.org/meetings.

IN BRIEF

The Treasures of God

Unlocking our spiritual heritage

Raymond J. Gunzel, SP. Ave Maria Press, Notre Dame, Indiana, 2002. ISBN: 0-87793-964-0. Softbound. 192 pages. \$11.95.

Intended for contemporary spiritual seekers, this book offers pathways to a deeper spiritual life through very traditional, tried and true prayers and rituals. With chapters on the Jesus Prayer, the rosary, the stations of the cross, the Eucharist and contemplative prayer, Sabbath time, Lectio Divina, centering prayer, and the Holy Spirit in contemplative prayer, Father Gunzel provides a bridge bringing our historical heritage into present day spiritual reality.

Raymond J. Gunzel, SP, has spent his priestly ministry in therapeutic treatment centers as spiritual director, instructor, and administrator. He is presently on staff at the Father Fitzgerald Center for Retreats and Conferences in Jemez Springs, New Mexico.

Comprehensive Care Team Project launches website

The Comprehensive Care Team (CCT) Project has just launched a website featuring artwork and stories about the end of life. The CCT is a demonstration project funded by the Robert Wood Johnson Foundation's Promoting Excellence in End-of-Life Care program, a Last Acts Partner. The CCT works with seriously ill outpatients who were still pursuing treatment of their underlying disease in the general medicine practice at the University of California, San Francisco. The site presents a few of the

images and stories from the CCT's Art Experiential project. In this project, patients, their caregivers, and their clinicians had an opportunity, via art, to share their thoughts and feelings about serious illness, interpersonal connection, and hope.

To view the CCT site, visit: <http://dgim.ucsf.edu/cct/>. To learn more about Promoting Excellence in End-of-Life Care, go to: www.promotingexcellence.org.

The Sacred Art of Listening

40 reflections for cultivating a spiritual practice

Kay Lindahl. Illustrations by Amy Schnapper. Skylight Paths Publishing, Woodstock, Vermont, 2002. ISBN: 1-893361-44-6. Softbound. 140 pages. \$16.95.

Ms. Lindahl, the founder of The Listening Center in Laguna Niguel, California, shows readers what they have been missing by not listening well. She makes it clear that hearing and listening are two different things, and learning to listen—really listen—requires spiritual practice. In *The Sacred Art of Listening*, inspiring text and contemplative artwork combine to communicate the three essential qualities of deep listening—silence, reflection, and presence. Through this book, Ms. Lindahl teaches readers how to speak clearly from the heart, communicate with courage and compassion, heighten awareness and sensitivity to opportunities for deep listening, and enhance ability to listen to people with different belief systems.

Online journal devotes issue to palliative care for people living with HIV/AIDS

The online journal, *Innovations in End-of-Life Care*, features palliative care for people living with HIV/AIDS in this month's issue. This edition includes an editorial on innovative care for underserved and resource-poor populations, a feature on palliative care for AIDS at a large, urban teaching hospital, and much more. *Innovations* is an international

online forum and peer-reviewed journal for leaders in end-of-life care.

Bimonthly, thematic issues aim to promote more humane, comprehensive, and coordinated care to persons with life-threatening illness and their families, such that patients experience enhanced comfort, higher physical functioning and a greater sense of well-being at the end of life. The journal is sponsored by the Last Acts Campaign through a grant to the Center for Applied Ethics and Professional Practice at Education Development Center, Inc.

To read the current issue of *Innovations in End-of-Life Care*, go to: www2.edc.org/lastacts/crntissue.asp.

Family committee offers free caregiver resources guide

The Last Acts Family Committee is offering a comprehensive resources guide to assist family caregivers find the information they need to better care for those facing the end of life. The guide, called *Last Acts Consumer/Family Resources for End-of-Life Care*, contains information from numerous organizations offering a variety of caregiver resources including books, videos, websites, and brochures. Each entry includes the resource title, producing organization, and information about how to order that particular item.

The guide is available to everyone free of charge and copies can be ordered by sending an e-mail to LastActs@aol.com. Please be sure to include your name, mailing address, a phone number, the number of copies you would like, and the words 'Family Compendium' in the subject line.

To view this resource in PDF file format, go to: www.lastacts.org:80/files/publications/familyresources.pdf.

First of a four-part "state initiatives" audio series focuses on pain management

The State Initiatives in End-of-Life Care policy brief series has just released an audio program on tape that explains current challenges in pain management. The program, titled, *Heart-to-Heart:*

Improving Care for the Dying through Public Policy: Part I – Pain Management, offers concrete policy solutions to overcome these challenges. The program features several of the nation's leading experts in a convenient audiotape format. The cost is \$12.00 per copy, plus shipping and handling. For more information or to order, visit the Partnership for Caring website (click on Store Products, Order Form, and then Heart-to-Heart under the Audio section), or call (800)989-9455. Three additional audio programs on policy leadership, pediatric end-of-life care, and diversity will follow in 2002.

To order, visit the order form link below (scroll down to the Audio section): www.partnershipforcaring.org/Store/order_set.html.

Last Acts committee offers two new documents on financing and end-of-life care

The Last Acts Financing Committee is offering two new free reports on issues related to financing and end-of-life care. The first report, titled, *Expanding Prescription Drug Coverage in Medicare: Issues for End-of-Life Care*, provides a comprehensive analysis of the impact a Medicare prescription drug benefit will have on the care of the terminally ill. The second report, *Medicaid and End-of-Life Care*, is a comprehensive report explaining Medicaid's role in financing end-of-life care and the opportunities available to states under current law to use federal Medicaid funds to improve the delivery of end-of-life care to their program beneficiaries. The reports are available at no charge and are offered as a package.

To order, please send an e-mail to LastActs@aol.com with the phrase, "Finance Reports," in the subject line. Please be sure to specify the quantity requested, your name, mailing address, and organization (if applicable).

Healing Arts Communications releases elder abuse training program

Last Acts Partner Healing Arts Communications has released a two-hour

Elder Abuse Training Program that teaches professional and family caregivers about the complexities of domestic elder abuse and neglect. Students learn through an interactive process that includes a variety of participatory exercises. This program includes step-by-step instructor guidelines, a 29-minute video, and support materials. A testing option and a certificate of completion are included. Topics covered in the program include: The signs and symptoms of abuse and neglect, contributing factors that lead to elder abuse, prevention, how to report suspected abuse, and the role of Adult Protective Services.

Further information is available by calling Healing Arts at (888)846-7008 or on the website: www.homecarecompanion.com/eatp.html.

Elder Law Answers offers informational website

Elder Law Answers is now offering a website accessible to the general public designed to help consumers get fast information about a range of legal issues of concern to seniors and their families. The site also features access to a searchable database of pre-screened elder law attorneys who can help seniors with their legal needs. The information on the site includes primers on Medicaid, Medicare, estate planning, long-term care planning, and more. Additional tools available to the public include calculators and checklists on decisions seniors and their families must make, including buying long-term care insurance and choosing a nursing home.

To view this site, go to: www.elderlawanswers.com.

Promoting Excellence in End-of-Life Care presents online bibliography resource

Last Acts Partner Promoting Excellence in End-of-Life Care now offers a new comprehensive bibliography for critical care end-of-life issues. The bibliography is available on their website and is free of charge to site visitors. This extensive resource includes scores of professional articles covering multiple topics related to end-of-life care. Some parts of

the resource are in Adobe Acrobat Reader format and will require free Adobe software to access (downloading information for this software is available on the Promoting Excellence website).

Promoting Excellence in End-of-Life Care is a National Program Office of the Robert Wood Johnson Foundation dedicated to long-term changes in health care institutions to substantially improve care for dying persons and their families.

To view this new comprehensive bibliography online, go to: www.promotingexcellence.org/navigate/critical_care_bib.html.

Last Acts offers videos about issues surrounding end-of-life care

Last Acts has developed six short videos that will educate both health care professionals and consumers about the difficult and complex issues surrounding care near the end of life. These videos provide important information on the current work of Last Acts, what consumers need to know about care at the end of life, how health care professionals can better inform themselves about the latest in end-of-life innovations, and why it is important to recognize the importance of cultural diversity. These videos can be incorporated into training and educational programs and will be a valuable addition to your organization's collection of end-of-life resources.

The videos in this series are sold separately for \$32.95 each, which includes shipping and handling costs. For detailed information about each video and how to order, click the order form link below. Note: you will need the free Adobe Acrobat Reader program to view this PDF document.

View the Last Acts Videos order form at: www.lastacts.org/files/resources/videoorderform.pdf.

Kokua Mau offers end-of-life faith-based training course

Out of Hawaii's community state partnership (Last Acts Partner Kokua Mau) comes Complete Life: A guidebook for those who minister to the dying and the

bereaved. Complete Life is a faith-based training course, but is also appropriate for other groups including caregivers, parish nurses, outreach volunteers, service providers, and nursing home staff. This 17-session course covers the practical, physical, spiritual, and cultural aspects of care for the dying and the bereaved. Each one-hour session combines lecture material, experiential exercises, and PowerPoint slides.

The program is offered to churches and other organizations for training purposes at a cost of just \$10.00 (to cover shipping and handling). Please contact Ana Zir by e-mail (anazir@hawaii.edu) or phone (808)956-5771 for more information.

To learn more about Kokua Mau, go to: www.kokua-mau.org.

Loss and Grieving series of brochures available free of charge

Last Acts' Family Committee has developed a series of five free pamphlets that will assist individuals confronted with the care of those facing the end of life. The Loss and Grieving brochure series offers valuable information about grief geared toward five different audiences: caregivers, the elderly, health care providers, and children. Content focuses on helping the individual cope with their grief following a recent death and also on ideas about improving communication with those facing the imminent death of a loved one. These materials can be incorporated into training and educational programs and can be an addition to your organization's collection of end-of-life care resources.

The series is available free of charge and copies can be ordered by sending an e-mail to LastActs@aol.com. Please include your name, postal mailing address, a phone number, the number of copies you would like, and the words "Tips Brochure" in the subject line. Large quantity requests (25 or more) can also be accommodated free of charge.

To view these brochures in PDF file format and order them on the web, go to: www.lastacts.org/scripts/la_tsk01.exe?FNC=DisplayAPublication__Ala_newtsk_publication_home_html__82.

NACC Supervisors Featured in Episcopal Publication

NACC Certification Commission chair Sister Anita Lapeyre, RSCJ, was featured in the lead article of the June 2002 issue of *ECS Today*. The article was titled "Listening with the Heart: ECS Chaplaincy Services." Sister Anita is Director of ECS Chaplaincy Services.

ECS stands for Episcopal Community Services of San Diego, California. This agency provides a network

of caring for those most alienated from the San Diego and Riverside Counties community through more than 30 programs that include chaplaincy, behavioral health services, children and family services, employment and economic development and Headstart programs.

NACC supervisor John Gillman is pictured in the center spread of the newsletter, which explained chaplain-

cy in general and detailed ECS chaplaincy services. Through the Center for Urban Ministry, ECS chaplains are assigned to many of its programs. The center was founded on the principle that chaplains are needed outside of institution settings in urban areas beset with poverty, violence, and crime. Clinical pastoral education is the primary education program at the center, and students serve as chaplains in many of the ECS programs.

Positions Available

▼ **The HealthCare Chaplaincy, New York** – DIRECTOR, PASTORAL CARE & EDUCATION. To head a department at Winthrop University Hospital on Long Island as a staff member of The HealthCare Chaplaincy. The Director will have the opportunity to build on an existing pastoral care department that currently has a CPE program in a first-class medical facility as well as being part of one of the country's preeminent pastoral care and training organizations. Qualifications: ACPE, APC, NACC, or NAJC certified, high energy with a well-developed sense of the role of professional chaplaincy, excellent clinical skills, experience with CPE programs, and an ability to handle all aspects of pastoral care administration. Send resumes to: The Rev. George Handzo, Director of Clinical Services, The HealthCare Chaplaincy, 307 E. 60th St., New York, NY 10022.

▼ **Our Lady of the Lake Regional Medical Center, Baton Rouge, LA** – is currently seeking a health care CHAPLAIN to join our ecumenical pastoral care team. The chaplain must be certified or certifiable, having completed degree work and four units of clinical pastoral education. The chaplain will provide spiritual care for patients, families, and staff on a rotating schedule. The certified chaplain identifies patient, family, and staff needs for spiritual guidance and counseling, charts and actively participates in interdisciplinary team meetings. As a JCAPS-approved department, NACC, APC, ACPE, AAPC, or NAVAC certification is required and candidates must have ecclesiastical endorsement. A non-certified priest will be considered if willing to do sacramental ministry only. Please send resume or contact Human Resources at (800)769-4473, or e-mail tbourgeo@ololrhc.com.

▼ **CHRISTUS St. Frances Cabrini Hospital, Alexandria, LA** – VICE PRESIDENT, MISSION INTEGRATION. CHRISTUS St. Francis Cabrini Hospital currently has a vacancy for the vice president, mission integration. Responsibilities: provide leadership in the design, development, implementation, and evaluation of programs and activities related to mission, ethics, Catholic identity, pastoral care, and values of CHRISTUS Health. Requirements: master's degree in theology, scripture, spirituality, ethics, or equivalent. Understands and is committed to Catholic health care;

experience in planning, management, and implementation skills. Competitive salary and excellent benefits. Submit resume to: Human Resources, CHRISTUS St. Frances Cabrini Hospital, 3330 Masonic Drive, Alexandria, LA 71301; phone: (318)448-6760; fax: (318)448-6755; EEO/AA. www.cabrini.org.

▼ **Good Samaritan Health Systems, Kearney, NE** – has a full-time opportunity in their Pastoral Care Department for a STAFF CHAPLAIN to provide for the spiritual needs of patients, families, and staff. Candidates must be board certified by APC or NACC and have current ecclesiastical endorsement. Knowledge of current theology and medical ethics is required in accordance with the Ethical and Religious Directives of Catholic Healthcare. Candidates must be self-motivated, energetic, and mature both personally and spiritually. Strong interpersonal and communication skills are a must. Will share an on-call rotation. Preference will be given to candidates with a Catholic faith background. GSHS is a 287-bed regional referral and trauma center located in a thriving university community. Contact: Carol O'Neill, Human Resources, GSHS, P.O. Box 1990, Kearney, NE 68848; phone: (800) 658-4250 ext. 7590; fax: (308)865-2924; e-mail: caroloneill@chi-midwest.org. Check out our website at www.gshs.org.

▼ **St. Vincent Hospital and Health Services, Indianapolis, IN** – ROMAN CATHOLIC PRIEST, FULL-TIME CHAPLAIN. Candidate possess a master's degree in theology or equivalent, have a minimum of four units of CPE, be NACC certified or certifiable, and have ecclesiastical endorsement. St. Vincent Hospital is a flagship hospital of the Ascension Health Care System. Send resume to lgould@stvincent.org or mail to Human Resources, St. Vincent Hospital, 2001 W. 86th Street, Indianapolis, IN 46240-0970. An Equal Opportunity Employer.

▼ **Providence St. Peter Hospital, Olympia, WA** – CATHOLIC PRIEST. Seeking qualified priest to join our ecumenical team of chaplains that provide care to patients, families, and staff in four institutions located in the state capital, South Puget Sound. The Network ministry includes a 150-bed long-term care center, hospice, and inpatient chemical dependency unit. Minimum qualifications: National Association of Catholic Chaplains certification or qualified to begin certification process. Applicant with

Positions Available

two units of CPE and not certified will need to complete the certification process within two years of the date of hire. WA State driver's license. Apply online: www.providence.org/swsa.

▼ **Sisters of Charity Providence Hospitals, Columbia, SC – CHAPLAIN.** Providence Hospital is seeking a full-time, 40 hours per week, Monday–Friday with weekend call rotation to fill our Catholic chaplain position. This position is for a 300-bed Catholic hospital. Qualifications include one year of CPE and hospital experience. NACC or APC certification preferred. Send resume to: Providence Hospital, Human Resources Department, Attn: April Chapman, 2709 Laurel Street, Columbia, SC 29204; fax: (803)256-5838; phone: (800)262-5682; e-mail: provhr@hcahealthcare.com. Apply online: www.provhosp.com.

▼ **Providence Health System, Southern California – Providence Saint Joseph Medical Center and Providence Holy Cross Medical Center** are two of San Fernando Valley's most respected hospitals with a full line of acute inpatient and outpatient care. We seek FULL-TIME CHAPLAINS to help our staff at both facilities. Requires at least four units of CPE with certification (or certification eligibility) in a national organization (NACC, APE, NJCA). Two years' experience and trauma/crisis experience preferred. Submit resume: Providence Saint Joseph Medical Center, HR Department, 501 South Buena Vista Street, Burbank, CA 91505; phone: (800)947-PROV (7768); fax: (818)847-3693; e-mail: psjmcjobs@phsca.org. EOE. www.experienceprovidence.com.

▼ **SSM DePaul Health Center, Bridgeton, MO –** seeks a DIRECTOR OF PASTORAL CARE who will plan, organize, and direct the activities of the department of spiritual care and programs of service for patients, families, and staff. The director is committed to working closely with the VP of Mission and recognizes and believes in a strong relationship between spiritual care and mission. Leadership skills including shared vision, team building, a willingness to be creatively innovative and to acquire a knowledge of and commitment to the principles of Continuous Quality Improvement (CQI) are desired. Qualified candidates must be a practicing Catholic, have an MA in theology/counseling or related field, have a minimum of four units of CPE, certified by the NACC/APC, three to five years' experience in a health care setting; management experience preferred. Apply online at www.ssmhealth.com, or fax resume to (314)344 7888.

▼ **Seton Medical Center, Daly City, CA –** Seton Medical Center is a member of the Daughters of Charity Health System. We are currently searching for a COORDINATOR, SPIRITUAL CARE SERVICES. The primary responsibilities are to manage the daily operations of the department; assess and address the ethical, emotional, and spiritual needs of patients, family members, and staff when referred; collaborate with the interdisciplinary care team to promote spiritual well-being; and facilitate provision for the ritual and sacramental needs of patients, family members, and staff members. Candidates must have a BA in theology, MA preferred; be certified by NACC or APC; at least four (4) units of CPE from an ACPE- or NACC-accredited training center; previous supervisory experience. Send resume to: Seton Medical Center, Attn: Human Resources, 1900 Sullivan Avenue, Daly City, CA 94015; e-mail: SetonCareers@dochs.org; fax: (650)991-6809.

▼ **St. Thomas More Hospital and the Progressive Care Center, Canon City, CO – members of Centura Health –** currently have career opportunities for FULL-TIME CERTIFIED CHAPLAINS. St. Thomas More and Progressive Care chaplains serve as liaisons to the clergy, community, and medical team in regard to the spiritual care of patients, residents, families, and staff of St. Thomas More Hospital and the Progressive Care Center. Certifica-

tion by the NACC or APC is required or pending. St. Thomas More Hospital and the Progressive Care Center are located in Canon City, Colorado. For more information e-mail stanmiller@centura.org or send resume to the attention of Stan Miller, Director, Human Resources, St. Thomas More Hospital, 1338 Phay, Canon City, CO 81212. Website: www.stthomasmorehosp.org.

▼ **Seton Medical Center, Daly City, CA –** is a member of the Daughters of Charity Health System. We are currently searching for a FULL-TIME AND PER DIEM PRIEST. The primary responsibilities include: assessing and addressing the spiritual needs of patients, family members, and staff when referred; providing spiritual care on both an intensive and extensive basis; facilitating provision for the ritual and sacramental needs; and collaborating with the interdisciplinary care team to promote spiritual well-being. Candidates must have a BA in theology; MA of divinity preferred; ordination as a priest by the Roman Catholic Church is required; evidence of faculties granted by the Archdiocese of San Francisco is required; appropriate ecclesiastical endorsement for chaplaincy is required; certification in the NACC is preferred. Send resume to: Seton Medical Center, Attn: Human Resources, 1900 Sullivan Avenue, Daly City, CA 94015; e-mail: SetonCareers@dochs.org; fax: (650)991-6809.

▼ **VITAS Healthcare Corp., multiple locations – CHAPLAINS.** As the leading provider of innovative hospice and palliative care in the United States, VITAS is committed to providing high quality, compassionate end-of-life care. Our teams are exceptional health care professionals – individuals that are clinically knowledgeable, respectful of patients' privacy, and who put patients and families first. VITAS is seeking chaplains for our locations in San Fernando Valley/Ventura County, Coastal Cities, and San Gabriel Valley. Master's of Divinity required. Ordination or commission to function in a ministry/pastoral care. Minimum of one unit (400 hours) CPE by an accredited association or equivalent. Successful candidates must be team players who will provide spiritual counseling for employees, patients, and families. Must be a member of a church in good standing and also be available on-call. For immediate consideration, please e-mail resume to: lisa.cushing@vitas.com; fax: (877)848-2790, or phone: (866)248-4827.

▼ **Clara Maass Medical Center, Belleville, NJ – PASTORAL CARE MANAGER.** Clara Maass Medical Center, an affiliate of the Saint Barnabas Health Care System, has an immediate opening for a pastoral care manager. Ideal candidate will possess certification as a Clinical Pastoral Education Supervisor from the Association for Clinical Pastoral Education. Reporting to the Vice President of Medical Affairs, the select candidate will be responsible to provide a leadership role for the Department of Pastoral Care, work with staff chaplains assigned to the medical center, attend meetings for managers and serve on the ethics committee and other pertinent committees as requested. Ideal candidate will provide spiritual support, pastoral care and counseling to patients, families, and staff. Individual will lead regularly scheduled services and serve as liaison to local pastors and the local community. As Manager of Pastoral Care you will oversee the Clinical Pastoral Education Program and provide the supervision for the chaplain interns. We offer a competitive salary and benefits package, including four weeks' vacation and an additional flexible paid time off program, a comprehensive company-paid pension with matching 401(K) plan. Please send, fax, or e-mail resume to: Victor Vena, Human Resources Manager, Clara Maass Medical Center, One Clara Maass Drive, Belleville, NJ 07109; fax: (973)844-4997; e-mail: vvena@sbhcs.com. EOE.

▼ **PeaceHealth St. John Medical Center, Longview, WA – CHAPLAIN.** Seeking candidates to join our mission & ethics department at St. John Medical Center. Candidate will work 28 hours per week and provide religious, emotional, and spiritual support, guidance and counseling to patients, families and the health-care team as part of total patient care. You will also provide a pastoral presence to all people in the Lower Columbia Region that is compassionate, accepting, respectful, and sensitive. Candidates must have a master's degree in theology or divinity, four units of Clinical Pastoral Education (CPE), be certified or certification eligible by NACC or APC, and have the official endorsement of their denomination or ecclesiastical body. Send resumes to: PeaceHealth, Attn: Human Resources, P.O. Box 3002, Longview, WA 98632; phone: (360)636-4176 ext. 6; fax: (360)578-3338. EOE.

▼ **Sacred Heart Medical Center, Eugene, OR – CLINICAL PASTORAL EDUCATION SUPERVISOR.** Exciting opportunity to establish and oversee a CPE program at our regional medical center. Responsibilities include curriculum development and supervision of CPE program implementation. Collaborating with medical center staff and community clergy. We are seeking an educator with exceptional pastoral skills, demonstrated emotional, spiritual, and theological maturity. Our organization is in the midst of spiritual renewal and creating a healing environment. Requirements include three years' pastoral experience; master's degree (MDiv preferred) from accredited seminary or school; supervisory certification by NACC or ACPE. Eugene is located in the beautiful Willamette Valley in Oregon. Visit our website at www.PeaceHealth.org to take a virtual tour or apply online. For further information, please contact Marcia at (800)365-8990.

▼ **Mount Carmel East Hospital, Columbus, OH – STAFF CHAPLAIN.** Mount Carmel East Hospital is seeking a full-time chaplain to provide pastoral care to patients, families, and employees. Currently Mount Carmel East is a 310-bed acute care facility and is expanding its services in cardiac and maternity care. Mount Carmel East is part of the Mount Carmel Health System, one of the largest health care providers in Central Ohio, and Trinity Health, the third largest Catholic Health Care System in the United States. The successful candidate must have a master's degree in theology, divinity, or a related degree, a minimum of four units of CPE and be certified or certification eligible by the NACC or APC as a chaplain. Additionally, three years' experience as a chaplain in the acute care setting as well as ministerial experience in women's health is desirable. Interested candidates may send their resume by September 20th to: Chaplain Michelle Lemiesz, MDiv, Chaplaincy Services Operations Manager, Mount Carmel East Hospital, 6001 E. Broad Street, Columbus, OH 43213; e-mail: mlemiesz@mchs.com.

▼ **Saint Francis Hospital, Charleston, WV – CHAPLAIN.** Saint Francis Hospital, a progressive 200-bed hospital, has a full-time opportunity in its Pastoral Care Department for a chaplain to provide for the spiritual needs of patients, families, and staff. Candidates must be self-motivated, energetic, and possess excellent professional and interpersonal skills. Candidate will have knowledge of current theology and the Ethical and Religious Directives of Catholic Healthcare. Will share an on-call rotation. Four units of CPE required with board certification or eligibility by NACC or APC. St. Francis offers a competitive salary and excellent benefit package. Send resume with salary requirements to: Saint Francis Hospital, Attn: HR Department, 333 Laidley Street, Charleston, WV 25301; fax: (304)347-6746.

▼ **Memorial Health Care System, Chattanooga, TN – CHAPLAIN.** Full-time Catholic staff chaplain to join five-member ecumenical, self-directed chaplaincy services team reporting to the Vice President of Mission. As members of multidisciplinary service lines, chaplains participate in the healing process of the whole person by providing spiritual, emotional support, and guidance to patients, families, and the health care team. This ministry requires excellent interpersonal and communication skills, a compassionate pastoral presence, and an ability to enhance Catholic identity, mission, and values. Memorial, an acute care facility, licensed for 337 beds, is a member of Catholic Health Initiatives. Qualified candidates must have a master's degree in theology, divinity, pastoral ministry, or spirituality, or the equivalent; at least two units of CPE; NACC/APC certification or certification eligible; and one year's experience in a health care setting. Please submit resume to Memorial Health Care System, Human Resources, 2525 deSales Avenue, Chattanooga, TN 37404; phone: (423)495-8572; fax (423)495-7841; www.memorial.org.

▼ **Sacred Heart Health System, Pensacola, FL – CERTIFIED CHAPLAIN** wanted for full-time position at Sacred Heart Health Systems to complete pastoral care staff of two Catholic priests, four full-time chaplains, and three part-time chaplains. Sacred Heart is a member of Ascension Health and consists of a 431-bed acute care hospital, which includes a women's and children's hospital, and a 120-bed skilled nursing home. Benefits include competitive salary, paid time off, and retirement package. Sacred Heart is an equal opportunity employer. Direct all correspondence to Sister Elaine Jordan, Director of Pastoral Care, Sacred Heart Hospital, 5151 N. Ninth Avenue, Pensacola, FL 32504; or fax resume to: (850)416-4802.

▼ **Assisi Heights, Rochester, MN – PASTORAL CARE MINISTER.** Assisi Heights, retirement home and health care center of the Sisters of St. Francis, is currently seeking a pastoral care minister to provide ministry to the Sisters and staff. Additional responsibilities include the organization and coordination of pastoral care ministries and activities and the monitoring of programming and budgeting. Position qualifications include a minimum of two years' experience in long-term care or with geriatric population, superior interpersonal communication skills, four-year degree in pastoral ministry or equivalency; chaplaincy certification in NACC or ACPE desirable. Interested candidates may send resume to: Assisi Heights, Attn: Human Resources, 1001 14th St. NW, Suite 100, Rochester, MN 55901. EOE.

Position Wanted

▼ NACC full member in the process of certification seeks full-time position as a staff chaplain the eastern or southern United States starting in September. STM (moral theology masters). Experience as advocate for psychiatric patients. Varied chaplain experience from an acute care hospital. My preference is an acute care hospital with psychiatric inpatient unit or day hospital. Please contact: Timothy Duff, 176 St. Ronan Street, New Haven, CT 06511; (203)777-5478; e-mail: hugTimD@aol.com.

**Positions Available are posted weekly on the
NACC website: www.nacc.org.**

CALENDAR

Board of Directors

September 2002

NACC Symposia & Certification Interviews

- 5-8 Santa Clara, California
- 12-15 Philadelphia, Pennsylvania
- 15-16 Certification Interview Site
- 19-22 Albuquerque, New Mexico
- 26-29 Baton Rouge, Louisiana
- 29-30 Certification Interview Site
- 27 National Institute of Business and Industrial Chaplains Annual Conference

October 2002

- 1 Copy Deadline November/December 2002 *Vision*
- 6-12 Mental Illness Awareness Week
- NACC Symposia & Certification Interviews**
- 3-6 Oak Brook, Illinois
- 6-7 Certification Interview Site
- 10-13 Minneapolis, Minnesota
- 17-20 Seattle, Washington
- 20-21 Certification Interview Site
- 24-27 Worcester, Massachusetts
- 27-28 Certification Interview Site

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