



# vision

National Association of  
Catholic Chaplains

February 2005  
Vol.15 No.2

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# Why belong to NACC?

*Let us count the reasons*

**By Kathy Eldridge**  
**Acting Director**

January is the NACC's busiest month for membership renewals, but as we were sorting through the forms and checks recently, we also received two letters that questioned the benefits of NACC membership.

Essentially, these members were asking what they got for their dues.

It is a fair question, and I would like to take some time to answer it by explaining what the NACC does and how it benefits both individual chaplains and the profession of chaplaincy. These benefits relate directly to the mission of the NACC and are also key to our Strategic Plan.

The National Association of Catholic Chaplains is, first and foremost, a membership organization, with the important role of certifying its members for the profession. Belonging to it serves a significant purpose for you, our members. Having the certificate to hang on your wall, the pin to wear on your lapel, the ability to put "NACC Cert." after your name, demonstrates to colleagues and administrators that you are a professional, dedicated not only to your individual growth and development as a pastoral care minister, but also to the spiritual well-being of patients, family, staff, and everyone you come in contact with. Employers know this; more and more health-care and other institutions require certification as a requirement for employment, to assure quality pastoral care.

Professional standards as they relate to the NACC's promotion of the profession of pastoral care are an important benefit for you. The recent common standards affirmed by the Council on Collaboration for certification, clinical pastoral education, and ethics were the culmination of years of work. Chaplaincy can now present a unified and highly trained face to the public,

and the NACC makes sure that this public face has a strong Catholic presence and identity. As our board chair, Joan Bumpus, said after the agreement was affirmed, "Persons we serve and employers can be assured that members of our organizations have met rigorous standards."

You know that certification is not easy to achieve, but it also isn't easy to administer. Our interviewers are volunteers, but their travel, food, and lodging costs need to be paid, and preparing all the materials involves a great deal of time and effort in the national office. Maintaining certification and standards is one of our primary purposes and one of the most important benefits you receive as a member.

Through our annual conference, which is another major financial undertaking, we offer continuing education and networking opportunities. Sometimes the conference is shared with cognate groups (such as in 2003 and 2005), presenting an even greater range of offerings. Other educational programs and opportunities for you to receive continuing education are evaluated weekly. Not a day passes in the NACC national office without hearing from a member requesting a resource on a specific topic, and most times there are several requests per day. All of this information is researched in a timely manner, filed for future reference and often placed online.

Our website, [www.nacc.org](http://www.nacc.org), is an extensive resource for members, with prayers, services, documents, HIPAA information, links to other useful sites, and much more. The members-only portion of the site contains the online version of *Vision* and a directory of the membership.

Professional standards are an important benefit to you

*See [Reasons](#) on page 2.*

## Reasons

*Continued from page 1.*

Speaking of *Vision*, a major tangible benefit of membership is the one you're holding now. Ten times a year, *Vision* keeps you in touch with the national office, with other pastoral care groups, and with the experiences, ideas and innovations of your peers in the field. The "Positions Available" listings help you find new jobs, and if you don't see something you like, you can place a free "Position Wanted" ad. In addition, sometimes an institution requests our mailing list for all members in a particular area to notify them of a specific opening or a special educational event.

*Vision* also regularly lists upcoming conferences and other events that can help fulfill your continuing education credits. Participating in these events lets you meet and share with your peers, personally and professionally. These activities add to your growth, continue your education, and provide you and other members with a support system. This collegiality is an important part of your professional development.

Many members still miss our regional structure, but we are trying to create other opportunities for you to meet with your local peers. Last month's *Vision* carried an article about the chance to host local gatherings, either to celebrate our 40th anniversary or to discuss our group book for the year, Willa Cather's *Death Comes for the Archbishop*. All it needs is one person to take the initiative, and our national office is ready to help with materials and lists of local members.

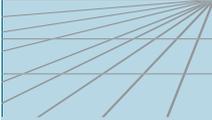
Another intangible benefit is advocacy. We seek to educate those in decision-making positions about the importance of professional pastoral care. The NACC's membership in, and relationship to, other organizations is another important part of our efforts on behalf of our members. It is important for us to talk to the groups involved in the Commission on Ministry in Specialized Settings and

the Council on Collaboration, and to have a voice in groups such as the Joint Commission on the Accreditation of Hospital Organizations, the Pastoral Care Network for Social Responsibility, the Red Cross Disaster Network, and the USCCB Commission on Certification and Accreditation. The Cabinet of Liaisons is another project to further this dialogue. You will hear more about this in future issues of *Vision*.

Any organization with more than 3,200 members requires a physical office to conduct its business, and of course, that means other expenses: rent, utilities, insurance, etc. More importantly, the office houses a support staff to meet your needs, requiring wages and benefits that will allow us as a nonprofit organization to be competitive in attracting qualified employees. Every business day of the year, we are ready to answer questions about membership, certification, education, and almost anything else on your mind. This support system is a very important benefit of which some members may have been unaware. Call (414) 483-4898; we're eager to help. The care and concern which I see in each of our staff members as they answer your phone calls and e-mails shows me daily how much they care about our members and how eager they are to go the extra mile to serve you.

Membership dues make up by far the largest portion of our revenue, and before the 2001 increase, the NACC's dues level had fallen too far behind those of our sister organizations to allow us to effectively serve you. With the implementation of our Strategic Plan and the advocacy roles of our Board of Directors, the NACC can continue to help you grow in your ministry and in the profession – looking to a world that continues to need healing in so many ways.

We do welcome dialogue on what the NACC might do better to serve you as a member and affirm you in your ministry.



## Letter

### Rooms with patients don't need crucifixes

I wonder how many times I have heard the complaint "we don't have crucifixes in each room." Often enough to feel that I must take exception to this statement. I feel that the individual that says this should look again. I ask you to do one thing. Look into the bed, or beds, in the room. Can you not see the crucifixion taking place before your eyes? If we claim to be Christian, we must realize that Christ calls on all of us to take part in his suffering.

Christ sweated blood in anticipating his ordeal. Cannot we see the same agony in this particular Christ as he or she awaits his or her particular diagnosis?

Christ underwent pain through the hands of his torturers. The hands of the caretakers are as gentle as possible, but still they sometimes must inflict some pain! We think of the soldiers putting the nails into the hands and feet of Christ!

Often a needle or a pill is given to help to relieve the pain. We think of the person who offered hyssop to try to alleviate the suffering of Christ!

We see the family of those who suffer gathered around the bedside. Is not this a reflection of those who stood at the foot of the cross?

We stand, perhaps, at the bedside of the person during their last moments. We see them – each in their own way – saying "Father, into your hands I commend my spirit" and we ask a loving God to receive them.

Are there no crucifixes in the rooms? I believe that Christ, Himself is present in each and every room! Pray, each day, to recognize his living presence!

*John E. Hopkins, NACC Cert.  
St. Mary's Hospital  
Hoboken, NJ*

## vision

Vision is published 10 times a year by the National Association of Catholic Chaplains. Its purpose is to connect our members with each other and with the governance of the Association. Vision informs and educates our membership about issues in pastoral/spiritual care and helps chart directions for the future of the profession, as well as the Association.

ISSN: 1527-2370

### Editor

David Lewellen  
dlewellen@nacc.org

### Graphic Designer

Gina Rupcic

The National Association of Catholic Chaplains is a professional association for certified chaplains and clinical pastoral educators who participate in the healing mission of Jesus Christ. We provide standards, certification, education, advocacy, and professional development for our members in service to the Church and society.

NACC National Office  
3501 South Lake Drive  
P.O. Box 070473  
Milwaukee, WI 53207-0473  
(414) 483-4898  
Fax: (414) 483-6712  
info@nacc.org  
www.nacc.org

### Acting Director

Kathy Eldridge  
keldridge@nacc.org

### Director of Education & Professional Practice

Susanne Chawszczewski, Ph.D.  
schaw@nacc.org

### Executive Assistant

Sandra Charlton  
scharlton@nacc.org

### Finances

Sue Walker  
swalker@nacc.org

### Membership

Barbara Hempel  
bhempel@nacc.org

### Professional Practice (Certification)

Marilyn Warczak  
mwarczak@nacc.org

### Special Projects

Philip Paradowski  
pparadowski@nacc.org

## Board welcomes extern members

Two new board members will give the NACC a diversity of perspectives.

Paul Marceau is Vice President of Mission and Ethics at Trinity Health in Novi, MI. He oversees spiritual care and spirituality for the system and the corporate office, and “the whole developing area of spirituality in the workplace,” he said.

He received a doctorate in systematic theology from the Graduate Theological Union (Berkeley, CA), specializing in diversity of religious experience. His publications have included articles in *Health Progress* and *Vision*. Current interests and projects focus on organizational spirituality and outcomes demonstration in spiritual care services.

Trinity Health has written standards to “hold hospitals or organizations accountable for the delivery of body-mind-spirit care,” Marceau said.

He learned about the NACC through current board member Bridget Deegan-Krause, since “we were both interested in the changing role of the chaplain.” When his hospital system developed a work plan for spiritual care, he was later surprised to learn that “four of our five areas overlapped” with the NACC’s strategic plan.

“I’m really delighted to be asked” to be on the board, Marceau said, “and excited to be pursuing these issues.” Skills that chaplains will need today and in the future, he said, are “not necessarily competencies they will have learned in their early formation” – such as educating other hospital staff about spirituality.

Sr. Mary Eileen Wilhelm is President Emeritus of Mercy Medical, a diverse health-care organization in Alabama responding to community needs through a continuum of care that includes a specialized rehabilitation hospital; subacute care units; inpatient and home hospices; home care; and residential living facilities. Under Sr. Eileen’s direction over the past 30 years, Mercy Medical has extended its



Paul Marceau



Sr. Mary Eileen Wilhelm

services throughout Baldwin and Mobile counties in Alabama.

The system also made a point of improving chaplaincy. “I always held chaplain service in high regard at Mercy Medical,” Sr. Eileen said. “We had a number of chaplains on staff. I always felt that was very important for patients and for families. ... We were the first organization in this diocese to have an ecumenical staff, and the first to have a female Episcopal priest.”

Sr. Eileen completed nursing studies at Providence Hospital School of Nursing, received an A.B. degree from Mount Saint Agnes College in Baltimore, Maryland, and an M.B.A. in health care administration from The George Washington University in Washington, D.C. “I always used to say after some crisis was resolved that I’d earned another master’s degree,” she said. “I earned about 10 more.”

She is a member of several local and national health-care organizations, including the Catholic Health Association, where she has chaired the Board of Trustees, and as a member of numerous committees and task forces. She also is a current board member of Saint Joseph’s Health System in Atlanta and a past board member of Catholic Health Partners in Cincinnati. She was invited to serve on the NACC’s board by current member Patrick Bolton.

In June of 2004, Sr. Eileen received the prestigious Lifetime Achievement Award from the Catholic Health Association.

# What is it that chaplains do?

*Workshop increases awareness of pastoral care*

**By Sr. Meri Andrea Zbiegien, SFCC**

“Look, I am the one you were wishing for; someone to stand between God and you, to be both God’s representative and yours. You need not be afraid of me, I am not some person of renown to make you afraid; I, too, am made of common clay!” (Job 33: 6-7)

We in Pastoral care are that “someone to stand between God and you.”

You, the patient who is dying; you, the family who is losing a loved one;

you, the medical staff attending the one who is slipping away.

The more I encounter hospital staff, the more I appreciate their dedication in all aspects of patient care, most especially during end-of-life challenges. Our job as chaplains is to be present for everyone during those challenges. That becomes easier if the staff is familiar with us and with

what we do. Often, they aren’t quite sure of the role of the chaplain, and we need to be more clear with them.

How often, in our pastoral caregiving, have we attended to the spiritual needs and concerns of a patient over a lengthy period of time? How often have we been urgently called to attend to the family in distress because they have brought a loved one to the hospital to be “fixed” and now that person is gone? Can you count the times when a patient has coded, has had the best efforts of medical staff, but expired and you stand by to be supportive (to the doctor as well) as that physician informs the spouse who has just arrived on the scene? Can you count the times when they have counted on you to be instrumental and a spiritual presence?

A few years ago, I attended a consortium for nurses on end of life, but I wished it had a more direct and thor-

ough treatment of the role of pastoral care. I spoke to our director of pastoral care and the nurse education director, who agreed I could create a segment for the nurses.

I planned to involve participants and enable them to integrate their own life experience and learning. After two years of making the presentation on a quarterly basis, we have made adjustments for greater effectiveness. Anyone can do this, basically serving as facilitator as opposed to lecturer.

Participants in this workshop are nurses; many of them are new at our hospital, and many are surprised, after training at secular universities, to be allowed or even encouraged to express their faith. In this workshop’s role-playing exercise, nurses who assume the role of chaplains learn how chaplains enable patients to look at issues and find answers in their own life perspectives. To give them an idea of how to proceed, I demonstrate a role play before the participants break into small groups.

In each group, we try to have a mix of new and experienced nurses. One participant plays a chaplain, one plays a patient, and one plays a nurse. Aside from educating them about what chaplains do, this exercise also helps nurses to be aware of, and possibly give, spiritual care as well as the clinical care they have been trained for.

The necessary materials are relatively simple, with major focus on involve-

ment of participants in the contributions they provide to their discussions.

During my first clinical pastoral education experience, I greatly appreciated the practicality of Leroy B. Joesten’s writings. Chapter 12 of an out-of-print book is titled “The Voices of the Dying”; I wanted to use that information. I also needed a tape player and CD, copies of Joesten’s article, vignettes printed on small papers, and the participants.

With the computer I could create sufficient vignettes on small papers to give one to each participant. The vignette papers each contain a discussion starter in bold print, plus the suggestion of a vignette in plain print.

The following plan worked for me, but can be adapted to the personality of the group to be addressed. A five-minute lag time is programmed in.

#### **A) Introduction (5 minutes):**

Ambience/tape player and soft music

Pass copies of article (having three or four different color markings) to participants

- 1) Direct participants to choose and write a response to the following:
  - Reflect and write about EOL in your personal experience
  - Reflect and write about EOL in your professional experience
- 2) Article assigned reading

Nurses learn how chaplains enable patients to look at issues and find answers

#### Additional Resources:

Kenneth G. Davis, OFM/Conv “Annoying the Sick? Cultural Considerations.”

*Worship* (January, 2004) Volume 78, Number 1 (pp. 35-50).

National Hospice and Palliative Care Organization. “Successful Palliative Care”

Item #820510 CD-ROM; for more information, visit [www.nhpco.org](http://www.nhpco.org).

## Situations to play out

When doing role play in the seminar, print a number of slips with the following text:

**A) When would you call Pastoral Care for a chaplain to tend to a family, to a patient or to staff (explain your rationale)?**

*Do you wait for the crisis to pass?*

*Do you call P.C. when a crisis has settled?*

*Do you call P.C. when a crisis is anticipated?*

*Do you engage P.C. personnel from early on?*

**B) ROLE PLAY**

*Choose a situation to role play (being mindful of HIPPA Regulations as you depict your role play scenario)*

At the bottom of the slip, describe the situation to be considered. Following are some examples; each slip should have a different scenario for each group to act out.

CCU: Patient anticipates a procedure; patient is apprehensive, family is reactive.

ICU: Terminal wean from ventilator/life support; family is in denial.

Oncology: Patient is newly diagnosed with lung cancer.

Oncology: Patient's cancer has recurred.

Oncology: Family is deliberating over whether to have hospice or not.

Oncology: Patient is in final stages of pancreatic cancer.

E.R./DOA: Family/spouse will be arriving.

E.R: Patient is in very bad shape; family is distraught.

Medical Surgical: Patient goes down for simple procedure but expires unexpectedly. Family is distressed; staff is distressed.

Family tensions erupt about faith issues in patient room.

ICU: Family is deliberating over discontinuing life support.

Family is reacting/blaming staff for the death of a centenarian who "had been fine until they came to the hospital."

Family member "will not let go" of a dying family member.

Patient is fearful and expressing concerns about "whether God will forgive."

Create a situation in which you wish you had thought of calling Pastoral Care.

Create a vignette depicting need for hospital chaplain: as liaison between staff and family?

Depict/portray a time when you would NOT call for a chaplain in an EOL. situation?

**B) Group work (20 minutes)**

Direct participants to form groups with one each of the three or four colors:

- 1) Share response to reflection question
- 2) Share your article highlights

**C) Role play (10 minutes)**

Facilitator circulates among groups with a basket containing vignettes (see box):

- 1) Share responses to bold print on vignette papers
- 2) Choose role play  
Plan role play  
Rehearse

**D) Large group re-assembles; two or three role play presentations (15 minutes):**

- 1) Introduce players/participants
- 2) Presentation of vignette/role played
- 3) Objective: When to call on Pastoral Care

**E) Summary (5 minutes) statements elicited from the groups**

This seminar has met with very positive reviews. I have also been delighted with how facilitating the seminar and interacting with the participants has increased my effectiveness as a chaplain. Nurse participants whom I meet on the

floors now include us chaplains more effectively when challenges arise regarding end-of-life issues with patients, families and staff members. Fellow chaplains have commented on the increased willingness of nurses to call upon the services of pastoral care since their participation.

I invite chaplains to implement the above mini-seminar for your own situation. Feel free to adjust it, adapt it and make it your own. It is remarkable for instilling greater awareness of the role of pastoral care, particularly in end-of-life issues.

*Sr. Andrea Zbiegien, SFCC, is a chaplain at St. Vincent Medical Center in Jacksonville, FL.*

## Longtime NACC pillar Rev. Richard Tessmer dies

Rev. Richard Tessmer, a longtime supervisor and active member of NACC, died Jan. 9 at age 80. He was certified as a chaplain in 1970 and became a supervisor in 1973.

NACC supervisor N. Arthur Metallo wrote in 1993, "As I read the materials of this 'grandfather' supervisor of CPE, I became aware of the depth and

importance of his legacy in pastoral care."

Fr. Tessmer retired from ministry in 1993 but remained active in many fields, including training permanent deacons and developing a program to train parish-based volunteer ministers. He served as a spiritual director at Alexian Brothers Medical Center in Elk

Grove Village, IL, where he lived and worked for the past 30 years. At the time of his death, he was serving as chair of the NACC's Grievance Panel.

We received word of Fr. Tessmer's death as the February issue of *Vision* was going to press. Look for more coverage of this remarkable chaplain's life in the March issue.

Seeking,  Finding

## Partners in paradox engage in dance of delight

By Rod Accardi

**M**y wife, Chestine, and I went to the movie theater to see "Shall We Dance?" on its opening night. It's about a middle-aged lawyer who is happy in his work, in his marriage, with his family. But he longs for something more. At first he thinks it's the beautiful and intriguing woman he sees standing alone in the window of a dance studio he passes each night on the train returning home from work. He not only discovers that one finds passion in unexpected places, but also con-

fronts a paradox: one can be happy and yet still seek more. What to do? Run away from the paradox? Launch a preemptive strike against the paradox? Or engage in the dance?

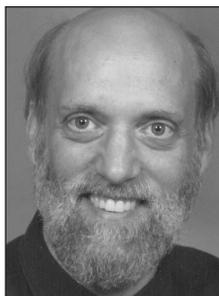
John, the lawyer, begins taking ballroom dance lessons at the studio, but keeps it a secret from his family and his coworkers. Paulina, the mesmerizing and captivating dance

instructor, leads the lawyer in the rumba. Teaching someone to dance, like facilitating a relationship with paradox, is not a matter of following predetermined outlined footprints. It's the movement of grace that flows from discipline and surrender.

Embracing him on the threshold of the dance, she says, "The rumba is the vertical expression of a horizontal wish. You have to hold her, like the skin on her thigh is your reason for living. Let her go, like your heart's being ripped from your chest. Throw her back, like you're going to have your way with her right there on the dance floor. And then finish, like she's ruined you for life."

Whoa! Sign me up for lessons!

What are some of the lessons we learn in our ministry as chaplains?



Rod Accardi

our resistance to paradox, the drive to reduce paradoxical tension to a polarity: sinner or saint, friend or foe, abundance or scarcity. Our clinical pastoral education taught us to befriend the paradoxes we embody, as well as those we encounter in living human documents. While some may be repulsed by polarity, we embrace the original unity of paradox.

The week after seeing the movie, I met with Robin Schmidt, manager of the neuro-spine unit at our hospital, about the movie. Robin is an avid ballroom dancer who spoke with me about the overwhelming joy that comes from dance, how life's difficulties melt away as she moves in harmony with the music and with her dance partner. As a competitive dancer, she is very familiar with the tremendous discipline required of the sport. But like so many sports, with countless hours of preparation, the performance becomes a labor of love radiating energy and delight.

The joy that comes from dance flows into the workplace. A few months ago, one of Robin's patients was a former dance teacher who was suffering both physically and spiritually. After discovering the meaning dance held for him in his life, there they were, patient and nurse and IV pole, dancing around his room. Honoring and engaging one another in meaning and purpose becomes a dance of delight where hope is fluid and flowing between the spiritual

Our theological education taught us the concept of paradox: human and divine, life and death, already and not yet. Our psycho-social education taught us about

partners. Rumba in the room? That's spiritual care!

Robin also sees dance as a metaphor for teamwork. In the dance, both partners have to do their part to get across the dance floor. On the treatment team, we're working in harmony together to achieve something. It's all about partnerships. It's all about relationships. And the result can be pure joy.

Dancing connects us in intimate ways to the mystery of the holy that resides at the center of a paradox. It connects the present with the past and the future. Remember when David captures Zion and brings the Ark of the Covenant into Jerusalem? How does he celebrate? He dances! And the paradox is that his dance is pure delight for some and is despised by others:

Then David, girt with a linen apron, came dancing before the Lord with abandon, as he and all the Israelites were bringing up the ark of the Lord with shouts of joy and to the sound of the horn. As the ark of the Lord was entering the City of David, Saul's daughter Michal looked down through the window and saw King David leaping and dancing before the Lord, and she despised him in her heart. (2 Samuel 6:14-16)

My wife and I celebrated our 25th wedding anniversary on a retreat in the Holy Land. In honor of King David, the two of us danced in the streets of Jerusalem. It was a joy to be alive and together in this sacred space. Earlier that very day we sang joyous carols deep in the heart of the caves beneath Bethlehem while the sounds of sniper fire rang out in Nativity Square. Now that's paradox: life and death, darkness and light, war and peace, all part of the dance of life.

A beautiful sculpture of a woman

Dancing connects us to the mystery of the holy at the center of a paradox

and child titled “Dance of Life” was recently unveiled at the opening of the new Women and Children’s Pavilion at our hospital. I remember the movement of paradox with the birth of my three sons: the feeling of helplessness of being with someone I deeply love in the midst of her excruciating pain as well as the profound miracle of joy delivered out of that pain. As I gazed upon the beautiful sculpture, a feeling of delight swept over me. More than merely observing this tender moment between mother and child, I was drawn into their movement of trust and love. Though the dance is wordless, there is profound communication, even communion.

As I write, my wife and I are preparing to travel to India to visit with our youngest son, Dean, who is spending a year there studying Sanskrit and the South Asian culture. I remember when Dean was taking his first steps of independence, when he was transitioning from crawling to walking. His movement from standing tall to falling down struck me. It wasn’t painful or awkward, but a quite natural and even graceful movement. At that time, I wrote him a song titled “Dean’s Dance of Delight,” in which the refrain goes like this:

Dance, dance, Dean, with  
your eyes open wide all aglow.

Arms open wide now,  
reaching out, holding on, let-  
ting go.

I continue to learn from Dean, as well as from patients and colleagues, about this dance that includes both holding on and letting go, both the fall as well as standing tall.

While we are in India, we hope to follow the pathway of a spiritual mentor who has taught me the most about dancing with paradox. Thomas Merton the man, monk and mystic partnered with paradox, and lived life to the full. He knew what it meant to

be swallowed up in the belly of a paradox and be spit out on foreign soil. Yet each moment and movement was a great adventure. Some mystics wear out their knees in prayer. Thomas wore out the soles of his sandals and the fabric of his frock from his standing tall and many falls.

While Merton was certainly a prolific writer, he was about more than mere communication. “The deepest level of communication is not communication, but communion,” he wrote in *Asian Journal*. “It is wordless. It is beyond words, it is beyond speech, it is beyond concept. Not that we discover an older unity. My dear brothers and sisters, we are already one. But we imagine that we are not. And what we have to recover is our original unity.”

Paradox is at the heart of the ministry of the chaplain. Every day we engage in the movement of life and death, loss and new life, scarcity and

abundance, blessing and curse, darkness and light. Confrontation with seeming opposites can be exhausting as well as exhilarating. It’s in the dance with paradox that we find redemption. Dance is the ritual of commitment and communication and communion that flows with grace. On Valentine’s Day and throughout Heart Month, may we hear the Spirit call, “Shall we dance?” When we partner with paradox and engage in the dance of delight, even the occasional IV pole may get swept up in the one harmonious movement.

*Rod Accardi, NACC Cert., is Director of Spiritual Care Resources at Central DuPage Hospital and a deacon for the Diocese of Joliet. Email: rod\_accardi@cdh.org*

Every day we  
engage in the  
movement of  
life and death,  
loss and new  
life



“Dance of Life”  
sculpture  
by D.E.  
McDermott

# BioPsychoSpiritual psychiatry offers broader approach

By Frank John Ninivaggi,  
M.D., FAPA

People have always striven not only for survival but also for quality of life, one with satisfaction and significance. Hence, the vast spectrum of methods and religious traditions aimed toward achieving meaning and alleviating suffering.

Bringing spirituality and psychiatry together in a creative marriage can engender insights and psychological change. And a *BioPsychoSpiritual* view — the principal aim of this contribution — may allow a richer quality of life, both personally and in the clinical care of patients. This integration is both a relevant development in psychiatry and also a practical tool for any therapist in a caregiving setting.

Traditional psychiatric perspectives have focused on understanding mental processes in highly scientific ways. The standard biopsychosocial approach, for example, considers measurable behaviors, classifiable disorders, and environmental stressors in diagnosis and treatment. The BioPsycho-Spiritual approach, on the other hand, assumes a much wider perspective in understanding and treating the whole person — body, mind, and consciousness. Both perspectives are not only valid but also complementary. The practical tools of this fresh approach toward achieving meaningful survival are the care of the body, emotions, and mind, and integrating the consciousness of spirituality.

I define the BioPsychoSpiritual self as an individual's entire life spectrum, with three broad dimensions: the physical, the psychological, and the spiritual. I believe that these three aspects reflect different perspectives of one intrinsically unified presence. This approach does not replace standard, mainstream psychiatric theory and practice. Rather, it is a tool that incorporates the cumula-

tive insights of generations, which, I believe, cannot be dismissed entirely as non-scientific.

In the BioPsychoSpiritual perspective, aiming toward — not reaching — an integration of this more complete state of wholeness is foremost. It is a dynamic, ongoing journey rather than a final destination. This cultivation of consciousness, which includes a fuller integration of spirituality into one's everyday life, constitutes the journey from a split sense of self toward a more unified experiential self-awareness. Ultimately, this BioPsychoSpiritual integration means a simultaneous living in the body, mind, and consciousness with an awareness of their integral connectedness. Cognition becomes imbued with wisdom and compassion.

The *spiritual self* I take to indicate an individual's share in the Divine Presence. What man and woman can experience as this spiritual consciousness includes experiential witnessing, self-awareness, and a sense of the sacred. The spiritual dimension of self is imbued with meaning. I regard consciousness in its most intimate, human, and spiritualized action as maintaining an endless love affair with both the body and the mind. Consciousness may be the most under-recognized aspect of being human, and the most under-nourished.

Just as there is mental food for thought, so too there can be sacraments and offerings for the spiritual self. Historically, religions have been the primary vehicle for this. I believe, however, that today this spiritual nourishment can also exist outside organized faith traditions and complement what religion continues to offer. I regard humanistic and compassionate psychotherapy as one such form of this nourishment. I believe that it can be experienced as "sacramental" in nature and can enhance one's sense of unity and immersion in healthy spirituality, thus supporting mental health.

Two fundamental therapy issues are the concepts of *splitting* and self-inte-

gration, and the clinical experiences of loneliness and aloneness. *Splitting* is the force that keeps things apart, as, for example, idea and idea, idea and emotion, and conscious from unconscious. While normal splitting is healthy, excessive splitting characterized by extremes drives disconnectedness and impaired adaptation. These imbalances underlie the experiential condition of suffering. They are reflected in feelings of fear, anxiety, and estrangement.

Reparative *integration of the self* is an outcome, I believe, of successful psychotherapy. It brings about creative links between mental and behavioral events. In a way, one might say that increases in self-integration contribute to the healthy buildup of psychological immunity, which enhances emotional resistance to stressors, anxiety, and impaired functioning. I believe that the model of the arrival of the Paraclete, the Holy Spirit, affirmed by Christ, also connotes the inflow of a sanctifying grace that heals, redeems, and restores unity, a unity that ultimately is the experience of an intimate oneness with the Divine.

Emotional suffering is usually accompanied by *loneliness* — the pain of feeling separate and disconnected. Loneliness, in fact, is a deeply conflicted fear that one's attachments to others are being pulled and split apart. It reflects a state of bondage and excessive attachment. It is the agonizing sense of feeling incomplete, insecure, and ungrounded. Loneliness is driven by excessive splitting. Envy and greed in everyday life are reflections of inordinate desire and perceived emptiness. Consequently, loneliness results in the feverish clinging to persons and objects — for example, money, property, toys, power, or a moribund ideology. Such temporary attachments prove futile over the long run.

Loneliness especially emerges when one actively pushes away experiences that are perceived as negative or disturbing. But any extreme act of repulsion, in fact, accomplishes its very

The BioPsycho-Spiritual perspective is an ongoing journey, not a final destination

## Techniques include listening, compassion, patience

Flexible, dynamic therapeutic guidelines support the framework of the BioPsychoSpiritual technique. A rigid, cookbook-like approach harms it. Useful techniques for therapists include:

- ▼ An authentic presence that is conscientious and responsive.
- ▼ Minimizing expectations that something specific should happen. Only in the present moment can enduring insights and change emerge in an optimal way.
- ▼ Receptive listening, and respect for a measure of therapeutic silence.
- ▼ Empathy and compassion. This

connotes caring and facilitates emergent understandability, which gradually organize and link the patient's seemingly incongruent communications into meaningful realizations. Understanding – not teaching, pointedly didactic interventions, or reassurances that deny the acuity of suffering – remains the main mechanism of sustainable change.

- ▼ The patience to wait and allow ambiguity.
- ▼ The therapist and patient's collaborative identification of conscious and unconscious processes, which includes an ongoing discussion of both innate

subliminal feelings and rote thinking patterns.

▼ Proper attention to the physical body — its needs, strengths, weaknesses, and requirements to restore balance and maintain health.

▼ Tapping the consciousness of spiritual resources, both internally and in the environment.

In this methodology, the therapist connects with the patient in a profoundly intimate psychological and spiritual way. It is chiefly accomplished by the therapist's focus on empathy, compassion, and shaping understandability.

opposite. A strong wish or intentional action to deny something negative or disturbing feelings automatically intensifies them. Such vehement repulsion results in an ongoing clinging to what is targeted for destruction. It denies one the opportunity to face unpleasant events and act to transform them.

*Aloneness*, however, is different from loneliness. Aloneness is regarded in the BioPsychoSpiritual perspective as a healthy state of mind characterized by feelings of trust, security, and relative completeness. Effective psychotherapy, in this perspective, creates conditions that diminish the patient's splitting processes and enhance self-integration. It restructures feelings of loneliness and establishes a greater sense of comfort of the self.

Alone in this sense includes being related to others, but not emotionally fused. This state of *interdependence* describes experiencing one's being both as single and simultaneously as an integral part of one's family and social context.

The therapist, counselor, or caregiver, through empathy and compassion, in conjunction with the patient facilitates meaningful change. Excessive emphasis on diagnoses is avoided. With this mindset, patients are not reduced to a series of chemically imbalanced arrangements of neurotransmitters.

This concept of balance has two tech-

nical emphases: 1) a mindfully rational treatment approach that is comprehensive and not one-sided in any direction, and 2) a moment-to-moment awareness of the essential and changing uniqueness of the individual. This denotes a literal "being with the patient" on all levels — physically, emotionally, cognitively, existentially, and spiritually. It means being present and available to the patient's suffering.

It also means a direct confrontation with suffering, illness, and all that seems ordinarily unapproachable. Of particular importance is the therapist's receptivity to embracing the dark, negative, and disturbing elements that inevitably emerge. Only with an open and complete recognition of the so-called "evil" side of human nature can balance and a fuller restoration of goodness come about.

Embracing suffering in this way acknowledges it as one of life's major opportunities to discover meanings that were previously unborn. Over time, this process also brings to light previously unrecognized alternative views of issues, conflicts, problems, and the development of adaptive skills and strategies. The mind, therefore, is given the opportunity to stabilize and recalibrate itself toward balance. In other words, the spiritual dimension is brought forth and enriches thought, emotion, motivation, and action.

By the way, for me the material proper for therapeutic discussion is anything and everything the patient presents, even if by its conspicuous absence. The apparently mundane is the gift-wrap, so to speak, within which one discovers the sublime. The patient's obvious communication and the hidden "present" are both sublimely meaningful.

Using this approach, the therapist offers the therapeutic partner a perceptual taste of the beauty and power of secure aloneness. This awakening engenders an empowerment, which is driven by a gradually emerging recognition of self-completeness and self-fullness that encompasses the integration of the spiritual into the mind-body matrix. While life's inevitable pains do not entirely disappear, they are experienced as more manageable.

The BioPsychoSpiritual perspective introduces another lexicon of the language, laws, and insights of generations of truth seekers. What we now recognize as the potential within our nature for self-integration and self-awareness may improve our own quality of life and those we care for.

*Frank Ninivaggi is a psychiatrist and an assistant clinical professor at Yale University School of Medicine and chief of the Child and Adolescent Ambulatory Department at Hall-Brooke Hospital, Westport, CT.*

# A prayer service of reflection for the Lenten season

By the time you receive this issue of *Vision*, Lent will have begun, or it will be very soon upon us. During this period of reflection and preparation, we offer the following prayer service for your use.

## Invitation to Prayer

God, send me holy courage to respond to people in pain, to take action in time of crisis, to restore the Church where it is crumbling, to affect a world in need, to be a living, breathing, active instrument of God's peace.

## Meditation

When I am liberated by silence, when I am no longer involved in the measurement of life, but in the living of it, I can discover a form of prayer in which there is effectively no distraction. My whole life becomes a prayer. My

whole silence is full of prayer. The world of silence in which I am immersed contributes to my prayer.

— *Thomas Merton*

## Scripture

1 Corinthians 12: 4-11

## Prayer

Lord, when we pity ourselves and think we make great sacrifices for others, remind us of your life-giving sacrifice on the cross.

Lord, when our patience wears thin and we are ready to give up, speak to us through the example of your endurance on the cross.

Lord, when we get angry and wish to retaliate against our enemies, bring to our remembrance your words to your enemies from the cross.

Lord, when we feel rejected or persecuted for doing what is right and good,

sustain us by the knowledge of how you were reviled and rejected on the cross.

Lord, when we suffer pain of body or anguish of mind in this life, keep us near the cross.

Lord, when we are afraid to stand for that which is true and honorable, strengthen us with the courage with which you went to the cross.

Lord, when we feel alone in the world, forsaken and forgotten, comfort us with your love made known on the cross.

Lord, when we come to the time of our own death, uphold us with the assurance that life was not over for you on the cross.

## Closing Meditation

It is prayer that restores to us the ability to feel, to see, and to appreciate.

— *Reuven Hammer*

## Things to look for in Lent

*We would credit the author of this reflection, if we knew his or her name. We received it in typescript from a member's file drawer; it probably had a long life of circulating via photocopier, in the pre-Internet era.*

Green grass  
a robin  
crocuses  
GOD

a broken well  
poor men and women  
an empty place  
lonely people  
a brown field  
how spring comes after winter  
hospitals  
a wrecked car  
green grass  
Easter  
GOD

a broken bottle  
something to plant  
tears  
flying kites  
something to make  
someone to put your arm around  
GOD

silence  
a sunrise  
dogs who wag their tails  
a pregnant woman  
a smile  
an old man's face  
children without shoes  
a treasured thing to be given away  
fresh bread  
a burning candle  
tadpoles  
the Big Dipper  
little children  
grains in a loaf of bread  
GOD

a chance to make a journey  
steps going down  
steps going up  
Easter  
a cup full  
blood  
a table with people around it  
a person's name  
a big chain  
the biggest star  
a cluster  
a person no one talks to  
his or her face when you speak

clean wash on a line  
Easter  
burning incense  
green grass  
GOD

A place to sail a small boat  
Boards and nails  
Thunder  
Someone to love  
Radishes  
Someone you don't love  
Love  
The first time the frog croaks  
Lilies  
sparkles in people's eyes  
GOD

a chance to say "thank you"  
wounds on hands  
feet  
Easter  
sad eyes  
reasons for that  
a bright light in the East  
Jesus  
coming  
GOD

## Time for conference is drawing nearer

You should have received your registration brochures for the 2005 conference in the mail by now, and we hope you're making plans to join us. Here are a few important dates to remember.

**Wednesday, March 2:** Last postmark or fax date for Early Bird registrations.

**Wednesday, March 9:** Last guaranteed date to book room reservations at special conference rates.

**Wednesday, March 30:** Last postmark or fax date for registrations. All registrations postmarked or received after this date will be processed according to ON-SITE registration fees.

**Wednesday, March 30:** Last date for receipt of written cancellations that are eligible to receive a refund of registration and meal ticket fees (minus \$50 processing fee).

We will offer a **roommate referral service** for this conference. Just e-mail the APC national office ([info@professionalchaplains.org](mailto:info@professionalchaplains.org)) with your name, gender, smoking preference, telephone and e-mail address, and we will send you a list of potential roommates whom you may contact to discuss the suitability of rooming together.

### The Canticle of Brother Sun St. Francis of Assisi

Most high, omnipotent, good Lord,  
Praise, glory and honor and benediction all are thine.  
To thee alone do they belong, most High, and there is no man  
fit to mention thee.

Praise be to thee, my Lord, with all thy creatures,  
Especially to my worshipful brother sun,  
The which lights up the day, and through him dost thou bright-

## Streams in the Desert

### *A Call to Professional Renewal*

Association of Professional Chaplains  
National Association of Catholic Chaplains:  
*Celebrating 40 Years*

April 9-13, 2005 ▾ Albuquerque, New Mexico



ness give;  
And beautiful is he and radiant  
with splendor great;  
Of thee, most High, signification  
gives.

Praised be my Lord for sister  
moon and for the stars,  
In heaven thou hast formed them  
clear and precious and fair.  
Praised be my Lord for brother  
wind

And for the air and clouds and  
fair and every kind of weather,  
By the which thou givest to thy  
creatures nourishment.

Praised be my Lord for sister water,  
The which is greatly helpful and humble and precious and pure.

Praised be my Lord for brother fire,  
By the which thou lightest up the dark.  
And fair is he and gay and mighty and strong.

Praised be my Lord for our sister, mother earth,  
The which sustains and keeps us  
And brings forth diverse fruits with grass and flowers bright.

Praised be my Lord for those who for thy love forgive  
And weakness bear and tribulation.  
Blessed those who shall in peace endure,  
For by thee, most High, shall they be crowned.

Praised be my Lord for our sister, the bodily death,  
From the which no living man can flee.  
Woe to them who die in mortal sin;  
Blessed those who shall find themselves in thy most holy will,  
For the second death shall do them no ill.

Praise ye and bless ye my Lord, and give him thanks,  
And be subject unto him with great humility.

Sr. Josephine Barrieau, SCN  
West Roxbury, MA  
ALS (Lou Gehrig's disease)

Sr. Rose Stewart  
Corpus Christi, TX  
Breast cancer

Rosemary Marmouget  
Springfield, MO  
Heart surgery



## Prayers for Healing

If you know of an association member who is ill and needs prayer, please request permission of the person to submit their name, illness, and city and state, and send the information to the Vision editor at the national office. You may also send in a prayer request for yourself. Names may be reposted if there is a continuing need. Also, Linda Colozzi is compiling a book of sacred stories about Sr. Josephine Barrieau. Anyone with a story to contribute may write to Mrs. Colozzi at Elizabeth Seton Residence, 125 Oakland Street, Wellesley Hills, MA 02481.



## Book Reviews

# Books address loss from scholarly, popular vantages

### **Responding to Loss: A Resource for Caregivers**

By Adolf Hansen; Baywood Publishing Company; Amityville, NY, 2004

#### **Reviewed by Bruce Aguilar**

Responding to loss is at the heart of what we as chaplains do every day, and it draws on our values of working with people, within healthcare and with spirituality. This book offers the chaplain a framework for this confusing life experience.

Because of the price (\$34.95), the chaplain may want to request it for his or her department, or even the facility, as it can be a useful reference for caregivers in other disciplines.

A more serious challenge may be the format or style. If you anticipate being entertained with a personal story (like *Tuesdays with Morrie*) or with spiritual narrative (Henri Nouwen) or with poetry, you will be disappointed. Get ready for diagrams – “integrated visual summarizations” – that illustrate the dynamics discussed. The reader is encouraged to “integrate reading with self-understanding” by tackling “exercises for reader and caregiver” at each chapter’s conclusion. The author, Adolf Hansen, Ph.D., is senior scholar and vice president emeritus at Garrett-Evangelical Theological Seminary. In short, if the reader is open to a textbook, many helpful insights await.

Hansen’s approach begins with how we find meaning in our lives. The reader is oriented to the ideas of “attachment theory,” especially attachments to others. Loss is defined as a break in attachment, which can range from death to the “absence of music” in a hospital environment.

And, he writes, “To live is to experience loss. To survive is to learn how to respond.” He adopts Viktor Frankl’s idea of freedom to search for meaning in even the most terrible situations – for Frankl, a concentration camp. A diagram looks at how we respond to loss – both before and after. For example, Elisabeth Kübler-

Ross’s well-known work with persons anticipating death is located in a very different quadrant of this diagram than the modern research of psychologist Robert Neimeyer, who instead studies how others reconstruct meaning after a death has occurred.

Chaplains may resonate more with the spiritual tenor of the last few chapters: “Being Transformed through Responses,” and “Resources for Transformation: Attachments.” How do we choose to be transformed by loss? Do we have trust in ourselves? In other attachments? In God? Hansen tries to offer spiritual resources that are not particular to one theology.

Finally, in the postscript, we learn how this scholar was faced with the loss of two daughters. Clearly these personal losses have energized the book’s writing. I recommend this book as a good addition to the chaplain’s toolbox.

*Bruce Aguilar, NACC Cert., is manager of pastoral care at Youville Hospital and Rehabilitation Center in Cambridge, MA.*

### **Be Comforted: Healing in Times of Loss, Anger, Anxiety, Loneliness, Sickness, Death**

By Gloria Hutchinson; St. Anthony Messenger Press, Cincinnati, OH; 2004, \$9.95

#### **Reviewed by Linda Piotrowski**

I wanted to like Gloria Hutchinson’s latest book. The cover itself is soothing, shades of green with a lit candle, and beautiful cursive writing. The title, “Be Comforted,” suggests something warm and cozy.

The introduction invites us to think of this as a guidebook for “those who, like the wise virgins, want to be sure that they have plenty of oil for their lamps come mid-night.”

And lots of oil is what you will have if you read this book.

What I discovered was a kind of self-help book for multi-taskers with short

attention spans. It is clear that Hutchinson has completed extensive research to quote just about anyone you can think of. What couldn’t be covered in the various sections is covered in the numerous marginal quotes. I found this distracting rather than helpful.

Six “sources of comfort” marked off in each chapter are divided into sections titled Story Time, Scriptural Voices, Spiritual Kin, Creative Works, Contemporary Spirituality, and Holy Laughter. Each chapter ends with two questions for suggested reflection and a short prayer addressing the Divine Comforter.

Very little about the book invited me to slow down, to take time, to reflect, although Hutchinson suggests that as a way of coping several times.

In chapter five, Hutchinson comforts the ill with a number of compassionate Scripture passages. Then she undoes this soothing balm by quoting from the final third of the “Book of Divine Comfort” wherein Meister Eckhart addresses sufferers of physical pain or mental anguish. I felt chastised rather than comforted after reading this section. I would not recommend it to someone suffering physical or psychological pain.

The author is at her best when she is authentically sharing her fears, vulnerabilities, hopes and dreams. But sometimes she tries too hard to be coy or clever with remarks like, “You said a mouthful there, rabbi.”

Hutchinson occasionally alludes to past illnesses. We have our final aha when on page 85 we read “After surgery ten years ago for malignant melanoma, I needed something to balance the scales which were decidedly tipping in favor of ‘Worries about Recurrence.’”

This begins to reveal her reason for writing as she did. This would have been best placed as the introduction to the book.

She makes a noble attempt at com-

forting us through the written word, but her book is best read in very small pieces. I would not recommend giving

it to a patient. However, chaplains might find it helpful as a resource book.

*Linda Piotrowski, NACC Cert., is the inter-faith chaplain for Central Vermont Medical Center in Berlin, VT.*

## Association needs volunteers to fill spots on panels

The NACC is seeking willing and qualified volunteers to fill the following openings on standing panels:

### Grievance Panel

Number of openings: 2

#### Major responsibilities:

- ▼ Receives formal complaints involving alleged violations of the NACC Code of Ethics by any member or groups of members of the NACC.
- ▼ Reviews all grievances filed.
- ▼ Gathers information pertaining to grievance.
- ▼ Recommends course of action in regard to grievance.
- ▼ Renders a binding disposition of the grievance.
- ▼ Communicates disposition in writing to respondent and petitioner, and notifies Board that situation has been addressed.
- ▼ Consults with NACC legal advisor on process as necessary.

**Composition:** The Grievance Panel is composed of six active certified chaplains or supervisors of the NACC appointed by the Board of Directors.

**Qualification:** Must be an active certified chaplain or supervisor of the NACC, in good standing.

**Term of assignment:** Each member is

appointed to a three-year term, renewable once.

**Time commitment:** Members may ordinarily expect to be available for conference calls and consultations as needed. Due to the affirmation of the common standards, the Grievance Panel members may be called upon to integrate them into NACC's existing standards and create new processes that are applicable to the "Grievance Policy/Procedures" determined by the revised standards.

### Certification Appeals Panel

Number of openings: 2

#### Major responsibilities:

- ▼ Conducts the certification appeals process as outlined in the NACC Standards No. 640 in an impartial review of all the documentation in a negative certification decision.
- ▼ Reports to the NACC the number of appeals and corresponding number of decisions upheld or reversed.
- ▼ Occasionally will communicate the type of appeals it is hearing to the NACC National Certification Commission, in order to assist the commissioners in focusing on areas of improvement to incorporate in

the ongoing training of interviewers.

**Composition:** The Certification Appeals Panel comprises six supervisors appointed by the NACC Board of Directors.

**Qualification:** Must be an active supervisor of the NACC.

**Term of assignment:** Each member is appointed to a three-year term, renewable once.

#### Time commitment:

- ▼ Review written materials submitted in an appeals request.
- ▼ Participate in periodic, prearranged conference calls to process the certification appeal with members of the review team.
- ▼ Serve periodically as convener of the Appeals Panel conference call.
- ▼ Attend an annual meeting of the Appeals Panel, as necessary.

*To apply for any of these openings, please send your curriculum vita along with a letter describing your interest, background, and qualifications in a letter by March 31, 2005. Address letter to the attention of the Appeals Panel Opening or Grievance Panel Opening, in care of the National Office, PO Box 070473, Milwaukee, WI 53207.*

## Fr. Place resigns as president of CHA

**St. Louis** – Fr. Michael Place, the president of the Catholic Health Association, has resigned his post.

Place, who led the large and influential association for seven years, told board members in a letter dated Dec. 3 that he will leave as of Feb. 11.

"The women and men who are the

Catholic health care ministry are truly remarkable people," Place said. "Catholic health care is also an essential ministry of the church and a significant contributor to the well-being of our nation. To share in that ministry is a treasured gift."

According to *National Catholic Reporter*, the St. Louis-based CHA rep-

resents more than 600 acute care hospitals, in addition to 1,200 long-term care and other facilities. It is a gathering point for Catholic health care in the United States and a lobbying interface with the U.S. government and federal agencies, with an annual budget of \$17 million.

## 40th anniversary group seeks your memories

As the 40th Anniversary Committee met, Rev. Richard Tessmer put together some reflections on the history of the NACC.

It was to be the last time we spoke with Fr. Tessmer, who died Jan. 9. But although he is now part of our history, one point he made to us was, "Why celebrate history?" According to Fr. Tessmer, it is critical for our association to pause and honor its past leaders, but more importantly, it is critical for us to pause and recall God's constant presence through the years – his love, wisdom, and strength. "History has much to teach us about the role of tradition, cultural changes, religious development,

and the resolution of conflict," Fr. Tessmer said. "Conflict and a current crisis can be managed by looking back in order to evaluate the leadership style, organizational formation and development processes. The past thus becomes the first step into the future."

Part of this rich history brings us to the first Advisory Board meeting of our association, March 9, 1965. The early meetings of the Advisory Board considered the structure of a chaplains' association, curriculum of training courses and the publication of its manual.

That first Advisory Board included: Msgr. James G. Wilders, Msgr. John A. Carlin, Rev. Thomas S. Forker, Rev.

John W. Mullally, Rev. Walter J. Smith, Rev. Joseph A. O'Brien, Sr. Margaret Eileen, DC, Rev. John J. Flanagan, SJ, Msgr. Paul F. Tanner, Msgr. Harrold A. Murray, and Most Rev. Joseph B. Brunini, Auxiliary Bishop of Natchez-Jackson and Episcopal Advisor.

These names will draw some vivid memories from some of you. We would be happy for you to share those memories. And so, as we look at the association's past, please take some time to reflect on your own history with the NACC. Please send your thoughts to [schaw@nacc.org](mailto:schaw@nacc.org), or mail them to Susanne Chawszczewski, NACC, PO Box 074073, Milwaukee, WI 53207.

## Positions Available

### ▼ CHAPLAIN

**Baton Rouge, LA** – Our Lady of the Lake Regional Medical Center is currently seeking two chaplains to provide spiritual counseling services and ensure that our pastoral care department portends a spirit of Christian community. One of these positions is for a Roman Catholic priest. The second position is open to chaplains of other denominations. The chaplains identify patient, family, and staff needs for spiritual guidance and counseling and serve as hospital representatives at professional meetings in an effort toward ensuring the provision of high quality pastoral care services. As a JCAPS-approved department, NACC, APC, ACPE, AAPC, or NAVAC certification is required, along with documented religious body endorsement. We offer a competitive salary and an attractive benefits package. Please visit our website at [www.ololrnc.com](http://www.ololrnc.com) to apply online

### ▼ PASTORAL CARE COORDINATOR

**Wheeling, IL** – Catholic Continuing Care Retirement Community has an opportunity for a full-time Pastoral Care Coordinator. Responsibilities include coordinating pastoral, sacramental and liturgical services to residents, families, and staff, as well as training and scheduling ministers of care. Qualified candidate will lead liturgical services and plan wakes and funerals with families. Individual should enjoy managing multiple tasks, have strong listening and communication skills. Must have degree in religious studies or related field, knowledge of ethical and religious directives for Catholic healthcare, 3-5 years experience as a staff chaplain in a licensed health care facility and 2-3 units of clinical pastoral education. Please mail resume to: Addolorata Villa, 555 McHenry Road, Wheeling, IL 60090; fax: (847) 215-5618; e-mail: [jgatewood@franciscancommunities.com](mailto:jgatewood@franciscancommunities.com). EOE M/F

### ▼ HOSPICE CHAPLAIN

**Marlton, NJ** – Samaritan Hospice is the preeminent provider of quality hospice care in South Jersey. We have an immediate opportunity for a Roman Catholic spiritual support counselor. This position will be required to plan/officiate at funerals upon request of the family. Also serve as liaison to the Roman Catholic community and as a member of the interdisciplinary care team. Activities include assessing spiritual/religious needs, spiritual counseling, documenting and coordinating services and referrals with other members of the interdisciplinary team, coordinating services with local clergy, assigning appropriate levels of care and in-home visitation. Masters of Divinity or equivalent pastoral training and one unit of CPE. NJ drivers license and NACC certification preferred. The successful candidate will have three years pastoral experience, hospice experience preferred. Benefits include: health, dental, vision, life insurance, 403b, MFSA, DCA. For more information, visit the "CareerPaths" link on our website: [www.samaritanhospice.org](http://www.samaritanhospice.org) or send resume with salary requirements to: Adam Pollack, Manager of Retention/Recruitment, Samaritan Hospice, HR Dept., 5 Eves Dr., Suite 300, Marlton, NJ 08053. Email: [apollack@samaritanhospice.org](mailto:apollack@samaritanhospice.org); tel. (856) 552-3293; fax (856) 596-7881

### ▼ HOSPICE CHAPLAIN

**Eugene, OR** – PeaceHealth/Sacred Heart Medical Center is seeking a chaplain for its Home Hospice Department. This is a 20-hour-per-week benefited position. Theological education appropriate to level of function as hospital chaplain is required; master's level preferred. Minimum two units Clinical Pastoral Education (CPE) is required. Active membership with and certification by professional chaplaincy organization is required, i.e. National Association of Catholic Chaplains or Association of Professional Chaplains. Satisfactory completion of one year of chaplaincy experience, preferably in an acute care setting, is required. Experience must demonstrate the ability to share faith and lead worship. Must be able to meet the age-specific needs of the patients served

by pastoral care services. Prefer experience in end-of-life care issues. To apply for this position, please fill out an application at

<http://www.peacehealth.org/Oregon/Careers/eugene.html>. For more information, please call Jami at 800-365-8990 ext. 2795 or e-mail [jfranz2@peacehealth.org](mailto:jfranz2@peacehealth.org).

#### ▼ CHAPLAIN

**Corpus Christi, TX** – Christus Spohn Health System is currently seeking a certified priest chaplain or a chaplain. Requires 4 units of clinical pastoral education (CPE) at an ACPE- or NACC-accredited CPE center. Master's of divinity or master's in theology and chaplain certification with NACC or APC preferred. We offer competitive salaries and benefits. For full career details, please contact: Christus Spohn Employment Center, 716 Ayers St., Corpus Christi, TX 78404; phone: (361) 881-3135 or (800) 643-2609; fax: (361) 883-6478; e-mail: [JaimeL.Tiefel@christushealth.org](mailto:JaimeL.Tiefel@christushealth.org); Jobline: (361) 881-3752. An Equal Opportunity Employer. [www.christusspohn.org](http://www.christusspohn.org)

#### ▼ DIRECTOR OF PASTORAL CARE

**Rogers, AR** - Mercy Health System of Northwest Arkansas (MHS-NWA) has an immediate opening for a director of pastoral care to serve St. Mary's Hospital, Mercy Health Center and the Mercy Medical clinics. Pastoral care is integral to the mission of MHS-NWA. This full-time position is responsible for planning, organizing, directing, supervising, scheduling and evaluating/assessing the activities of the pastoral care department to assure its effectiveness, appropriateness, and focus. The director coordinates pastoral care services with other departments and maintains cooperative relationships with medical staff and co-workers. The director may also function as a part-time chaplain. Qualifications: A bachelor's degree in theology, with a master's degree preferred. Other requirements include four CPE units with NACC or APC certification and experience in management and healthcare services. Experience in a pastoral care ministry in a hospital setting with management experience. Candidates should be able to articulate spiritual care and role of chaplains to hospital and to the public; be a good process person; nurture own spirituality and relate well to the Catholic Diocese. Interested candidates are invited to send a resume to: Mercy Health System, Attn: Vanessa Harper, Recruiter, 1200 W. Walnut, Rogers, AR 72756 or call 479-986-6439 / fax 479-986-6440. You may also apply online at [www.mercyjobs.com](http://www.mercyjobs.com) EOE/ADA. [www.mercyhealthnwa.smhs.com](http://www.mercyhealthnwa.smhs.com)

#### ▼ DIRECTOR OF PASTORAL SERVICES AND VALUES EDUCATION

**Clinton, MI** – Holy Cross Children's Services, a Catholic-oriented, non-profit childcare and family preservation agency, has an opening for a director of pastoral services and values education. The agency conducts residential and community-based programs for adjudicated youth. Our programs incorporate formal education, peer influence, individual attention, family involvement, and staff teamwork. This position supervises a staff of chaplains based at four campuses and oversees the spiritual care of over 500 youth throughout the state of Michigan. Qualifications include a master's degree in divinity, theology or related field, four years management experience, and NACC certification. Interested candidates may forward their resume to Brother Francis Boylan, Holy Cross Children's Services, 8759 Clinton-Macon Rd., Clinton, MI 49236 (Fax 517-423-5442). EOE.

#### ▼ DIRECTOR OF PASTORAL CARE

**Jacksonville, FL** – St. Vincent's, a member of Ascension Health, is seeking a Catholic director of chaplain services to lead an ecumenical team of chaplains. Candidates should possess proven professional skills in implementing and improving quality spiritual care. Requirements include a master's degree in theology/pastoral ministry, NACC and/or APC certification; three to five years pastoral care experience in an acute care hospital setting required. Excellent benefits, salary negotiable. For additional information, contact Dona Overstreet, senior recruiter, at [doverstr@jaxhealth.com](mailto:doverstr@jaxhealth.com). EOE.

#### ▼ CATHOLIC CHAPLAIN

**Pittsburgh, PA** – University of Pittsburgh Medical Center, composed of 20 tertiary, specialty, and community hospitals, is nationally recognized as a provider of state-of-the-art, progressive health care services. UPMC is western Pennsylvania's largest private employer and one of the largest medical centers in the nation. Year after year, UPMC is ranked for excellence in U.S. News & World Report. UPMC Presbyterian, a part of UPMC, has a regular, full-time Catholic chaplain position available with the Patient Relations Department. The staff chaplain will be a member of an interfaith team that provides pastoral care in routine and emergency situations and will lead worship. Ordained Catholic priest in good standing with a master's degree in theology, divinity, or related counseling field is required. Endorsement by the bishop and/or religious superior and granted faculties by local bishop are a must. Member of National Association of Catholic Chaplains, Association of Professional Chaplains, or a cognate group is preferred. Knowledge of religious values and traditions. Clinical pastoral education preferred (two units). Spiritual maturity, emotional stability, and the ability to work in a multi-cultural setting are essential. Ability to adapt to ongoing change is a must. Apply by e-mailing a resume to [colemanml@upmc.edu](mailto:colemanml@upmc.edu). EOE

#### ▼ PART-TIME CHAPLAIN

**St. Petersburg, FL** – Bon Secours Maria Manor, a 274-bed JCAHO-accredited skilled nursing facility, is seeking a part-time chaplain – five days a week, 20 hours. Chaplain must have three units of CPE. Long-term care experience is preferred. The ministry requires interpersonal and communication skills, ecumenical sensitivity, compassionate presence and an ability to enhance the mission of the Sisters of Bon Secours. Computer skills are required. Benefits are available. Apply in person: Human Resources, Bon Secours-St. Petersburg, 10300 4th Street North, St. Petersburg, FL 33716. Tel: 727-568-1076. EOE M/F/D/V.

## Position Wanted

#### ▼ CHAPLAIN APPRENTICE

NACC student affiliate seeks part-time position within the Catholic Diocese of Venice, Florida (covering the southwestern Gulf Coast area of Florida), while working on graduate degree requirements towards certification. Qualifications include a B.A. in religious studies, an internship and residency yielding a total of 5 CPE units. Areas of experience include health-care and detention ministry. Please call Mike Fahey at (216) 525-0108.

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keldridge@nacc.org

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patrickb@sa-mercymedical.org

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krausebd@udmercy.edu

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Cathedral of St. John the Evangelist  
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emilyjohn@stjohncathedral.org

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Trinity Health  
Novi, MI  
marceaup@trinity-health.org

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karen\_pugliese@cdh.org

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Daphne, AL  
smew@sa-mercymedical.org

# Calendar

## March

- 21 Copy deadline, May *Vision*
- 25 Good Friday; national office closed

## April

- 7-10 NACC Certification Commission meeting
- 8-9 Board of Directors meeting
- 9-13 NACC and APC joint conference, Albuquerque, NM
- 9 Supervisor certification interviews
- 10 Presentation of certificates for newly certified chaplains and supervisors
- 11 NACC annual business meeting, 40th Anniversary celebration of the Eucharist and banquet
- 14-16 American Association of Pastoral Counselors annual conference, Fort Worth, TX
- 25 Copy deadline, June *Vision*
- 30-May 1 Chaplain certification interviews in Los Angeles, Milwaukee, St. Louis, Atlanta, and Baltimore

THE NATIONAL ASSOCIATION OF  
CATHOLIC CHAPLAINS

3501 South Lake Drive  
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