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Supervisor needs flexibility to address interfaith tension

By John Gillman

“Man’s only hope is through the shed blood of Jesus Christ the Son of God,” the CPE intern read from his theological reflection paper. “Whoever is not found written in the Book of Life, together with the devil and his angels ... will be consigned to everlasting punishment in the lake which burns with fire and brimstone.”

Not much wiggle room for someone outside the Christian fold — including the supervisory student doing her observation unit, who was a rabbi from the Reform Jewish tradition. It was the first week of the CPE unit, and “Tyler’s” exclusionary faith statement evoked intense discomfort among the two active co-supervisors (I was one of them) and some of the other group members, who represented a span of Christian denominations.

But at the time, we discussed only the gender-exclusive language, and unfortunately, not the more burning issue of “everlasting punishment” for those outside the fold. I let it go because I was thinking ahead — of the need to address the latter issue by incorporating into the curriculum didactics on pluralism and interfaith sensitivity. The one most deeply affected, of course, by this theological harshness was “Chelsea,” the supervisory student — who as observer had no voice and was already on the outside, feeling excluded from the group.

In her process notes for that day, Chelsea mentioned that her observation status, her concern about becoming an effective supervisor, and the silence of the “moderates” in the CPE group all made the condemnation in Tyler’s faith statement (taken largely unedited from his denomination, the

Assembly of God) a more toxic and painful experience. Usually Chelsea does not put much emotional energy into such versions of Christian theology, but the factors just mentioned heightened her response. To hear that her fate as a Jew and that of the Jewish people was “punishment in the lake

which burns,” though not devastating personally, nonetheless provoked an intense response.

During individual supervision Chelsea processed a

range of intense thoughts/feelings about the impact of such an “incredibly offensive” theological pronouncement.

Historically, the implication of this kind of “thinking” has been devastating for the Jewish people. On a more personal level, this exclusionary stance intensified Chelsea’s feelings of being on the outside socially and spiritually.

For group learning, we planned a series of three didactics. Each student was invited to bring articles (pro and con) that addressed the question of religious pluralism. Most of them did so. I brought a recent contribution by Paul F. Knitter entitled: “Bridge or Boundary? Vatican II and Other Religions” (from William Madges, ed., *Vatican II: Forty Years Later*, 2005) as well as the Vatican II document *Nostra Aetate* (On Non-Christian Religions).

In the first seminar I facilitated a dialogue on the theme of “Holy Envy,” an expression used by Krister Stendahl as a way to express admiration for other religious traditions while remaining grounded in one’s own. The group



More coverage of supervision on **pages 4-11**

Apparently unaware of how he sounded, Tyler felt his heart had been broken open

See [Interfaith tension](#) on page 5

Cognate groups take next step together

Spiritual Care Collaborative is new name for incorporated identity

**By Karen Pugliese
Chair, Board of Directors**

The Council on Collaboration has “blessed” bylaws for a new limited liability corporation birthed from the successful international partnership of six founding membership organizations: AAPC, ACPE, APC, CAPPE, NACC and NAJC. Speaking in a powerful collective voice, the new **Spiritual Care Collaborative (SCC)** will promote the highest standards of professional practice and advance the field of professional spiritual care. The SCC will encourage and facilitate collaborative programs of practice, education, training and research in diverse contexts. Each organization’s Board of Directors has reviewed and approved the proposed name and bylaws, celebrating a historic moment for each of us and for all of us.

The SCC is open to any collegial and collaborative pastoral care, pastoral counseling, or pastoral education membership organization that adopts the Common Standards for Pastoral Educators and Supervisors, Common Standards for Professional Chaplaincy, Common Code of Ethics, and the Principles for

Processing Ethical Complaints. At the level of “participating organizations,” dues-paying members participate fully in all collaboration. An elected Steering Committee authorizes work groups or task forces. Organizations that wish only to join specific SCC projects or programs may participate as “project partner organizations.”

The seeds of this partnership were planted in the spring of 1998 when the presidents of five pastoral-care groups discussed increased collaboration. Their dialogue resulted in proposed mission, vision and values statements and a structure for a formal relationship among the pastoral care organizations. In the fall of 1999, a steering committee created a consensus document, “Professional Chaplaincy: Its Role and Importance in Healthcare,” describing the role and significance of professional spiritual care for external audiences.

In November of 2000, all five boards approved the document and CAPPE joined the U.S. associations to produce a North American initiative. The participating organizations agreed to sponsor a joint convention in 2003. A joint bank account

was established in spring of 2003 to handle funds for common projects. In November 2004, the constituent boards of the Council on Collaboration met and affirmed the four foundational documents that now define participating membership in the new SCC.

Last June, review of the legal structure of the Council on Collaboration resulted in a proposal to form a limited liability corporation to affirm our ongoing partnership and support further collaborative efforts while protecting the individuality of each association. In 2009, the Spiritual Care Collaborative will sponsor another joint conference.

The Collaborative is one of the most exciting and rewarding ministries of my 23 years in professional chaplaincy! I think it is not coincidence that we are re-envisioning NACC at the same time, nor that we are called to create a new home for our association. God’s Word never ceases to surprise us, ever ancient and always original: “Behold, I make all things new. See, even now I am doing it.” My hope and prayer for each of us is that we remain open and receptive to the call to see with new eyes.

NACC seeking new office space to call home

**By Rev. Thomas G. Landry
Interim Executive Director**

Since the Archdiocese of Milwaukee announced that it hopes to sell the Archbishop Cousins Center during the coming year, we have been seeking a new home for our national offices. We offer this update to keep our membership informed about a new era in our ministry of service.

We have been at our current location at the shore of Lake Michigan for 16 years. Our national staff, Board of Directors, and various commissions and committees have created many important and fond memories within the walls of this archdiocesan facility. While we will experience mixed emotions when the time comes to move, we already are

feeling the swell of energy that comes with every new opportunity.

We are looking for space in the Milwaukee area that meets the needs of our 10-person staff within the budget constraints of our nonprofit membership association. We are exploring everything from currently vacant church-related properties to some older and some more modern commercial properties.

We hope to find a new home in the coming months that will serve us in both the long and the short term. We have no strict timeline at this moment, but it is not unrealistic to think that we could be relocating before the end of the current calendar year. We have been advised that we should be moved out of our current quarters no later than June 1, 2007.

This would be a good time to think back to any experiences that you have had within the setting of the Cousins Center. We would like to compile a collection of memories that will help us mark this move and celebrate this transition appropriately. If you have photographs that capture special moments at 3501 South Lake Drive, perhaps you would be willing to share them with us and with our members. Perhaps you have a story that relates to a special event that occurred within these walls.

Please contact me or David Lewellen with stories or photographs that you may wish to contribute. Finally, please pray that we will find the right property where the work of serving and supporting our members nationwide can be carried out with renewed vigor and dedication.

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.

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Interpreting ministry

Learn to speak so administrators listen

By Michele LeDoux Sakurai

Chaplains make a difference. Most often this truth is intuitive and anecdotal. “Chaplain, the patient was in too much pain to participate in therapy before your visit, now he’s demanding that we take him for a walk in the hall.” “The patient has been on her light and anxious all evening; after the chaplain visited, the patient calmed down and was ready to sleep.” “We have a family and they are really upset; page the chaplain.”

However, we have few research-based studies on the benefit of pastoral/spiritual care visits. One of these studies is William Iler, Don Obenshain, and Mary Camac’s “The Impact of Daily Visits from Chaplains on Patients with Chronic Obstructive Pulmonary Disease (COPD): A Pilot Study.”¹ The strength of this study is that it speaks a language that administrators can easily understand: length of stay (LOS), patient satisfaction, willingness to recommend the hospital to others, and anxiety of level of patient at time of discharge. Patients visited by a chaplain stayed 3.28 fewer days (a 36.5 percent reduction), reported greater satisfaction with their care, and had 33-40 percent lower anxiety scores at discharge than those patients not visited. LOS and patient satisfaction are significant markers. For many institutions, reducing length of stay can translate into savings. If Iler’s study has validity, then chaplains have tools to present a case that meets mission ideals, patient health interests, and stewardship values.

Two barriers limit the study’s impact with administrators. First, it is a relative-

ly small study, and second, it hasn’t been reproducible – well, at least not published as such. To reproduce this study presumes financial support and some understanding of research methods. Most pastoral/spiritual care departments lack the money, time, expertise, or energy to attempt such an endeavor.

The Iler study ignited my imagination; I sought to further test his hypothesis that daily pastoral/spiritual care visits could make a difference. Although I had no financial backing, I did have energy and a small amount of expertise. After all, I had taken a research workshop taught by George Fitchett.

I did not have the resources to create a research study, so I relied on the populations already served. The hospital I work for is Catholic, and practicing Catholic patients do receive daily visits. Do these patients have shorter lengths of stay than non-practicing Catholics and Protestants, those from an interfaith context, or those who express no religion preference?

I selected five hospital units that were staffed at one chaplain for 65-70 patients (which generally precluded more than an initial visit by the pastoral care department). Patients were identified in four general categories: Catholic (practicing); Protestant/non-practicing Catholics; No Preference/None; and interfaith (Jewish, Hindu, Muslim, etc.) The interfaith category’s sample was too small to have statistical significance, and these numbers were not incorporated into the final statistics. Hospital lists were drawn for two

See [Interpreting ministry](#) on page 16.

Length of Stay

Date	3/23/06	3/30/06	4/10/06	4/26/06
	n = 80	n = 91	n = 75	n = 92
CTH (LOS)	2.7	3.8	5.2	3.1
PRO (LOS)	4.2	3.9	5.3	3.9
NOP (LOS)	5.6	4.5	5.4	4.0

Distance learning may extend supervisors' reach

By Sr. Anita Lapeyre, RSCJ

How can the NACC assist those unable to access CPE programs? If the traditional CPE model is daunting for some, becoming a supervisor is even more challenging given the demands of standards, the length of training, and the scarcity of resources. A pilot project initiated by the Center for Urban Ministry in San Diego hopes to address some of these challenges and offer a creative and innovative approach to CPE training, both for chaplains and supervisors.

The Veterans Administration system has used long-distance learning for CPE for some years. It may also have been used in other venues that are unknown to me. However, its use has been limited primarily to one institution where, for the most part, a supervisor from one

VA-accredited center teleconferences for group and individual supervision at another VA center. The Center for Urban Ministry, however, intends to offer a variety of ways for long-distance learning to meet multiple students' and institutions' needs and adhere to current standards. Certification and accreditation committees have frowned on learning that is not immediate and in the traditional peer-group context. However, it is becoming more apparent that unless we accept new formats, the CPE process will not meet the needs of today's student.

Some barriers to completing CPE in the traditional format are distance, disability, finances, lack of accredited programs or available slots for students, and the demands of the CPE process to be completed in a block of time that does not serve student needs. Many other barriers, as well, could be addressed through long-distance learning.

The concept proposed by the Center for Urban Ministry will be faithful to standards. However, it will be flexible in its concept and in the time frame for completing units of training. It also makes it virtually possible for students in every part of the globe to access this training.

Challenges

Capturing the intimacy of small-group learning as well as the nuances of body language in face-to-face encounters may not be possible in this format. However, with new cameras and technical know-how, those who have used this process say that it is not long before a new kind of connection is made among participants. The need to be more intensely involved in the interaction creates open-

ness to finding new ways to connect and to get to know the other. For example, clinical seminars will not only have video pictures of group members and opportunities to converse together, but can be held in far-away places where learning about the other's environment can help bonding. Because of time differences, some work may be

done at the student's convenience, although a group might be best served at a common meeting time. One may be having coffee on the West Coast and lunch in the East, thus creating settings that are more relaxed and open. Over time, the use

of the technology will show whether it is possible to hold group learning via such technology and still capture a sense of group identity.

Perhaps the greatest challenge is the technology itself. Not having been born with a computer rooted to my fingers, learning to best utilize this technology will be a significant learning curve. Hence, we are tackling smaller challenges in the beginning. This fall, we are offering a unit in Los Angeles. This is close enough for me to take the train on Monday, have class in the afternoon, class again on Tuesday, and then return to my office in San Diego. Then individual supervision will occur via teleconferencing. With close sites, this format would be acceptable and incorporate the best of both worlds.

Potential Uses

Long-distance learning could help to mentor chaplain candidates through the certification process. Presentation of materials to a mentor and face-to-face exchanges and discussions would better prepare the candidate for the process. Likewise, setting up mock committees might assist candidates for chaplain certification to meet a certification review team. The same format could assist in supervisory training. Many candidates are receiving their training in ACPE centers. Long-distance technology would give them access to an NACC supervisor to mentor them through the specific requirements of NACC supervisory education.

Via teleconferencing, supervisory candidates in diverse locations can come together to form the required peer group. The richness in this type of exchange may outweigh the perceived disadvantages. Ethnicity, faith differences, and other factors that may not be available in one area can create a fuller learning experience.

It is possible that via this technology, areas of the country that cannot find a supervisor may be able to engage in the education of a supervisory candidate. While still maintaining the candidate's present working environment, connection to a peer group and supervision can enable the candidate to contract with the accredited cen-



This concept makes it virtually possible for students in every part of the globe to access training

ter or site and begin units of training from their home base.

Evaluation

The Center for Urban Ministry in San Diego began utilizing this technology this fall with a unit of CPE in Los Angeles. As we will also have a traditional unit at the same time, we will be able to follow students from both formats and track the success of the project.

Evaluations from students, employers, job readiness and actual employment as well as those who successfully complete the certification process are some norms that can be tracked and compared. Over a five-year period, the Center for Urban Ministry will be able to develop a comprehensive report on the strengths and weaknesses of utilizing this technology for CPE.

Costs

Students will need access to laptops. In this day, most will probably already have them. The new iMac is the computer of choice, as it comes with a camera already installed and its performance with video is of the finest quality. However, for around \$20, any laptop can be fitted with a camera that will provide access to group participation.

For centers or institutions that want to offer supervisory education and run a unit of CPE at their local institutions, a site fee to become a satellite of an accredited center would be required. This fee would allow the accredited center to finance the increased accreditation

fees that it will incur. In this scenario, the salary of the offering supervisor would also be a point for negotiation. For mentorship, each individual could negotiate a fee for the required supervision.

Mission

If NACC is to grow and be true to its mission, we must pay attention to maintaining our Catholic identity. Although there are many ways to define and proclaim this identity, one primary way is through education. The advent of common standards is an invitation, not only to NACC, but also to all associations to define and to become clearer about their mission in the church and to the people of God. While differences in all the cognate groups are to be celebrated and honored, they also need to be defined and preserved. The lack of accredited NACC centers and supervisors prevents us from delving deep into the treasures of our Catholic identity.

For those interested in becoming part of this project or who desire more information, please contact: Anita Lapeyre, RSCJ; The Center for Urban Ministry; 4227 Fairmount Ave. #2; San Diego, CA 92105; (619) 282-1158; anitalapyr@aol.com

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Long-distance learning could help to mentor chaplain candidates through the certification process

Interfaith tension

Continued from page 1

engaged these four questions: What in your own faith tradition makes you most proud? What in your faith tradition makes you most ashamed? What *holy envy* do you have for another faith tradition? What most disturbs you about another faith tradition?

The second and third didactics were presented by Chelsea, whose role had changed from observer to participant after the midunit evaluation. The confluence of several factors led to this change, widely embraced by the group. Using passages from the *Siddur* (Jewish prayer book), Chelsea reflected on hallmarks of Judaism, including the themes of universalism. She also shared more personally the turmoil she felt when listening to the exclusivist theology presented by Tyler.

This affected Tyler greatly. Apparently unaware of how his faith statement sounded, he felt that his heart had been broken open. He expressed sincere regret that his doctrinal position had caused Chelsea such pain. During an intense dialogue in group seminar, feelings were named, assumptions identified, and theological questions raised. The CPE interns also explored ways in which they had felt excluded, e.g. a gay

member who felt "on the outside" socially and ecclesiastically.

What did I learn as a supervisor and what I would do differently next time? I would more explicitly invite the group to name and process their responses to Tyler's faith statement. I would also invite Tyler to name and reflect on his feelings about those consigned to "fire and brimstone." Further, I would invite him to explore the dissonance between his pastoral practice of providing respectful, compassionate care to non-Christians and the tenets of his faith tradition that require evangelization of the unsaved. In the didactics that followed, we did get into these areas.

Much remains to be explored from a supervisory perspective. To what extent is the supervisor to maintain a balance between acknowledging (respecting?) and challenging the position of CPE students who hold exclusivist theological perspectives? How are students to be supervised, who, though they do not explicitly evangelize, see others as not saved? What models are most effective in group supervision for engaging exclusivist, inclusivist, and pluralist theological perspectives held by CPE group members? These are just a few of a whole plethora of questions to be raised about interfaith sensitivity.

John Gillman, Ph.D., NACC Cert., is a CPE supervisor at VITAS Innovative Hospice Care in San Diego, CA.

Supervisor skills offer benefits in other settings

By **Linda Perrone Rooney**

Where I come from, “What’s a CPE supervisor?” is a consistent response to that line on my resume. While I have supervised seminarians and other ministerial students in the more traditional model of CPE, the majority of my supervisory work has been in more non-traditional settings within diocesan, parish, university, and nursing education settings. In these settings, they don’t know my CPE background unless I explain it. But I’ve experienced the best of all worlds for over 25 years, using my CPE supervisory skills to shape the context and the ministers of the 21st century. I’ve learned a lot about the flexibility of supervisory skills within non-traditional settings, and it can encourage a stronger commitment to form ministers for parishes and the world — the place where the majority of pastoral care ministry is offered.

CPE supervisors are in a unique position to enhance the Church’s wider ministry wherever they are

Ministry within the church, particularly as an employee and representative of the Roman Catholic faith community, takes a vocational call beyond that presented to all the baptized. In addition to transforming the world with values that are often counter-cultural, ecclesial ministers are also called to embody in their ministry the faith of the church. They are drawn to serve God by serving the needs of the people of God, especially in church or faith-related settings. As the traditional chaplain lives this out in a healthcare setting, others do so in diocesan offices, parishes, retreat centers, agencies serving the poor, etc. Regardless of the setting, CPE supervision can and should be available to assist any ecclesial minister to more effective and authentic pastoral care. I offer a sampling of what I have learned.

First, *ministry is about “who” before it’s about “what.”* I entered CPE as a teacher, a fish out of water in the hospital setting. I thought that to acclimate I needed to learn the “right things to do and say,” a theory reinforced by the structure and content of the process. But in unit two, on a locked ward in a state mental hospital, where all my techniques met with mute or indecipherable responses, I realized the lesson of creating a relationship of trust where the other’s needs could emerge.

That is a lesson I applied to the formation of hundreds of lay ministers serving in all types of parish and civil ministerial settings in the Diocese of Orlando, in higher education, and within nursing. Our diocesan three-year ministry formation process was an early example of balancing mind, body, spirit. The supervisory experience, with its structure of

personal and group supervision, prayer, assigned practical experiences and the like, led me to establish components for spiritual direction, parish field supervisors, theological reflection, and academic rigor. Ministerial students focused on deepening their relationship with Christ, clarifying their ecclesial call, and embracing their role as laity in the church and the world. The skills of ministry were not neglected, but the work of ministerial identity, crucial in the CPE process, became the heart of their formation. Nurses and nursing students refocused on the spiritual roots of their vocation, learning to accomplish spiritual assessments, to deepen listening skills, and to respond to spiritual needs with more than a buzz to the chaplain. Graduate students learn to apply their academic knowledge to real-life needs through verbatims, role-plays, creating and conducting prayer services, and the like.

Second, *ongoing education is an essential characteristic of the ecclesial minister, not an option.* Meeting the diverse needs

of the broad clientele we serve as CPE supervisors is even more complex and urgent when the setting is the parish or workplace. As supervisors, we are asked to take seriously the mandate to continually update and improve intellectual, spiritual and pastoral skills. The degrees and certifications I pursued were applied to the needs at hand, another lesson of supervision. Our parish bereavement teams and ministry to the sick training are both examples of ways to integrate the basic disciplines and behaviors of a chaplain into a parish-based model of ministry.

While I did not supervise every individual minister, I did create the process, develop the curriculum, develop the trainers, and serve as an ongoing resource. The closest supervision took place with the parish coordinators who met monthly in regions and bi-annually for continuing education. To take the practice of supervision “outside the box” we created a ten-week, 80-hour, advanced pastoral care formation process and a 216-hour pastoral administration course, over a three-year period, conducted by national speakers.

So much more can be done with CPE supervisory skills when we look beyond the present model. CPE supervisors are in a unique position to enhance the Church’s wider ministry wherever they find themselves. Our ability to design a well-rounded curriculum, balance academic and practical, integrate spirituality, structure group meetings for feedback and support, conduct prayer experiences, offer or develop resources for spiritual direction, teach and model building team relationships and provide a vulnerable, still-learning role model, are all skills that diocesan offices and parish leaders yearn to have at their disposal.

Finally, Mother Teresa once said, “you are a pencil in the hand of God.” As a published author, I realize the power of the written word. But before it is written, the experience



CPE supervisors served as mentors and guides

By Rev. Thomas G. Landry
Interim Executive Director

Tears rolled down my cheeks as I shared the news of a tragic turn in my mother's medical condition. My CPE supervisor sat forward in her chair and silently bore witness to my pain and my uncertainty. I felt she heard me, both physically and spiritually. She asked some gentle questions about what had occurred and about the impact on me, and on my father. She gently welcomed and guided me into a place of greater freedom with her, then with my small group, then with the larger group, and ultimately with myself.

This particular supervisor possessed the unique gifts that ushered me into and through that moment. The diversity represented by all the individuals who were my CPE supervisors through the years is a richness I experience within our association. Their impact on my professional development and journey of faith causes me to hope that this diversity will only increase in the future.

The event recounted above occurred during an extended unit of CPE at Saint Elizabeth's Medical Center, part of the Caritas Christi system in Boston, in 1998-99 and 2000-01. My supervisors for those two units worked together in a strong and complementary fashion. Hearing both of them share in the large-group sessions during both units enriched their contributions to me on this journey. And the insights they brought to our individual sessions of supervision helped me focus more productively on each of their distinct takes on my journey. One supervisor was a woman religious and the other a religious order priest, but each reflected back to me through his or her eyes and ears.

My supervisors at Westborough State Hospital, during an extended unit in 1999-2000, were not Roman Catholic, but we shared the complementary calls to ordained ministry and to healthcare chaplaincy. In my first experience of supervised ministry in 1980-81, my supervisor was a religious order priest on the pastoral theology faculty of the Catholic University of America in Washington, DC. I did my clinical ministry at Providence Hospital in Washington.

Each of these supervisors welcomed me on my journey



with a different number of years in the unique ministry of CPE supervision. Two were not yet certified supervisors, one was very recently certified, and two had been certified for many years. Three worked through the NACC, and two were certified by the Association for Clinical Pastoral Education.

I consider myself blessed for having experienced these five unique individuals in the potentially powerful role of supervisor. They brought the distinct gifts of insight of women and men in the Church's life and ministry. They brought the distinct experiences of women and men who grew into adulthood and ministry in the United States, and in two other countries and cultures. They brought the shades of experience from a life-long focus on Church vocation and ministry — or from decisions later in life to move from another life's work into chaplaincy and CPE supervision. They brought the wealth of experience that comes from vowed life in religious community, from the commitment to ordained ministry, and from married life and raising a child living with significant challenges.

The dreams and memories of my life's journey, and the challenges, successes and seeming failures of my studies and ministry, connected with some aspect of one or more of these inspiring persons' lives. No one of them individually could have provided the depth, variety, and richness of conversation that all of them did over time. In the midst of the complexity and mystery of life, of my life, I am awed by the way God gifted me in my connection with these strong, listening souls.

And listen they did! Perhaps it is this gift of active listening that I especially cherish as a distinct gift in the life of the Church. I believe we have it in all too short a supply. Perhaps this is a special quality among the gifts our ministry and our association offer the wider Church which we need to remember and to nurture.

The Church needs passionate and compassionate listeners, and the National Association of Catholic Chaplains needs the rich variety of CPE supervisors that help our ministry provide uniquely this dimension of being Church. Do you know someone else you think might be called to this ministry laden with such rich potential? Are you being called?

Are you listening?

that captured the writer inspires the choice and arrangement of the words. As a "pencil in the hand of God," supervisors need to evaluate the ministerial possibilities outside the traditional ministerial settings of CPE and explore the wider Church setting so in need of high-quality ministry-mentors, so that we can contribute our chapter to the Book of Good News that God is writing in our time.

Supervision in non-traditional settings has taught me that

it isn't about the setting, it's about "writing" a process and a story that helps others encounter Christ and respond to the needs within and around them in a way that makes that encounter real and sustainable

Linda Perrone Rooney, D.Min., writes and offers retreats, seminars and consulting services. Her most recent book is Hold Fast to Hope: Help for Caregivers of Those With Traumatic Injuries, from Resurrection Press.

Seminaries learn value of CPE for priest candidates

By Rev. Freddy Washington, CSSp

Clinical pastoral education fills many roles besides simply training future chaplains. Many seminaries and religious houses of formation are now requiring CPE as an essential part of forming seminarians as future leaders in the Church. The fifth edition of the U.S. bishops' document on priestly formation continues to stress the importance of human formation to cultivate a candidate's capacity as listener and speaker. CPE provides real-life training by professionals in these important aspects of pastoral ministry.

Many seminarians initially see CPE as a hurdle to jump, but soon they find themselves wrestling with the real issues of constructive feedback and dealing with rejection.

Everyone in public ministry needs these skills. In addition to visiting patients and classroom learning, the interpersonal

relations group is the central educational component of CPE. It provides a forum for the student residents to discuss issues they confront in caring for the patients, as well as the students' relationships with one another. After returning from their summer CPE experience, seminarians often speak of the interpersonal relations group (IPR) as the most difficult part. It is where they are challenged to give and receive critiques of their performance in the clinical encounter by their peers. Many seminarians say that sharing constructively with their peers is difficult but rewarding at the same time. As ministers, having a peer group to reflect with is valuable and sometimes hard to find.

Also, in pastoral ministry, people usually come to us asking for our help. In hospital ministry, particularly in the CPE experience, the minister goes to the patient. For seminarians, the second most challenging situation is dealing with patients' rejection of their services. Offering service must imply a choice. Perhaps, in CPE, many seminarians experience for the first time people actually saying, "I don't need you" or "Please leave my room." Seminarians soon see that the aim is to make one's humanity a bridge for communicating the Divine to others, and sometimes this happens without using words.

CPE is many seminarians' first time in an ecumenical environment. They often tell me that when they first got to the hospital, they thought it was about making the patient feel better by answering faith questions and setting the agenda for the pastoral encounter. Many priests, including myself, thought that the seminary had prepared them for everything they would encounter in ministry. But CPE enhanced my seminary experience. The way I listened, the way I approached ministry, even

the way I preached was influenced by my encounter with the living human document. Many seminarians come to CPE with a lot of "book knowledge," but the interpersonal human knowledge needed encouragement to grow. Encountering people at their deepest moment of need and being willing to accompany them even through the valley of the shadow of death is the most profound and humbling part of CPE.

During the recent Vatican visitation of seminaries and houses of formation, I was very pleased that the question of CPE arose several times. The visitors asked some very important questions about the supervision that students received during the CPE experience. Every CPE center is unique. According

to who supervises, the experience is different as well. But while it is true that the supervisor's skill and temperament is important, I said, it is also what the seminarian brings to the experience that really shapes the outcome.

Most formation directors agree that CPE should be a basic requirement in preparing priesthood candidates. This is a big change from past years. Evaluations from former participants in CPE and the horror stories of people running out of IPR groups in tears often caused caution in sending seminarians to CPE. However, the vast majority of dioceses, formation directors and rectors have continued to find value in the ecumenical and intensive nature of CPE. In 2001, the bishops' Committee on Women in Society and in the Church received a recommendation that all seminarians should take clinical pastoral education before ordination. The new document on priestly formation states, "Provisions should be made to help seminarians develop skills and attitudes that will enhance their future priestly ministry and which, when ecumenical in nature, for example, CPE, are respectful of the Catholic teaching, especially on moral or ethical issues."

The focus and goal of human formation is that ministers must become God's hands, eyes, and heart in this world. Priestly formation must focus on Jesus Christ, the bridge between God and humanity. The humanity of all seminarians and priests must serve this same goal. The new directives on priestly formations are a threefold process of self-knowledge, self-acceptance, and self-gift in the context of personal spirituality.

CPE has truly made a great impact in the formation of future ministers in the church. In creating peer interaction between trainees of different faith traditions and ages, CPE continues to allow ministers to encounter the "living human document" as the way that making meaning of our present situation can renew our sense of who we are and whose we are.

Rev. Freddy Washington, CSSp, NACC Cert., is Formation Director of Spiritan Theological Residence at Catholic Theological Union, Chicago.



Seminarians soon find themselves wrestling with constructive feedback and dealing with rejection

Diversity teaches us more about ministry

By **Ronald J. Hindelang**

The experience of Clinical Pastoral Education shapes the way that spiritual care-givers minister to others. What enriches the CPE experience is as broad a diversity as possible among students. This includes religious denomination, ethnic origin, marital status and sexual orientation, and theological viewpoints.

This summer we had a Jewish student who cherished the diversity of our group. She reported, "I study in a Jewish seminary with Jewish students all year long. When it came to choosing a CPE site, I wanted one with as much diversity as possible." As the unit went on, the richness of the group showed up in ways she did not expect. She reflected, "I am hearing openly about faith in God in a language I can understand. I am inspired by the strength, mystery, love, gratitude and connection that others feel, articulate and acknowledge such that I want to return inward to look at my own relationship with God." Other than herself, the students in the group were from Christian denominations. Yet she learned from them how to better tap into the riches of her own Jewish heritage and deepen her own relationship to God through her own Jewish resources.

This is one benefit from diversity in the group: each of us, in living out of the heart of our own tradition, inspires others in the group to better live out of the heart of their tradition. A second benefit is that each of us learns to better understand and better value the traditions and practices of other religious heritages.

Naturally, the same benefits accrue to Roman Catholic students. As they encounter spiritual caregivers from other religious backgrounds, they come to a deeper appreciation of the treasures within their own Catholic heritage as well as a deeper understanding and valuing of other religious traditions.

In our institution, the chaplaincy department operates on an interfaith model. This means that all members of the department, permanent staff chaplains and student interns alike, minister to all the patients on their assigned floors, no matter what the religious tradition of the patient. They learn to pray with people of all different denominations. They learn to share an inspirational reading or guided meditation when appropriate, whether the other is an adherent of a specific tradition or not. They learn when it is appropriate to make a referral to a priest, rabbi, imam, or minister.

When students come back to the office, they process, for-

mally and informally, with each other how their visits went. Cross-pollination takes place. One student wonders if the way she ministered to a person of another tradition worked, and another says, "In a similar situation, I tried this, and it seemed to work." At times, a student of the same tradition as the patient offers insight to the student who actually did the visit. This becomes the learning opportunity for next time and leads to more effective pastoral care.

I believe that my role as CPE supervisor is to create an atmosphere of hospitality in the peer group so that people feel safe to share their stories and bring up their concerns and know that they will be respected. In so doing, I believe

that I am modeling what I expect students to do with patients: namely, to create a place of hospitality where the patients feel safe to share their stories and their concerns. I see my role as to help the students explore

more deeply the feelings and issues they introduce into the conversation. Similarly, I help students see how they can better help patients explore more deeply the feelings and concerns that the patients bring to the table during the pastoral visit. I feel like I am walking on holy ground as I accompany the students as they take on a deeper personal and ministerial self-understanding. In a similar way, they also feel that they are walking on holy ground as they accompany patients and families.

As students begin CPE and visiting patients in the hospital, they often feel unsure of themselves in this unfamiliar setting. They often say, "You have more faith that I can do this than I do myself." As they try their wings, with guidance, at spiritual caregiving, they come to believe that, with God's help, they can do this. They begin to develop a repertoire for alternative ways of spiritual caregiving in different circumstances. They begin to develop their own ministerial identity. They begin to see how they can better serve the People of God in whatever setting they find themselves. I lift up to them the story of the little boy in the gospels who brought his five loaves and two fish, seemingly too little, and Jesus used it and made it enough to feed the crowd. If we, too, bring what we have of life experience, inner wisdom, lived spirituality, caring presence, God will make it enough to nourish the people.

Ronald J. Hindelang, Ph.D., is Coordinator of Clinical Pastoral Education Programs and an ACPE Supervisor at Brigham and Women's Hospital in Boston, MA.



My role as CPE supervisor is to create an atmosphere of hospitality in the peer group

So you want to become a CPE supervisor

By Barbara Brumleve, SSND

Deep within you is a desire to become a CPE supervisor. Or perhaps you wonder if you could. What would your journey look like? What steps would you take?

Certifying organizations: In the United States, two organizations certify CPE supervisors: NACC (National Association of Catholic Chaplains) and ACPE (Association for Clinical Pastoral Education). These organizations share a common code of ethics and a common set of standards for pastoral educators, but they have different cultures.

Currently, their certification process is similar, with the following exceptions:

- ▼ NACC requires that a person seeking supervisory certification first be a certified chaplain. ACPE does not have the same requirement, but does require

pastoral competence.

- ▼ CPE supervisors in the NACC renew their certification every seven years through a peer review process. ACPE supervisors have a less formalized peer review process.

Beginning your search: Check out the websites of the two organizations: www.nacc.org or www.acpe.edu. On the NACC website under Standards, check the 500s for the supervisory competencies and processes. How do you assess where you are relative to these competencies? Some of them are specific to supervision and will be part of your supervisory education (e.g. group and individual supervision). Others could be considered “more Catholic” competencies. How do you assess where you are with these? Answering these questions can help you decide on a best fit for you. From the ACPE website you can download the Standards and the Certification Manual.

Finding a center: You want a center that is accredited to offer supervisory education. Again, the websites will be valuable. Be prepared to contact several centers, because supervisory education positions are not always available. (One person may occupy the supervisory education position

at the center for several years as he/she completes the certification process.) The NACC website provides descriptive information about programs, but may not specifically reference the program’s accreditation for supervisory education. The ACPE website provides coded, but less descriptive, information about their centers, but does indicate clearly which centers are accredited for supervisory education.

Next, identify what is important for you in a center. What kind of setting is it (e.g. healthcare, community, prison, etc.)? What is its complexity (e.g. single institution, large system, multi-sited institution, teaching facility)? How many supervisory education positions are there; who will be your peers? Does it have one or many CPE supervisors, extended units only or residency? Will you have to move?

Consider financial arrangements, as well. Does the supervisory education position carry a stipend? How much? Does it include staff chaplaincy responsibilities? Is the pay related to the amount of chaplaincy work you do? If so, you may find that your pay decreases as you move through the supervisory

certification process, doing more supervision and less chaplaincy work.

Visit the centers to get a feel for the setting and educational context. You could be connected to this center for three or more years.

Speak to people in supervisory education and to CPE supervisors: Contact current supervisory education students in both NACC and ACPE programs. Contact CPE supervisors, those certified by NACC, ACPE or dually certified. With all of these, ask your questions. Learn from them. Identify persons who can become peers or mentors for you, no matter where you decide to pursue certification as a CPE supervisor.

My own supervisory journey began when I did a CPE residency in my 50s. I liked chaplaincy work and decided that if I pursued supervisory certification I could bring together my background in adult education and administration as well as my interest in spirituality and pastoral formation. CPE supervisory education and the certification process was probably the most difficult and at the same time the most life-changing process that I have experienced. Today, as a CPE supervisor, dually certified by NACC and ACPE, I delight in what I do. Some former students have become colleagues as supervisors or chaplains; some are pastors or deacons, some have taken the learnings of CPE into other venues. I have been privileged to walk with each of these persons on their pastoral journey.

Sr. Barbara Brumleve, SSND, Ph.D., is CPE Supervisor at Alegant Health Center for Healing Ministry in Omaha, NE.

Identify what is important for you in a center



Newly certified chaplains

The NACC congratulates the following chaplains who have earned certification following their interviews this spring.

Mr. Vernon Blackwood, Chicago IL
Mrs. Allison DeLaney, Forest Park IL
Mrs. Deirdre Ostry, Maywood IL

Strategic initiatives: The next generation of ACPE supervisors

By **Theresa Snorton**

ACPE Executive Director

In the summer of 2005, the Association for Clinical Pastoral Education Inc. began collecting data from its members about the future vision for ACPE. Membership surveys, both online and as in-person focus group discussions, gave the membership the opportunity to address each area of focus and give specific feedback about the direction ACPE should take.

One strategic initiative that emerged was about equipping the next generation of ACPE supervisors. Around 2001, we began to notice that the number of retiring supervisors generally exceeded the number of newly certified persons annually. (In 2006, the retirements and new certifications are nearly equal.) One direct impact is that some ACPE programs have remained vacant for long periods (or have closed) because of the difficulty in finding supervisors. Clearly, we need to be proactive, thoughtful and innovative in our efforts to recruit, train and certify new supervisors.

A small sampling of quotes from the focus groups and the online survey included:

- ▼ “We need to provide more incentive to do supervisory training.”
 - ▼ “Simply, simplify, simplify!”
 - ▼ “Develop a realistic certification process that will secure and integrate the next generation of supervisors.”
 - ▼ “Develop ways to bring persons in other faith groups and ethnic groups into CPE and into the certification process.”
 - ▼ “[We need] a standardized blueprint for supervisory training.”
 - ▼ “...include skills in management and administration as part of the training of new supervisors.”
 - ▼ “Our organization needs to consider the possibility of having various levels of certification of supervisors.”
 - ▼ “SIT [supervisor-in-training] process is too long — needs to be restructured.”
 - ▼ “...strengthening supervisory CPE through identifying and sharing best practices.”
 - ▼ “Train and certify CPE Supervisors to supervise SITs.”
 - ▼ “Establish a network of supervisors engaged in supervisory education in order to share methodologies, curricula, financial support strategies.”
 - ▼ “I would like to see online supervisory training.”
 - ▼ “the importance of creating ways to help SITs financially.”
- With this feedback in hand, the Strategic Planning work



group set out to write objectives. The ACPE board approved a final strategic plan in the spring of 2006. The objectives for certifying ACPE supervisors include:

1. Improve the preparation of candidates for certification;
2. Enhance the skills of supervisors doing supervisory education;
3. Enhance the education and preparation of the Certification committee and commission members;
4. Increase the diversity and number of supervisory education students.

Action plans for each initiative are being developed. Much of the work is being done by the Presidential Task Force on Certification, created by then-ACPE President Jim Gibbons in 2003.

Around the same time, the board approved a certification pilot project in which twelve candidates for certification move through the committee process with the same committee for candidacy, theory paper review, and associate supervisor level. We are testing the benefits of “certification by consistent community,” i.e. having the same

committee assess the supervisory aspirant’s growth and competence over time. This spring, the first graduates of the pilot were certified, and within a couple of years, we should have some good data on its effects.

The Presidential Task Force on Certification will submit its report and recommendations to the ACPE board this fall in Tampa, FL. It is exciting to anticipate the potential changes that might emerge from this report.

Whatever changes may come will likely challenge our way of thinking, our ways of being and doing supervisory education. Those changes will likely invite us to consider partnerships with other organizations and faith communities that are new to us. The changes should invite us to consider our current assumptions and compel us to craft culturally relevant and cutting-edge curricula that will become the new paradigm. We must pay attention to the ways society is shaped by the global economy, terrorism, natural disasters, technology, healthcare, and so on. It is a moment of courage for ACPE, as it would be for any other organization or person seeking to create a new pathway built on the foundation of a rich history!

Relaxation, retreats benefit CPE classes

By **Mary Davis**

“You can discover more about a person in an hour of play than in a year of conversation.”

— Plato

Each CPE unit at CHRISTUS Santa Rosa Health Care in San Antonio has a scheduled day for “wellness.” The purpose is for the CPE group to be together in an unstructured,

relaxing atmosphere, and to impress upon students the importance of scheduling time for self-care in their ministerial futures.

Over the years, these days have taken different forms. The CPE program budgets approximately \$20 per person for the day, a minimal amount. The CPE group decides how they would like to

See [Relaxation](#) on page 12

Chaplain salary survey results posted on website

Chaplains who are curious about how their salary compares to that of others in the field can now find some answers at the NACC's website.

A salary survey, gathered and analyzed under the auspices of the Association of Professional Chaplains (APC), has been posted under the Resources section of the NACC website as a members-only feature. We are making it available as the result of a licensing agreement with the APC. While this material remains copyrighted by the APC, our members are free, under terms of our agreement, to download this information for use in your personal work, the work of your department, or the work of your department in relationship to your employing institution or agency.

As copyrighted material, this data is not to be reproduced for indiscriminate dissemination.

The survey breaks down the data by region, education level, type of institution, years of experience, and several other factors.

We are pleased to share this information with you. We believe that it can be helpful to you in preparing budgets and in offering your employer credible information for productive comparisons.

We hope that this licensing agreement is another step in our collaborative relationship with the other cognate groups and professional associations with whom we are developing the successor organization to the Council on Collaboration. Future salary surveys, as well as other surveys and member-participation projects, likely will be done across the six organizations which are creating a united voice for professional pastoral care in our clinical settings.

The NACC is grateful to Jo Schrader, the Executive Director of the APC, and to the leadership of APC for their collaborative approach to sharing the salary survey.

Please contact us at the national office if you have any questions about these survey results, or if you have suggestions for future projects that would be valuable to you.

spend time together; this decision-making alone can be formational in the group's cohesion and bonding.

In all of the years that a wellness day has been provided for our students, only once did a group decide to spend the day away from each other. For that particular group and time period, the time away from each other was true wellness!

But for most of the wellness days, the group travels together, often in one car, to the chosen destination. The truism of relationships being tested in a long car trip bears out as back-seat drivers emerge, members juggle to see who sits in front with the driver, and decisions about air conditioning and restrooms stops are made!

Groups have chosen different experiences for the wellness days, sometimes spending the day outdoors at a local park or along the famous San Antonio Riverwalk. Some groups have chosen to go to an art museum, movie or local tourist attraction. Some have spent the day at one of the local theme parks, or by going to an art studio to make pottery. The activity is almost always accompanied by a leisurely meal together.

Each CPE unit also includes a retreat day, designed to allow students time away from the clinical and educational elements of CPE to replenish their spirit and enhance their capacity for theological reflection. Additionally, the CPE program's leaders hope that students will see the value and importance of scheduling time for their ongoing spiritual health as a form of self care in ministry.

In the introductory unit and early residency units of CPE, the retreat day usually focuses on the Paschal Mystery — how life, death and resurrection affect others and ourselves. Students are invited to explore their own mortality and begin to frame their concepts and views related to life and death. Though this retreat can take many forms, usually it is a day of varied images — through art, music and video — presented for personal reflection.

Subsequent units' retreat days come from the needs of the CPE group. In some units, students have realized through sharing of the Myers-Briggs Type Indicator that certain preferences need strengthening. In one of these retreat days, the group was led through a series of activities and reflections that highlighted the Sensate dimension that was not highly present in the group's members.

Other retreat experiences have highlighted the ways in which group members feel bound, inhibiting their freedom of expression and response in ministry. Yet another day invited participants to "empty their baskets" of thoughts and feelings

impeding more effective relationships and ministry, leading to a time of filling the baskets with symbols that would be more life-giving.

Other CPE retreat days have been spent at area presentations that are spiritual and reflective in nature, led by some of the area's fine spiritual resource persons. One group chose to spend a day together in structured prayer time for the needs of each other, while another group spent a retreat day at a common location but chose solitary prayer and reflection time.

Time for spiritual renewal has a direct effect on the CPE participants' ministry, and has often influenced staff chaplains to take similar time for their own spiritual growth.

Wellness days and retreat days are commonly remembered as a highlight of the CPE unit's experiences, and are recalled as pivotal in the group building dynamic. Students have reported "post-CPE" that they are choosing to build personal wellness days into their schedules, or have arranged similar days for their congregational staff or seminary peers.

Mary D. Davis is a CPE supervisor at CHRISTUS Santa Rosa Health Care in San Antonio, TX



The relationship of religion and medicine: A history

By Lawrence VandeCreek

In 2000 and 2001, Harold Koenig wrote a series of articles concerning the relationship between medicine and religion. These articles are important to chaplains because they can function as a primer, helping them understand the historical relationship between the two fields and current research results. The articles also illuminate the contribution of religious faith and practice to personal health and medical care. As chaplaincy becomes more professionalized within health-care, awareness of the historical relationship and current research results become more and more a prerequisite.

Koenig's first article describes the historical background and reasons for separation. Here are some interesting quotes that create a context for understanding the relationship between medicine and religion.

- ▼ "Until several hundred years ago, physical disease was understood largely in religious or spiritual terms. ... Mental and physical illness were not distinguished from one another, and both were believed to be caused by evil spirits, demon possession, or other spiritual forces."
- ▼ "The first major hospital in Western civilization was built in Asia Minor around 370 AD at the insistence of St. Basil, bishop of Caesarea—following the Biblical injunction to clothe the poor and heal the sick."
- ▼ "For almost 1,000 years, the church was primarily responsible for operating hospitals and granting licenses to physicians to practice medicine; after 1400 AD with the beginning of the Renaissance period, however, certification became the responsibility of the state."
- ▼ "The Quakers established one of the first mental hospitals in the U.S. in Philadelphia, applying 'moral treatment' with remarkable success."
- ▼ "In the late 17th century, the Daughters of Charity of St. Vincent de Paul organized Catholic nuns to serve both religious and secular hospitals (the first 'nurses')."
- ▼ "The separation of medicine from religion was nearly complete by 1802, the end of the French Revolution."

Chaplains need to be aware that some research results do not support today's popular opinion that religious faith and practice contribute to better health and promote helpful coping with illness. Koenig devotes more than six pages to the discussion of "Religions' Negative Effects on Health." Here are more quotes:

- ▼ "Among those questioning religion's benefits was Sigmund Freud. ... Freud's view has been supported in recent years by (others). ... (They) believe that religious involvement lies at the root of emotional disturbance, low self-esteem, depression, and possibly even schizophrenia."
- ▼ "Sensing a hostile attitude from mental health professionals, some religious groups have distanced themselves from psychology and psychiatry. These groups see religious belief and activity as necessary and possibly sufficient for mental healing. Some may advocate complete avoidance of contact with the mental health profession. Perhaps best known for their aggressive stance toward psychiatry is the Church of Scientology ... (which is) dedicated to exposing and eradicating criminal acts and human rights abuses by psychiatry."
- ▼ "While Jehovah's Witnesses have appeared before the U.S. Supreme Court more than 50 times to establish religious freedom, they typically lose cases involving children."
- ▼ "Religious beliefs are not only linked to the withholding of medical care, but also to other forms of child abuse as well."
- ▼ "The problem with much of the information presented above on the negative effects of religion on

health is that it relies heavily on opinion, experience with the mentally ill, or anecdotal case reports from a population base that is poorly defined. Attitudes within a profession are often reinforced in work and social settings, and may strongly influence views toward and feelings about religion (whether positive or negative). This is particularly true when systematic research is lacking, when there is limited access to research that has been done, or when such research is purposefully ignored. A number of studies, however, have reported negative associations between religion and mental health."

- ▼ "(Some) cross-sectional studies have ... found an association between religious and spiritual activity and poorer physical health."

More information about the history of the relationship between religion, medicine, and science, as well as about the negative effects of religion on health can be found in the *Handbook of Religion and Health*, edited by Koenig.

Reference: Harold G. Koenig. 2000. "Religion and Medicine 1: Historical Background and Reasons for Separation." *International Journal of Psychiatry in Medicine*, 30(4), 385-398. 59 references

Lawrence VandeCreek, D.Min., BCC, is a retired APC chaplain living in Bozeman, MT.

Some research results do not support the opinion that religion contributes to health



Research Update will return in the November-December issue of *Vision*.

Seeking,



Finding

As prophets, chaplains peer into the work of God

By Bishop Richard J. Sklba



Labels and names, as we attempt to explain to little children, are very important. If given to people in a negative sense, they can hurt deeply and cripple a person's spirit for life. If positive, however, they can give purpose and direction as well as provide the bigger picture for everything we do!

In the years immediately before and after the Second Vatican Council, it became common to refer to the mission of Jesus in the ancient Israelite categories of "priest, prophet, and king." These were then applied to the entire Church and quickly to the baptismal calling of every individual Christian. At

this point, we take those labels for granted and therefore accept the titles without much further thought. "Of course," we shrug, and then move on to the next task of the morning's list.

Allow me to linger a bit longer and explore some of the more subtle implications of one of those ancient titles for the ministry of chaplaincy, namely that of "prophet."

Often, at least on the more popular level, we tend to think of that figure as one who predicts the future, and that's probably the last thing we chaplains would ever ascribe to our daily routine; so we quickly put the suggested title in an out-of-the-way closet as quaintly antiquated and quite out of fashion. We often think in that "predictive" fashion because of the way in which the New Testament (especially Matthew with all his Judaic considerations) wraps events from the life of Jesus in fulfillment language. Moreover, the Christianized Old Testament leaves the prophetic books to

the end of the volume, almost as if everything were poised and primed for the arrival of Jesus amid the crowds of Nazareth or Capharnaum! (Check out the *Tanakh*, as the Jewish Scriptures are called, and discover a very different sequence!)

All of that explains our understandable Christian slide to see a prophet as a predictor. Unfortunately, that's very different from the figure's actual mission and original calling! Were that the case, we might label such a figure a "*prephet!*"

The priests of ancient Israel had the task of proclaiming the requirements for entrance into the sanctuary; they recited the mighty acts of God throughout history and declared that God was therefore present and at work on behalf of God's People.

The prophets, however, had a different starting point — not history, but the present. They had powerful personal experiences of God and concluded, "God is here and this is what he's doing!" That dynamic divine presence might not be quite so apparent as yet to the rest of the population; so the prophet explained what God was in the process of accomplishing. A prophet by definition, then, speaks for and on behalf of the living God. Prediction was part of that task only to the degree that God's purposes were gradually rising to the surface of ordinary human perception.

The fundamental vocation or "call" of the prophet, ancient or contemporary, is to state clearly what God is about at any given moment! Talking about how God works and what the true God does is at the heart of being prophetic. Isn't that also the task of a chaplain?

Without assuming any mantle of false assurance or arrogant know-it-all bravado, the prophet chaplain sits at a bedside and tries to speak about God's sovereign action at work in the life of an ailing person. Without even a hint of the judgmental mentality of a moralizing snob, the prophet chaplain sits with a prisoner and describes the grace at work in every human situation, even those which seem

most painful or superficially hopeless. Without anything except a profound confidence, the chaplain tries to show how God remains at the very heart and center of everything, even the most difficult and tragic of human situations. Perhaps it is precisely there, amid human sorrow and loss and confusion, that God is most at work! The wise chaplain says so, and by that very fact becomes prophetic.

Though we often think of the solitary figures of the classical prophecy such as Isaiah, Jeremiah, or Ezekiel, they often worked in teams. They stood listening to the heavenly Council of God and were often part of the personnel associated with the local sanctuary. Thus a chaplain prophet gathers with other staff members to test convictions and to determine how best to challenge or comfort with truth and compassion.

There may be times, especially if invited into a patient's heart or a prisoner's deepest anxieties, when the prophet chaplain is forced in conscience to become an advocate for justice and right. That can come a bit closer to another popular notion of a prophet, namely someone who is driven to speak boldly against the institutional authorities in behalf of justice. That also is "prophetic," of course, and can become a moment of painful confrontation.

Prophets were also men and women of action. Their actions were watched very carefully by their neighbors. That happened because the people of that ancient and not by any means unsophisticated age envisioned the prophet's actions to be the starter coils of what God was about in the world on any given day.

When Jeremiah bought land in the suburbs of Jerusalem just as the feared Babylonians were placing the city under siege, the neighbors were delighted, for they saw that action as the actual beginning of a new age of peace and prosperity (Jer 32:9). When Ezekiel packed his bundle and dug a hole through the city walls as the beginning of exile, those who witnessed that grim event were both fear-

A prophet by definition speaks for and on behalf of the living God

ful and angry, for they assumed that his prophetic actions were the beginning of their own dreadful exile (Ez 12:7), almost its cause!

By taking on the mantle of justice, namely the restoration of the world to right relationships, a chaplain already lives somewhere out in the future, where such justice will rule the land and where such fairness will always be the way things are done. A chaplain arguing for the rights of a patient takes a stand on the other/new side of the question and calls the rest of the world to catch up and to share what ought to be done, at least as far as God is concerned. That can be a lonely place to live and minister, but it can also be precisely where God is at work.

A chaplain will have an active sense of the ecumenical call. Without sacrificing the great gift of Catholic identity, a chaplain worthy of the name in today's Church and world will understand God's summons to greater ecumenical coopera-

tion and interreligious mutual respect. That is the way of God's future, too.

As a people of the Christian faith, we are convinced that our God wants to heal the world, and that our God summons partners in that task. Those who speak for God and those who act for God are divine instruments of a new and different future. This renders a chaplain more humble than ever, for the work is God's, and the instruments often chosen precisely to make that reality very obvious to everyone!

It takes much spiritual insight to see what God might be about; clearly it takes a great deal of spiritual maturity to have the humble confidence to speak about that action in God's name; and it takes considerable courage to do so with assurance.

These are some of the things which come to mind whenever I visit a hospital and see a chaplain busy about the work of a true prophet! How does one know if

one's work is truly prophetic or not? Ancient Israel also sought some criteria. Simply "wait and see" if history reveals that action in an ever public and evident manner isn't always very helpful, but it is a criterion proposed (Deut 18:22). Another criterion is to test whether the prophet leads toward God or away from God (Deut 13:2). Even that remains ambiguous at times, for we are always moving from a lesser notion of God toward a truer image, or at least we hope that the new notion is truer and more faithful. We could be mistaken, of course, so our words of prayer or insight are often tentative before the utter mystery of God.

Nevertheless, the final test of the true prophet and effective chaplain will be a life of hope amid all the complexities of life. The world we serve needs that blessing urgently!

Bishop Richard J. Skiba is Auxiliary Bishop of the Archdiocese of Milwaukee.

AIDS conference overlooks contributions of Catholic Church

By Daniel Lunney

Being chosen as a chaplain for the XVI International AIDS Conference was an honor, but the reality of the undertaking did not hit me until after arriving in Toronto. As chaplains, our main function was to provide worship opportunities for the 26,000 delegates at the conference from August 12-18. We were also available to provide pastoral care. Thankfully, our pastoral care services were not a pressing need for conference participants.

As well as being a chaplain for the conference, I was also a media representative on behalf of the National Catholic AIDS Network. In that capacity, I provided daily updates via *Online Connections*, the online version of the NCAN newsletter.

The overt hostility toward the Catholic Church that I have experienced at other AIDS conferences was less prevalent here. But the contributions of

Catholic organizations in the response to the AIDS pandemic were overlooked and systematically ignored. It is estimated that Catholic organizations provide over 25% of the care and treatment for people living with HIV/AIDS in the world. The Catholic Church has also taken strong stands on debt relief, the dignity of all people, the need to address poverty — all of which are social drivers of the pandemic.

Because the Catholic Church also takes a strong stand on personal responsibility and the importance of committed, mutually faithful, life-long relationships, the Church is maligned as being out of touch with reality. Some have gone so far to say that the Catholic Church, because it does not support the distribution of condoms, is committing genocide. But fighting the AIDS pandemic must address the underlying problems which make people more vulnerable to HIV infection.

As we mark the 25th year of the pan-

demic, it is important for each of us to learn more about HIV and AIDS. As chaplains, we may see fewer people with HIV and AIDS in the hospital, but more people are living with it than ever before. In the United States, over 1 million people are infected, and globally approximately 40 million are infected. The number is still increasing each year. Life-prolonging anti-retrovirals are accessible in the United States. However, globally, less than 20% of those who need the anti-retrovirals have access to them.

The theme for the conference was *Stop AIDS: Keep the Promise*. I encourage each of you to visit www.ncan.org, www.kff.org or www.unaids.org to do your part to stop AIDS. As Pope John Paul II said in 1995, "The battle against AIDS ought to be everyone's battle."

Daniel Lunney, NACC Cert., is the executive director of the National Catholic AIDS Network, headquartered in Chicago.

A Pastoral Care Week service for everyone

Editor's Note: Pastoral Care Week will be celebrated Oct. 22–28. This year's theme is "Healing Humor." To mark the occasion, we share this reflection delivered last year at an interfaith service by Mark Weber, a CPE resident at Scripps Mercy Hospital in Chula Vista, CA

By Mark Weber

As we all know, interfaith gatherings like this one aren't the norm. Most of the time, we religious leaders spend time serving our own religious communities. Sure, our communities intermingle. They work together, study together, shop together, and even play together. But when it comes to religious activities, we segregate. I know this lesson well. Most Sundays I gather with my own religious community. I love it, but I also recognize that it's segregated.

Hospitals are one of the areas in which people intermingle from all faiths. People of all religions or of perhaps no religion at all are united by diseases, accidents, and other medical situations that know the boundaries of no religion — that sometimes seem to answer to none of our gods.

We are united in this tragedy called sickness.

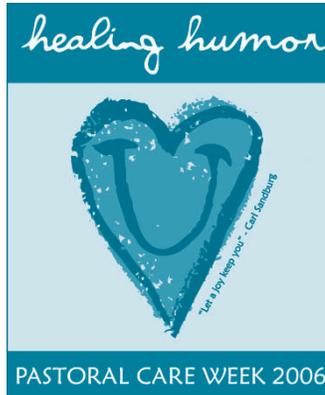
A hospital is not just a gathering of ill people. When people are sick or when their loved ones are sick, they often experience spiritual and emotional crises. Suddenly, all those religious activities that are often so segregated are brought into another place, an interfaith place, a hospital. Perhaps you know this well as you've met with members of your own faith community at this and many other hospitals.

We are united in the spiritual journeys that unfold within these walls.

Hospitals seem to naturally be spiritual places.

Perhaps we could say this is a holy site.

In a way, this hospital is a faith community.



It is a holy place and our patients are holy people.

What does it mean to serve such a population?

It doesn't mean that we have the answers.

It doesn't mean that we are the superheroes among religious leaders.

It doesn't mean that we know each faith as well as we should or how to serve each faith as well as we should.

However, it does mean that we *are* their religious leaders.

It means that we are stewards of this incredible gathering of people.

We have the honor of listening to them, sitting with them, crying with them, praying with them, helping them find comfort, helping them find hope, helping them express pain, and perhaps most of all, we have the honor of learning from our patients during their spiritual struggles.

As much as we do with and for them, ultimately, they are the ones suffering. They are the ones pioneering this spiritual holy ground. They are the ones creating this interfaith gathering. To

this hospital, our patients bring and create incredible wisdom.

They teach us what few other communities could.

This is Pastoral Care Week. A consideration of wisdom couldn't be any more appropriate as we sit here in the middle of one of the most unique and powerful interfaith holy sites on earth.

I present to you our interfaith teachers.

They are our patients.

They are the wise ones.

They are the holy ones.

As you serve them, pay attention; they have much to teach us.

This reflection originally appeared in the Spring/Summer 2006 issue of Chaplaincy Today. Used by permission of the Association of Professional Chaplains.

Interpreting ministry

Continued from page 3

days in March and in April of 2006, and length of stays were compared according to religious preference.

Although the numbers fluctuate, the trend indicates that those patients seen on a daily basis had a shorter LOS (see table on p. 3). Those with the least evidence of religious connection (NOP) had the longest stays. Is this related to religion/religious activity,² or is LOS more about the level of support that a patient feels in the context of an admission?

In essence, the studies merely describe the potential benefit of visits, but use a vocabulary that can open dialogue with administration. In my case, the research is just beginning. Even though my research has many limitations, the hospital CEO is

very interested in further exploration of the Iler hypothesis.

Perhaps other chaplains can try to replicate the study in their own institutions in conjunction with their administrations, not for publication purposes, but for building shared vision.

Together, administration and pastoral/spiritual care can seek connection, and develop a shared vocabulary that may benefit everyone, especially the patients we serve.

Michele LeDoux Sakurai, D.Min., NACC Cert., is a chaplain at Providence St. Vincent Medical Center in Portland, OR.

¹ *Chaplaincy Today* 17, no. 1 (summer 2001) 5-11.

² David B. Larson, and Susan S. Larson, "Spirituality's Potential Relevance to Physical and Emotional Health: A Brief Review of Quantitative Research," *Journal of Psychology and Theology* 31, No. 1(2003): 37.

Portland offers many attractions to conference-goers

We hope that a great many of you are making plans to join us in Portland, OR next March 17-20 for our annual conference, whose theme has been established as “Bridges to Peace, Paths to Transformation.” The planning committee, chaired by Camelia Hanemann, is hard at work to organize an enriching and rewarding experience for you.

Other committee members include Linda M. Arnold (liturgy), Martha L. Leven and Mary C. Myers (local arrangements), Timothy G. Serban (speakers), and Susanne Chawszczewski and Rev. Thomas G. Landry (ex officio). Watch your next issue of *Vision* for more information on speakers and content.

As if gathering with your colleagues weren't enough incentive, the city of Portland and the surrounding area offer many beautiful and interesting things to see, do, eat, and buy. What follows is only a small sample; you can visit www.pova.org for more details.

An internationally renowned Catholic sanctuary, the Grotto, set among 62 acres of botanical gardens, offers a place of peace and quiet reflection for all people. More than 100 beautifully sculpted statues and shrines are nestled among flower-lined pathways winding under towering firs. Peaceful reflection ponds, spectacular cliffside vistas and award-winning architecture offer inspiration for all who visit this natural gallery in the woods.

In the Pearl District, historic industrial buildings have been transformed into unique retail storefronts, restaurants, galleries, lofts, and townhouses in Portland's premier shopping district, with creative cuisine, home furnishings, art, and one-of-a-kind boutiques. More than 100 shops, restaurants and galleries are open seven days a week, year-round.

Transport yourself to ancient China as you enter the Portland Classical Chinese Garden, a harmonizing blend of water, architecture, and stone against a richly planted landscape. Overlooking the lake, the Tao of Tea teahouse features more than 35 teas and Chinese snacks.

As the oldest museum in the Northwest, the Portland Art Museum is internationally recognized for its permanent collections and for its ambitious special exhibitions. The museum's collection is especially distinguished in its holdings of French painting, English silver, the arts of the native peoples of North America, graphic arts, modern art and contemporary art of the Pacific Northwest.

Visit one of the largest and oldest rose test gardens in the country — for free. The International Rose Test Garden, just minutes from downtown Portland in Washington Park, has 7,000 rose bushes and spectacular views of the city. Additionally, Peninsula Park Rose Garden has 6,500 rose



The Grotto is a Catholic sanctuary set on 62 acres of gardens in Portland.

plantings and is located in North Portland; and Ladd's Addition Garden, which features 3,000 roses, sits in the historic southeast Portland neighborhood of the same name.

Tucked above the International Rose Test Garden, the Japanese Garden has been proclaimed one of the most authentic Japanese gardens outside Japan. Five traditional garden styles, a ceremonial teahouse and a pavilion combine to capture the mood of ancient Japan. A haven of tranquil beauty, the Japanese Garden covers 5.5 acres and has a magnificent view of Portland and the surrounding mountains. Admission charged.

If you come early for the conference or stay late, take the time to explore a little farther afield in Oregon. Experience the Columbia River Gorge National Scenic Area, an 80-mile stretch where basalt bluffs rise 1,500 to 4,000 feet above the water. One of the most awe-inspiring ways to experience the gorge is to take Exit 17 from Interstate 84 and proceed along the Historic Columbia River Highway. Frequent turnouts afford breathtaking views of many of the 77 brilliant waterfalls that tumble from the glaciers and snowfields of Mount Hood, including Multnomah Falls, Oregon's tallest cataract and America's second highest year-round waterfall.

Going southwest from Hood River will take you toward Mount Hood, Oregon's tallest peak. Or you can explore the state's beaches, beginning at the Oregon Coast's northernmost tip, Astoria. Restored Victorian-era homes dot the hillsides while fresh seafood markets, restaurants and shops pepper the town. Quaint Seaside offers a two-mile-long oceanfront promenade of Coney Island-like attractions. The End of the Trail Monument marks the westward end of the Lewis and Clark expedition. The neighboring community of Cannon Beach is a picturesque oasis of local theater, surf fishing, beachcombing, art galleries and shopping. On its shores, the surf laps against Haystack Rock, one of the world's tallest monoliths.

NACC helps shape '07 symposium on lay ministry

The National Association of Catholic Chaplains has been invited to participate in a national symposium on lay ministry, designed to continue the dialogue on the topic began by the U.S. bishops through the recent publication of *Co-Workers in the Vineyard of the Lord*.

The symposium is organized by Saint John's School of Theology and Seminary in Collegeville, MN, in cooperation with the United States Conference of Catholic Bishops Office of Family, Laity, Women, and Youth. When planning for the symposium began last fall, it was decided that national organizations serving lay ecclesial ministers should be included in the collaborative effort. The NACC was identified as a key organization.

The NACC has made a commitment to co-sponsor this national lay ministry symposium. Our Director of Education and Professional Practice, Dr. Susanne Chawaszczewski, has been participating in planning calls as well as one on-site planning meeting in August in Collegeville, MN. As a co-sponsor, we will provide leadership and direction regarding the dialogue and have association representation at the national symposium. Because of its long and successful history with certification, the NACC has the opportunity to be a key player in this dialogue.

The 2007 National Symposium, "Sustaining Pastoral Excellence in Lay Ministry in dialogue with *Co-Workers in the Vineyard of the Lord*," will take place August 1-3, 2007, in Collegeville, MN. Its purpose is to generate national recommendations for bishops, diocesan offices, Catholic colleges and universities, and national lay ministry organizations for sustaining pastoral excellence in lay ecclesial ministry.

As a response to the bishops' call, the symposium will seek to expand the study and dialogue of lay ecclesial ministry; better understand the critical issues facing lay ecclesial ministers; and find effective ways to promote and sustain effective lay ecclesial ministry.

Projected outcomes of the symposium include:

- ▼ Promote theological reflection, dia-

logue, and interpretation of lay ecclesial ministry among bishops, diocesan and Catholic higher education formation programs, national lay ministry organization leaders, theologians, diocesan leaders, and practitioners.

- ▼ Amplify the national will to promote effective ecclesial leadership practices identified within *Co-Workers in the Vineyard of the Lord*.
- ▼ Gain theological and pastoral insight into the pathways toward lay ecclesial ministry as well as authorizing, certifying, forming, and sustaining lay ecclesial ministry.
- ▼ Publish national recommendations for formation, authorization, certification, and the workplace that will improve and sustain excellence in lay ecclesial ministry.

The bishops of the arch/dioceses of Minnesota (St. Paul/Minneapolis, Duluth, Crookston, Winona, New Ulm, and St. Cloud) have collaboratively endorsed a common certification process developed and sponsored by the Minnesota Catholic Education Association for lay ecclesial ministers who serve as youth ministers and catechetical leaders. The pre-planning meeting in August used this project as a case study to provide a foundation for discussion and to explore and generate compelling questions and issues in lay ecclesial ministry.

Approximately 38 participants at the meeting listened to groups of stakeholders from Minnesota, including certified lay ecclesial ministers and pastors; diocesan staff working on certification; and Minnesota Catholic colleges and universities. Bishop Dennis M. Schnurr from the Diocese of Duluth and Bishop John C. Nienstadt from the Diocese of New Ulm were present to listen and comment, and both gave stirring reflections on the process and potential for national recommendations for lay ecclesial ministry. Once the listening process concluded, participants surfaced important issues, themes, narratives and questions which were then refined into a set of compelling

questions regarding lay ecclesial ministry.

The co-sponsoring organizations, including the NACC, met again in September in Denver, CO, to refine the details for the 2007 symposium.

As a national Catholic certifying organization, participation in this dialogue is both a privilege and also has great potential for NACC and its future. As we gather around the table with sister organizations, graduate programs, diocesan leaders, and representatives from the USCCB, the NACC can be one of the influencing factors in the direction of recommendations for lay ecclesial ministry in the U.S. Catholic Church.

Co-sponsoring organizations include:

Association of Graduate Programs in Ministry (AGPIM)
 Federation of Diocesan Liturgical Commissions (FDLC)
 Instituto de Fe y Vida
 Minnesota Catholic Education Association (MCEA)
 National Association of Catholic Chaplains (NACC)
 National Association of Catholic Family Life Ministers (NACFLM)
 National Federation for Catholic Youth Ministry (NFCYM)
 Saint Mary University of Minnesota
 Institute for Pastoral Ministries
 Washington Theological Union

Collaborating organizations include:

National Association of Black Catholic Administrators
 National Association for Lay Ministry (NALM)
 National Association of Pastoral Musicians (NPM)
 National Conference for Catechetical Leadership (NCCL)
 USCCB Commission on Certification and Accreditation (USCCB/CCA)

Chaplains' guide touches dangerous ethical ground

Handbook for Chaplains by Mary M. Toole; Mahwah, NJ: Paulist Press, 2006, 77 pp, \$8.95.

By Rabbi David Zucker

In this slim volume, the author presents major beliefs about a variety of subjects for eight different faith traditions.

Toole covers Buddhism, Christianity, Hinduism, Islam, Jehovah's Witnesses, Judaism, Orthodox Christianity, and Roman Catholicism. To her credit, Toole uses the same categories for each religion: beliefs, birth, diet, sickness, dying/death, and prayers. Reading through the volume, I experienced a sense of continuity.

Paradoxically, Toole offers too much and too little. She doesn't offer an introduction or clearly defined goals. We can only infer her objectives from the back cover which states that sometimes, "chaplains are called on to minister to people of a different faith tradition from their own," and that this *Handbook* offers the main beliefs and pertinent information about these faiths.

This is where, for me, the trouble begins. Chaplain Toole did not present a picture of Judaism that I readily recognized as the mainline Judaism that I devoutly practice. What is true for me could be true for participants of the other cited religions.

The Judaism portrayed in her book generally reflects Orthodox Judaism. Eight prayers presented come from an Orthodox Jewish prayer book. Orthodox Judaism constitutes only about 10 to 15 percent of American Jewry. This means that about 85 to 90 percent of Jewish patients/residents may find these prayers unfamiliar, or not comforting.

There is a larger problem. Again, it is highlighted on the back cover, which explains that the volume contains "appropriate prayers that could be said with patients and their families."

In my view, it is inappropriate — inauthentic — for a person of one faith to recite the liturgical prayers of another faith. Inherent nuances in the hearts, souls and minds of believers are absent in people from other faiths. For example, Toole cites the "*Shema*" as a prayer that is available for a non-Jew to recite. Many Jews recite this (near) creedal statement about God's unity (Deut 6:4) during their formal daily, Sabbath and Holy Day prayers. Yet many other Jews do not pray regularly. Many know the "*Shema*" as a synagogue — or a deathbed — prayer. Psalm 23 poses a similar problem. Although it is not part of the standard liturgy, it

often is included as part of a funeral service. To recite these prayers with Jewish patients/residents might subliminally (mistakenly and harmfully) suggest that they are at death's door.

Other reasons for NOT reciting another faith's prayers are that already compromised patients/residents may be embarrassed to acknowledge that they are unfamiliar with them or have forgotten the words. Further, they may believe them inappropriate to recite before a person from a different faith — but they may be unable to say "no" to the chaplain. As God's representatives, chaplains carry unspoken power. But what if a patient should ask a chaplain to recite a particular prayer from their liturgy? The chaplain should decline and facilitate that person reciting it for himself or herself.

T. Patrick Bradley (a Roman Catholic deacon) and I discussed this during our workshop at the NACC's 2006 conference in Columbus. Although we come from very different religions, we agreed that when chaplains recite from the Scripture or liturgy of a religion that is not their own, they violate ethical boundaries.

More to the point, I believe it is unnecessary for well-intentioned chaplains to trespass on another's sacred words. An educated, professional, experienced chaplain can offer comfort through spontaneous prayers that are custom-made in the moment for each patient/resident.

In my opinion, this *Handbook* — and similar works, including Jane C. Joseph's *A Chaplain's Companion* and the SDA *Emergency Ministry*, inescapably invite well-meaning chaplains to cross ethical boundaries.

David J. Zucker, Ph.D., is Director of Spiritual Care/Rabbi at Shalom Park, a senior continuum of care center, in Aurora, CO. He is certified by the National Association of Jewish Chaplains. His latest book is The Torah: An Introduction for Christians and Jews (Paulist Press, 2005).

Invitation to dialogue

This may be an appropriate time to remind readers that we never consider an article in *Vision* to be the last word upon the subject.

If some of you want to offer opinions of *Handbook for Chaplains*, or discuss further the question of how chaplains should pray with those of other faiths, please contact David Lewellen at dlewellen@nacc.org.

Book Review

Lawyer pens worthwhile end-of-life book

Unplugged: Reclaiming Our Right to Die in America

By William H. Colby (*New York: AMA-COM*), 2006, ISBN 0-8144-0882-6, hard cover, \$24.95.

By Rev. James Buryska

The only thing about this book that I didn't particularly like was the subtitle. "Reclaiming Our Right to Die in America" conveys the impression that the book is primarily about the legalities of the right-to-die debate, with its component cases, discourse and polarization — an impression particularly tempting since the book's author is attorney William Colby, who represented the Cruzan family before the United States Supreme Court. But in the end, I found this impression does not do justice to the book, which is worthwhile for several reasons.

Colby offers a succinct and readable tour of the technological, medical and legal developments of the past forty years insofar as they influence how we die and how we view death in our culture. I found this history to be particularly valuable as a reminder that many of these developments have happened during my professional lifetime, yet have become so much a part of the medical environment that most of us probably take them for granted, or haven't even noticed their arrival or significance. Interestingly, much of the history has taken shape around the cases of three young women: Karen Ann Quinlan, Nancy Cruzan and Terri Schiavo. Colby devotes considerable attention to the unfolding of the Schiavo case.

The author also points out that certain assumptions about how death is "supposed" to happen, accompany medical technology and institutional protocol: what has been called the "institutional glide path" that often determines events and decisions near the end of life, irrespective of the wishes of patients or their loved ones.

Colby is clear that the law is a blunt

instrument, not particularly helpful in resolving disputes like Terri Schiavo's case, and certainly no substitute for conversation between individuals, family members and others who have a stake in decisions about how we live and die.

Although Mr. Colby's opinions are unmistakable, he is remarkably evenhanded in his treatment of the protagonists on both sides of the argument: he demonizes no one, even those with whom he vehemently disagrees on the issues; and he points out that emerging technology has presented us with difficult issues about which we have not significantly conversed, much less formed a consensus.

Finally, the author praises the work of Dame Cecily Saunders, Florence Wald, and other hospice pioneers, making an eloquent plea for the modern hospice movement as an alternative to the high-tech, full-court-press approach to care near the end of life.

With this book, William Colby — like Daniel Callahan and others before him — challenges the conspiracy of silence about our mortality, so much a part of our culture and the culture of modern medicine. He believes that the remedy for ineffective conversation is more conversation, not less. In the concluding chapter his bottom-line advice is:

"Fill out a health care power of attorney. Talk to the person you name as your agent about Terri Schiavo ... and the other end-of-life stories that come up in your discussion. Tell your family and anyone else who might be in the room when health care decisions are made for you, about your conversation. Give copies of the document to your agent, other family members and your doctor. Go live."

A fitting and common-sense conclusion to an eminently worthwhile and readable book.

Rev. James F. Buryska, NACC Cert., is an NACC and ACPE supervisor at the Mayo Medical Center in Rochester, MN.

Visitations

By Deborah Gordon Cooper

On Tuesday
in the produce aisle,
choosing my oranges by feel
and by their fragrance,
I hear my father
whistling in my ear.
A Scottish lullaby.
Everything else stops.

There is a tenderness no border can
contain.
A web that may be glimpsed
in certain, unexpected plays of light,
or felt
like a shawl
across one's shoulders
laid by unseen hands.

There are sounds in other decibels
the heart can hear
when the wind is right
and the mind has quieted its clicking.
The border guards are sleeping
at their stations.
Spirits come and go.

The wall between the living
and the dead
is as yielding as a membrane,
is as porous as a skin.
Lay your palm against it
and you can hear their voices
in your hand
and in the place where the chest opens
like a flower.

They are not far away,
no farther than the breath
and enter us as easily,
in pine and peonies,
in oranges and rain.

Deborah Gordon Cooper, NACC Cert., is a chaplain emerita in Duluth, MN

▼ PRIEST CHAPLAIN

Northridge, CA – Northridge Hospital Medical Center is seeking a Priest Chaplain who will promote holistic care for the faith, beliefs and values of patients and staff. Will establish a healing environment and interfaith collaboration with local centers of worship, community organizations, and volunteers. Master's of Divinity or related degree is required. Certified with NACC, with 4 units of CPE. Ordained Roman Catholic Priest. Endorsement as a chaplain from the Los Angeles Diocese is expected. Bilingual in Spanish is preferred. Full-time position (days and hours vary). Northridge Hospital Medical Center offers excellent compensation and medical benefits. Send resume to Human Resources at 18300 Roscoe Blvd., Northridge, CA 91328; Fax: (818) 349-6366. EEO

▼ PRIEST CHAPLAIN

Napa, CA – Providing spiritual support to families and patients, staff and physicians, sacramental support, participation in inter-disciplinary rounds, committees; share on-call coverage. Qualifications: Catholic Priest Chaplain, in good standing with his bishop or religious superior. Bachelor's degree in related field. Ecclesiastical endorsement, according to guidelines of NACC or APC. Preferred master's degree in theology/spirituality/divinity, one year experience as chaplain in healthcare setting, four units of Clinical Pastoral Education, certified by NACC or APC, bilingual (English and Spanish), advanced training in bioethics. Queen of the Valley Hospital, a 179-bed Catholic state-of-the-art healthcare facility, is part of St. Joseph Health System which is sponsored by Sisters of St. Joseph of Orange. For more information contact Connie Evans. 707-252-4411 x2189 or connie.evans@stjoe.org

▼ EXECUTIVE DIRECTOR, MISSION INTEGRATION AND SPIRITUAL CARE

Sioux City, IA – Mercy Medical Center (a member of Trinity Health, Novi MI) is seeking a talented individual to serve as Executive Director of Mission Integration and Spiritual Care to help advance our faith-inspired service and healing organization. As a member of the management team, the successful candidate will provide leadership for this ministry organization promoting the mission and philosophy of Mercy Medical Center and promoting spirituality in the workplace by assisting leadership, physicians and staff in integrating the mission and values in their decisions and practices including strategic planning, organizational structure, operations, policies and programs. This position will also direct and manage the services and functions of the Pastoral Care team, provide strategic direction for the Community Benefit Ministry Program, and be responsible for the ethics programs providing ethics consultation, education and resources for clinical and organizational ethics. Requirements include a master's degree with specialization in theology/religious studies, ethics, pastoral ministry; with knowledge and practical experience applying Catholic theology and ethics. Requires experience in mission services, pastoral ministry or behavioral sciences with a minimum of five to seven years of healthcare-related experience and/or internship experience in mission services. Must have a

Positions Available

thorough knowledge and understanding of theology, spirituality, religious community leadership, and the workings of the Catholic Church. Must possess proven planning and management skills within a complex organization, including the ability to move a broad conceptual base to program development and implementation. For more information, contact: Julie Anfinson, Director of Human Resources, Mercy Medical Center, 801 Fifth Street, Sioux City, Iowa, 51102; phone (712) 279-5934 or (712) 279-2297; email: anfinsoj@mercyhealth.com. For more information on our organization, visit us at www.mercysiouxcity.com

▼ CHAPLAIN

Anchorage, AK – Putting people first. An environment that brings out your best. That's what a calling at Providence Health & Services offers. When you work here, not only will you find innovative technology and outstanding benefits, but also an atmosphere that treats each employee with personal respect consistent with the mission and values of a premier Catholic health care provider. We've been serving Alaska over a century – and we'd like you to be a part of our continued success. At Providence Alaska Medical Center, the state's largest medical center with 364 beds, you'll find a comprehensive and advanced range of services, cutting-edge technology, and a professional setting that is truly supportive and rich in team dedication. A diverse spiritual care staff and new CPE program are integrated into the multi-disciplinary care team and its services. The chaplain ministers to the emotional and spiritual needs of patients, families, and staff associated with the mission and work of Providence Health System in Alaska. Primarily assesses and addresses emotional and spiritual needs through spiritual care interventions, sacramental and ritual care. APC/NACC/NAJC board certification or certifiable required. Experience in health care setting preferred. Ability to work collaboratively with diverse staff and patient population a must. Roman Catholic Priests or Sisters are especially encouraged to apply. All of the beauty and adventure of Alaska awaits you. From hiking to skiing snow-capped mountains, fishing in wild streams to exploring the open wilderness, Alaska offers a spectacular way of life. If you're looking for a rewarding ministry in a beautiful setting, consider Anchorage and Providence Alaska Medical Center your destination. We offer a generous benefits package along with relocation assistance. Please complete an online application at www.providence.org/alaska/jobs.htm or call (800) 478-9940 for more information. Providence Health & Services is an Equal Opportunity Employer.

▼ DIRECTOR, MISSION & VALUES INTEGRATION & PASTORAL CARE

Toledo, OH – Mercy Health Partners is seeking a candidate for a position in pastoral care who is certified in the National Association of Catholic Chaplains (NACC) or the Association of Professional Chaplains (APC) with three to five years' experience in pastoral services in a religiously

Positions Available

sponsored healthcare environment. Requires master's level knowledge in religious studies, theology or related discipline and knowledge of Catholic Church teachings related to healthcare, ethics, sacraments, and a broad sense of the mission of the Church. We offer a competitive salary and benefits package. For consideration, please submit a resume to Recruitment Manager, Mercy Health Partners, 2200 Jefferson Ave., Toledo, OH 43624, or fax (419) 251-7749. Website www.mercyweb.org. EOE.

▼ VP MISSION SERVICES

Saginaw, MI – St. Mary's of Michigan, www.stmarysofmichigan.org, is seeking a VP Mission Services. Over 20 community outreach programs complement the hospital, including housing programs, neighborhood revitalization initiatives, pharmacy programs for the indigent and health care education and clinics. Consistent with Church teachings, the Vice President of Mission Services provides leadership in the effort to integrate the mission, vision and values of Ascension Health into St. Mary's of Michigan and its subsidiaries, supporting/promoting community service. The VP of Mission Services is responsible for conceptualizing, developing, promoting and implementing a full continuum of activities in a manner which will spiritually and intellectually enrich the leadership of St. Mary's, as well as increase the organization's ability to achieve its long term vision. In addition, the VP, Mission Services is a key link to Ascension Health and as a member of the senior leadership team at St. Mary's, actively participates in the policy development, strategic planning and budget activities at St. Mary's. This person will oversee Pastoral Care as well as board education, volunteers, leadership and staff development, and care to the poor and community benefit. This person will continue to foster community relationships, collaboration and responsiveness to need. The qualifications include a bachelor's degree, with a master's degree preferred. Evidence of mature personal spirituality accompanied by an understanding of inclusive spirituality in the workplace and a commitment to, and experience in, serving persons who are poor and vulnerable; personal credibility and motivational style to help promote mutual accountability for care of the poor. The successful candidate will be a practicing Roman Catholic and could come from a variety of organizations, such as a healthcare system, hospital, association/organization, religious community or advocacy group. If you would like to learn more about this opportunity, please contact Janet Oppenheimer at StMarysVP@wittkiewer.com.

▼ HOSPICE CHAPLAINS

Rockford, IL, Brookfield, WI – Heartland Hospices of Brookfield, WI and Rockford, IL are seeking chaplains to provide spiritual care to patients, families and staff as a part

of a collaborative interdisciplinary team that provides the highest quality end-of-life care. The successful candidate will have previous hospice experience. Qualifications include: M.Div. or MA in theology or pastoral ministry; minimum of 4 units of Clinical Pastoral Education. Certification by APC or NACC or other pastoral care cognate group, or the ability to be certified within one year of hire. Must have ecclesiastical endorsement. Please contact: Wendy Schultz, Regional Recruiter; phone: 888-436-8985; fax: 262-641-6624; e-mail: wschultz@hcr-manorcare.com. Drug Free, EEO employer.

▼ DIRECTOR OF SPIRITUAL CARE SERVICES

Royal Oak, MI – Beaumont Hospital, Royal Oak, a 1,061-bed tertiary care hospital and Level 1 trauma center, is seeking a Director of Spiritual Care Services to lead the delivery of spiritual care and the Clinical Pastoral Education program. Located in Southeast Michigan, Beaumont, Royal Oak ranked first in the state in emergency center visits and inpatient hospital admissions in 2005. The Director of Spiritual Care Services is responsible for: planning and implementing multi-faith spiritual care to the patients, families and staff; serving on the Institutional Ethics Committee and Ethics Consult Team; acting as a liaison between Beaumont Hospital and the religious community; planning and delivering interfaith and sectarian services; oversight of the Clinical Pastoral Education program; management of department budget; and, day to day leadership and management of the Spiritual Care Services staff and operations. The position requires a Masters of Divinity degree, ordination or commission to function in a ministry of pastoral care by appropriate religious authority, certification by APC, NACC or NAJC, and ACPE Supervisor certification. Highly developed communication, organizational, leadership, customer service and relationship management skills also required. Qualified candidates may apply online at www.beaumont-hospitals.com, or by submitting a cover letter and resume to: Michael Woolsey, Human Resources, 3601 W. Thirteen Mile Rd., Royal Oak, MI 48073, or e-mail mwoolsey@beaumont-hospitals.com.

▼ CHAPLAIN

Baltimore, MD – Hospice of Baltimore seeks full-time or part-time chaplains for their rapidly growing home hospice program. Responsibilities include assessing spiritual needs, providing spiritual counseling and developing plans of care appropriate to facilitate meaningful spiritual closure at end of life. Additional responsibilities include facilitating memorial services, community education and outreach to faith communities regarding end of life issues. Flexibility regarding periodic evening and weekend on-call is essential. Requirements include master's degree in theology, divinity, pastoral ministry or spirituality and four units of clinical pastoral education. Experience in health care setting and community home visits, certification or eligibility for board certification preferred. Current driver's license required. Please send your resume to: cvagrin@gbmc.org or fax: (443) 849-3078. EOE. www.gbmc.org

▼ DIRECTOR OF CHAPLAINCY SERVICES

Mitchell, SD – Rewarding position available for Chaplaincy Services Director at Avera Queen of Peace Health Services, a Catholic-sponsored healthcare facility. Responsibilities include directing staff in planning, coordinating and fulfilling chaplaincy service needs of patients. Excellent interpersonal and organizational skills essential. Must possess an active faith and belief in God and God's healing power. Ability to counsel and make professional assessments. Capable of giving spiritual assistance. Bachelor's degree in related field preferred, master's degree desirable. Four units of pastoral education or theology/psychology background preferred. Certification by National Association of Catholic Chaplains or Association of Professional Chaplains preferred. Pastoral Ministry required and managerial recommended. Competitive salary and excellent benefits. If interested contact: Avera Queen of Peace Human Resource Department, 525 N. Foster, Mitchell, SD 57301; (605) 995-2408; or apply online at www.averaqueenofpeace.org

▼ DIRECTOR OF PASTORAL CARE

Williamsport, PA – Susquehanna Health Systems' Pastoral Care Department, serving Divine Providence Hospital and The Williamsport Hospital & Medical Center, is seeking a Director of Pastoral Care Services to administer, direct, develop and implement the provision of pastoral care services to patients, families and staff from a spiritual, religious and emotional perspective. The Director must demonstrate spiritual, theological and pastoral care knowledge and formation and display excellent communication, teamwork, organizational and management skills and abilities. He or she must be willing to be a spiritual advocate in the community and must possess good interpersonal skills in order to relate well to a diversity of age groups, personalities, ethnic, socioeconomic and educational backgrounds while demonstrating a respect for the Catholic Ethical & Religious Directives as well as social justice Issues. Learn more about us and apply online at shscare.org. EOE/AEE

▼ DIRECTOR OF PASTORAL CARE

Worcester, MA — Notre Dame Long Term Care Center is looking for an enthusiastic individual to work full time providing pastoral ministry within the framework of the Notre Dame mission and philosophy. Services are provided to residents, staff, families and visitors to ensure that spiritual and pastoral needs are met. Experience working with the infirm elderly is needed, as well as excellent communication and counseling skills, patience, and tact. NACC or APC accreditation desirable. Master's degree preferred with knowledge of specialized fields of theology, liturgy, psychology, sociology, ecumenical orientation, and Catholic ethical guidelines. We offer exceptional benefits package including medical, dental, life and disability insurance; retirement plan; tuition assistance and more. Send resume to Human Resources, Notre Dame Long Term Care Center, 559 Plantation St., Worcester, MA 01605; fax (508) 852-0397.

▼ ON-CALL CHAPLAIN

Sheboygan, WI – St. Nicholas Hospital is currently accepting applications for a casual/on-call chaplain for Spiritual & Pastoral Support Services. Position will provide pastoral ministry and support to patients, families and staff of St. Nicholas Hospital. Theological training with minimum of one unit of Clinical Pastoral Education. Valid driver's license and insured vehicle are also required for Hospice visitation. In addition, candidates with experience in grief support will be preferred. Endorsement for ministry from the appropriate religious denomination is also required. For consideration, complete application or to send resume: Human Resources Recruiter, St. Nicholas Hospital, 3100 Superior Ave., Sheboygan WI 53081 (920) 459-4650; (920) 451-7280 fax; humanresources@sns.hshs.org. Equal Opportunity Employer functioning under an Affirmative Action Plan. Affiliate of Hospital Sisters Health System.

▼ CHAPLAIN

Laguna Hills, CA — Saddleback Memorial Medical Center, a 325-bed MemorialCare facility, is seeking a chaplain for our Pastoral Care Department. This full-time position requires a master of divinity or master of theology degree from an accredited theological seminary. Candidate will be an ordained or consecrated minister and a certified hospital chaplain (or in process with certifying body) with clinical pastoral education (2 units minimum) or equivalent. Ecclesiastical endorsement for chaplaincy is essential, as is 2 years experience providing spiritual care in a healthcare setting. Must be licensed or endorsed by a recognized, major religious affiliation. Please apply in person or send/fax resume to: HR, 24451 Health Center Dr., Laguna Hills, CA 92653. (949) 452-3633, FAX: (949) 452-3549. E-mail: hremployment@memorialcare.org. You may apply on-line at any time at: www.memorialcare.org/saddleback. EOE.

▼ PASTORAL CARE ASSOCIATE

Dobbs Ferry, NY – St. Cabrini Nursing Home's Department of Pastoral Care is seeking a part-time pastoral care associate to work Saturday and Sunday 8:30 a.m.-2 p.m., or every other weekend, same hours. Experience in healthcare ministry is preferred. This experience would include those who are at present in a CPE program. St. Cabrini Nursing Home is a 304-bed nursing home sponsored by the Missionary Sisters of the Sacred Heart. Please send or fax resume to: Fr. Edwin Robinson, OFM, Director of Pastoral Care, St. Cabrini Nursing Home, 115 N. Broadway, Dobbs Ferry, NY 10522; fax (914) 693-1731.

Positions Wanted

NACC-certification-eligible priest seeks a full time position as a staff chaplain, preferably in the hospitals (specialized areas include orthopaedics and oncology) in Nashville, TN or Alabama areas, beginning in September/October. Please contact Rev. Azuka Iwuchukwu at frazuka@yahoo.co.uk

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norma.gutierrez@stjoe.org

Calendar

November

- 2-5 National Certification Committee meeting, Milwaukee
- 4 Supervisor certification interviews, Milwaukee
- 9-10 Board of Directors meeting, Milwaukee
- 13-16 USCCB meeting, Baltimore, MD
NACC Episcopal Advisory Council meeting, Baltimore, MD
- 15 Copy deadline, January *Vision*
- 23 Thanksgiving; national office closed
- 24 National office closed

December

- 18 Copy deadline, February *Vision*
- 22 National office closed in lieu of Christmas Eve
- 25 National office closed for Christmas Day
- 29 National office closed in lieu of New Year's Eve

THE NATIONAL ASSOCIATION OF
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