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# Chaplains' uniqueness may lie in mutual care

By Rev. Dean V. Marek  
and Mayo Clinic chaplains

For years, chaplains in general and Catholic chaplains in particular have been struggling to define ourselves and the services we provide. And we have done so with very little outside help.

Our official and unofficial Catholic sources of information on the subject don't say much about the ministry. The General Introduction to the *Pastoral Care of the Sick* does not define spiritual care and uses the word "chaplain" only once — in paragraph 29 in reference to the ordinary ministers of viaticum.

What does the online *Catholic Encyclopedia* say about the work of the chaplain? Nothing; there is no listing for *chaplain*, *pastoral care*, or *spiritual care*. In the section on *pastoral theology* one reads, "From the days when St. Gregory the Great wrote his classic *Regulae pastoralis liber*, the duties that make for the care of souls have been conveniently divided into those of the teacher, of the minister of the sacred mysteries, and of the shepherd." Teacher and minister of the sacred mysteries refer to catechesis and sacramentalism. The encyclopedia describes the duty of shepherd as "the organization of parishes; the maintenance of a church and other institutions that grow up around it; the management of parish schools; ... the vast number of social works into which a priest in a modern city is almost necessarily drawn."

In *The New Dictionary of Theology* in the section titled *Anointing of the Sick*, all one reads is the following: "The pastoral care of the sick and dying has always been an integral part of the church's mission entrusted to it by its founder: 'I was sick and you visited me' (Mt 25:36). This ministry finds sacramental expression in the rites of anointing and viaticum." We Catholic chaplains could agree that

anointing and viaticum are part of the description of pastoral care, but not the whole of what constitutes spiritual care.

Go to *chaplain* in Wikipedia.org and you will find much about military chaplains and even a special mention of Fr. Mulcahy from *M\*A\*S\*H*. But the category *healthcare chaplain* gets short shrift.

## Recent history

Some 23 years ago, George W. Barger mailed a questionnaire to the members of the Omaha Area Institutional Chaplains Association and the Nebraska State Chaplains' Association asking them to describe their role. The results showed that chaplains see themselves playing three major roles in the hospital: counselor, professional, and religious functionary. "Perhaps the most important finding of this study is the low level of agreement that exists among chaplains as they describe their role expectations."<sup>1</sup>

About the same time, Lawrence Holst published his findings about the role of a chaplain. Holst defined five distinct roles: *comforter* helping patients cope with fears and anxieties resulting from illness; *witness* praying with patients as a testimony of God's love and concern; *liturgist* administering the sacraments; *resource person* conducting lectures and classes; *counselor* with patients and employees on personal and work-related problems.<sup>2</sup>

At the 1990 national convention of the Healthcare Chaplains Ministry Association, members were surveyed as to their understanding of the role of a chaplain. There were 96 respondents with an average age of 60. The primary view of their role was

What does the online *Catholic Encyclopedia* say about the work of the chaplain?  
Nothing

# Association seeks to build Catholic relationships

By David A. Lichter, D.Min

Executive Director

In this column I will be reflecting on the third goal of the strategic plan: *to strengthen the NACC's relationships within the Catholic Church*. Its objectives focus on relationships within every sector of Catholic life.

I recently reread the *40<sup>th</sup> Anniversary Reflections* and the notes from the Vision and Action planning meetings over the past year. Both were instructive to me as I have tried to understand the integral, yet at times troubling, relationship of the NACC to its Catholic character. My

first impression is the rich and resilient nature of our Catholic identity, even in the midst of turbulence. Earlier times in our history have been marked by some dissatisfaction with how bishops were treating the NACC, as well as by some bishops' concerns about the NACC's Catholicity. But we have always worked through our difficulties, and Catholic identity has remained central to who we are.

Other  
professions  
are trying to  
judge the value  
of chaplaincy

The minutes from the Vision and Action Planning Committee reveal honest, intense, and critical exchanges on the NACC's Catholic identity and relationships, resulting in both the final words of the mission statement, "the healing ministry of Jesus *in the name of the Church*" and this goal.

The first objective, *Educate local ministry groups, parish/school staffs, and the wider Catholic community about chaplaincy*, starts with the need to have the grassroots communities and ministry groups understand chaplaincy. In my brief time with you, I am continually struck with the response of Catholics who ask about my new position, "Who are chaplains? Like those in Iraq?"

We have a challenge. I was recently in Seattle with about 40 chaplains, and we touched on this in the context of recruiting chaplains. Many expressed the challenge of greater visibility in the local community and their willingness to be speakers to local groups. Our leadership challenge is to help with materials, presentation outlines, and ways to communicate into these local sectors. Part of it is empowering you, as chaplains, with the resources. Our marketing task force is committed to help with this.

The second objective is *Enhance relationships with Catholic bishops on the local level*. We need to explore ways for this to happen. One idea is to test "diocesan gatherings" with a special Mass to highlight chaplaincy. In Milwaukee, Fr. Gene Pocerich, a certified chaplain at Columbia St. Mary's, this past year encouraged the presence and recognition of chaplains at the World Day of the Sick Eucharist, presided over by Archbishop Timothy Dolan. I am eager to learn other ways that any of you have

tried. We want to make options for such gatherings available on our website. Alerting and inviting the local bishop(s) to any regional or local chaplain gatherings is certainly important also. It has been a worthy practice to invite the bishop of the diocese where our National Conference takes place to participate in the Conference.

The third objective is *Strengthen the relationship between NACC and the Episcopal Advisory Council*. My first visit as your new Executive Director was with our then-Episcopal Liaison, Bishop Dale Melczek of Gary, IN. As I mentioned before, I was struck by his warm welcome to me and his ardent appreciation for the ministry. This is not news to you. I met with our new liaison, Bishop Randolph Calvo of Reno, NV, at the USCCB's General Assembly in November. He has high regard for the ministry and is eager to learn more about the NACC. Our meeting with the Episcopal Advisory Council at the USCCB meeting was a lively dialogue on the importance and future of chaplaincy. Some present made a special point at the end to tell me personally of their desire to be present when gatherings take place in their dioceses. I sent each of them the list of the NACC chaplains in their respective regions, and they are receiving the NACC Now e-mail newsletter, as well as *Vision*.

I have heard from a few Council members since our meeting. One wrote, "For me, I am truly honored to be part of the advisory council." And another said, "Thank you again for the list of ... Chaplains. ... It will be helpful at Christmas card time, but most of all an instrument to reach and be available to those working in the field." One of my challenges here is to facilitate better direct communication between Council members and you, as members. I am building on the efforts of Fr. Tom Landry, who did so much to reach out to our Advisory Council members.

The fourth objective is *Build mutually beneficial relationships between the NACC and other national Catholic ministerial organizations, including the National Association of Lay Ministry, the National Catholic Education Association, Catholic Charities USA, and the National Conference of Catechetical Leaders*. I view this objective as a long-term project realized through personal relationships with the respective leaders, identifying key initiatives, and participating at key meetings. We sent two delegates, Susanne Chawaszczewski and D.W. Donovan, to the National Symposium on Lay Ecclesial Ministry last summer at St. John's University in Collegeville, MN. Good relationships were built. This spring, *A National Ministry Summit: Emerging Models of Pastoral Leadership* is being held April 20-23, 2007, sponsored by National

## 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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## 'Resilient' describes NACC in word's different senses

By Karen Pugliese  
NACC Board Chair

As we prepare our articles for each edition of *Vision*, David Lichter and I are in the habit of sharing our thoughts. David always finishes his draft first, and I am often delighted by the synchronicity of our work. This month, however, I struggled with beginning a new year, especially since items of interest related to the Board and the Spiritual Care Collaborative are still on the drawing board. I decided to take David's article (see page 2) and read it reflectively, listening for the word or phrase that caught my attention in a Lectio Divina-like process. The word that I concentrated on was "resilient" – the resilient nature of NACC Catholic identity.

As chaplains, resilience is an integral issue in our spiritual assessment. We consider a person's current state, how resourceful they have been in the past in coping with spiritual distress, their capacity for restoring equilibrium, and developing endurance and hardiness of spirit. I wasn't surprised to discover that Wikipedia described resilience as the ability to recover from (or resist being affected by) shock, insult, or disturbance. But I found it interesting that the word is used uniquely in a number of different fields. You may find that some of these meanings have a metaphorical resonance with your work or experience.

I learned that in physics and engineering, material absorbs and stores energy, and resilience is represented by the elastic region under the curve in the classic stress-strain diagram. Resilience in a network relates to "the ability of the network to provide and maintain an acceptable level of service in the face of various faults and challenges to normal operations." In ecology, resilience emphasizes two different aspects of stability: "the capacity of an ecosystem to tolerate disturbance without collapsing into a qualitatively different state

controlled by a different set of processes... to withstand shocks and rebuild itself.... Resilience in social systems has the added capacity of humans to anticipate and plan for the future."

Resilience engineering strives to enhance the capacity for robust yet flexible processes that utilize resources proactively when there are disruptions or ongoing pressures. Success, in this model, is the ability to anticipate, adapt and cope with real world complexities. In psychology too, resilience refers to the capacity for coping with adversity and balancing both risk factors and protective factors over time. In business and economics, resilience increases when experimentation encourages learning and creativity.

Finally, resilience in critical infrastructures, such as our country (and I would suggest, our organization and our Church), involves a system of systems capable of trustworthiness under stress, and the capacity for continuous functioning and recovery.

My little word-research indicates that the capacity for resilience has to be "holistically specified, architected, designed, implemented and tested." I applaud and fully support David in his strategies to strengthen relationships within the Catholic Church. I am confident in the Board's commitment to realize this goal. With our various task forces and initiatives, we are creating an impressive system of systems. At the same time, I feel that each of us is called to examine the personal and professional resilience of our own Catholic identity, and a personal imperative to enhance the relationship of NACC with its Catholic character.

As always, I invite your thoughts and reflections. Wouldn't such dialogue be a great New Year's resolution, as well as a way to enhance the resilience of our membership association?

*Karen Pugliese, MA, BCC, is a chaplain at Central DuPage Hospital in Winfield, IL.*

# Lent is time for longing, trust, connection

By Norma Gutierrez, MCDP

Lent is 40 days in the desert. It is 40 days of fasting, repentance and prayer. It is a time — an invitation to prayer. These 40 days call us to conversion; these 40 days are a fitting time to climb the holy mountain; these 40 days call us to repent and abstain.

Psalms 143:8 says, “Let me hear of your steadfast love in the morning, for in you I put my trust. Teach me the way in which I should go, for to you I lift up my soul.”

God, you have loved me from morning to night. You continue to love me and show me the way. When I open my eyes first thing in the morning, I recognize your love by all that I see. I give you thanks first of all for the gift of breath which you have given me. I give you thanks that I have eyes to see. Today there are some people waking up and not being able to see. Help me, God, to give you thanks for this gift. I give you thanks for my family and friends who are there the minute I call for help. I give you thanks for the opportunity to share my gifts and talents, my profession to those most in need.

*“Let me hear of your steadfast love in the morning”*

God, it is your love that has showered us from generation to generation. Your love that surrounds us, especially on our “desert days.”

It is your love that quenches our thirst.

Our thirst for justice.

Our thirst for healthcare for all.

Our thirst for dignity and respect of life.

Our thirst for peace.

What is one thing you thirst for?

When I do a Lenten service, I include a bowl of water and some petals around it. I invite participants to come forward, take a petal and place in the water, floating in the bowl, and to call out one thing they thirst for. As the petals float in the water, may we be reminded of the power of prayer as we pray for these “thirsts.”

*“For in you I put my trust”*

Trust is a gift we give to ourselves and to others. It is not easy to trust. Some of us have even experienced mistrust. Jesus trusted many in his days — even some whom others thought should not

be trusted. But it was some of those who had the most profound conversions. Many with whom we co-minister have to put their total trust in our staff to meet the needs they have at the time. I recall that when I was diagnosed with renal cell cancer, from one moment to another I had to trust totally in the staff working on me and with me. I had to trust doctors being brought into my case whom I was meeting for the first time — a blood specialist, an oncology doctor, a surgeon meeting with me only hours after the diagnosis. It was not until months after the surgery, after some time for reflection, that I realized the gift God was giving me at that moment to trust their plan and direction. I am still here and fully recovered, nine years after the diagnosis.

*“Teach me the way in which I should go, for to you I lift up my soul.”*

I co-minister with a postpartum nurse who has the gift of vision and writing. She can see something like a cardinal and quickly takes a pen in hand and writes a short story, always relating it to a memory in her life. Maybe it reminded her of her best friend when they were 9 years old and the day they spent walking amidst the wildflowers and the cardinal they spotted that very day. Or, one day a family brought in some baked goods and the smell of the carrot cake reminded her of her grandmother and the cakes she would bake — so instantly she was taken back to her grandmother’s kitchen. What a gift to be able to be so connected to the smells, the memories of her life.

This to me is what prayer is all about: being connected to those moments in our lives that remind us of God’s constant love, of God’s power in our lives, of God’s gentle presence. Are our eyes open? Do we recognize every moment as a God moment? Are we aware of the sacred encounters that cross our path every day in our lives?

During this Lent I invite you to walk aware of these moments in your life. I remind you to walk this Lenten season in the paraphrased words of Thich Nhat Hahn: Do not walk simply for the purpose of walking, but walk to experience the life of those who walked these same steps before you. Walk aware, live aware, open your eyes to God’s ways in your life.

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## Catholic Relationships

*Continued from page 2*

Association for Lay Ministry, Conference for Pastoral Planning and Council Development, National Association of Church Personnel, National Association of Diaconate Directors, National Catholic Young Adult Ministry Association, and National Federation of Priests’ Councils. We will be sending a delegation to that conference also. More importantly, I plan this spring to contact personally

the heads of the other organizations identified in the objective to explore an appropriate relationship with each.

So many of you have told me how you cherish the wisdom and depth of our Catholic tradition. Certainly the themes of our 2008 conference will draw from our tradition also. We are blessed! I am all the more aware of this as we are involved in the preparing for the 2009 Spiritual Care Collaborative summit, and the unique opportunity it provides to bring the gifts of our tradition to serve the SCC.

# Committee works hard to craft fine conference

By Judi Shemkovitz

The planning committee for the 2008 Conference in Indianapolis, IN, has been hard at work with preparations for what should be a wonderful event. Even before our committee was formed and began holding its Wednesday morning conference calls, members of the national office staff were determining the site location and the dates of the conference.

As the committee held its first conference call, we spent some time getting to know one another, since we were scattered about the country and involved in various ministries. We began looking at what the focus of the conference should be. We started with questions about what our membership had identified as needs or topics of interest from those who had attended previous conferences and from other communications received by the national office staff. We also considered the challenges that confront our membership, even on a daily basis.

We were frequently reminding one another that not all of our membership functions in hospital-based ministry. That led us to recognize the many different needs that we should consider as part of the program. But it also called us to a recognition of the variety of gifts that are brought to ministry. From that understanding we came to the focus of our conference: "Bringing Gifts That Differ in Splendid Varied Ways."

As our Wednesday morning calls continued, topics for the plenary sessions were discussed and determined, and potential presenters were identified. Now came the task of calling for workshop presentations that would support ideas shared in the plenary sessions and provide clinical tools to enhance ministry skills.

We were well on our way to crafting what is sure to be a very good conference. Now it was time for the committee to come together at a site meeting in Indianapolis. That meeting was held from Nov. 29 through Dec. 1. Though some of us had known or worked with other members of the committee, some were still only voices we had become familiar with during our conference calls, so there was some excitement about coming together to further our endeavors and become more familiar with each other.

As we gathered for meeting times and shared meals together, there was a natural cohesiveness amongst the committee members. And it seemed that the title of our conference reflected this collaborative group, as it was quite evident that among us were differing gifts and talents that each was willing to share. As we again discussed the topics and presenters for the plenary sessions, determined which

workshops best suited the needs of our membership, and looked over the work done by those planning liturgies and prayer services, we all felt deep appreciation for the work already done by various members of the committee. As we continued to refine conference planning and offered ideas or suggestions to one another, the gifts within this committee were again apparent.

Part of our meeting work included touring the conference facility and making sure that rooms selected for various activities, including workshop presentations and vendor displays, would be adequate. The Sheraton Hotel is a wonderful facility for our conference in April, and the surrounding locale as well as the city of Indianapolis offers plenty of other activities for us to enjoy when the conference schedule allows.

The work of the planning committee continues, and we will be engaging in more conference calls in the coming weeks. For certain we'll be

recounting our time together in Indianapolis and will look forward to our formal gathering in April.

I hope that many of you will review the registration booklet and determine for yourself that our 2008 Conference will be rewarding and you'll join us.

*Judi Shemkovitz, BCC, is co-chair of the 2008 Conference Planning Committee. jude17shem@sbcglobal.net*



Indianapolis, IN • April 5-8, 2008

## In Memoriam

**Please remember in your prayers:**

**Sr. Richard Barry, SSNM**, who died June 1, 2007 in Buffalo, NY, at age 80. She joined the NACC in 1982.

**Rev. Alcuin Greenburg**, who died last fall in Houston, TX, at age 78. He joined the NACC in 1978 and served as a U.S. Army chaplain during the early 1980s. He was a certified supervisor until 1993 in the Houston area and served as the NACC's certification chair for Region X.

**Sr. JoAnn Schmidt, OSB**, who died Oct. 15 in Columbia, MO, at age 72. She made her final professions in 1957 and worked in elementary education before spending 30 years of her life in hospital ministry. She joined the NACC in 1990 and was active in many Missouri civic organizations.

## Mutual Care

*Continued from page 1*

*ambassador for Jesus Christ.* The other roles in their order of response were: *comforter, counselor, encourager, partner, professional resource person, religious functionary and reminder.*<sup>3</sup> Of the respondents, 42% stated that they were evangelical, 38% conservative, and 20% fundamentalists. There were no respondents to the other two categories, neo-evangelicals or liberal. One can conclude that the theological orientation of the respondent influences the perception of the chaplain's role in the hospital.<sup>4</sup>

At a six-hour workshop and a 90-minute breakout session at the 2006 NACC Conference in Columbus, OH, participants attempted to develop a catalogue of those services which were unique to chaplains in the healthcare setting.

We published the results of those endeavors in the April 2007 *Vision* in an article titled "Consensus on chaplains' unique function is elusive." The opening paragraph actually summarized the author's conclusion, "After viewing the results . . . one would be hard pressed to conclude that the services described were solely those of chaplains, let alone Catholic chaplains."

### Chaplain responses

Subsequently, my chaplain colleagues at Mayo Clinic in Rochester, MN, were invited to read the *Vision* article and write a

paragraph or two about the services they considered to be unique to our profession. Is there, by chance, some simple, straightforward description of spiritual care as the contemporary chaplain would practice it?

Their responses, edited for length, follow:

▼ Perhaps we should step away from a framework that promotes distinct contributions of chaplains to a multidisciplinary effort and go back to the in-between model. The fact remains that our way of being with people places a primary value on presence and engagement. No other discipline has this as a primary value. (Mary E. Johnson, BCC, NACC)

▼ As I learn about a patient's spiritual journey, I ponder what metaphors of religious figures (including those from their lives) or scriptural passages might resonate with their experience. I offer these and more dialogue ensues. This seems to help people remember, return to, and affirm their relationship with what is sacred and meaningful to them. Our training, experience, and our own spiritual life makes this work uniquely that of a chaplain. (Katherine Piderman, BCC, NACC)

▼ I believe we all have inner wisdom to draw from in time of need. We invite patients to an exploration of the soul and guide them to an awareness of their inner

wisdom. This wisdom helps them to reclaim their life and gain some control over the otherwise chaotic situation of illness. A simple prayer or a blessing shifts focus from the overt medical situation to the unseen divine love that is carrying them through. I envision the hospital chaplain as a peaceful harbor to a patient in the throes of a medical storm. (Phillis Bennett, BCC, NACC)

▼ When I talk with other chaplains about what I do, I use professional jargon. If I used the same with patients, they wouldn't understand what I was talking about. For example, I don't say, "I'm here to be a non-anxious presence for you." Instead, I might ask, "May I sit with you while you're waiting here in the emergency department?" I wonder if our professional jargon truly reflects the work we do. (Daniel Johnson, cert. eligible)

▼ Chaplains are metaphysicians who seek to meet and interact with persons in all their humanity; what gives them meaning, purpose, and life as opposed to mere existence. I visited a patient who had been in the hospital for eleven days. He doesn't claim any particular religious affiliation. He is simply grieving his losses. He commented that I was the first person to talk to him as a person since being here. While the science of medicine is powerful, there is nothing I know of in science that declares or proves that people are precious. Science is amoral; chaplains affirm the value and worth of the human being. (Randall Phillips, BCC, NACC)

▼ Chaplains are reminders of that mysterious relationship we have with God, with others, and with ourselves. Our unique role is to be present to those desiring to maintain, develop, and explore these relationships. Can anyone perform the functions of a chaplain? Certainly, just as anyone can hold an emesis basin, or insert an IV needle. However, it is the education, training, certification, experience, and passion we have for our profession that allow us to meet the spiritual needs of those around us with compassionate expertise. (Scott Jorgenson, BCC, APC)

▼ People generally have spiritual resources within, but in the midst of their questioning they may need someone to guide them to that inner wisdom. Each patient care encounter, then, is a meeting of a chaplain with unique qualities and gifts and another person with unique qualities and gifts. Chaplains facilitate the work of the patient, supporting them as they move inward and go deeper to where they live into the answers to their questions. (Joan Bartosh, SSND, BCC, NACC)

▼ Stories are transformative. Our parents and grandparents told us stories of what it was like to grow up in their day. Our faith was passed down by storytelling well before the printing press was invented. We spend our coffee breaks sharing stories with our co-workers. And when people come to the hospital they bring their stories with them. This can be a time of healing for patients who are able to share their story with a chaplain and reflect on

Chaplains facilitate the work of the patient, supporting them as they move inward

the meaning of illness as a part of that story. An 81-year-old woman was hospitalized. It was two months since she lost her husband of 56 years, who died suddenly of a heart attack at their church! She was devastated and grieving the loss of her life partner. She told me the story of their life together in vivid detail. He played Judas in the passion play at their church, and she was amazed at how difficult this role was for him. One of his lines was “I betrayed my Lord!” This prompted a connection of their story to the story of God, and on that afternoon in her hospital room, some healing took place. (Spence Swanson, cert. eligible, APC)

▼ Chaplains have the time and the training to let patients take a pastoral relationship to where it needs to go. I think of a businessman who was struggling to make a decision about treatment for addiction. He knew his lifestyle would be altered dramatically. He also knew he would have to take direction from others during and after treatment. As the product of a tough inner-city neighborhood, compliance with someone else’s regimen wouldn’t be easy for him. As he talked through his fears, hopes, and defiant feelings we prayed for insight, courage, and peace. In the end, he was able to say he was ready to enter treatment. Seeing his care providers as partners giving him a future as a husband and father, he began to trust others and the future. (Sylvan Hengesteg, BCC, APC)

▼ Chaplains function outside the realm of patients’ physical concerns. That doesn’t mean we don’t care about a patient’s physical state, we simply are present for other reasons. We don’t come to fix anything, nor do we operate under the assumption that there is something wrong with the patient; a dangerous line of thinking for a medical professional, a necessary one for a chaplain. This frees us to address patient concerns as they see them. We don’t speak out of the science learned in medical textbooks. We speak out of the faith which guides and sustains us, out of an understanding of God’s presence and power, and out of our calling to serve others by attending to *their* need to speak. (Laura Lovejoy, BCC, APC)

▼ Chaplains bring to the healthcare table the experience of assessing and treating patients in the context of their whole life: their worldview, hopes, values, beliefs, culture, coping, and religious understanding. Our theological education and chaplain training helps other practitioners to understand a patient’s view of the world and then use that information to assist the patient in weaving his or her medical experience into the fabric of their lives. (Priscilla Howick, BCC, APC)

## Conclusion

Years before the surveys cited at the beginning of this article, before our attempts at the NACC Conference workshops, and before the ruminations of the Mayo chaplains, there was an address by Paul Tillich to the 1956 National Conference of Clinical Pastoral Education titled

*The Theology of Pastoral Care*. Tillich began, “When I hear the term *pastoral care*, I sometimes imagine myself to be in the situation of receiving pastoral care, and imagining this mental image somehow causes a feeling of humiliation.”

I wonder how that was received by his audience of CPE supervisors! It struck me as a unique insight by a would-be spiritual care recipient. This feeling of humiliation, he went on to explain, could be greatly reduced when one understands that *care is universally human* and that, more importantly, *care is essentially mutual*. Whoever gives care also receives care.

In a subsequent article by the same name, Tillich expands on the notion of mutuality. “From this it follows that we are taken care of if we take care of others. It is one act, not two, and only because it is a single act is real care possible. One cannot become a person without encountering another person.” It takes an understanding and practice of this mutuality to counteract the objectification of the person receiving care.<sup>5</sup>

If our professional pastoral care is universally human and essentially mutual, we who are spiritual caregivers would be relieved of the neurotic need to fix problems. We would also be rescued from the equally neurotic need for perpetual self-care because of the exhausting demands of our daily work. Indeed, a clarification of our essential role is necessary not only for productivity measures, but also for our spiritual health and well-being.

I was pleased to see that every submission of my colleagues to this article addressed in some fashion the necessity of establishing with patients a relationship of mutuality. This assured me that if Tillich showed up today at one of our hospitals, he would not be humiliated or treated as an object, but as a cojourner on the path to health and healing.

*Rev. Dean Marek, BCC, is Director of Chaplain Services at The Mayo Clinic in Rochester, MN.*

Care is essentially mutual. Whoever gives care also receives care

<sup>1</sup> George W. Barger and others, “The Institutional Chaplain: Constructing a Role Definition,” *The Journal of Pastoral Care* 38:3, 1984: 183.

<sup>2</sup> Lawrence E. Holst, *Hospital Ministry: The Role of the Chaplain Today*, Crossroad Publishing, 1985.

<sup>3</sup> D. M. Cecil, “Theological Orientation & Role Definition of Hospital Chaplains: A Survey of Healthcare Chaplains Ministry Association” HCMA webpage, <http://www.hcmachaplains.org/commentary9.html>

<sup>4</sup> Ibid.

<sup>5</sup> P. Tillich, “The Theology of Pastoral Care,” *Pastoral Psychology*, Vol. 10 No. 7, October 1959.

Seeking,  Finding

## 'He walks like a chaplain'

*Purposeful stride comes only from letting go of control*

By Charles P. Farrar



“Excuse me, Chaplain, there’s a patient sitting over in the corner who would like to speak with you.”

A nurse of a cancer-treatment unit where I was making rounds told me this. Since I had never met the patient, I asked the nurse for background information. She said, “Well, when he saw you pass by, he said, ‘That man must be the minister. He walks like a chaplain. Could you ask him to come over and pray with me?’”

“Walks like a chaplain”? I’d never heard that before. Truth be told, as interested as I was in meeting the patient, I was even more interested in the intriguing inference he had drawn. How *does* a chaplain walk? In the course of our visit, I did eventually ask him to explain. He said, “I just thought you looked like you knew where you were going — like you were sent here with a purpose.”

The irony here is that the opposite is true. At many levels, I often don’t know where I should be going in the hospital. I don’t always know what is expected of me, I never know what direction pastoral-care visits will go, and

I’m seldom confident as to what my purpose is. Many healthcare chaplains have shared similar feelings. The stuff of our ministry is personal, spontaneous, and unpredictable.

We live in a clinical setting that enshrines clarity, quantifiable data, and empirical results. We work among individuals whose professional purpose is probably clearer, and whose monthly production could be (and often is!) communicated on a 15-minute PowerPoint seminar. And here we are, not without our own clinical skills, but essentially navigating the waters of the human spirit. Others assess lab results, while we assess such qualities as belief, despair, compassion, and disconnect. Real symptoms, to be sure, but unpredictable. It’s not only hard to determine whether we’ve accomplished our objectives; it’s also unclear what our objectives are. At the beginning of the shift when coworkers ask me how my day is looking, I’ll respond politely, but the fact is I never have much of a clue. Ministry assumes a life of its own and at times can sweep the chaplain up into its serendipitous inspiration.

This is why insecurity is not unknown to me. In my own

self-image, anyway, when I walk up and down the hospital corridors, I don’t exactly swagger. So why would this patient have seen purposefulness in me, and why would he associate this quality with chaplaincy?

My hunch is that chaplains can communicate a sense of purpose not in spite of the unpredictability we live with, but rather because of it. Purposefulness comes from our acceptance that we are not in control, just like Groucho Marx’s quip that he wouldn’t want to join a club that would accept him as a member.

For some, walking in obscurity, as it were, can cause frustration. Wouldn’t it be nice to have a clearer idea ahead of time of the desired results for an intervention? But in reality, though a task-oriented sort of purpose might yield limited satisfaction, it will ultimately end in frustration. So we look deeper. Viktor Frankl says that happiness is attainable, but, ironically, not when it’s pursued as an end in itself. “[A] human being is not one in pursuit of happiness but rather in search of a reason to become happy,” he wrote in *Man’s Search for Meaning*, “through actualizing the potential meaning inherent and dormant in a given situation.”

This is a warning against tuning my sense of happiness or productivity to the note of my own objectives. Frankl knows that there is a deeper quest in the human spirit than the mere desire to be happy and successful. We chaplains look for a purpose deeper than eliciting a desired response in a patient, deeper than successful interdepartmental projects, and deeper than statistical results. Our purpose flows from the most profound energy source of all: the rushing wind of the Holy Spirit, God’s offer of loving, unconditional relationship. This was beautifully illustrated for me by a friend who works in hospice chaplaincy. When I asked him how he copes with deaths, he said, “Well, I try to remember that, as sad as I feel and as much as I come to love the person, God feels even sadder and loves them even more.” Similarly, as elated I feel when I feel a connection with the client, it’s also true that God is even more elated.

What motivates us is our conviction of an energy in our work far greater than our own feelings and abilities. More things are transpiring within the four walls of our hospital than can be documented in the patient’s chart. Perhaps we could say, then, that the chaplain’s purpose is to broaden horizons, to let it be known that anything can happen anytime, whether inexplicable healings or unexpected deaths. Our purpose is to usher in a hope that reaches beyond, and is not extinguished by, the challenges of the given situation.

Chaplains look for a purpose deeper than eliciting a desired response in a patient

In the context of religious faith, this comes from the conviction that nothing can separate us from God's love. His offer of healing extends beyond pain, loneliness, sin, and even death. His passionate care for us is absolutely comprehensive.

This is where prayer takes on the fullness of its power. When two or more people, already united in mutual care, further unite in prayer, something happens. Subconsciously, you can feel this comprehensive divine care. Prayer takes the horizontal relationship which has developed between the chaplain and patient and elevates it into a numinous hope. Everything that has been said is now seasoned with God's grace. The conventional words of our conversation take on the courage of poetry and offer a liberating effect like a music soundtrack at a transitional moment in a movie. Theologically, all that might hitherto have been experienced as unpredictable in the sense of confusion or chaos, can now be reframed as unpredictable in the sense of God's miraculous power.

In fact, however, we don't always use prayer properly. Sometimes we pray with patients mechanically "because that's what patients expect." Sometimes we pray merely to bring closure to a visit. On some occasions, because of the mood we're in or because of who might be watching us, we spurn the opportunity to invite the patient to pray, for no reason other than it might make us feel uncomfortable or that we don't have the emotional energy.

Spiritual self-care is key to the kind of prayer that makes our pastoral visits come to life. Prayer needs to be part of my whole life, not just my ministry. I can help patients find meaning in their unpredictable crises only to the extent that I endeavor to find meaning in my own. If I am personally unwilling to hold on to God through my own darkness, I'll have nothing to offer them in their darkness other than my own shaking hand. It is well, therefore, for us to renew our trust in God in light of our unpredictable lives.

Here's an example. My wife, Karen, and I were in Guatemala recently, as we were adopting a baby boy. When we heard of his birth, we rushed down to meet him. For two glorious days, we held our two-week-old Lucas James in our arms. We laughed with him, fed him, played with him, and posed for countless pictures with him. All the while, we knew we would have to leave him for some months before we could bring him home for good, due to legal and immigration issues. When it came time to say goodbye, we were filled with many emotions, including gratitude, grief, anger, worry, and hope. It was dark outside the window of the nursery, and the room was strangely quiet. Lucas's nanny looked at us as if she expected us to say something. For once in my life, I was mute. What could one possibly say that would encompass our feelings?

Karen suggested that we pray. Emotionally, however, I wasn't in the mood. Prayer in a moment of such drama

would require more energy than I was ready to give. But it was the right thing to do, and so we did.

And even before I opened my mouth, the simple awareness that we were entering the realm of prayer began to affect me. Although at one level leaving our son filled me with indescribable anxiety, now in this moment of quiet prayerfulness, I felt serene. The prayer joined me to my dear wife (whose anxiety was the same, if not stronger, than mine) and the nanny (not without her own anxiety for sure). I suddenly felt that our needs were joined to God. Invisibly Jesus' hands were clasped to ours, too. And as I tearfully whispered a prayer of gratitude and hope, he was somehow praying and weeping along with us.

Will our prayer make Lucas healthier, or bring him home more quickly? Hard to say. However, I am confident of one thing, and that is that this prayer renews my trust in the Lord. My best way to deal with my "out of control" anxiety is to join hands with another anxious person in prayer. We turn to the God who ultimately cares more about the resolution of the problem at hand than either of us, and we receive the comforting sense that God will not leave us to fend completely for ourselves, either in life or in death. There is some inscrutable divine plan. As Jesus tells us, "I will not leave you orphans. I will come for you" (John 14:18). How, where, and when he will come normally is not ours to know. But his coming is certain, somewhere over the horizon of today's problems. And that makes a difference.

While we may not know our purpose in particular visits, consultations, and projects, we do know that we are carrying out a purpose on a grand scale. This purpose is to communicate God's love as it really is — that is, Mystery. And there is no greater gift to leave with our patients than the sense that their lives are part of God's loving Mystery.

The prophet Micah addresses essentially the same theme when he says, "What does the Lord require of you?" Rhetorically, the prophet asks if he should offer God holocausts, calves, rams, or oil. Translating, we could be asking what is required of us chaplains today: what strategies, skills, or projects should we pursue? Micah's 3,000-year-old reply still applies: "To act justly and to love mercy," he answers, "and to walk humbly with your God." (6:8)

How do hospital chaplains walk? Up and down these tile floors, in and out of the lives of these wounded souls, we walk in trusting reverence to the unpredictable power of Divine Mystery.

In other words, we walk humbly with our God.

*Charles Farrar, BCC, is a chaplain at Huron Valley-Sinai Hospital in Commerce, MI. farrar.cp@comcast.net*

Spiritual self-care is key to prayer that makes our pastoral visits come to life

# Chaplains can respond to parental guilt

By Brent Peery

**G**uilt is ubiquitous among the parents with whom I work in a children's hospital. We parents often adopt for ourselves an admirable but unrealistic job description. We aim to care for our children in such a way that they are kept safe from all harm. When our child requires hospitalization for illness or injury, our failure is implied. Disturbingly, parents often feel a deep sense of guilt even when no reasonable cause and effect can be established between them and their child's ailment. (Ironically, I have observed, from working with hundreds of families, that most of the family members who have directly and often maliciously harmed their children express the least guilt.)

Almost all mothers of premature babies I see in the neonatal intensive care unit feel a sense of failure and guilt for not carrying their child through a full-term pregnancy. They scrupulously scrutinize every behavioral and dietary decision they made during the pregnancy. Fathers feel guilt as well for

their imagined culpability for their fragile baby's condition, even though to medical science, most causes of premature birth remain a mystery.

Parents face a unique double bind of guilt when their hospitalized child has

siblings. They rarely seem able to feel they are in the right place. At the hospital, they feel guilt for neglecting the children at home. When they leave to tend to siblings, they feel guilt for not being at their child's hospital bedside.

Time and again, when a child's condition is complex and dire, physicians will ask parents to make incredibly difficult decisions about the treatment plan for their child. These choices are fraught with guilt. I have seen parents express guilt over not aggressively pursuing every last possible treatment for their child. I have also seen them guilt-stricken for pursuing treatments that ultimately produced more pain and suffering and no cure. When such choices are made, no one knows outcomes with certainty. Very few parents have the knowledge or experience to prepare them to make such exceedingly thorny decisions.

Parental guilt is often intensified by the judgments of others, real and imagined. Friends, family, faith communities, and occasionally even some of the healthcare team can impose guilt on parents of hospitalized children.

Commonly, all of this happens against the backdrop of chronic feelings of parental inadequacy. Parenting is among the most amazingly complex of human endeavors. The outcomes of this venture are of extreme importance to most parents. Both the complexity and our strong desire to be successful increase our anxiety and leave us with this vague sense of never quite getting it done right. What is a parent to do?

Frederick Buechner observes, "It is about as hard to absolve yourself of your own guilt as it is to sit in your own lap."<sup>1</sup> Most persons who struggle with guilt are going to need the assistance of another to resolve the struggle and experience forgiveness.

For centuries people have turned to clergy for help with their guilt. To be sure, clergy have always varied greatly in how they provide that help: from healthy guidance to ignorance to outright abuse. Be that as it may, very often chaplains are the members of the interdisciplinary healthcare team to whom patients and families turn for help in managing their guilt.

It is important to recognize guilt can be both a healthy and an unhealthy emotion.<sup>2</sup> Healthy guilt helps a person realign their behavior and/or thoughts to be congruent with his or her beliefs and values. When changes have been made, the person experiences some relief. This leads to more satisfying ways of living. Unhealthy guilt is more existential. It points to no particular reform of action or thought through which relief from guilt might be experienced. Instead, it is a general feeling of shame for being.<sup>3</sup>

It could be that Saint Paul had this dynamic in mind when he corresponded with the church in Corinth. In Second Corinthians 7 he refers to an earlier letter he wrote that caused the Corinthian Christians to be "sorry" (v. 8). He continues by contrasting "godly grief" and "worldly grief." He explains, "For godly grief produces a repentance that leads to

salvation and brings no regret, but worldly grief produces death." (2 Corinthians 7:10) Then he praises the changed attitudes and behaviors resulting from their godly grief through which the Corinthians "have proved . . . guiltless in the matter" (v.11).

So how does a chaplain respond to parental guilt? First, it is helpful to normalize the feeling. Guilt can have an isolating effect on people. They can feel alone — both in the sense that they are detached from community, and in the sense that they feel they are the only person who has faced such an awful feeling. This can leave them defeated. Gaining a sense that others may have traveled a similar path can lead to hope. Perhaps they may have left maps to follow through the wilderness to the relative safety of a new homeostasis? This is what I mean by normalize. Parental guilt is normal for the abnormal circumstance of a children's hospital. It has to be carefully balanced with the truth that every person's experience of guilt is unique and is influenced by personality, previous experience, resources, beliefs, and the nature of the situation. Otherwise, the chaplain runs the risk of leaving the parent feeling they have been minimized or categorized rather than understood.

Then the chaplain needs to assess whether the guilt is healthy or not. The key question to answer is, "Is this feeling rooted in some sort of violation of this person's values or

Guilt can be both a healthy and an unhealthy emotion



beliefs, either through intent or neglect?" If so, the guilt is potentially healthy. The chaplain's interventions are most helpfully aimed at helping him or her to acknowledge the violation (confession), engage in rituals of absolution appropriate to their beliefs (penitence), and develop strategies for avoiding violations in the future (repentance). Questions that might help in this process could include:

- ▼ What have you done (or failed to do) that seems to have caused this feeling?
- ▼ What beliefs or values were violated?
- ▼ What relationships were damaged?
- ▼ What can be done to reconcile?
- ▼ What can be done to make amends for damage done?
- ▼ What can be done to prevent a similar experience in the future?

Theists often feel the need for reconciliation with God (or gods) in addition to restoration of human relationship and/or property. The chaplain can explore the person's spiritual beliefs regarding the alleviation of guilt and restoration of relationship with the divine. For Catholics, this will frequently involve providing or arranging for the Sacrament of Reconciliation. For other Christians, the reading of scriptures related to experiencing forgiveness (i.e. 1 John 1:9) and prayer are common avenues to reconciliation with God. As the chaplain facilitates these rituals, he or she is helping the other experience divine reconciliation.

If the chaplain determines the person's guilt is of the unhealthy or existential variety, he or she will intervene differently. Tangney and Dearing suggest five ways of helping.<sup>4</sup> Listening is the most commonly used among a chaplain's toolbox of interventions. They note that often verbalizing the shame-producing experience is enough for the person to gain perspective on the unhealthy nature of their guilt. Facilitating the exploration of parents' experience is also potentially helpful. The chaplain can help them evaluate the reasonableness of their guilt and possibly reframe the troubling events. Educating parents about the differences between healthy and unhealthy guilt will assist some to move beyond shame. Accepting is a crucial part of a chaplain's helpfulness with those struggling with unhealthy guilt. Expressing unconditional acceptance is an incarnational antidote to the debilitation of self-loathing. Finally, they suggest laughing as a potentially helpful intervention. Appropriate humor can reduce the subjugating power of shame and liberate the soul. Care must be taken to

ensure the chaplain is laughing *with* the parent and not *at* them.

As I write this, I have just returned from a visit in our pediatric intensive care unit. It was a follow-up visit with a mother with whom I had already established a supportive relationship. She had just been told her child will likely soon be declared brain dead from sudden infant death syndrome. She tearfully ruminated over all the decisions preceding this crisis and expressed guilt for not protecting her son. I sought to be helpful in many of the ways suggested above. I allowed her to give full expression of her guilt. Then I said, "It sounds like to me you loved your son deeply and made all the decisions good parents make for their children. You didn't do anything wrong." I hope my words were a healing gift of grace.

In the hospital setting, no one is more potentially suited to help parents resolve feelings of guilt than a professional chaplain. Our efficacy at providing such assistance depends upon factors such as gifts, personality, knowledge, skills, experience, and character. May this article encourage us to look critically at how we intervene and the benefit our care yields.

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## Notes

<sup>1</sup> Buechner, Frederick. (1973). *Wishful Thinking: A Theological ABC*. New York: HarperCollins, 35.

<sup>2</sup> The emotions I have chosen to call "healthy guilt" and "unhealthy guilt" have been labeled by others as "true guilt" and "false guilt" or more commonly as "guilt" and "shame." For a helpful review of research on these emotions see: Tangney, June Price, Jeff Stuewig and Debra J. Mashek. (2007, January). "Moral Emotions and Moral Behavior." *Annual Review of Psychology*, 58, 345-372.

<sup>3</sup> "Shame is the intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging." Brown, Brené. (2007). *I Thought It Was Just Me: Women Reclaiming Power and Courage in a Culture of Shame*. New York: Gotham Books, 5.

<sup>4</sup> Tangney, June Price and Ronda L. Dearing. (2002). *Shame and Guilt*. New York: The Guilford Press, 175-177.

Sr. Nancy Flaig, OSB  
Duluth, MN  
Breast cancer



## Prayers for Healing

If you know of an association member who is ill and needs prayer, please request permission of the person to submit their name, illness, and city and state, and send the information to the *Vision* editor at the national office. You may also send in a prayer request for yourself. Names may be reposted if there is a continuing need.

## Volunteering makes Sharon Mason a better chaplain



**Name:** Sharon A. Mason, D.Min.

**Work:** Chaplain, St. Vincent Indianapolis Hospital, Indianapolis, IN  
**NACC member since:** 1990

**Volunteer service:** Certification interviewer 1994-2001; Region VII conference planning, 1992-1999; Indiana representative for Region VII, 1994-1998; 2002-2003 events planning

subcommittee member for Toronto EPIC conference; Interview Team Educator, 2003-2008; conference planning committee, 2008.

**Book on your nightstand:** Jane Goodall, *Reason for Hope*

**Book you recommend most often:** Thomas Green, *Opening to God*; new book, Jerome Groopman, M.D., *How Doctors Think*

**Favorite spiritual resource:** Ignatian prayer and silence

**Favorite fun self-care activity:** Gardening

**Favorite movie:** *The Color of Paradise* (Iranian)

**Favorite retreat spot:** Loyola House, Guelph, Ontario. I have been going on retreat there for more than 20 years. There are 600 acres of land to walk, wonderful daily liturgies, silence, good food, and good directors.

**Personal mentor or role model:** My spiritual director, Mario Galleazzi. Mario has taught me the incredible power and presence of God in silence, and helped me to remain in that silence. He has taught me what it is to listen, and to receive whatever another person has offered in trust.

**Famous/historic mentor or role model:** Therese of Lisieux. The life of St. Therese helps me to remember that even brief ministry encounters with patients, families, or staff are charged with the presence of God.

**Why did you become a chaplain?** The most truthful answer is that I didn't really have any idea what I was getting into. Had I known where this path would lead 20 years ago, I would most likely have been too terrified to come this way. But God has a way of getting me to say yes when I don't know where I am going, and then giving me the strength and wisdom to do what God has asked.

**Why do you stay in the NACC?** Being a professional in ministry is important to me. I think patients and families deserve someone who is trained and accredited to be with them in their hour of need. I think the NACC provides a quality assurance for all the institutions that hire us to provide ministry. Being a chaplain is much more than just having good intentions and wanting to help, and NACC both prepares us and continues to provide education for us.

**Why do you volunteer?** I began volunteering because I thought it was important for members to be involved and to give back to the organization. Now I have to admit that it is a lot of fun, as well as work. I've met and worked with chaplains from all over the country, and learned different ways of dealing with the same issues that provide me with new ideas to take back to my own hospital. I've learned a lot and become a better chaplain because of the volunteer opportunities that I've been involved in.

**What volunteer activity has been most rewarding?** I've really felt rewarded by all of them, but maybe the most has been working as an Interview Team Educator. It is rewarding to work with and meet dedicated and talented chaplains from all over the country, and also to have a part in providing professional accreditation to new chaplains. It is wonderful to see all the new people who are joining us in this ministry and be part of their journeys.



## Remember important certification dates for 2008

**Q. I'd like to apply for certification in 2008, but I understand there will be only one round of interviews this year. What are the deadlines that I'll need to mark on my calendar?**

A. The first date to be aware of is Jan. 31, 2008, which is when revised NACC Standards and Procedures will be available on our website: [www.nacc.org](http://www.nacc.org)

February 15, 2008, is the postmark deadline for receipt of certification applications and supportive

materials (with the exception of the narrative statement) at the NACC national office for fall 2008 interviews

June 1, 2008 is the deadline for receipt in our office of the certification applicant's ten-page narrative statement incorporating the revised NACC Standards, which are being posted on our website at the end of January (see above).

October 4-5, 2008, is when the actual certification interviews will be held.



### ▼ ROMAN CATHOLIC PRIEST

**Grand Junction, CO** – Saint Mary's Hospital & Regional Medical Center is a tertiary care, 346-bed regional medical center serving western Colorado and eastern Utah. As a flagship hospital and member of the Sisters of Charity of Leavenworth Health Care System, we offer the highest caliber medical services with leading-edge technology. Saint Mary's seeks a Roman Catholic priest for a full-time staff chaplain position in Grand Junction, CO. Responsibilities include providing spiritual care and sacramental ministry with a team of ecumenical chaplains at our level II regional trauma center. Saint Mary's serves western Colorado and eastern Utah with a range of specialty services as part of a comprehensive regional medical center. Qualified candidates will have ecclesiastical endorsement, master's of divinity from an accredited institution preferred, CPE certified or eligible with membership in National Association of Catholic Chaplains; can apply online at [www.stmarygj.org](http://www.stmarygj.org). For more information please contact Bryan Newman, Manager Spiritual Care Services at (970) 244-2288 or [bryan.newman@stmarygj.org](mailto:bryan.newman@stmarygj.org)

### ▼ PRIEST CHAPLAIN

**Port Jervis, NY** – Bon Secours Community Hospital is seeking a priest chaplain to promote the ministry of the Bon Secours Charity Health System and the Pastoral Care Department for our acute care hospital and 46-bed long-term care center. This position will report directly to the Director of Pastoral Care and will be responsible for providing pastoral care to patients, residents, families, staff, visitors and liturgy responsibilities. Qualified candidate must have four CPE units, and NACC or APC certification. Please respond by forwarding your resume with cover letter to: Human Resources, Bon Secours Community Hospital, 160 E. Main St., Port Jervis, NY 12771; Fax: (845) 858-7418; Email: [phendershot@tshs.org](mailto:phendershot@tshs.org). EOE.

### ▼ PASTORAL CARE DIRECTOR

**Lafayette, LA** – Our Lady of Lourdes Regional Medical Center, a member of Franciscan Missionaries of Our Lady Health System, is seeking a Director of Pastoral Care Services to lead and join a team of chaplains and volunteers moving into the future while providing healthcare to the highest power in an acute and growing hospital with joint ventures in a setting located in lovely Southwest Louisiana Acadiana community enriched with its Cajun culture and cuisine. Qualifications: NACC, APC certified, a Master's in Theology/Pastoral Studies or other related study, high energy with a well developed role of professional chaplaincy, with knowledge of Ethical and Religious Directives for Catholic Health Care Services, a collaborative leadership style and proven clinical, professional and administrative skills with some experience in an acute care hospital setting. Excellent benefits, salary negotiable. Please apply online at [www.lourdes.net](http://www.lourdes.net).

### ▼ CERTIFIED PRIEST CHAPLAIN

**Lafayette, LA** – Our Lady of Lourdes Regional Medical Center, a member of Franciscan Missionaries of Our Lady Health System, is seeking a full-time certified Catholic priest to join our pastoral care team to provide to the highest power the spiritual, emotional, sacramental and liturgical needs of our hospital community, in an acute care setting with joint ventures in Lafayette, LA, a lovely Southwest Acadiana community enriched with Cajun culture and cuisine. This position requires an individual who can articulate the role of

## Positions Available

### The future of Positions Available

For as long as the NACC has had a publication, it has included job listings. But in recent years, the Internet has become a more and more important way of looking for jobs. We responded by adding Positions Available on our website, essentially duplicating the listings in *Vision*, and it has become one of our most-viewed areas.

But as media becomes more electronic, and as jobs are posted and filled more quickly, we have to assess whether Positions Available is still a wise use of our paper. Due to our publication lag time, at least a month, and often more, goes by before an ad appears newsletter. The lag time for online posting is usually less than a week.

We have not made any decisions about the future of Positions Available, but we would like to hear your thoughts about the printed version and possible alternatives. Please write to David Lichter, NACC, 5007 S. Howell Ave. Suite 120, Milwaukee, WI 53207, or e-mail [dlichter@nacc.org](mailto:dlichter@nacc.org).

pastoral care to an interdisciplinary team of professionals; possesses excellent communication, interpersonal and spiritual assessment skills, offers a compassionate pastoral presence; a vision for the future; a team-oriented approach to ministry; an ability to work well in crisis; an ability to minister to a diverse population. Qualifications: NACC, APC certified; current ecclesiastic endorsement; masters in divinity/theology or related field or other evidence of understanding and application of current theology. Previous hospital-based chaplaincy experience is preferred; endorsement by local ordinary is required. Excellent benefits and salary. Please apply online at [www.lourdes.net](http://www.lourdes.net).

### ▼ CPE RESIDENCY

**Rochester, MN** – Mayo Clinic CPE residency positions beginning August 21, 2008 through August 19, 2009, four consecutive quarters. Residents are offered a broad array of clinical opportunities, which include medical and surgical subspecialties, diverse intensive care unit ministries, organ transplantation, a children's hospital, a psychiatric hospital and a regional trauma center. Two different hospital campuses and two certified supervisors make this a uniquely powerful learning environment. Mayo Clinic health and dental benefits available to residents at a reasonable rate. The resident stipend is \$26,200 for 12 months. For program information e-mail [cpeprogram@mayo.edu](mailto:cpeprogram@mayo.edu), or write Mayo Clinic CPE, 201 West Center Street, Rochester, MN 55902, phone: (507) 266-7275; fax: (507) 266-7882; website: [www.mayo.edu](http://www.mayo.edu)

### ▼ DIRECTOR OF PASTORAL CARE

**Belleville, IL** – The Apartment Community of Our Lady of the Snows is a Catholic continuing care facility located on the grounds of the National Shrine of Our Lady of the Snows. The Apartment Community, sponsored by the Missionary Oblates

## Positions Available

of Mary Immaculate, provides a continuum of care for seniors: apartments, assisted living and skilled nursing care. The Director will plan, organize, and direct pastoral care services on behalf of older adults, their families and employees while working in partnership with a Catholic priest chaplain and a Protestant minister. The Director is responsible for leading the mission enrichment program. Must be Roman Catholic. Experience as a director desirable but not necessary. Send resume to: Apartment Community of Our Lady of the Snows, 726 Community Drive, Belleville, IL 62223 attention D. Robert McCardle, Executive Vice President; or e-mail bob.mccardle@apartmentcommunity.org.

### ▼ CHAPLAIN/PRIEST

**Marshfield, WI** – Ministry Health Care, with over 14,000 employees, is a values-driven health care delivery network of aligned hospitals, clinics, long-term care facilities, home care agencies and many other programs and services in Wisconsin and Minnesota. We are currently seeking a full-time Chaplain/Priest to join the Spiritual Services Department of Saint Joseph's Hospital in Marshfield, WI. Our Spiritual Services Department provides ministry 24 hours a day, 7 days a week with a designated Chaplain/Priest. In this role, you will be responsible for providing pastoral counseling and support to patients, families, and the hospital staff which includes responding daily to the diverse spiritual needs of patients regardless of age, race, ethnic background, and religious traditions. As a Chaplain/Priest you will participate in educational programs for physicians, hospital staff, volunteers and the larger faith community, as well as working with hospital committees related to the Chaplain/Priest's area of ministry. Qualified candidate must have a bachelor's degree in a theological, ministerial or related field from an accredited college, university or seminary and completed four quarters of Clinical Pastoral Education (CPE) in an accredited educational program. At least three years of general ministerial experience and one year of hospital/healthcare experience preferred. Apply online for this and other employment opportunities at [www.ministryhealth.org](http://www.ministryhealth.org) or contact Karla McGuigan at (715) 343-3137. EOE

### ▼ STAFF CHAPLAIN

**Daly City, CA** – Seton Medical Center seeks a full-time chaplain to be part of our seven member team. Our prospective candidate will, enhance our Catholic identity and mission; be a compassionate and spiritual presence and have excellent interpersonal and computer skills. Position requirements: Advanced studies related to theology; faith endorsement; National Board Certification or eligibility, and experience in a health care setting. Local candidate only. A competitive salary and excellent benefit package is offered. Send resume to: FrRoryMurphy@dochs.org or fax: (650) 991 6561. Visit Seton at [www.setonmedicalcenter.org](http://www.setonmedicalcenter.org)

### ▼ CHAPLAIN RESIDENCY

**Wausau, WI** – Aspirus Wausau Hospital is offering a pastoral training experience through a year-long Chaplain

Residency Program, September 2008 through August 2009. The clinical responsibilities of this program will be negotiated with the student and suited to his/her desires and professional needs. Responsibilities include spiritual care of the hospital's patients, their family members and/or guests and the staff of the institution along with participation in the department's nightly and weekend on-call coverage. The CPE Objectives and Outcomes for Levels I and II will be adhered to, along with a special emphasis on the spiritual and psychological self of the student as relevant to self-awareness and pastoral competence. The beauty of North-Central Wisconsin adds to the learning experience. There is a \$27,000 salary with benefits and a fee of \$110 per unit of training. The application is free. Contact information: The Rev. Alfred A. Merwald, D. Min., Department of Spiritual Care, Aspirus Wausau Hospital, 333 Pine Ridge Blvd, Wausau, WI 54401, (715) 847-2121x53053; (715) 847-2015 (fax); [alfredm@aspirus.org](mailto:alfredm@aspirus.org)

### ▼ PASTORAL CARE COORDINATOR

**Hartsdale, NY** – Marian Woods Residence, for senior sisters of five religious orders, seeks full-time pastoral care coordinator. Responsibilities include: pastoral presence, program development and related administrative tasks. Qualifications: Experience in pastoral care or clinical pastoral education. Certification from NACC, ACPE or APC is desirable. Consideration given to related education and ministerial experience. Send resume and salary requirements to: Marian Woods Residence, Attn: Administrator, 152 Ridge Road, Hartsdale, NY 10530-2205; e-mail [fbrooks@marianwoods.com](mailto:fbrooks@marianwoods.com) or fax to 914-750-6100. No phone calls.

### ▼ CHAPLAIN

**Longview, WA** – PeaceHealth is a regional Catholic mission and values-driven healthcare delivery system headquartered in the beautiful Pacific Northwest in Bellevue, WA. PeaceHealth has a tradition of over 120 years of providing compassionate care and exceptional medicine in six medical centers throughout the Pacific Northwest. Position Location: Longview, WA, a quick 45 minutes north of Portland, OR along the Interstate 5 corridor, at St. John Medical Center (200-bed Level III trauma and medical center). Provide religious, emotional, and spiritual support, guidance and counseling to patients, families and health care team as part of total patient care. Provide a pastoral presence to all people in the Lower Columbia region that is compassionate, accepting, respectful and sensitive. Work collaboratively with health care professionals, area clergy and other community professionals. Required qualifications: Provide documentation of current endorsement or of good standing in accordance with the requirements of his/her own denomination or ecclesiastical body. Demonstrates the ability to share personal faith/spiritual journey and experiences and reflect theologically on pastoral ministry. Demonstrates the ability to meet the age-specific and cultural needs of the patients served by the Spiritual Care Department. Masters of theology/divinity from an accredited university/seminary. (Consideration will be given to persons with a graduate degree in a healthcare field who have completed four units of clinical pastoral education.) Must

have completed four units of CPE. Must be certified or eligible for certification by National Association of Catholic Chaplains (NACC) or Association of Professional Chaplains (APC). Desired/preferred: BLS/CPR. To apply, view full job description and apply online at [www.peacehealth.org/careers](http://www.peacehealth.org/careers). If you have questions, please contact [dtroyer@peacehealth.org](mailto:dtroyer@peacehealth.org).

#### ▼ CHAPLAIN

**Cedar Rapids, IA** – Mercy Medical Center, a 360-bed hospital in Eastern Iowa, is currently seeking a full-time chaplain in our pastoral care department. Our position involves a multi-disciplinary team approach to meeting the spiritual needs of our patients, families and staff of all faiths. Qualified candidates must have completed four units of CPE training and NACC, APC or ACPE certified. Bachelor's degree in theology or divinity required. Knowledge of current theology and medical ethics is essential. We offer a competitive salary based on experience and a comprehensive benefits package. Submit resume/application to: Human Resources, Mercy Medical Center, 701 10th Street SE, Cedar Rapids, IA 52403; (319) 369-4699; (319) 369-4530 (fax); [www.mercycare.org](http://www.mercycare.org). EOE

#### ▼ DIRECTOR, PASTORAL SERVICES

**Springfield, MO** – St. John's Health System is a 460-physician, 10,000-co-worker integrated health system that includes St. John's Hospital in Springfield, MO, and five regional hospitals, St. John's Clinic, and St. John's Health Plans. The director of pastoral services is responsible for the system-wide direction of pastoral services, collaborating to establish the vision, strategic plan and measurement of quality for pastoral services and the accredited clinical pastoral education program. Responsible for the delivery of best practice services with a highly engaged and professional chaplaincy staff. Requirements include: Master's degree in theology or health-related field; minimum of three years experience in healthcare and demonstrated management and leadership skills; leadership experience with a CPE program is preferred; NACC or APC certification or willing to work toward certification preferred. Director must be able to relate well to the Catholic diocese and operate within Ethical and Religious Directives of the Catholic Church. St. John's is ranked #1 of the 100 Top Integrated Health Networks and is located in the beautiful Ozark Lakes region which is consistently ranked nationally as one of the most affordable and desirable areas to live and work. It is a member of Sisters of Mercy Health System. For more information please contact Randy Myers at 417-820-2946 or apply online at [www.stjohns.com](http://www.stjohns.com).

#### ▼ DIRECTOR, PASTORAL CARE

**Queens, NY** – To begin a pastoral care service at The Silvercrest Center for Nursing and Rehabilitation ([www.silvercrest.org](http://www.silvercrest.org)) as a staff member of The HealthCare Chaplaincy ([www.healthcarechaplaincy.org](http://www.healthcarechaplaincy.org)). Silvercrest is a 320-bed facility featuring a large ventilator unit along with dementia care, rehabilitation, and standard nursing home care. It has one of the highest wean rates of any non-hospital facility in the country. It is part of the New York-Presbyterian Healthcare System. The Director will have the opportunity to build a pastoral care service in a very ethnically diverse community, in a facility devoted to providing the best care. Qualifications: ACPE, APC, NACC,

or NAJC certified or certification-eligible, high energy with a well developed sense of the role of professional chaplaincy, excellent clinical skills, and an ability to handle all aspects of pastoral care administration. Experience in geriatric chaplaincy and end-of-life issues a plus. Send cover letter and resume to: The Rev. George Handzo, Vice President, Pastoral Care Leadership & Practice, The HealthCare Chaplaincy, 307 E. 60th St., New York, NY 10022 ([ghandzo@healthcarechaplaincy.org](mailto:ghandzo@healthcarechaplaincy.org))

#### ▼ CHAPLAIN AND PRIEST CHAPLAIN

**Tucson, AZ** – Carondelet Health Network has two chaplain positions available – a Roman Catholic priest chaplain and an interfaith chaplain. Carondelet chaplains are a dynamic interfaith team who provide spiritual care 24/7 for our culturally diverse population, participate in educational programs, and are members of the interdisciplinary medical team. Candidates must have 4 units of CPE or equivalency, be certified or pursuing certification. Spanish preferred. Submit resume; complete an application in person, by fax, or on the web. Carondelet Health Network, 350 N. Wilmot, Tucson, AZ 85711; phone (520) 873-3831, fax (520) 873-5336; [www.carondelet.org](http://www.carondelet.org).

#### ▼ CHAPLAIN

**Walla Walla, WA** – St. Mary Medical Center has an opening for a full-time chaplain. The chaplain communicates with patients, families and members of the healthcare team in an effort to enhance dignity, autonomy and self-respect as well as a sense of hope and spiritual well-being. Preferred candidate has master of divinity/theology or equivalent combination of education and experience and certified by the NACC, APC, or the National Association of Jewish Chaplains or working toward completion of a degree/certification within timeframe approved by the Director of Mission Services; four units of clinical pastoral education approved by the Association of Clinical Pastoral Education. One year of clinical experience in an acute care facility preferred. St. Mary Medical Center is a full-service, nonprofit hospital with a long tradition of excellence in caring. When the Sisters of Providence opened it in 1880, it was the first non-military hospital in Washington State east of the Cascades. Today, St. Mary Medical Center is licensed for 142 beds and is one of the largest employers in the city. Its medical care and diagnostic services attract patients from throughout the region. To learn more about our facility and to apply, visit our website at [www.smmc.com](http://www.smmc.com).

#### ▼ MANAGER, SPIRITUAL CARE (possible CPE Supervisory opportunity)

**Torrance, CA** – PROVIDENCE/Little Company of Mary Hospital is a progressive, community-based, Catholic hospital dedicated to caring for the whole person, body, mind and spirit. The Manager, Spiritual Care is a board certified chaplain who, through a staff of four, leads a comprehensive program of Spiritual Care (sacramental and pastoral) for patients, families, staff and physicians within LCMH. Requires graduate-level theological education with current management experience in a U.S. hospital or health system. Qualified candidates will assume CPE supervisory responsibilities in established CPE program; associate supervisor status considered. Contact: Dan Potter, Potter Associates, 949.673.5900 or [potterdr@pacbell.net](mailto:potterdr@pacbell.net)

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## Calendar

### March

- 8-12 APC annual conference,  
Pittsburgh, PA
- 17 Copy deadline, May *Vision*
- 21 National office closed for  
Good Friday
- 27-29 AAPC annual conference,  
Norfolk, VA

### April

- 4-5 Board of Directors meeting,  
Indianapolis, IN
- 4-5 Certification Commission meeting,  
Indianapolis, IN
- 4-5 Standards Commission meeting,  
Indianapolis, IN
- 5-8 NACC annual conference,  
Indianapolis, IN
- 9-12 CAPPE annual conference,  
Victoria, BC
- 21 Copy deadline, June *Vision*



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