

One Book, One Association

*NACC community invited to join in reading
'The Year of Magical Thinking' by Joan Didion*

By Susanne Chawszczewski, Ph. D.

We are excited to introduce our “One Book, One Association” selection for 2008 – “The Year of Magical Thinking,” by Joan Didion. Modeled on the Library of Congress “One Book” projects, initiated by the Washington Center for the Book in 1998, this NACC project has been designed to gather you, the members, together as a community by selecting one novel and encouraging reading, writing, and discussion.

We are especially grateful to a group of dedicated chaplains who read this book during the summer, offering comments, and coming to consensus that this would

be an exciting selection for our members to read as a group. Special thanks to NACC members Michael Doyle, Marybeth Harmon, Jim Letourneau, Marti Leven, and Mary Beth Moran. Some of their comments can be found accompanying this section of *Vision*. On these pages you will find: some Joan

Didion biographical information; bibliographic and web resources; discussion questions; information concerning continuing education hours; and ideas for meeting with other members of our association. This information will also be available on our website at www.nacc.org/resources/onebook/didion.asp.



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articles on
pages 6-8.

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**By David Lichter, D. Min.
Executive Director**

I really look forward to meeting many of you April 5-8 at the 2008 National Conference, being held at the Sheraton Indianapolis Hotel & Suites in Indianapolis! Over the past months so many members have commented on the power, energy, and value of the conference for them. It holds a singular and significant importance for you.

Since this will be my first conference, as executive director, I am eager to be with you to share the experience. I know so much planning has been going into the preparing the prayer and liturgical services. We appreciate all the work that has been done by the Conference Planning Committee to provide us the worship and educational offerings!

We have a remarkable group of plenary speakers who will share with us the rich theological underpinnings of the vocation and ministry of chaplaincy. The diverse workshops run the gamut of professional training and resources for personal and ministerial spirituality. A couple will share the work that is being

done through the Pastoral Care Summit Task Forces. As usual several workshops will provide members with up-to-date information on the revised NACC standards and procedures and their impact on certification, renewal of certification, and certification interviewers training. I will also be offering a workshop on being involved in NACC. There are so many appealing options.

It is also so important to acknowledge and celebrate the invaluable partnerships we have that make the chaplaincy ministry so effective. Recognizing Dr. Ira Byock with the Outstanding Colleague Award and Deacon Arthur Metallo with the Distinguished Service Award are ways for us to hold up and appreciate both our partnerships with the broader healing profession and among ourselves as chaplains.

So much has been happening over the past months related to implementing the new strategic plan, but we also look forward to engage you the members in our ongoing strategic thinking needed for plan implementation. We will be bringing

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SCC members share common hopes, concerns

By Karen Pugliese, M.A.
NACC Board Chair

Not even record-breaking bitter cold, escorted by bone-chilling ice and snow could chase away the spirit of warmth and collegiality that marked The National Association of Jewish Chaplains Annual Conference in the Windy City of Chicago Jan. 20-23.

On “opening night” Jo Schrader, executive director of the Association of Professional Chaplains, and I sat on a panel with Jewish chaplains to discuss our participation, personally and professionally, in the Spiritual Care Collaborative. A lively dialogue followed the panel discussion, along with spontaneous songs of blessing in Hebrew that stilled our souls and inflamed our hearts with twin spirits of peace and hopefulness. Following the conference, the steering committee of the Spiritual Care Collaborative gathered in this space, already hallowed by the learning and praying and celebrating of Jewish chaplains from across the country as well as a contingent from Israel.

Although the SCC meets monthly via conference calls, this was our first face-to-face meeting in over a year. The collaborative is composed of three representatives of each organization – AAPC, ACPE, CAPPE, NACC and NAJC. David Lichter, Sister Barbara Brumleve, SSND, and I represent NACC. We began with the executive director of each association sharing an overview of their current state, desired future state, and the goals and strategies to get us all there. While each of us has issues and concerns unique to our associations, we also share many, many hopes and concerns in common. I am always touched and blessed by the depth of the spirit of openness and collaboration that characterizes our work and relationships.

In reviewing our by-laws, budget and 2009 conference budget, we discussed asking each of our boards to increase the annual assessment each participating organization contributes to the collaborative from \$1 per dues-paying member to \$2. The requested increase would enable us to more easily fund projects and activities to advance collaborative programs of practice, education, training and research in diverse contexts.

This is an excellent example of how earnestly we grapple with balancing the ever-present “mission and margin” question. While the increased revenue would further our ultimate goals, the unplanned costs to our associations preclude increasing the assessment at this time. We are seriously considering alternative revenue sources. After reviewing an extensive cost/benefit analysis provided by David

Lichter, and thoughtful deliberation together, the steering committee approved moving ahead with a joint compensation study. We also reviewed, clarified and updated the application process and procedures to be followed as new ministry associations join us as participating partners and project partners.

We practice good stewardship, scheduling meetings to coincide with one another’s conferences, sharing costs with our associations, and exploring opportunities for shared resources. One example is the discussion regarding possibilities for partnering with APC in producing joint publications of the beautiful and highly regarded publication,

Healing Spirit. Other potential linkages within the collaborative were explored: ongoing work with The Joint Commission, research opportunities, grants, and cross-fertilization of ideas through shared learning experiences, for example.

Officers were elected; Art Schmidt, ACPE, continues to serve as chair, David Lichter, NACC, now serves as vice chair. Also continuing to serve in leadership roles are Jo Schrader, APC, as treasurer and Buffy Harper, CAPPE, as secretary.

Significant time was devoted to discussion of the Spiritual Care Summit ’09, Healing and Hope: The Hard Reality of Living Intentionally in a Village of Care. The conference will be held Feb. 1-4 in Orlando, Fla. George Grant, APC, the conference planning

chair, joined us via conference call. There is extraordinary energy, enthusiasm and expertise within the planning team and the SCC steering committee is deeply grateful for its work. You will be hearing much more about this conference in weeks to come.

As we work together as cognate members, the challenges and the possibilities for encouraging and facilitating innovative, collaborative programs of practice, education, training and research in diverse settings — internationally — both humble and animate us.

Alphabet soup?

NAJC = National Association of Jewish Chaplains

APC = Association of Professional Chaplains

AAPC = American Association of Pastoral Counselors

ACPE = Association of Clinical Pastoral Education, Inc.

CAPPE = Canadian Association for Pastoral Practice and Education

SCC = Spiritual Care Collaborative

NACC = National Association of Catholic Chaplains, of course!

Indy

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to the membership meeting on Monday afternoon several plan implementation ideas that we will want to test with you. So please make sure you come to the membership meeting! We need you!

Make your reservation, if you have not done so yet. See you in Indy!

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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Make chaplain recruitment your goal

By David Lichter, D. Min.
Executive Director

In this past week I have received three phone calls from media asking for information on what they have heard regarding a chaplaincy shortage. "What are the statistics that ground this concern?" they ask. I report that each system has its anecdotal affirmation of this reality. As one pastoral care leader states it, "It changes every day within our system, but we have fewer job candidates." "Rural settings seem to be most impacted, as few chaplains apply for these hospitals," says another. "I did a national search and got only three resumes," notes another. You know the reality better than I.

I could refer media to the significant increase in the average or mean age of chaplains. The 1997 CHA/NACC Survey, *The Catholic Chaplain: Salaries and Credentials*, revealed the mean age for directors of pastoral care was 57.37, and the mean age for chaplains was 56.73. Today the average age of NACC members is 63. Different health systems report an average age of 62-68. By this March edition, we hope to also have results of the CHA/NACC pastoral care study that should give us new national data. Most pastoral care leaders say we have a five-year window to aggressively address this reality.

The fourth goal of the NACC strategic plan is: *to foster growth and unity within diversity in NACC*. The three middle objectives stress recruitment, while the first highlights chaplains' ability to minister to diverse populations, and last calls for scholarships for training chaplains from low economic backgrounds.

Over the past months, we have moved ahead on addressing this goal on two fronts: one within NACC and one in partnership with CHA with the Pastoral Care Summit. We still need to explore ways with the Spiritual Care Collaborative to work on recruitment.

Within NACC, last fall, two task forces developed preliminary outlines for marketing and recruitment plans that were discussed by the NACC board at its fall meeting. The marketing plan attempts to target the audiences that need to

value the profession, and the messages and media to convey its value.

As we worked on a recruitment plan, we realized we did not have research data that show the need for chaplains, nor that help us best target where to look for potential chaplains. However, we do have some sense of the *potential candidate pool and where they are located*. Certainly young people in colleges and universities, especially through campus ministry, are thinking about their futures, but are not aware of chaplaincy as a viable career option. We need to tell our story to them. However, many of you came to consider chaplaincy as a second-career after a first career in diverse fields. So what are the potential fields from which second-career chaplains come? Again, we do not have hard research, but anecdotal evidence points to many coming from other healthcare fields, e.g. nursing, tech, etc. In the past months, in conversation with leaders of graduate theological and ministerial programs where students are contemplating future careers, we realize NACC has not done a good job of telling chaplain vocation stories.

The NACC recruitment task force last October set two goals. The first goal had two objectives: 1. By February 2008, identify and initially engage primary partners in a collaborative effort to identify, recruit, and train future chaplains; and by June 2008 to have developed a comprehensive strategy, (including graduate and CPE programs, financial resources, promotional tools, etc.). The key strategies were to engage primary partners from healthcare and higher education to join in developing and implementing an integrated strategy for recruitment. The Pastoral Care Summit helped us engage many of these primary health care and some education partners, as a recruitment task force and an education task force from the Summit continue to refine and advance the initial plans from the Summit.

Brian Yanofchick of CHA also convened higher education leaders in early December to begin discussion on the need for leadership and ministry development in health care and higher education. It was

See [Chaplain Recruitment](#) on page 4



Briefs

New *Vision* editor, certification specialist named

NACC welcomes two new staff members in Milwaukee.

Laurie Hansen Cardona, new editor of *Vision*, previously worked at Washington-based Catholic News Service as a reporter and at the Catholic Herald, newspaper of the Milwaukee Archdiocese, as a reporter, assistant editor and later managing editor.

Most recently she has been employed as a teacher of Spanish and English as a second language. The mother of two young children, she is editing *Vision* on a freelance basis from her home.

Rose Mary Blanco-Alvarado has been named administrative specialist for certification. Blanco-Alvarado brings many years of administrative and office experience from both the professional service and non-profit sectors.

She said she is looking forward to working with association members.

Offer your ideas about *Vision*

The NACC Editorial Advisory Panel will meet April 5 at the 2008 NACC Conference in Indianapolis to discuss the future and direction of *Vision*. The panel seeks member input on both the content of the newsletter and its frequency of publication. Please go to the NACC website. www.nacc.org to click on a link that will allow you to offer your ideas about *Vision*. Input may also be sent by e-mail to Laurie Hansen Cardona, *Vision* editor, at lcardona@nacc.org.

Chaplain Recruitment

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opening dialogue that will need more effort.

We appreciate Kathy Brown, the president of the Association of Graduate Programs in Ministry, and Bob O’Gorman, pastoral studies director of Loyola University of Chicago’s Institute of Pastoral Studies, both being involved on our Summit education task force, and helping us integrate our education and recruitment efforts. We have a good beginning on this goal.

The second task force goal had two objectives: 1. by February 2008 to enlist a cadre of 20-25 chaplains to be presenters/spokespersons on chaplaincy, and to develop basic recruitment tools that would include a brochure, Power Point presentation, and materials on the NACC website to be used for presentations; and 2. by the 2008 National Conference, prepare the cadre for presenting. While these dates are ambitious, I hope by the time you read this, and participate in the national conference you can say we are on our way for this goal also. We plan to bring to the 2008 national conference materials that can be used, as well as having identified across the country chaplains who are willing to be presenters to local groups.

The NACC recruitment and marketing task forces merged in early 2008 with the Pastoral Care Summit Recruitment Task Force, because an integrated effort with CHA to map a comprehensive strategy makes optimum sense. To date, the Summit task force is stressing the importance of the visibility and image of the chaplain. Where and how does the public view the chaplains? One goal was to get a healthy chaplain role on a television series, beyond the image of M*A*S*H’s Father Mulcahy! They are also considering a national, “Be a chaplain” campaign. This task force also was stressing the parallel effort of employers of chaplains that includes having a clear job description, a decent compensation package, professional development opportunities, and mentoring.

Wisely, the NACC strategic plan’s fourth goal includes objectives specifically focused on the young adult population, as

well as seeking members from all racial, ethnic, and cultural groups, as well as from underrepresented geographical areas. We will need to have special focus sessions with current chaplains representing these groups to help us think through the best strategies for these efforts.

The final objective of this fourth strategic goal states: secure scholarship funding to support training of chaplains from low-income backgrounds. The strategies to achieve this objective have not yet been formulated. However, if we look to other professions for ideas, we will discover that the first source of scholarship funds comes from those who have lived and benefited from the profession, and want others to experience the satisfaction of that profession. While chaplains for the most part have not reaped significant financial benefits, many of you, except vowed religious, can leave in your estate a gift for chaplain education. When I was rector at the seminary, I was always amazed and humbled by the number of priests who remembered the seminary in their will. You can also remember chaplain education.

The other main source for funds in those professions comes from those benefited from the profession. I realize this will be discussed further when we reflect in the sixth strategic goal that addresses finance. However, anyone in ministry, including chaplains, can be so shy when it comes to tooting our own horn, and inviting people to considering giving financially to support the ministry. Yet, think about how, when you have been helped in time of need, you want to find some way of expressing gratitude and saying “I value you.” Knowing how a gift can have a lasting impact on the profession that just helped you is at the heart of health philanthropy. We can work on this together.

In conclusion, I hope each of us can take on recruitment of new chaplains as one of our personal goals. One critical persuasive piece that each of you has is *your personal story*. One of my dreams for the NACC website, is that I could go to the NACC website’s home page; click on the icon “Be a chaplain”; and find over 1,000 stories, your stories, grouped in attractive categories that intrigue the readers to consider the profession because they see themselves in you. Over the coming months, can you write in a page or less on how you became a chaplain, and send it to us?

Volunteering uncovers Owens' hidden talents



Name: Joan M. Owens

Work: Chaplain, Mercy Franciscan Terrace, Cincinnati, OH

NACC member since: 1987

Volunteer service: I wrote the *Vision* article, "Dying woman receives kindness in palliative care," published in January 2007. I'm active with parish volunteering, especially on the Adult Faith Formation

Team.

Book on your nightstand: "The Red Tent" by Anita Diamant

Book you recommend most often: "The Kite Runner" by Khaled Hosseini

Favorite spiritual resource: Sitting by my back window watching the birds and woods and spending time journaling and reflecting. Spiritual direction and reflection on daily Scripture are also resources.

Favorite fun self-care activity: Walking in the woods

Favorite movie: "The Color Purple"

Favorite retreat spot: My backyard

Personal mentor or role model: Maureen Finn, my first manager in spiritual care.

Famous/historic mentor or role model: Dorothy Day is

an inspiring figure for me.

Why did you become a chaplain? I experienced several deaths with family and friends and observed the different ways people handle death. I thought I could offer some healthy guidance. Of course, in 20 years much more has developed, and now in long-term care I am aiding residents and families in the dying process.

What do you get from NACC? Professionalism and education, collegiality, and certification, which is especially needed since I am a laywoman.

Why do you stay in the NACC? Over the years I have been able to attend some NACC conferences that have given me meaningful CEHs toward certification, and I have enjoyed the friendships I have made with many people from NACC.

Why do/did you volunteer? My Mercy System invited all the chaplains to write a "sacred story" about our ministry. It was published in a prayer book for employees, and then it was suggested by my peers that I submit it to *Vision*.

What volunteer activity has been most rewarding? Many years ago, I cut hair for the poor and homeless. I learned a lot from them and made dear friends.

What have you learned from volunteering? That I have a lot to offer others and that sometimes I discover talents I have not used in a while, or discover new talents.



Wanted: Certification interviewers

By the time you receive this issue of *Vision*, the deadline for receipt of certification applications for those seeking certification will have passed. One of the first tasks related to the processing of the applicant's materials will be to establish how many applicants need to be scheduled for an interview in the fall, specifically Oct. 4-5.

As 2008 is an unusual year with only one certification interview weekend scheduled instead of two, we anticipate an extraordinarily large number of applicants seeking an interview. The ratio of applicants to interviewers is 1:1.

We take this opportunity to extend an invitation to those active, NACC-certified chaplains and/or supervisors who would be willing to commit to serving as an interviewer in the fall. Our appreciation goes out to those of you who have volunteered in this capacity in the past and we look forward to your continued participation. Additionally, we welcome those of you who have not participated at this level in the

certification process. As many of our certification interviewers would agree, accepting the responsibility of serving as an interviewer can be a very rewarding experience.

Please seriously consider serving on a certification interview team in the fall. There will be an opportunity at the April annual conference in Indianapolis for a closer look at interviewing expectations. The Interview Team Educators oversee the training by conference calls prior to the interview weekend. Those interviewing for the first time are placed on a team of experienced interviewers. So, as you can see, if you are interested in this level of participation in the association but are hesitating, be assured that we do have qualified people and a professional process in place to support you.

If you need further information about this opportunity to become a certification interviewer, please contact Kathy Eldridge at keldridge@nacc.org or 414-483-4898.





The book

*When something happens to me, he would frequently say.
Nothing will happen to you, I would say.
But if it does.*

Joan Didion's "The Year of Magical Thinking," published in 2005, provides us with an account of Didion's thoughts, perspectives, memories, and the ways she coped with her grief the year after her husband John's death. She began writing this book in October 2004 and it is symbolic of her journey, not only with and through her husband's death but also with her daughter Quintana who was hospitalized numerous times for an acute illness that same year.

Written in 22 chapters, the book takes us through Didion's journey as she finds her husband dead in their apartment. This journey from their apartment to the hospital, through the autopsy and finally through the funeral is interspersed with biographic memories of the significant times she spent with her husband through almost 40 years of marriage. Significant about this journey is the way in which Didion copes with the death, from shock and disbelief to fact-finding and information gathering and on to reflection.

Through this year of magical thinking, Didion also journeys with her sick daughter who has been hospitalized with an acute illness. We find that her daughter has been hospitalized in New York, is eventually released, and returns to the hospital in California. Didion is there at her side and as she is there, she is again fact-finding and information gathering. Didion gets pulled into memories, some of which she seems apprehensive about confronting, at the most inopportune and surprising times. "The way you got sideswiped was by going back" (page 112) is how Didion describes this "vortex effect" on her journey.

Magical thinking is a concept popularized by anthropologist Phillip Stevens, Jr. It involves a belief in the interconnectedness of all things, transcending physical and spiritual connections. In "Magical Thinking in Complementary and Alternative Medicine," Stevens talks about the idea that "there are real connections between the symbol and its referent, and that some real and potentially measurable power flows between them." If you read "The Year of Magical Thinking," you certainly can feel that power between Didion and her husband John.

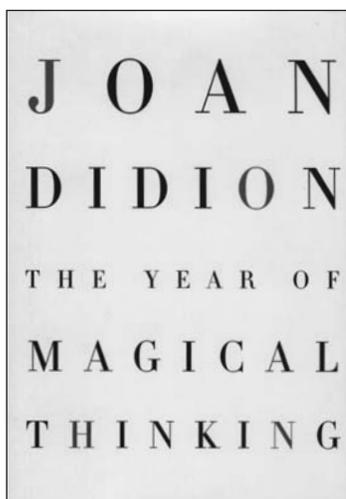
At one point in the novel, Didion pulls an old textbook of poetry off her husband's shelf and finds some questions that he penned himself inside the cover. This seems to be a turning point for her as she is able to pull the questions written in the book cover into her own experience and have

something solid and concrete to reflect on. These are actually timeless questions that we, too, may find ourselves reflecting on. "What was the meaning and what the experience? To what thought or reflection did the experience lead us? (page 41)." These queries become part of the probing questioning Didion poses to herself as she becomes more comfortable with going back.

While we cannot capture the entirety of the novel here, the repetitive use of words and images pulls the book together for us as we journey with Didion. These repetitive words are transformative both to Didion and to the reader. They are transformative because they make us think and also reflect on our own experiences. As Didion says herself, "this is a case in which I need more than words to find the meaning. This is a case in which I need whatever it is I think or believe to be penetrable, if only for myself (page 8)." She often uses the words and images as her own mantra.

And there is finally some resolution to her own grief over her husband's death as she approaches the one-year anniversary. Didion's insights bring her to an analysis of her own grief. Giving a good deal of time to the notion of grief, Didion remarks that "grief turns out to be a place none of us know until we reach it (page 188)."

Didion's writing style may be foreign to us. It can be isolating and sometimes almost sterile. Nonetheless it is her story, the telling of her grief, which is shared with us. We are invited into Didion's life, her past experiences with her husband and her daughter, as well as her present experiences of trying to find a way to cope with the enormity of her own thoughts and feelings.



Join book committee

If you are interested in serving on a committee to choose the 2009 "One Book, One Association" selection, please contact Susanne Chawszczewski at 414-483-4898 or schaw@nacc.org.

Obtain copy of Didion book

There are many options for those wishing to read "The Year of Magical Thinking." You may want to check with your local public library or a local bookstore. Books are also available to order online at such places as www.amazon.com or www.barnesandnoble.com. For your reference, the paperback edition's (2007 edition) ISBN Number is 1400078431.



Joan Didion
© Brigitte Lacombe



The author: Joan Didion

degree in English.

After graduating from Berkeley, Didion moved to New York where she worked as a copywriter at *Vogue* magazine, eventually becoming the associate features editor. She also contributed film and book reviews to the *National Review* and *Mademoiselle*. She met her husband, John Gregory Dunne, also a writer, and they were married Jan. 30, 1964. They lived 25 years in California, working together on several literary projects, including screenplays. Didion and Dunne adopted their daughter, Quintana Roo, on March 3, 1966, in Santa Monica, Calif.

Didion's first novel, "Run River," was published in 1963. This book began Didion's expansive literary career, which included

five fictional novels, eight books of nonfiction, and five screenplays with her husband John.

"The Year of Magical Thinking" was published Oct. 4, 2005, and chronicles the year following her husband John's death on Dec. 30, 2003, just before their 40th anniversary. During this year, Didion also coped with the grave illness of her daughter Quintana.

The book is a vivid account, filled with personal memories of her husband, and an attempt to describe her own mourning and grieving processes. Commenting about her decision to write the book in the Oct. 2, 2005, issue of *New York Magazine*, Didion said: "Nothing I read about grief seemed to exactly express the craziness of it, which was the interesting aspect of it to me—how really tenuous our sanity is." Didion's daughter Quintana died Aug. 26, 2005, in New York City of complications from acute pancreatitis.

Didion received the National Book Award in November 2005 for "The Year of Magical Thinking." In 2007, she received the National Book Foundation's annual Medal for Distinguished Contribution and the Evelyn F. Burkey Award from the Writers Guild of America. Didion continues to reside in New York City.



The discussion questions

1. Consider the four sentences in italics that begin Chapter 1.

Life changes fast.

Life changes in the instant.

You sit down to dinner and life as you know it ends.

The question of self-pity.

What did you think when you read them for the first time?

What do you think now?

2. In particular, address "The question of self-pity." Does Didion pity herself? In what ways does she indulge that impulse, and in what ways does she deny it?

3. Discuss the notion of "magical thinking." Have you ever experienced anything like this, after a loss or some other life-changing occurrence? How did it help, or hinder, your healing?

4. Do you think Didion's "year of magical thinking" ended after one year, or did it likely continue?

5. Consider the tone Didion uses throughout the book, one of relatively cool detachment. Clearly she is in mourning, and yet her anguish is quite muted. How did this detached tone affect your reading experience?

6. How does Didion use humor? To express her grief, to deflect it, or for another purpose entirely?

7. Over the course of the book, Didion excerpts a variety of poems. Which resonated for you most deeply, and why?

8. One word critics have used again and again in describing this book is "exhilarating." Did you find it to be so? Why, or why not?

9. Discuss Didion's repetition of sentences like "For once in your life just let it go"; "We call it the widowmaker"; "I tell you

that I shall not live two days"; and "Life changes in the instant." What purpose does the repetition serve? How did your understanding of her grief change each time you reread one of these sentences?

10. The lifestyle described in this book is quite different from the way most people live, with glamorous friends, expensive homes, and trips to Hawaii, Paris, South America, etc., and yet none of that spared Didion from experiencing profound grief. Did her seemingly privileged life color your feelings about the book at all? Did that change after reading it?

11. At several points in the book Didion describes her need for knowledge, whether it's from reading medical journals or grilling the doctors at her daughter's bedside. How do you think this helped her to cope?

12. Is there a turning point in this book? If so, where would you place it and why?

13. The last sentence of the book is "No eye is on the sparrow but he did tell me that." What does this mean?

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Continuing education hours and opportunities to be involved

As a community, when we read one work together, it brings opportunities for us to have common ground and a common

— See [Continuing Education](#) on page 8.



What members think

Thank you for inviting us to read this book. I was intrigued as I read to see what ‘her’ experience of grief was ... would it be like mine ... would we connect in our loss or be miles apart. The loss, the heartache, the replaying of the last days, of significant days, of a lifetime together is so poignant ... it is the universal feeling or reality of loss that unites us. We turn inward and we meet our God, we turn outward and we join hands with our brothers and sisters and sometimes we turn our backs on everything ... in our isolation or anger we are called back by a hug, a smile, a phone call ... someone cares and is there for us ... accepting us as we are ... letting us cry, talk, laugh, or be still. I would invite all chaplains to read the book. Good insight into the world of loss and the process to connect with the resilience to keep on keeping on.

— *Marybeth Harmon, BCC
Franklin, Mass.*

I loved her work. Joan Didion is masterful with her writing skill. She described her grief reaction so eloquently and powerfully. To be honest, I often felt depressed listening to the book because I was reminded of the fragility of life, and how “in an instant” (as she often wrote), my life could so change. I would recommend it to anyone, and I believe it is a reminder to us in pastoral care of the power of grief.

— *Jim Letourneau, BCC
Brighton, Mich.*

I couldn’t put the book down once I started. Didion’s writing is from the heart. Her intimate portrayal of death and the tangible ways in her own life that were impacted ... ugh. Yet it wasn’t heavy – it was simply intimate, beautiful, touching, profound, and so very moving and personal. I would recommend it to any chaplain, any human striving to live life now and for eternity. Amen!

— *Michael Doyle, BCC
Evanston, Ill.*

I thought it was very good.... Joan Didion is an excellent writer ... very much a “T” on the Myers-Briggs. The storyline involves multiple crises and the grief associated with death, illness, and medical management from multiple viewpoints: motherhood, spouse, professional, etc. Reading it, I was often

reminded of the shock factor and the extraordinariness of sudden death and critical illness as experienced by Didion. When I deal with it everyday as a chaplain, I sometimes lose sight of how life-shattering these events can be. I like that this book tells a reflective story and we accompany Didion through a year of her life without the book feeling like a “textbook” guide to grief.

— *Marti Leven, BCC
Portland, Ore.*

Joan is so very correct in writing that there is a difference between grief and mourning. While her book is certainly not a happy read, for those of us who have experienced death in our personal lives, her account puts words and imagery to what many of us have felt emotionally and physically. This book has given me more insight on my own experience, and will certainly apply in my ministry to others as well. I view this work as another valuable tool in my tool box to help others.

— *Mary Beth Moran, BCC
Bedford, Mass.*



The web resources

▼ Obituary for John Gregory Dunne

<http://query.nytimes.com/gst/fullpage.html?res=9B03E6D91731F932A35752C0A9629C8B63>

<http://books.guardian.co.uk/obituaries/story/0,11617,1115097,00.html>

▼ Joan Didion

http://en.wikipedia.org/wiki/Joan_Didion

▼ Random House Reading Group Guide

<http://www.randomhouse.com/catalog/display.pperl?isbn=9781400078431&view=rg>

Find more web resources, including reference works about Joan Didion’s life and her novels, on the NACC website at www.nacc.org.

Continuing Education

Continued from page 7

place to begin our conversations. This project encourages both individual and community involvement. Here are some ways in which you can read and reflect with your companions in the NACC.

1. Read “The Year of Magical Thinking” and explore the resources provided in *Vision* and on the website to enrich your own experience.
2. Write a reflection on a passage or aspect of the book. Send the reflection to the NACC office for possible publication in *Vision* or on the website.

3. Host a gathering and book discussion – This is a wonderful opportunity for you to connect with members in your area or even via e-mail. The NACC can help you to organize this gathering. If you are interested in hosting an event, contact Susanne Chawaszczewski at schaw@nacc.org or 414-483-4898. We can publish the information in *Vision* and on the website. Additionally, we would be happy to provide mailing labels and lists of those members in your area as well as e-mail the members about your gathering.
4. Utilize these opportunities when preparing for renewal of certification. Please see the Renewal of Certification Process Guide, found on our website at www.nacc.org/certification/renewal.asp.

Share ministry, 'love for God' at national conference

By Joseph Bozzelli, D.Min.

I didn't have a very giving heart when Susanne Chawaszczewski from the national office called me last spring. Susanne asked if I'd be interested in co-chairing our national conference in Indianapolis. My first response, which I'm sad to say, I'm not proud of was, "Quick, think of an excuse to get out of this." My little Nancy Reagan voice started screaming, "JUST SAY NO!" I didn't even give Susanne time to explain the co-chair's responsibilities; it didn't matter, my brain immediately went into "escape mode." I thought, "Joe, you've got to come up with a reason to say no and do it quickly!"

As I said, I'm not proud of my initial thoughts. I like to view myself as someone who is open to new ideas, curious about life, and anxious to take on new challenges and opportunities. But, when Susanne called, my spirit of adventure was on hold. It's not that I didn't have plenty of good reasons to decline her request. After all, I had recently moved from Indiana to Kentucky to begin a new job. I was feeling a lot of stress from moving; I was grieving the loss of family and friends. I was feeling overwhelmed by all the changes in my life. So, taking on additional responsibilities with the NACC seemed foolish.

But rather than tell Susanne "no" right away, I told her that I would think about it. I honestly thought that I would use the time to come up with a really good exit strategy and then get back with her in a day or two. So, I did spend the next few days thinking and praying about whether to be a co-chair.

As I prayed about it, I realized that my initial reaction to not help with the conference was similar to reactions that sometimes come up in my ministry. There are times at the end of a long day, when I suddenly remember that I want to follow up with a patient that I have seen earlier. But, I'm feeling tired and drained. My initial thought about going to see that patient is something like, "Are you crazy, Joe! You need to get your introverted-self home to recharge your pastoral care batteries! You can see that person, tomorrow." You know how those thoughts work in your head; the chatter that evaluates your every move.... Well, at least it works that way for me.

I used to give a lot of power to those thoughts, and act either in agreement with what I was thinking or counter to it. Either way, it usually resulted in disaster. If I resisted my urge to go home and went to see the patient, the visit usually didn't go very well. I wasn't fully present. I projected a martyr mentality, that I'm doing this ministry at great sacrifice to my well-being. Isn't that a nice approach to pastoral care? Or, if I went home, I'd feel guilty about not going that "extra mile" of

service for that patient. As you can imagine, either approach drove me crazy. Well, not literally, but it caused a lot of anxiety, to say the least.

But, over the years, I've been working on being more present, in the moment. I've been trying to be more aware of what's going on for me, right now. If I can step back and use my thoughts and feelings as a guide, then, I feel more confident that I'm being guided by my internal wisdom.

At least that's what was working for me when Susanne called. In my discernment, I realized that my "no" was a plea for me to take care of myself. After all, I had been through enough with this new job. It was time for people to give to me. But, I used that thought as a guide for my heart and asked God to give me what I need. In the end, I felt that God was indeed giving me what I needed, by offering this

opportunity to serve.

You know how we often say in pastoral care, that we receive more from a pastoral care visit to a patient, than we give. Well, that's what is happening for me during our conference planning process. Every time I meet with our committee, I'm left feeling rejuvenated and passionate about

pastoral care. I think it's because we are each committed to creating something special in Indianapolis. From the national office staff, to all the members of our planning committee, each person is working toward creating a conference that serves the spiritual and pastoral needs of our members. That spirit of service is truly inspiring.

But, I think it goes deeper than that. I feel renewed because something special happens when people gather out of love for God. At our conference planning meetings, there is a rich spirit of community, "Where two or three are gathered together in my name, there am I in the midst of them" (Mt 18:20). It is a community of faith, because we come together to share our faith and love for God.

As the Prayer of St. Francis states, "It is in giving that we receive." In that spirit, I invite you to come to our national conference this April. Come to share your gifts, your ministry, and, above all, your love for God. My prayer and hope is that if you do this, you will receive so much more in return.

Joseph Bozzelli, D.Min., BCC, is co-chair of the 2008 Conference Planning Committee. jbozzell@stelizabeth.com



Indianapolis, IN • April 5-8, 2008

From the national office staff, to all the members of our planning committee, each person is working toward creating a conference that serves the spiritual and pastoral needs of our members. That spirit of service is truly inspiring.

Seeking,  Finding

Offer hospitality to those at life's edge



By **Michael Stacy**

How do you answer your door? This is the 1,500-year-old question, and it comes from St. Benedict's Rule for monastic life. Benedictine Sr. Joan Chittister has written an intriguing book titled "The Rule of Benedict – Insights For The Ages," which applies the Rule to modern day living. Chapter 66 of the

Rule, "The Porter of the Monastery," reads as follows: "At the door of the monastery, place a sensible person who knows how to take a message and deliver a reply, and whose wisdom keeps them from roaming about. This porter will need a room near the entrance so that visitors will always find someone there to answer them.

"As soon as anyone knocks or a poor person calls out, the porter will reply, 'Thanks be to God' or 'Your blessing, please,' then, with all the gentleness that comes from reverence of God, provide a prompt answer with the warmth of love. Let the porter be given one of the younger members if help is needed."

This age-old question finds its way into all of our lives, regardless of what we do or who we are. Quite simply, the way we receive and befriend others becomes the answer to this question. I like Sr. Joan's reminder that "the way we answer doors is the way we deal with the world."

This question has helped bring a deeper awareness to my ministry as a chaplain. Since my college days I have been interested in the death and dying experience and how grief and loss are

befriended in our society. This past year, Maryhaven Nursing and Rehabilitation Center in Glenview, Ill., where I serve as chaplain, chose to highlight end-of-life care ministry as part of its Performance Improvement Committee. This focus was a system-wide endeavor for Resurrection Health Care in greater Chicago. Chaplains completed a data chart following the death of a resident. Chart components included: Did the resident die in the facility or were they taken to the hospital? Did a staffer inform the chaplain of a resident's decline in health? Was the death unexpected? Was the resident visited within 48 hours of death? Was the family visited within 48 hours following the death? Were prayers offered at death/bedside? Did any follow-up occur with loved ones?

These cut and dry managerial-type questions have served as door-openers in getting me to further reflect on my ministry of hospitality. This ministry is less about looking for answers and more about trying to live with open-ended questions that often have no answers. Much like the spiritual life, our theology of

welcome/hospitality will require us to live with ambiguity and to trust the present moment with whatever it has to offer.

In retrospect, as spiritual caregivers, we were being asked to reflect on the way(s) that we answer our doors to end-of-life care. Of course, there is no one right way to provide care to the sick and dying. We are not given a textbook that provides ready-made answers to all of the questions that will be asked of us, nor are we given a set of procedures to follow. The text and approaches must come from the depths of our hearts, where silence, compassion, and unconditional love reside.

I would like to share a few approaches that have assisted me in providing end-of-life care to the dying and to their families.

I answer my door through *Gestures of Hospitality*. This may sound like a given, but residents and families really appreciate it. I feel that one of my roles is to provide an environment where the God-encounter can happen and not to control that environment with an overbearing presence. "Is there anything I can offer for you?" has been a helpful question which often leads to requests for more chairs, glasses of water, coffee, juice, or snacks. Families are also offered full meals that are delivered to rooms by our kitchen staff.

Part of hospitality is knowing when to stay in the room and when to leave. Sometimes a ministry of absence or "presence-away" can give the resident and family members quality time alone to process personal needs and concerns or simply to rest in the present moment with each other in silence. A welcoming environment can build initial trust and put people at ease. As Fr. Daniel Homan, OSB, and Lonni Collins Pratt state in their book "Radical Hospitality: Benedict's Way of Love:" "Hospitality is not a planned event, or series of routine gestures. It is the stance of the heart that is abandoned to Love."

I answer my door through *Music*. Usually when I meet with families to assess ongoing end-of-life care needs, I offer a CD player with a selection of discs for what I call "comfort listening." Some families and residents politely decline this offer and prefer a quiet environment. However, most families appreciate how music can so effectively enhance the immediate environment and speak to the inner needs of the person who is dying. Music ranges from the sacred to the secular and usually depends on the choices made by the resident and/or family members. An all-time favorite has been the CD from Landscapes titled "Relaxing Harp." This title summarizes quite well the overall effect that music has on one's mind, body and soul. The demeanor of the dying person changes from restlessness and anxiety to a quiet peace and calm. Labored breathing is transformed into more relaxed breathing. Music seems to have its own mystical way of speaking to and healing our inner selves.

Incorporating music in the form of chant can be a very powerful and moving experience. I have often chanted simple

As spiritual caregivers, we were being asked to reflect on the way(s) that we answer our doors to end-of-life care.

hymns and blessings with family, friends and staff gathered around the bedside of a dying resident. Again, something happens during these simple moments of chant that touches the inner depths of our being. Rhythm seems to be a common language that speaks to every member of the human race in ways that comfort and heal.

I answer my door through *Prayer and Ritual*. I try to be very sensitive to family members' needs when a loved one is actively dying and anxieties arise concerning the Anointing of the Sick. Even though residents at my facility are anointed every six months, I still do my best to honor these special requests from family members. However, when appropriate I will also assist family members in better understanding the Sacrament of the Sick, Viaticum, and blessing prayers. Other prayers that often go unnoticed appear in Catholic Book Publishing Co.'s "Pastoral Care of the Sick" in Chapter Six under the heading "Commendation of the Dying."

Included here are short Scripture readings, a Litany of Saints, Prayer of Commendation along with a prayer for after death and a prayer for family and friends. When prayed slowly with meaning and maybe with a chant or two, these prayers provide great comfort and reassurance to families. Author Joyce Rupp has written two excellent books that provide a variety of prayers and rituals that can be used with residents and their families: "Out of the Ordinary," which includes a "Blessing of One Who Draws Near Death" where a laying on of hands and different body parts are blessed; and a book that speaks about change and transitions, "Praying Our Goodbyes."

I have found it meaningful and even necessary at times to put aside the formularies of prayer and ritual so as to pray in my own words. The late Bishop Kenneth Untener, who led the Saginaw, Mich., diocese, once reminded me, along with other seminarians, that prayer was simply a conversation with God. If we keep our focus on speaking with God in a simple conversational way, we can avoid the trap of pious and flattering words that try to impress others. Simply be authentic and speak from your heart.

I answer my door through *Honoring the Deceased*. Spending time with a family after death is itself a special ministry. Here, I need to rely heavily on my intuition of knowing when to step in the room and when to step out, knowing when to pray and when to remain silent, along with knowing that it's perfectly all right not to be needed at all. I will always reassure the family that they have as much time as they need by themselves to say their goodbyes and create some closure before the funeral home is contacted. These are holy and sacred moments where time is really suspended. Prayers for the Dead can be found in Chapter Seven of "Pastoral Care of the Sick."

Family members sometimes will ask for assistance in making phone calls to other family and friends. I try to make myself available for whatever needs may arise. Some family members prefer to pack their loved one's belongings by themselves (with the assistance of small boxes and carts from

housekeeping), while others would like the housekeeping department to do this task. "Is there anything else that I can do to help you?" shows continuing pastoral care and support during this time of transition. When the necessary details have been attended to, I always walk with the family as they leave the facility. Family members can feel very lost and alone during this final walk through the hallways and greatly appreciate this supportive gesture by a chaplain.

We also honor the deceased during the removal of the body. Too often, the body is quickly rolled on a stretcher out the side or back door of a facility. Out of sight, out of mind. The rationale is that staff, residents, and family members do not have to deal with this uneasy aspect of the life cycle rolling before their eyes. The denials, pains, and fears of death escape out the back door and are safely housed in a hearse and driven away. But at Maryhaven, life and death enter and exit through the same door — the front door.

The same love and respect that is given to residents who enter our facility is also given to those who leave our facility for the last time. Life and death are allowed to exist together, helping all of us to befriend our fears/denial of death and to open doors of acceptance and inner peace.

These are my own simple thoughts regarding end-of-life care. We all approach our ministries from a variety of perspectives, but we all stand on the same common ground of care and compassion.

Hospitality, a hallmark of Benedictine spirituality, will continue to challenge each one of us in reassessing how we welcome and befriend our residents/patients who are in need. Hospitality does not happen between 9 a.m. and 5 p.m., rather it needs to be engrained in the fabric of our lives. St. Benedict's *mandatum* was to welcome each person as Christ. We often fall short of this goal, but the key, I believe, is to continue practicing how to be hospitable. Like public speaking or active listening, hospitality is an art that needs to be practiced throughout our lives. Each day we can awake and recommit ourselves to becoming better people, losing more of ourselves and giving more to others.

Fr. Daniel Homan, OSB, and Lonni Collins Pratt summarize the graced challenge of hospitality in the following quote from "Radical Hospitality:"

"Hospitality may involve a major change of attitude and lifestyle for you, or it may be that you are already growing more open to others. But either way you will sometimes find it easy to welcome others, while at other times you will fight for every ounce of acceptance you offer. A battle to accept someone can seem like a struggle with no real value. Remind yourself that the struggle matters — it is making you stronger."

Michael Stacy, BCC, is a chaplain at Maryhaven Nursing and Rehabilitation Center in Glenview, Ill.

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Self-care rituals critical when facing loss after loss

By Rev. Annette Olsen

Midway through my chaplaincy career I noticed a need for a “grief tune-up” about every 200 adult deaths. I have now attended just over 1,200 deaths in 14 years; however, rituals of self-care that are more continuous in nature have become necessary, as I have transitioned to work primarily with children and their families.

The challenge to my past ways of caring-for-self seem most related to the lengthy nature of these pastoral relationships (as in long term care, adult oncology, or infectious disease services), and the magnitude of the care-load per pediatric patient. Each child seems to come with at least three to five adults and one to five siblings significantly involved in their life, and, for those who do not have “family,” there are systems of people who care and need care.

Just writing this brings tears to my eyes. I have known many children, parents, grandparents, and siblings, who have hoped for a cure, prayed for the one big miracle (complete return to physical health), experienced mini-miracles throughout their treatment, and later died. Others wrack my

heart for the lack of love they received in their short lives — starved, shaken, sexually assaulted and abused. Some people die quickly, but with today’s “technological advances,” dying in a hospital or in hospice care seems to come in stages.

During the process of dying, there often comes a point when the human spirit seems to go inward and no longer shows up for others. As we know, this can be a time of great sorrow for all “family” members, friends, and staff who have been intensely involved. I learned this more poignantly when a delightful and spirited art therapy colleague was dying. One of her dearest long-time friends said, “It’s as if her spirit cannot come out to greet us anymore.... She no longer shows up in her face when she looks at us. I think she’s gone inside herself to prepare and now I especially miss her. I am really starting to feel the grief of her absence. I will probably never see her really look at me again.”

It reminds me of what we go through when facing permanent losses that are not as apparent and public as physical death, yet are total and complete. This type of grief is not acknowledged communally, and the risk is higher for spiritual distress without benefit of healing comfort from others. Some examples of this “anticipatory” and/or “disenfranchised” grief include: when a loved one progresses deeper into dementia, Alzheimer’s, or mental illness; when a private love-relationship ends without benefit of public mourning rituals; and when community, family or friends reject us for our beliefs, life path or committed relationships. Many of us also grieve the loss of pets that were intimate companions. No obituary exists to alert the world about these types of loss or change.

As I have faced distressing situations and grief along with colleagues and families, many have asked or stated, “You must go home and meditate or something after a day like this, right?” What, really, is the root of their question? Sometimes I hear it as a wish for me to keep to a particular image of “spiritual leader.” Other times the questions seem to be a way to find out what spiritually minded people “do” about their own trials and tribulations. Some (by their reactions to my occasional direct answer) apparently enjoy hearing a “non-stereotypical” response. It surprises them, gives them a good laugh, and, they seem to relax, as they certainly could “go home” and do that too.

Though I engage my religious beliefs on my personal time, usually I participate enough in the family’s final bedside ceremonies to satisfy that particular need. Outside the healthcare setting, my spiritual self-care rituals are relatively mundane.

Film is my favorite medium to shift gears. I go to “relational” movies and maybe even let some tears flow along with everyone else in the theater. Sometimes I prefer a movie with a mystery or puzzle to solve. This helps me put chaos into some sort of order in which I can rest my mind. Other times I seek out “action/adventure” flicks to experience a more intense situation outside (versus inside) my head where thoughts about the day are still trying to work themselves out.

Friends, walks, writing, creative arts, and sharing with colleagues who were “in the situation” at work are my other rituals of self-care, as well as some meditation and group process related to Enneagram, dreams, and the chaplain and social worker’s usual fare: therapy and/or spiritual direction. But, we each have our own unique recipe for ritual-based wellness. As institutional spiritual caregivers, there is no ideal. Almost always we are challenged in our ability to mindfully care for ourselves in the midst of such incredibly intense work.

Another excellent ritual is to have one to three colleagues that you trust *actually* care for you to engage in a peer assessment of how you seem to others on the team and, in the process, the peer usually wants to do the self-directed spiritual assessment, too. How we present in terms of our own spiritual wellness, can impact how our teams use our services, or not.

Often the dynamics of particular diagnoses, treatments, family groupings, or settings with particular staff dynamics can trigger the need for specialized attention. It is best for me, on those occasions, to engage colleagues directly involved in the same setting, situation or type of family-centered care in order for me to gain some relief. Creating or co-creating rituals for myself and other caregivers has been a help because the expressions between us seem to go to the heart and soul of the matter at hand, versus more personal/universal items one might deal with outside the work-setting.

As we know, chaplaincy is very physical. And, sometimes we need to engage immediate self-care through body-oriented rituals: breath prayers, mindfully drinking a cup of water,

Film is my favorite medium to shift gears.

sitting for even 30 seconds, or simply reciting a passage that has deep meaning for us.

As we walk room to room, crisis to crisis, death to death...over and over again, I find that small but intentional rites and rituals (30 seconds to 15 minutes) offer at least a moment of reflection which can set the stage for later integration work. It could be as simple as carrying a touchstone in the pocket, a quick prayer or chat with a colleague, the writing of a name and address for future pastoral notes or thanking a peer. These small acts can make the difference between feeling weighed down and free to re-engage!

More formal actions are marker points for us to acknowledge the work of our hearts and our hands. They allow us, briefly, to remember the sacredness — not perfection — of life, foibles and all. Rituals help us get through when we wish to have offered more, done something better, or gotten along with others more smoothly. But, we show up and offer our little bit, each day, in-person. Whether we show up for other people, or, for projects that serve, it matters. Showing up is a spiritual recovery principle, and, this has gotten harder and harder for me over the years with so much accumulated grief. Many a time, I have not taken those little moments in between for reflection, or had put off engaging even the smallest of rituals for blessing and letting go of my involvement with one situation or story before moving on to another.

The accumulated nature of this struggle to reflect between deeply meaning-filled events has created the crucible for dreaming up new (for me) ways of caring for self and colleagues with similar challenges. Small-group spiritual care rituals inclusive of some details related to our clinical work have helped me better face grief/loss/change.

Additionally, the typical approach to stress management in large public organizations tends to rely on behavioral science models of care – minus spirituality. As a chaplain, this is inadequate for self-care in the workplace. Hence, it seemed critical to develop new pathways with spiritual components that allow for honoring the sacred in our work and life.

Co-creating a caregiver forum with a chaplain or psychosocial work group has been, in my experience, very helpful. And, if there is sharing to be had, just listen and let another's expression or interpretation be a gift without adding one's own viewpoint. This allows room for the mystery, struggles and wonders of life, however each group member defines them, to be honored. Additionally, this allows for departments with CPE programs to include students in self-care rituals in ways that honor the boundaries between supportive care and the kind of processing that goes on in CPE-supervised groups.

Historically, my self-care practices (at various levels of consistency) have included 1) allowing time to acknowledge multiple or particular experiences, 2) ceremonial honoring of lives, 3) making meaning of the work, 4) offering thanks for

something specific, and 5) saying good-bye-with-a-blessing. Engaging these components in some form or fashion helps me to go onto the next set of experiences and relationships better, even if only for a moment.

When I practice these forms of remembering, blessing, and letting go, then I can let go of the weeping in my heart that, without rituals of spiritual self-care, can arise at the drop of a hat. Rituals allow for a beginning, middle, and end to my involvement, and all that past engagement can transition to my memory collection of people, experiences, relationships, and/or lessons learned. This kind of special care unbinds my heart from a place of existential angst and transforms it to a place of open-hearted welcome.

Like everyone I am at times better and sometimes worse at doing this. Usually it depends upon how many months in a row we have constant multiple intense cases. I have a much harder time making space in between cases when, for instance, we go three, four, or five months before taking a breath in a Peds-ICU or Peds-bone marrow transplant unit. What I struggle with is the lack of in-between time for even briefly reflecting on these multiple cases.

The only thing that really helps at those times is to do small-group or one-to-one reflections with at least one peer from the same clinical team; and it really helps if the other person also does intensive emotional work with the families and understands systems dynamics within the work groups and diagnostic populations.

Engaging one's passions, wherever possible, is the best way I know to cope with anything. The adventure of creating new responses to long-term self-care issues is something we each can contribute to the fields of chaplaincy, spiritual care and theology.

Rev. Annette Olsen, M.Div., BSSW, BCC, is senior administrative chaplain for neurosciences, women's, and children's services at Duke University Medical Center, and Duke Children's Hospital in Durham, NC.

Sometimes we need to engage immediate self-care through body-oriented rituals: breath prayers, mindfully drinking a cup of water, sitting for even 30 seconds, or simply reciting a passage that has deep meaning for us.

Beginning Feb. 7, in the Duke Hospital Chapel, Jon Seskevich, stress management clinical nurse specialist, and Chaplain Annette Olsen will offer "Weekly Open Meditation Sessions for Spiritual Health & Stress Management." Each session will offer instruction in a particular meditation practice (varied weekly), then allow for practice in that method (or whatever is comfortable for the attendee), and end with a brief check-in, answering of questions or discussion. Sessions are open to all staff, patients and visitors.

Thank you

We are pleased to pay tribute to the members and friends of the NACC who have contributed vital support to our Development Fund so far this year. We thank these many donors who have shared their blessings and joined with us as partners in our effort to share the healing ministry of Jesus. Together with our partners, the NACC will work toward our goal of making professional spiritual care and counseling available to all God's people.

This list represents all gifts received for our 2007 appeal. Please remember that you will have many more opportunities to assist the NACC this year. We hope that you will remember us.

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Taking spiritual history may help patients cope

By **Larry Culliford**

Healing means “making whole.” I once saw a medical student return happily, after simply inquiring about a patient’s spiritual life, to tell her peer group, “At last I feel I’ve really helped somebody.”

The authors of the authoritative “Handbook of Religion and Health”¹ suggest that 80 percent of 1,200 studies identify spiritual and religious beliefs and practices as beneficial in a wide range of medical and psychiatric conditions – prevention of illness, speed and degree of recovery, endurance of continuing distress and disability. Less than 10 percent report negative effects. The results hold for followers of all major world religions, as well as for people who describe themselves only as “spiritual.”

Spirituality is the “active ingredient” in religion, yet represents a little tapped strength among patients. It seems right, therefore, that healthcare workers take notice of this, and come to see chaplains and pastoral care staff as valuable allies with specialist knowledge and expertise. Chaplains, in turn, may wish to consider and respond to these challenging insights, which invite expansion of traditional roles.

The Spirituality and Psychiatry Special Interest Group of Britain’s Royal College of Psychiatrists grew from recognition that spirituality had become the forgotten dimension of mental healthcare. This group now has more than 1,500 psychiatrist members and is increasingly influential. Other branches of medicine also are discovering the relevance of spirituality.²



A person’s spiritual life depends upon individual subjective experience, and is not available for direct observation or measurement.

Spirituality – the key issues

Patients and healthcare staff come from a wide range of religious and non-religious backgrounds, so it has previously seemed safer to avoid the subject, which appears counter to the prevailing rationalist, evidence-based ethic of contemporary medicine.

However, at times of emotional stress, physical and mental illness, loss, bereavement and death – when people are most likely to seek professional help – having (or finding) a link to a sacred source of well being and vitality is helpful.

Spirituality links the deeply personal with the universal. It is the roots of a tree, of which different religions are the branches and leaves. A person’s spiritual life depends upon individual subjective experience, and is not available for direct observation or measurement. Spiritual awareness appears better developed (or less completely atrophied) in some people than others.

The way forward involves routinely assessing patients’ spiritual needs and providing for them. This means dialogue, primarily between patient and professional, plus effective communication

between staff from a range of disciplines and personal backgrounds.

Taking a spiritual history – why?

A spiritual history assists healthcare staff in appreciating how spirituality functions in the life of each patient. It can be a valuable factor in helping understand how people cope with illness, also how illness may challenge their personal integrity and belief system. Inquiring attentively about patients’ spirituality usually improves and deepens rapport. Feeling valued as individuals, patients relax and invest further trust in the clinician, strengthening the therapeutic alliance and improving outcomes.

A spiritual history is clearly necessary when spiritual or religious issues are part of the presenting problem, in psychiatry for example when religious delusions, feelings of rejection (by God or a faith group), or excessive guilt or shame are involved.

More generally, surveys of patients show that the majority wants their spirituality addressed as part of healthcare. The long historic and dynamic relationships between religion, medicine and mental healthcare are also important and should continue to be fostered.

Furthermore, spirituality and religion influence the attitudes and decisions of healthcare staff. For the skeptical, any expression of religiosity or spiritual awareness might seem problematic, even pathological. But routinely taking patients’ spiritual histories provides information and material for reflection. The experience and knowledge

gained help correct any previous attitudinal bias.

In addition, caring efficiently and compassionately for disadvantaged others is experienced as a vocation. Many health workers consider themselves spiritually guided through a sacred and undeniable calling. For these, assessing spiritual needs (the necessary preparation for providing what patients require) can be fulfilling in itself.

Taking a spiritual history – how?

Taking a spiritual history³ is a clinical skill to acquire and hone, rather than an activity to be performed by recipe or rote. This skill requires empathic engagement with the patient, and therefore sanctions the assessor’s judicious use of both intuition and initiative. It involves engaging people as equals in inquiry and discussion about what – at the deepest level – makes sense to them and what puzzles them, what motivates them and what holds them back. This is the quickest way to get to the heart of whatever is troubling the patient.

An important first aim is to “get alongside” the patients and offer a sense of acceptance and validation of their story. It is best therefore to avoid unnecessary interruption, and to build rapport by repeating and paraphrasing salient points. The language of spirituality is essentially universal, free of jargon. Using terminology congruent with the patient’s spiritual tradition is recommended, borrowing words from the patient’s own narrative.

For example, his or her place of prayer, worship or spiritual connection may be a church, synagogue, mosque, temple or gurdwara, or equally the bedside, the bath, the beach, the riverbank, a garden, a lakeside or hilltop.

Sensitive exploration of what the patient only hints at or seems to avoid is necessary. More than one conversation may be needed. To be thorough, it is important to have headings or some other kind of structure in mind, especially when interviews appear patient-led and informal. However, quantitative assessment methods (including questionnaires) are not so useful, because the subjective nature of human experience is inadequately captured, and patients are obliged to tailor descriptions to fit the limited choices of a specific scale with its predetermined rationale.

Notwithstanding the ideal of thoroughness, it is sometimes best to make a rapid assessment initially. At such times, two main types of question are useful:

1. "What helps you most when things are difficult, when times are hard (such as when you are facing big problems, major losses or other important challenges)?"
2. "Are you particularly religious or spiritual?"

Supplementary non-directive instructions may be necessary; for example, "Please say more about that." An appropriate next step is to ask for more detail about spiritual practices, whether religious or secular (see box). Regularly engaging in such activities identifies a person as spiritually engaged as much as does holding and expressing spiritual or religious beliefs.

Various authorities have separately designed guidance on assessing spirituality.⁵ These are relatively uniform regarding the topics covered. Practitioners may therefore pick the style with which they feel most comfortable. Guides tend to take the form of memory aids rather than exact prescriptions. For example, Puchalski and Romer⁴ recommend using the mnemonic FICA: Faith and belief (what gives the patient's life meaning); Importance (how important is this to their situation); Community (their place in any social or religious group); Address in care (how they would like their personal spirituality addressed in healthcare).

The HOPE questions from Anandarajah & Hight⁵ are similar. When more detail is required, "spiritual lifemaps"⁶ and other systems developed by David Hodge can be useful.

In medicine and psychiatry, assessments are not primarily formulaic. Gathering information is not sufficient. The knowledge must be organized, integrated with theory, and made meaningful. In the context of spirituality, patients must be fully included in this process of making sense of the material. It can benefit them considerably, so that assessment naturally becomes the starting point of treatment.

Training Issues

Healthcare staff assessing and providing for patients' spiritual needs require continuous training in terms of relevant knowledge, spiritual skills and appropriate attitudes.

Examples of spiritual skills:

- ▼ Being able to rest, relax, and create a still, peaceful state of mind.
- ▼ Going deeper into that stillness and observing your emerging thoughts and feelings with emotional stability, in a way that carries over into everyday life.
- ▼ Using this capacity for deep reflection to connect with your spiritual essence and values, enabling additional skills:
 - Being honestly and sincerely self-reflective, taking responsibility for your thoughts, words and actions;
 - Remaining focused in the present, staying alert, unhurried and attentive;
 - Developing compassion and a powerful capacity for direct empathic communication with others;
 - Emotional resilience: having the courage to witness and endure distress while sustaining an attitude of hope;
 - Giving without feeling drained;
 - Being able to grieve and let go.

The required attitudes ideally reflect spiritual values, which include honesty, kindness, humility, compassion, creativity, patience, perseverance, wisdom, courage, hope and joy. Such values support staff well-being as well as good healthcare practice.

Offering some of this training in collaboration with other senior staff could be an important role for chaplains. Rather than particularly difficult or daunting, such teaching can be highly rewarding.¹

Conclusion

After members of healthcare staff have identified a patient's spiritual needs, a well-informed and experienced chaplain should be available for consultation and advice. In UK psychiatry, although many chaplains and spiritual advisors will be involved only in general and supportive work, some are increasingly valued as contributors to the work of multi-disciplinary mental health teams, taking on the status (after appropriate additional training) of "expert clinician" in the field of spirituality and mental healthcare.

Chaplains are seen as responsible for establishing good relations with local clergy and faith communities, also for providing a knowledge base about local religious groups, their traditions and practices. Chaplains will be alert to situations in which religious beliefs and activities may prove harmful to individuals or groups, and suitably trained chaplains will also be available for advice on problematic issues such as spirit possession.

Considerable scope remains for expansion of the chaplain's role in other medical fields, particularly where illnesses are enduring, deeply distressing, disabling, or life-threatening. People

Feeling valued as individuals, patients relax and invest further trust in the clinician, strengthening the therapeutic alliance and improving outcomes.

Research Update

Continued from page 17

grow in faith, maturity and wisdom particularly through experiencing and enduring adversity. There may be no other way, except through sharing the adversity of others. As the student discovered, asking about spiritual matters can benefit both patient and inquirer.

This is the ministry of healing at its best, so, chaplains, please grasp the opportunities before you, and kindly lead the rest of us on the way.

Lary Culliford MB, BChir, MRCPsych, is a psychiatrist in Sussex, England, and the author of "Love, Healing and Happiness: Spiritual Wisdom for Secular Times." auud26@dsl.pipex.com

¹ Koenig, H.K., McCullough, M.E. & Larson, D.B. (2001) *Handbook of Religion and Health*. Oxford: Oxford University Press.

² Plante, T. & Thoresen, C. (2007) Eds. *Spirit, Science and Health: how the spiritual mind fuels physical wellness*. Westport, Conn: Praeger.

³ Culliford, L. (2007a) Taking a Spiritual History. *Advances in Psychiatric Treatment*: 13, 212-219

⁴ Puchalski, C. & Romer, A. (2000) Taking a spiritual history allows clinicians to understand patients more fully. *J Pall Med*, 3,129-37.

⁵ Anandarajah, G. & Hight, E. (2001) Spirituality and Medical Practice: using the HOPE questions as a practical tool for spiritual assessment. *American Family Physician*, 63, 81- 92.

⁶ Hodge, D. (2005) Spiritual Lifemaps: a client-centered pictorial instrument for spiritual assessment, planning, and intervention. *Social Work*, 50, 77-87.

List of Spiritual Practices:

Mainly religious

- ▼ Belonging to a faith tradition, participating in associated community-based activities
- ▼ Ritual and symbolic practices and other forms of worship
- ▼ Pilgrimage and retreats
- ▼ Meditation and prayer
- ▼ Reading scripture
- ▼ Sacred music (listening to, singing and playing) including songs, hymns, psalms and devotional chants

Mainly secular

- ▼ Acts of compassion (including work, especially teamwork)
- ▼ Deep reflection (contemplation)
- ▼ Yoga, Tai Chi and similar disciplined practices
- ▼ Engaging with and enjoying nature
- ▼ Contemplative reading (of literature, poetry, philosophy etc.)
- ▼ Appreciation of the arts and engaging in creative activities, including artistic pursuits, cooking, gardening etc.
- ▼ Maintaining stable family relationships and friendships (especially those involving high levels of trust and intimacy)

Positions Available

▼ DIRECTOR OF PASTORAL CARE

Bridgeport, CT — St. Vincent's Medical Center is currently seeking a Director of Pastoral Care. Candidate is responsible for overall operations of the Pastoral Care Department and Parish Nurse Program including, but not limited to, planning, implementing and evaluating short- and long-term goals, budgetary requirements, meeting regulatory standards for each department, human resource management and performance improvement activities in accordance with the mission, vision and core values of St. Vincent's Health and Ascension Health. The Director of Pastoral Care is responsible for the spiritual care of all patients in the Medical Center, and counseling and spiritual support for employees, families, the community as needed and at St. Vincent's subsidiaries. Bachelor's degree with additional graduate studies in theology, religious education and counseling. Two to three years experience in ambulatory setting preferred. Certification: Successful completion of 4 units (1600 hours) of Clinical Pastoral Education with certification by National Association of Catholic Chaplains (NACC). Acute care hospital and management experience required, along with excellent

interpersonal skills and creative problem-solving. Must possess comprehensive knowledge of current ethical issues in healthcare. Ecclesiastical endorsement by major religious superior or diocesan bishop is required. In the case of a priest, must be granted priestly faculties by the local diocesan bishop. If lay and non-Catholic, hiring must be approved by diocesan Catholic bishop, as stated in and required by the Ethical and Religious Directives for Catholic Health Care Services. EOE. Please forward resume to: Human Resources-DPC, St. Vincent's Medical Center, 2800 Main Street, Bridgeport, CT 06606, Fax 203-576-6366, E-mail: fseaforth@stvincents.org or apply online at www.stvincents.org

▼ SUPERVISOR - CLINICAL PASTORAL EDUCATION

Rochester, MN — Mayo Clinic currently seeks a qualified CPE supervisor to assist in planning, evaluating, and conducting the Mayo CPE Program and to minister to the spiritual needs of patients, families and Mayo Clinic employees. This supervisor collaborates with the Coordinator of CPE and staff preceptors in matters regarding intern and resident educational issues; supervises the summer unit of Level 1 CPE interns; supervises one or more resident quarters; acts as a key member of the Mayo CPE Committee and is a representative to annual national and regional

conferences. This high-profile role requires an advanced theological degree from an accredited seminary, pastoral and general hospital experience, and supervisory experience for a multilevel CPE program. Candidate also must be certified as a supervisor by the Association for Clinical Pastoral Education (ACPE) or the United States Conference of Catholic Bishops (USCCB). Mayo Clinic, one of Fortune magazine's "Top 100 Companies to Work For," offers an excellent salary and benefits package. To apply or learn more about this or other opportunities, please visit www.mayoclinic.org and reference job posting #17899 or call Stephanie Bowron, Human Resources, at 800-562-7984. Mayo Clinic is an affirmative action and equal opportunity employer. Post-offer/pre-employment screening is required.

▼ DIRECTOR, PASTORAL CARE

Silver Spring, MD – Full-time director of pastoral care responsible for operational aspects and program development of Pastoral Care Department at Holy Cross Hospital. Evaluates, plans, organizes, implements and directs Pastoral Care operations. Ensures appropriate 1) pastoral support of patients, 2) provision of sacraments, and 3) liturgical and other religious services for the hospital community. Supports the mission of Trinity Health and Holy Cross. Minimum requirements include chaplain certification by the National Association of Catholic Chaplains (NACC), completion of advanced degree in theology, and four years in hospital pastoral ministry. Demonstrated capability in assessing current services, evaluating alternative approaches and implementing programs that expand or modify the scope of pastoral care. Able to establish and maintain effective working relationships in a multi-functional department and with local clergy and religious organizations. Able to effectively manage human, financial and capital resources. Demonstrated ability to apply theological and ethical knowledge to clinical practice in a community hospital setting. To apply, please visit our website at www.holycrosshealth.org. Look under career opportunities and select Leadership/Management/Supervisor job category. EOE/M/F/D/V.

▼ PRIEST CHAPLAIN, STAFF CHAPLAIN

Fort Smith, AR- St Edward Mercy Medical Center seeks Catholic priest chaplain and a staff chaplain to join a multicultural, ecumenical ministry at the premier healthcare provider in western Arkansas. Affiliated with Sisters of Mercy Health System, 349-bed St Edward Mercy serves over 400,000 people in 13 counties and offers the highest caliber medical and clinical staff and leading-edge technology. Clinical pastoral education required for the full-time staff chaplain position. SEMMC offers competitive compensation and an excellent benefit package. Apply in person or contact St. Edward Mercy Medical Center, Human Resources Department, 7301 Rogers Ave, Fort Smith, AR 72903; 479 314-6111; Teresa.Nichols@Mercy.net.

▼ CHAPLAIN

Encino, CA - Skirball Hospice is looking for a full-time chaplain to provide spiritual care to our patients and families. Qualifications include knowledge and skill in dealing with spiritual dynamics of illness, loss, and death. Ability to function as a member of an interdisciplinary team. Skirball Hospice is a private nonprofit organization and is a subsidiary of the Los Angeles Jewish Home for the Aging. Our office is in Encino,

CA, and we serve adults 21 years of age or older who have a terminal illness and live in the Greater Los Angeles area. EEOC compliant. Please contact Kim Hirsch, MSW, at (818) 774-3040 or e-mail kim.hirsch@jha.org.

▼ CHAPLAIN/SPIRITUAL COUNSELOR

Ashland, OR - Ashland Community Hospital, a 48-bed acute care hospital in beautiful Ashland, Oregon. Innovative position working part-time in hospice and part-time developing the spiritual care program within the hospital. We require at least two completed CPE units and actively pursuing completion of the remaining two units; one year experience (apart from residency/training) providing pastoral care services to hospice patients and their families; 1 year experience providing pastoral care services in the acute care setting. We offer a competitive benefits package. Please visit www.ashlandhospital.org or call 541-201-4006, fax: 541-552-5587. Equal Opportunity Employer

▼ CPE RESIDENCY

Temple, TX - Scott & White Hospital (<http://pastoralcare.sw.org>) is recruiting for the 2008-2009 CPE programs. Our programs include a summer intensive program and a first-year residency program. Our innovative CPE Residency program offers 3 units of CPE in a calendar year. We provide residents time for development of relationships with the medical staff, integration of learning with practice, and opportunities for specialization in clinical areas. Competitive stipends and benefits. No tuition. \$25 application fee required. Send applications to: Krista Jones, Scott & White Hospital, 2401 S. 31st St., Temple, TX 76508, fax 254-724-9007, phone 254-724-1181, or e-mail KRJONES@swmail.sw.org.

▼ 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, or write Mayo Clinic CPE, 201 West Center Street, Rochester, MN 55902, phone: (507) 266-7275; fax: (507) 266-7882; website: www.mayo.edu

Position Wanted

Position wanted on a part-time basis in the Seattle/Tacoma area. Have completed four quarters of Clinical Pastoral Education and certified through National Association of Catholic Chaplains as well as finished post-graduate work. Ordained Roman Catholic Deacon for the Seattle Archdiocese with many years of hospital ministry. Contact: Deacon Richard Olsen, Dickeydonk1@aol.com.

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Calendar

April

National Volunteer Month

- 4-5 Board of Directors meeting, Indianapolis, Ind.
- 4-5 Certification Commission meeting, Indianapolis, Ind.
- 4-5 Standards Commission meeting, Indianapolis, Ind.
- 5-8 NACC National Conference, Indianapolis, Ind.
- 9-12 CAPPE annual conference, Victoria, BC
- 20-23 A National Ministry Summit: Emerging Models of Pastoral Leadership, Orlando, Fla.
- 21 Copy deadline, June *Vision*

May

- 26 Memorial Day observance - National office closed

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