

vision

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Chaplain leaders articulate mission, collaborate for clinical excellence

By **D.W. Donovan, MA, MS, BCC**

“Most of today’s organizations are heavy on vice presidents and light on leaders.” Those were the opening words of a leadership seminar that I attended almost 25 years ago. At the time, I was puzzled. Later in life, I came to understand that leadership was not dependent upon one’s title or place on an organizational chart, but was instead grounded in that person’s ability to engage others in the pursuit of clearly-defined goals that advanced the mission of the particular organization.

At this point in the life of the NACC, I think it is fair to ask if we have been successful in developing leaders among our practitioners. Is there more that we can do as an association, perhaps in partnership with others, to develop a cadre of leaders who will shape the future of chaplaincy in and beyond Catholic healthcare?

Before we can answer that, there must be some consensus as to what characteristics distinguish the truly successful leader in chaplaincy. I would suggest that three specific skills sets are necessary:

- ▼ The ability to articulate the mission of chaplaincy in ways that promote a strong sense of clinical relevance and

organizational integration

- ▼ The knowledge and organizational influence to develop meaningful standards that objectively measure this integrated approach
- ▼ The ability to engage and inspire others in a shared commitment to clinical excellence

For the sake of simplicity, these can be more simply stated as mission clarity, meaningful measures, and a motivational mindset.

Mission Clarity:

I’ve been blessed to work with some very gifted executives and one characteristic that they all share is a laser-tight focus on mission. At the end of the day, at the end of the year, at the end of your tenure with an organization, what is it that you really want to have

—See [Clinical Excellence](#) on page 6.

“No problem,” I responded, and went on to offer the services of my dog, Millie, who would be more than happy to stare at this woman for hours. Millie could make ANYONE feel like the world had stopped to pay attention to them, and she sounded well-suited to this job.



Together drinking deeply:

Spiritual practice as a resource for leadership

By **Bridget Deegan-Krause, MDiv, BCC**

It is sometimes easier to describe leadership in faces than in words. When I think of effective and inspired leadership I always think of the face of Sr. Joan Chittister, OSB, at the end of a riveting conference presentation. I was still young in my ministry and though I did not know what I would say, I wove my way up

to the front of the crowded room, determined to introduce myself. But before I could, Sr. Joan, in one swoop, snatched my glass of water right out of my hand and gulped it down. After an equally broad wipe of her mouth with the back of her arm, she broke into a huge grin. “Now,” she said, “Let’s talk.”

My encounter with Joan Chittister

—See [Spiritual Practice](#) on page 8.

How can we look at chaplaincy as leadership?

By David Lichter, DMin
Executive Director

Some thoughts about leadership and chaplaincy... In my column in the January-February issue of *Vision*, I reflected on 2010 as "Leadership 2010" for NACC. I focused on NACC's need for your leadership. This issue of *Vision* has several articles about chaplains and their leadership roles. Let me also offer some thoughts about leadership and chaplaincy.

Last fall the Pastoral Care Summit Care Service Task Force completed "Spiritual Leadership Competencies." The introduction to that document noted that the task force wanted to identify "the skills and training required for a spiritual leader in pastoral care." It commented that "a traditional human resource approach would attempt to identify and categorize the skills, knowledge, and abilities required for leaders in pastoral care," but the task force's intent was to identify "fields" of competencies needed for being a successful spiritual care leader. If you look again at the November-December 2009 issue of *Vision*, pp.22-23, you will find those competencies. They are an excellent list of the management/administrative competencies needed to assume a spiritual care leadership role.

In this column, I will not reflect on these "competencies" for spiritual care leadership. Nor will I reflect on the theological and spiritual roots of our ministry as leadership. We could reflect on the spiritual leader Jesus was, and how our ministry flows from our baptism when we were anointed with sacred chrism, signifying the gift of the Spirit, incorporating us into Christ who is anointed priest, prophet, and king. I hope to offer that in a future column. In this column, at the risk of appearing too academic, I modestly offer some perspectives from leadership studies that might be of value to the discussion of leadership and chaplaincy.

With all the writing on leadership that has been done, are we any closer to knowing what it means? More than 30 years ago, one of the top scholars in leadership studies, James McGregor Burns, assessed, "Leadership is one of the ... least understood phenomena on earth." (James McGregor Burns: 1979, *Leadership*, Harper Torchbooks, New York, p.2) Leadership authors have not agreed on leadership definitions. Many writers waver between defining leadership either by the *role* a leader has or what a leader does. For instance, Burt Nanus postulates that vision, "a

realistic, credible, attractive future for your organization," is the distinguishing mark of a leader, as vision inspires action and helps shape the future. He suggests the four *roles* of the leader are to be the coach of the present and change agent of the future for the internal environment, and the spokesperson of the present and direction setter of the future to the external environment. (Burt Nanus: 1992, *Visionary Leadership*, Jossey-Bass, Inc., San Francisco, California, p.8, pp.12-15)

While I am drawn to several approaches, let me offer one here by Al Gini, who frames the discussion by offering four elements of leadership: the relationship equation, the person, specific knowledge, and the "jobs." (Al Gini: 1997, *Journal of Business Ethics*, Kluwer Academic Publishers, 16, pp.323-33) I will briefly describe these elements, and then raise some questions for us to think about related to leadership and chaplaincy.

▼ The *relationship equation* is about how power is used to promote and manage the organization's values. Power can be understood as stewardship, a social responsibility, a moral authority and the capacity to bring about change for good. The relationship equation is also about exercising leadership among others (constituents/followers) who look for and are hungry for the vision/the common enterprise.

▼ Leadership is also about the *person* and one's character, charisma, and drive to make a difference. From Aristotle to most writers on ethics today, character is what is etched in our hearts, and seen in our eyes, and flows through our veins, that separates leaders from people given but failing in leadership roles. Charisma is the emotional bond/energy that fosters cooperation and confidence. What Gini calls a healthy "political ambition," I would offer as the difference between "willing to" and "wanting to" make a difference. Am I willing to take a position/a role if it is offered, or do I really want it in order to have an impact on my organization/environment?

▼ It requires some *specific knowledge* (know-how) or "business literacy" in Warren Bennis's terms. We need to be professionals and experts in our field. As Gini puts it, "have horizontal and vertical knowledge of how the 'business' works and a full understanding of what is required to do the task well."

▼ Leadership is also the leader's *jobs* (which Gini credits to John Gardner). Gini's short-list includes: communicating vision, managing, stakeholderhood, and responsibility. I think we can all agree on the central importance of vision. Gini holds that managing and leadership are integrally connected, although there are crucial differences in their respective commitments. "Leadership is not just good management, but good management is part of the overall job description of every leader." Stakeholderhood stands on the firm tripod foundations of fully being a participant with

Our deepest character, the charisma/gifts of ministry, and zeal to serve are hallmarks of a chaplain's life. I suspect this is probably one of the least appreciated but most profoundly effective elements of our spiritual leadership.



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Vision is published six 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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and among our constituents, trusting the gifts of every person, and taking risks by encouraging creativity and involvement. Responsibility is about owning choices and commitments, success and failure.

So how can we look at chaplaincy as leadership?

Relationship equation: How do we understand and live out our leadership by exercising our unique moral and spiritual influence (power) among very diverse relationships? No doubt we understand this ministry as a sacred trust. We recognize daily in patients, families, and associates the desire/hunger for the sacred. How often are we placed in delicate/sacred situations to be the presence that allows others to be united in “the common enterprise,” whether it is by being the voice to the mystery, meaning, and mission of the healing ministry of our co-workers or by gathering the family around the loved one they are letting go? Many of the NACC standards for certification (303 *Identity and Conduct* and 304 *Pastoral*) offer a good basis for this element of leadership.

Person: I believe our education and training as chaplains have driven home this point of leadership. Who are we and are we becoming in the midst of our ministry? In all that we are doing, what is God making of us? Our deepest character, the charisma/gifts of ministry, and zeal to serve are hallmarks of a chaplain’s life. I suspect this is probably one of the least appreciated but most profoundly effective elements of our spiritual leadership. Most of the NACC 303 standards (*Identify and Conduct*) deal with identity and articulate the expectations of being a healthy, self-reflective, and deeply spiritual person.

Specific Knowledge: This certainly is what is intended by being board certified. The *Leadership Competencies* of the Care Services Task Force is a great example of this element. Yet, our chaplaincy leadership also requires us to become knowledgeable about and

versed in our organization’s environment. Do our associates view us as knowing the “business” where we minister? Have we gained their respect and trust because we have invested ourselves in learning the “business” as best we can? While NACC 302 standards (*Theory of Pastoral Care*) articulate what we need to know for our profession, NACC 305 standards (*Professional*) express well the organizational savvy that is required of us.

Jobs: I like this one for chaplaincy. The vision can refer not only to our organization’s mission, vision, and values, and its spiritual groundings, but also the ministry to each person’s spirituality and respecting and helping that person with his/her “vision” of life. How powerful is this “spiritual” leadership! As chaplains, we are learning the importance of the “management” sides of ministry, and continue to strive to find language, tools, metrics, etc., to evidence the productive and effective

aspects of our “jobs.” I think we are good at “stakeholdership” as we view our ministry not as a silo or in isolation but spread across every other service and entwined in every other service provider, participating and sharing in their lives, encouraging their gifts, helping them and us take risks together when faced with sensitive, volatile, and painful situations. We daily assist people to take ownership of their lives and their decisions, and we are daily called upon to embrace and own the decisions we make. So which NACC standards can you see correlate to these jobs?

Well, these are just some of my thoughts on leadership and chaplaincy for this issue. By my sharing in this column, and by the many excellent articles in this issue, we hope to encourage you to reflect further on what chaplaincy leadership looks like for you.

Most importantly, thank you for embracing and living out your own leadership in your ministry settings!





Gwen's story: Life within a caring community

By **Martha Byron, MA, BCC**

Gwen has been a resident of Notre Dame Long Term Care Center's (NDLTCC) Alzheimer's Unit for the past two years. Gwen has chosen a special chair in the living area as her own. From there she is able to observe all the activities and happenings on this busy resident unit. We know where we will find Gwen each time we visit. Gwen spends her day sitting quietly in her chair and walking slowly around the space where she likes to be. During activities, Gwen continues to choose her space — away from the center of things, enjoying life from the sidelines. Often Gwen can be seen moving her foot or tapping her hands to the beat of the music played by our music therapist Chie.

Visiting with Gwen, we are invited into her world, a mysterious world that is often difficult to understand for those of us who visit. A religious person throughout her life, Gwen now is unable to appreciate everyday prayers and previously familiar Scripture passages. Occasionally Gwen seems to recognize traditional hymns, shown by her head nodding in time with the music. Often, Gwen's caregivers must feed her as she sometimes no longer recognizes food or what she is to do with her food.

Early on a quiet Sunday morning, Gwen's roommate Katherine died peacefully after a period of 10 days in bed. During the time they were roommates, the only time Gwen and Katherine, who also had Alzheimer's, actually were together was during the hours when they were in bed each night. They were roommates who knew each other only through their presence to one another as they rested in their beds. Gwen, who was up, dressed and sitting in her favorite chair when Katherine died, kept walking down the hallway toward her room. Caregivers redirected Gwen back to her chair only to find her again attempting to go back down the hallway to her room. Gwen's nurse John remarked how different this was for Gwen, who came down the hallway only as part of

her daily care needs when accompanied by her caregivers. John raised the question, "Do you suppose Gwen knows what's going on?"

When the funeral directors arrived, they brought the stretcher past Gwen and down the hallway to the room she had shared with Katherine. Gwen again made her way into the hallway. At this point we began to realize that Gwen's behavior definitely seemed to be related to the activity around Katherine's death. We realized we should invite Gwen to go with her roommate's body to the waiting hearse. NDLTCC has a long tradition of inviting family, staff, and other residents to accompany the body of our deceased residents, who are covered in our "quilt of compassion," to the doorway through which they first entered. Dee Dee and Anne, two of our nursing assistants, quickly got a wheelchair for Gwen, who gladly sat in it. Gwen joined the procession to the reception area where I told her it was time to say good-bye to Katherine. Gwen reached up with her hand and waved toward the quilt-covered stretcher. In amazement at Gwen's ability to be present to the moment, I asked her if she would like to say a prayer for Katherine and she nodded a "yes." I began the Lord's Prayer and Gwen joined in, praying a third of the prayer and nodding in recognition of the rest of the prayer.

Our attempts to be sensitive to and to enter Gwen's reality richly rewarded each of us who were present that morning. The compassionate care that seeks to honor and respect the dignity of each person, the hallmarks of NDLTCC, left us in awe of what we had just witnessed. Gwen brought us to a place of deeper awareness, a place of wonder and mystery. As the disciples on the road to Emmaus experienced the Risen Jesus with them in the breaking of the bread, we, too, echoed their wonder: "Were not our hearts burning within us" (Luke 24:32) ... and were not our eyes filled with tears?

Thank you Gwen for allowing us to share so wonderfully in your world the morning your roommate Katherine died.

Martha Byron is director of pastoral care at Notre Dame Long Term Care Center in Worcester, MA.

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Where there is fear, may there always be prayer

By Fr. Brad Baldwin, TOR, BCC

There are two images from my childhood that remain vivid as I begin my 56th year of life. The first was when my best friend's family would invite me to the beach. To get to Ocean City, MD, one has to drive across the Chesapeake Bay Bridge, and my father's friend had a terrible fear of heights. So, whenever he approached the bridge, he would play a tape of the Holy Rosary. He believed that with Mary watching over him, he would get safely across the bridge. The other image was visiting my grandmother, who had a fear of storms. Even though Baltimore's heat would be in the 90s, she would have me unplug her fans, and close all the windows. Then, we would read the Bible until the storm was over. She believed that God's Word would keep her safe in any storm and, because she was always cold, the heat never bothered her. I, however, would be reading the Bible, and drowning in my own sweat.

These experiences taught me, at a young age, to always pray in times of fear. This lesson was truly a blessing the day that I met Carlton. He was a successful businessman, who had been sick with pancreatic cancer. I met Carlton during an outpatient visit, and we began to share our stories. He told me: "Reverend, I have supervised people all my life, and always had control over my business. Now, because of this illness, I don't have control over anything, and I am so frightened." Then, he would cry. "Could I say a prayer for you?" I would ask. I prayed to God to bless Carlton, and to be with him in those moments

of fear that were so overwhelming. I would have three more visits with Carlton, and each time, he asked me to lead him in prayer. For him and for me, this was a blessing, and I was grateful to God, that prayer had given Carlton the strength he needed to persevere through his illness.

Today, prayer continues to be my hope and strength in times of fear and uncertainty. As chaplains, I pray that we can continue to carry this same spirit to our patients.

When problems become unmanageable, do we pray, and allow Jesus and his Blessed Mother to keep us strong? Viktor Frankl once observed:

"We who lived in concentration camps can remember those who walked through the huts to comfort others. They offer to us proof that all can be taken away from us, except one thing: to choose one's attitude, one's way, is the last of all human freedoms." In choosing our way, may we allow prayer to be one of our great choices.

Then, we can help the Carltons of our world find strength and hope, in whatever challenges life may bring. Through the gift of prayer, may we allow God to continue his good work in us. Where there is fear, there must be prayer; for where there is prayer, there is God, who loves us and is always ready to help us.

Fr. Brad Baldwin has been employed as a priest chaplain for the Altoona Regional Health System in Altoona, PA, since August 2001.

Today, prayer continues to be my hope and strength in times of fear and uncertainty.

Standards of practice developed for acute care chaplains

By David Lichter, DMin
Executive Director

In fall 2009 the NACC, along with the other SCC participants, affirmed the Standards of Practice for Professional Chaplains in Acute Care that were developed by a work group (comprised of certified healthcare chaplains of APC, NACC, and ACPE) of the Commission on Quality in Pastoral Services of the Association of Professional Chaplains (APC). The NACC is grateful to APC's leadership in guiding to completion these Standards of Practice. The work group is now developing Standards of Practice for Professional Chaplains in Long Term Care. These documents are vital to establishing the minimum but essential standards of practice, and to positioning chaplaincy as a recognized professional colleague among the other health care professionals who have standards of practice. These standards are helpfully structured with each standard including an interpretation statement, measurement criteria, and

examples. We ask you to familiarize yourselves with and utilize these standards in the appropriate ministry settings. They can be accessed on the SCC website (http://www.spiritualcarecollaborative.org/standards_of_practice.asp).

As this *Vision* issue is devoted to leadership, it's appropriate to note that these SCC affirmed

Standards include one on the chaplain as leader.

Section 2: Chaplaincy Care for Staff and Organization, Standard 10: Chaplain as Leader, states the standard as: The chaplain provides leadership in the professional practice setting and the profession. The standard's interpretation follows: "As the chaplain in the practice setting, the chaplain will take leadership within that setting on issues related to

spiritual/religious/cultural care and observance. The chaplain will also have an obligation to help advance the profession of chaplaincy through providing education, supporting colleagues and participating in his or her certifying organization." Please go to these Standards for the measurement criteria and examples.



Clinical Excellence

Continued from page 1

How do we find ways to engage others in a shared commitment to clinical excellence? How do we relate to nurses, nurse managers, case managers, hospital administrators, and others in a way that we make them partners in our desire to provide the best possible pastoral care to our patients, families, physicians, and staff?

accomplished? If you are not able to clearly identify your priorities in terms of mission, then it's likely that your time and energy will be pulled off-course by issues of lesser importance.

Your organization's mission statement may guide you in this regard, but it is likely not specific enough to provide the clarity you need to focus your energies as a department director or clinical leader. Thus, I would propose the following as a common mission statement for leaders in chaplaincy: promote a strong sense of clinical relevance and organizational integration.

In my experience, too many chaplains do not have the language to articulate this strong sense of clinical relevance. They describe their work as being "fully present," "free of agenda," or "just being there for the patient." While this language may be helpful for CPE students learning to actively listen, it is unlikely to demonstrate that our involvement, clinically and organizationally, is of critical importance.

A few years ago, I was paged by a nurse manager who said that she had a patient who "just needed someone to sit with her." At the time, I was doing a lot of work with our nursing leadership to promote the professionalism of chaplaincy, and so I took full advantage of this "teachable moment." Without a hint of irony in my voice, I suggested that she call down to housekeeping, since there were a few staff in the building that were free and would be happy to sit with a patient. "Well," she responded, a bit flustered, "I need somebody who can really give this patient their full attention and make them feel paid attention to." "No problem," I responded, and went on to offer the services of my dog, Millie, who would be more than happy to stare at this woman for hours. Millie could make ANYONE feel like the world had stopped to pay attention to them, and she sounded well-suited to this job. "Well," the nurse manager said after a moment's reflection, "what I really need is someone who can help her sort out how this most recent diagnosis might have really affected her.... She's been really upset and uncharacteristically quiet since Dr. Foster left." "Oh, I see," I said. "For

that, you need a chaplain. I'll be happy to have someone come down as soon as possible."

How well do you articulate the mission of professional chaplaincy? Can you describe the role of the chaplain in a way that promotes the clinical relevance of our profession? Several years ago, my boss and I developed this statement: the role of the clinically-trained chaplain is to assess the degree to which

the patient's emotional and spiritual equilibrium has been disturbed by the healthcare event and to determine what interventions would be appropriate to help the patient restore their equilibrium and when such interventions should be employed (Donovan/Dowdy).

How would you describe your work in a way that promotes clinical relevance and organizational integration? When you find words that work for you, post them prominently as your personal mission statement. Consider how elements of your workload can be informed, perhaps even transformed, by a mission-centered approach.

Meaningful Measures:

Defining your mission is the first critical step; asking yourself how you know that you've accomplished it is the next, equally important, step. Several healthcare systems have gone to a "dashboard" style of management, which selects key indicators that can be objectively measured to determine if you are accomplishing your mission.

Obviously, there should be a clear and easily understood correlation between the measure and the mission. It would be a common mistake to try and develop meaningful measures without first having mission clarity. Defining the standards by which your work is measured should involve a wide range of stakeholders and engage in a process that continually asks if the measures clearly support the mission and are meaningful to both those who will read the reports and those on the front-line of the ministry. There are few things as morale-draining as being directed to focus your time and energies in a way that you find meaningless and unrelated to your sense of mission.

Once developed, the measures should be evaluated to determine if they are actually making a difference in accomplishing your mission. For

example, in my previous position, our first measure was that a chaplain would be present within 30 minutes of the death of a patient. When there was pressure to expand that timeframe in order to have the chaplains cover an additional hospital, we were able to show using our own internal data that families left the hospital an average of 42 minutes after the death of the patient. The current standard was meaningful: chaplains arrived in an average of 22 minutes when on-call and virtually immediately during the day and were able to effectively minister to the family. Expanding that measure to an hour would have rendered the standard meaningless — the families would be gone by the time we arrived. In developing the standard, we also reviewed and circulated several studies that demonstrated a correlation between the presence of the chaplain at the time of death and the overall satisfaction of the family and their likeliness to recommend the hospital, providing some assurance that the chaplain's engagement made a measurable difference in language understood by both chaplains and senior administration.

Motivational Mindset:

The final and perhaps most difficult skill set for a leader in chaplaincy would be the ability to engage and inspire others in a shared commitment to clinical excellence.

Several years ago, I attended one of our ministry's quarterly



Leadership sets the mood, beginning with us

By Rabbi David J. Zucker, PhD, BCC

One of the great delights of chaplaincy is that many of us have easy access to a variety of areas: clearly our patients, residents or clients, but likewise such departments as nursing, social work, administration, as well as security, housekeeping, dietary, and maintenance. If we are doing our job well, we can bring our skills to bear in a very wide circle. As such, we are by virtue of our positions, part of the leadership team. Depending on the institution where we serve, we may or may not be part of the senior leadership team, but in any case, we can have an enormous influence on the daily operations on the person-to-person level. In my experience, leadership sets the mood: it begins with us.

An important, though often an underappreciated way to influence the world in which we live and serve, is to embrace the challenges put to us through two insights found in the Talmud, a section known as Mishna Avot, sometimes termed Pirke Avot/The Wisdom of the Ancestors.

“Receive everyone with a cheerful



appearance,” explains the sage Shammai (Avot 1.15). Likewise, his fellow-scholar Rabbi Ishmael concludes, “Greet everyone with joy” (Avot 3.12).

When as chaplains we radiate a cheerful and positive attitude, people notice and their own spirits are affected. The simple but profound truth is that happiness is contagious. Smiles bring smiles.

At a very conscious and deliberate level, I have learned to internalize that notion. When I walk along the halls at Shalom Park, when I visit individual rooms, when I am in the dining rooms, or the synagogue, and likewise when I attend meetings, indeed, whenever I interact with residents, family members, staff and volunteers, I always try to have a smile on my face. I consciously greet people with words like “Hello, good day, how are you?” When asked in return, “How are you?” more often than not, I will reply “Excellent, terrific!” Time and again, people smile back at me. They tell me that they are genuinely uplifted and feel better when they see me. One of the

See [Leadership](#) on page 10.

Leadership Days. These were an opportunity for the managers, directors, and senior leaders of our region to gather together, discuss issues of common concern, share best practices, and so on. In this particular session, the lead-off speaker used a video made by National Geographic photographer Dewitt Jones (“Celebrate What’s Right with the World”) as the centerpiece of his presentation¹. As the video began, I remember thinking that the speaker had made a colossal error in judgment by dimming the lights at 8 a.m. Instead, only 20 minutes later, our voices, excited and energetic, filled the space with a rapid exchange of ideas and a growing commitment to our work.

How did our speaker and Mr. Jones engage us so thoroughly? By inviting us to develop our own personal mission statement in no more than six words. It had to be congruent with our organization’s mission statement, but specific to our particular role. In small groups, we helped one another succinctly define the best of our contributions to the overall ministry, and then capture the best of what we did in six words or less. My personal favorite came from the nurse manager of the cardiac cath lab, who proudly stated “We defeat the broken heartbeat.” A foundation leader elegantly asserted his belief in the close connection between fund-raising and the front-line of healthcare ministry when he asserted, “I keep money rocking, nurses rolling.”

How do we find ways to engage others in a shared commitment to clinical excellence? How do we relate to nurses, nurse managers, case managers, hospital administrators, and others in a way that we make them partners in our desire to provide the best possible pastoral care to our patients, families, physicians, and staff? I do not have a clear answer to these questions, but I believe that the answer lies in inviting others to

talk about their own personal and professional experiences of pastoral care. Many chaplains have long felt that bedside nurses are in the best position to evaluate our work because they see the fruits of it on a daily basis. One approach is to find ways to tell our stories in larger forums. But I’m growing to appreciate the Dewitt Jones’ approach: invite others to tell their stories of us. Ask them what the chaplain did when their mother died or their child came to the emergency room. From their own experiences, help them find the language that differentiates good pastoral care from great pastoral care. Oftentimes, they’ll be able to tell you what they did not like. And together, you’ll be motivated to ensure that pastoral care of the highest caliber is offered at your hospital.

Many of us have spent years developing competency in pastoral care. I would hope that most of us feel strongly about the ministry in which we are engaged and want to provide pastoral care of the highest caliber amid the ever-increasing complexity of healthcare. If we are to continue to do that in a world of shrinking resources and an increasing emphasis on measured results, we must increase our capacity to articulate our mission with clarity, develop meaningful measures, and motivate others to collaborate with us in sustaining clinical excellence. This is the challenge before us.

¹ The referenced video may be previewed online at: <http://www.celebratetraining.com>.

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Spiritual Practice

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is just one memorable episode in a career-long effort on my part to understand what makes for effective leadership in the church. We know effective ministerial leaders when we meet them. They are genuine and pastoral. They are big picture thinkers who hold a global perspective and a future orientation. They are socially and politically engaged, often deeply so. They are healthy and whole people, attuned to the workings of the spirit in their own lives and in the lives on the community. They inhabit that sacred place of vocational joy where, as Frederick Buechner memorably observed, “deep gladness meets the world’s deep need” (1973, 119). We know them because we want what they’ve got, and we know that our challenge as ministers is to figure out how we can become more like them, more than we are. Meeting that challenge takes work and resources, and it confers on us a duty to help others do the same.

I am not alone in wondering what it takes to be a leader in ministry. In their report “Engaged spirituality: Spirituality and social transformation in mainstream American religious traditions,” sociologists Jon Miller and Gregory Stanczak study a broad range of effective spiritual agents they consider to be “change agents,” a long list that includes not only Joan Chittister and other social activists and writers including John Dear, SJ, and Jim Wallis. Stanczak and Miller argue that the spiritual practice of these leaders has practical implications and should be recognized as a “public good” with five distinct characteristics. The results will not come as much of a surprise to many of us who are immersed in lives of professional ministry, but the categories give us a convenient point of departure for deeper thinking about questions of leadership and spiritual practice:

- ▼ Daily Practice: Regimented practices occurring at regular times, following fairly structured patterns, connecting each day with an otherworldly source;
- ▼ Eclectic Improvisation: Adaptation of traditional practice to meet current realities; making room for experimentation and experience of non-traditional practices;
- ▼ Organized Worship: Communal forms of spiritual engagement including retreats and spiritual direction;
- ▼ Communal Mysticism: Efforts to experience the mystery of our connection with the world around us; practiced recognition of God’s presence in the midst of the joys and the struggles of individuals and communities;

We know effective ministerial leaders when we meet them. They are genuine and pastoral. They are big picture thinkers who hold a global perspective and a future orientation.

- ▼ Spontaneous Connections: Divine communication that occurs unexpectedly within the course of the ordinary; a recognition of a “breaking-in” of the holy. (Miller and Stanczak 2004, 22-25).

These categories of spiritual practice are crucial not only for understanding the Joan Chittisters of our profession but also for understanding the strengths of my NACC ministry colleagues. While my colleagues and friends may not (yet) have attracted the attention of social scientists, their sustaining spiritual practices are worthy of a closer look.

Among my colleagues Daily Practice is essential wherein the routine itself becomes a sustaining element. Liturgy of the Hours, lectionary study, devotional reading, sacred music, centering prayer, journaling — all of my most effective colleagues attempt to do one or more of these with some regularity. Several colleagues make the intentional preparations for the day undertaken with silence, prayer or some form of sustaining practice. After listening to calming music one leader asks himself, “how can I ‘show up’ at my best?”

One leader who works with trauma describes a day punctuated with practice: “Daily I do centering prayer that keeps me grounded . . . sometimes I take a second to do it again if I am going into a very difficult situation like a murder or child’s death.” Another describes her attempt to arrive at her workplace early “simply to be alone, no phones or people at the door as I prepare myself for what the day here at the hospital has in store for me. I look over the list of patients and pray for the

strength, the wisdom and the courage to listen to their stories.” Many of these leaders are holistic in their spiritual expressions, attending to the physical in their daily practice. One colleague speaks of her three-mile run as her “daily bread.” Another describes a practice of gently anointing of her own hands as a gesture of healing self-care and strengthening for service. Several colleagues, who balance parenting and service in their ministry, note how their children’s rhythms and routines shape and discipline their efforts to remain faithful to a daily practice. For them before-bedtime prayer and reflection upon the day have become a vital spiritual practice.

Many of us comfortably cobble together elements old and new to provide structure and depth to our spiritual practice. These Eclectic Improvisations allow the flexibility needed to modify our practice for the workplace, the lunchroom, even the car. Outside of our tradition, riches abound, and many of the highly effective ministerial leaders I know are open to the opportunities that are found when traditional practice is supplemented with readings of the world’s great spiritual leaders. A curiosity about the world and a desire for a deepened understanding of our brothers and sisters beyond our ecclesial walls often motivate the exploration of the spiritual practices of other religions. Most of these leaders I spoke with have a working knowledge of the principles of a variety of meditation forms or mindfulness practices from the great religions of the world. Many engage in the holistic



practices of Yoga or Tai Chi. One colleague speaks of creatively integrating prayerful Christian elements with the prescribed movements, such as the Psalms or the Lord's Prayer. Many have sought out adaptations of traditional spiritual formulas. Benedict's rule for community life helps one minister model her household as a "house of formation." Another adjusts elements of the Ignatian Exercises to her "busy life." The real circumstances of life give shape to these eclectic spiritual practices.

The variations of communal spiritual practice related to Organized Worship are also essential for the leaders I know. They tell me that various liturgical and sacramental celebrations, traditional and otherwise, are at the core of their spirituality. Many describe how the shared celebration of the Eucharist, especially in the context of rich liturgy, is a primary source of nourishment for their service. Many speak of the value of intentional "communities within community." One leader emphasizes the importance of shared prayer and reflections in his monthly "home church" group. Another colleague each week endures three hours of traffic to attend a "Wisdom Circle," because "it's what keeps me going." Another colleague speaks of experiences of shared spiritual and theological reflection that happen in her workplace, including theological reflection with other ministry professionals. Regular retreats are a common practice for the leaders among us. These take a wide variety of forms, and leaders adapt them to fit busy schedules and changing professional and personal needs. Another common practice among my engaged colleagues is spiritual direction with carefully chosen directors who can both offer wisdom and provide accountability.

The category of Communal Mysticism encompasses all of our efforts to honor our deep connectedness with one another and with the world around us and beyond us. For some, this category includes caring for animals, digging in the garden, camping out in the cosmos. Many leaders I know have grounded themselves deeply in the spirituality, traditions and symbols of the great religious communities of our church. One quotes Vincent De Paul with such zeal as to evoke the spirit of the saint himself. Another speaks of her "very necessary 'comfortable cup of tea'" that she drinks in communion with Catherine McAuley on busy afternoons. These leaders identify deeply with the spiritual giants, calling upon them in prayer and creatively using their inspiration to craft spiritual formation opportunities for others. The inspiration often includes the leaders' own children, many of whom are named after theologians, social justice heroes, and the founders of religious congregations. The spiritually engaged leaders I know connect not only with the saints, but also express a deep communion with those whom they serve and are often quick to make statements like, "I get more out of this than I give." One reverently speaks of the "vast, internal resources" of those in his care, and marvels at the sustaining experience of witnessing the mystery that is their

exchange. Another speaks of her leadership in a weekly support group for adults who live with depression: "As I enter I am very aware I am stepping into Holy Ground as they in their simplicity and fragileness share their faith stories and teach me as if I sit at the feet of Jesus." Stanczyk and Miller describe well this effect: "In the very act of serving others, these individuals often experience profound joy, a deep sense of purpose, and an overriding humility that they are not self-sufficient" (43).

The engaged spirit must also attend to Spontaneous Connections, the in-breaking of the holy. These leaders among us are highly observant and live with hopeful awareness. They "expect the unexpected" and receive moments of grace with joy and humor. Ironically at times the opportunity to experience spiritual spontaneity requires deliberate effort. One colleague states, "God and I just need some down time," and puts herself in this position twice a year on a weekend of prayerful silence. Nearly all of the leaders to whom I spoke recalled specific moments of transcendence that have sustained them for the long haul, describing this phenomenon with a sense of gratitude and awe. These accounts are deeply intimate and even highly articulate ministerial leaders often find them difficult to describe in words.

The Spirituality of our Ministerial Leaders: A Vital Resource

All of these practices may be essential for leadership based on our engaged spirituality, but few of us need a longer "to do" list. We must therefore consider how we can we make our practice sustainable for the long haul. Some of these practices take time. Others take money. Many take both. Most of my ministerial colleagues struggle to figure out how to make room for these practices in everyday busy lives filled with children, aging parents, administrative duties, financial struggles, health crises, and social responsibilities. These challenges require us to be creative, flexible and patient in the process of shaping our spiritual practices to fit the real contingencies of our world. Our spiritual practices often "weave it all together," less out of design than of necessity. A work retreat becomes a personally transforming experience; bathing a child becomes an opportunity to reflect upon the day; a car becomes a sanctuary; a meal, lovingly prepared and hospitably served, sets the stage for an important spiritual summit between spouses.

It may be no surprise that these ministers whose



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Leadership

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residents refers to me as “Rabbi Sunshine.” It is a wonderful object lesson. When you project happiness and a cheerful attitude, it is infectious in the best possible way. There is a further upside to this behavior. Other people’s feelings of happiness and joy energize me in turn; therefore, I feel lifted to an even higher plane.

There is no doubt I am fortunate in that, for the most part, I am very happy in my work. I have much for which to be thankful. Having at times walked through the valley of deepest darkness, I know that this is a wonderful slice of time in my life. It may not last forever, but I rejoice that I am where I am.

Periodically people ask me, “Are you always in such a good mood?” The answer is “Mostly yes.” Still, there also are times when, for various reasons I am a bit down, cranky, or irritable. While I might attempt not to show these negative feelings, more likely than not they show through anyway. When that happens, I try very hard to both admit it to myself, and to acknowledge to others what are really my own internal issues.

All of us are going to have moments when we are upset. What does one do then? The short answer is, when you are feeling down, at least be self-aware of what is going on within your heart or within your mind. Then, own up to those unsettling emotions. Name them and claim them as something going on within you.

It is vital that we refrain from projecting those gloomy feelings onto others. Do not let other people think that they are the cause of your concern. We can acknowledge our emotional state, without necessarily going into a detailed explanation of the reasons for it. Owning up to what belongs to you — especially if it is a bad mood — is not only a sign of responsibility; it is wonderfully disarming, and very human. Frequently when I name and claim my own negative feelings, I start to feel better myself.

It would be nigh impossible to be cheerful and lighthearted at all times. In chaplaincy work, we often have to deal with matters of great sadness or trauma. First and foremost, we have to be honest to the situation. Further, undoubtedly, not all people are naturally cheerful or lighthearted. Indeed, I do not mean to suggest that a simplistic, one-dimensional Pollyanna-like, saccharine approach to life is the answer for all situations and for all circumstances. Further, I would agree that not every person could change her or his personality and come across as amiable and lighthearted. It is clear to me, however, that when we do greet people with a sense of joy, that this often brings immediate positive results.

Though smiles and a cheerful countenance are enormously effective, they are not the only ways to engender a positive atmosphere in the workplace. An additional method, which is likewise effective, is to notice and compliment people on something personal about them. In my experience, this is true for residents/clients/patients, families, volunteers, and our fellow staff members. Whether I am addressing residents, or whether it is the nursing staff, maintenance, administration, social work, etc.

when I say “nice shirt,” or “colorful sweater,” or “snazzy tie,” or “attractive scrubs” people take notice and are pleased. Likewise, calling attention to a new hairstyle or haircut means that I have noticed them in a particular way. By calling positive attention to something about which they have made a personal decision shows that I see them as the individuals that they are.

A third way to impact people is to call them by their first name. Acknowledging Joan as Joan, or Billy as Billy, or Vera as Vera means that I see them as a distinct person. This is particularly true when addressing the many people who often are simply taken for granted: clerical, housekeeping, security, maintenance staff and others.

A fourth area where we can effect enormous change is frequently and consciously to verbalize the two most under-utilized words in the workplace: please and thanks. It continues to amaze me how people in superior/subordinate relations routinely ignore those vital words. Please and thanks, like smiles, can make such a difference. They are inexpensive, cost-effective, and recyclable. To paraphrase another piece of wisdom in Pirke Avot, Thanks beget thanks, Pleases beget pleases, and smiles beget smiles — but perhaps that is another way of saying mitzvah goreret mitzvah/a mitzvah begets a mitzvah (Avot 4.4).

Allied to please and thanks are common compliments such as “good job,” “You really make a difference,” or “I appreciate your insight.” Sincerely spoken admiring comments, praise and accolades expressing approval whether addressed to a subordinate or to someone to whom one reports, is not flattery. It is an effective and easily instituted way to improve morale.

Earlier I stated that as chaplains, we have an enormously important impact and effect on the people and institutions where we serve. Whether or not we claim it directly, many of those with whom we serve perceive us as being God’s representatives. We are seen as the human expression of the deity. That can have many benefits, though clearly it has its downsides as well. When we, through our actions or through our words, confirm compassion and caring, empathy and understanding, we speak — and are heard — with more than just our own individual authority. Likewise, when we criticize, are negative, or judgmental, often the voice heard has considerably larger echoes. It is not just our voice, it is God’s criticism, God’s negation, and God’s judgment we speak, even if we personally do not actually claim that power, or even believe that we possess that authority.

To be, and to be seen as upbeat and light-hearted, is a weighty challenge. Likewise, it also can be a sacred responsibility, which brings much goodness in its wake. When we ourselves present a buoyant demeanor, when we say please and thank you, when we take personal notice of others, those images and acts in and of themselves have a wonderful and incontestable ripple-effect right throughout the “campus.” In my experience, it does allow people to be “lifted up” so that they feel better, which results in their being even better caregivers for their residents, clients, or patients. It likewise makes for great collegiality throughout the house. In my experience, leadership sets the mood: it begins with us.

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practices I have described are now increasingly sought out for their capacity to inspire and lead others in the structuring of these opportunities to engage in leadership-enhancing spiritual practices. Our capacity to better understand the spirituality of effective leaders thus takes on a very practical dimension that goes beyond our personal effectiveness. Just as social scientists are observing the individual spirituality of the “change agents,” with this they are beginning to observe that spirituality is a resource for organizational effectiveness, a quality that “boosts morale, values integrity, and provides sustainability to difficult work” (Stanczyk and Miller 41). Engaged spirituality has measurable practical effects, becoming a resource for effective service and motivator for change. With the fully engaged spirituality “new actions previously thought out of reach can appear quite possible or even necessary” (40). Stanczyk and Miller observe, those who feel engaged by spiritual experiences in transformative ways can “creatively change the way they see their world and creatively change the way they act back on it” (6). Thus the engaged spirit of all of our associates becomes a key organizational resource for transformative service.

Moreover, for those of us fortunate enough to have access to some of these practices, the move toward institutional leadership raises a question of justice: we must figure out how to use our leadership skills to generate resource for others so that they may do the same. This is perhaps the biggest challenge.

I count on my professional colleagues, in this organization and beyond, to generously help me to better understand what keeps them engaged and effective in their leadership. And I thirst to know more — not only what works for them personally, but how they are helping their colleagues and institutions develop spiritual resources that do the same for them.

There is already much development to observe. These effective ministerial leaders among us are working to avail themselves of high quality resources, and then sharing these resources with those entrusted to their care. They are challenging their administrative teams to make changes in the workplace that ensure the securing of sacred space and time for daily spiritual practice, building these practices into human resource policy, and hiring and review processes. My colleagues are building innovative structures to support organized spiritual practice that fosters connection and enhances opportunities for the experience of communal mysticism, including innovative uses of technology — blogs and social networks connecting like-minded ministers over long distances — that creatively engage the “Spirit of the Sponsors.” We need to hear more

about these successes, and will be nourished by their accounts of “spontaneous connection,” their stories of the in-breaking of the Spirit of God.

A shared source

Joan Chittister’s big drink from our shared cup of water serves as a reminder to me of the need to take care of our shared human thirst. At a fundamental level, she and I and all of my colleagues drink from the same cup. We draw from the same source and have experienced many of the same riches that have helped to sustain our ministries. Justice demands and the Spirit prompts us to share this source we know so well.

In my desire to be as effective as Sr. Joan I am reminded of the riches that are readily available to me in my quest. Understanding the interlocked pieces of our engaged spirituality gives all of us a framework to start this important work to better appreciate,

support and enhance our own spirituality and the spirituality of those individuals and institutions entrusted to me, who also share in my thirst. Together we can drink deeply.

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A note from Ms. Deegan-Krause: I wish to express my deepest thanks to the many NACC ministers who have assisted me in the preparation of this article and whom I have quoted at length here (without attribution so as to protect their privacy). They are true leaders and for that I am forever grateful.

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'Leadership from behind' demands deep listening, authentic care

By Margaret B. Clark, DMin

She spoke with a twinkle in her eye. "Did you ever see the bumper sticker that reads I have to hurry and catch up with the rest of them for I am their leader?"

Then she winked, our paths parted, and I have been thinking about that brief exchange ever since. The question raising words of this perfect stranger were an act of what I have come to understand as leadership from behind.

The use of similar words to those quoted above have been apocryphally attributed by Mark Gimoin (1999) to Maximilien Robespierre, a political leader of the late 18th century who needed to see where the crowd of French revolutionaries were headed during The Reign of Terror so that he could utilize his office to take charge and appear to have control. By contrast, the concept of leadership from behind has far greater potential than seeking to take charge after catching up to a political or popular mainstream.

Leadership from behind can be deliberate, strategic, and dedicated to the nurturance as well as critique of both community and corporate life. It is a well-reasoned and sincere way of exercising influence or power. For example, in his book "Servant Leadership," Robert Greenleaf (1977) attributes inspiration for his insights to Leo, the central figure in Herman Hesse's "Journey to the East." Leo accompanies a band of travelers on a mythical journey as one who does their menial chores

while also sustaining them with his spirit and song. The journey progresses as long as Leo is there behind the scenes in his unassuming constancy. When he suddenly disappears, the group falls apart and their venture is abandoned. Leo embodied the qualities of servant, spirit, and song that enabled his leadership from behind to free and energize those "up front" in their mythical quest. He supported their vision in practical ways and without his attentiveness to both the sublime and mundane their vision quest was unable to proceed. Leadership from behind is not the same as following. It is a legitimate and necessary enterprise in the use of one's power to effect meaningful change. Its potential for influence is not unlike that found in the gospel images of salt, leaven, and light.

For those of us involved with the complexities of

healthcare chaplaincy, management, and clinical education for spiritual care services, what can leadership from behind contribute to improved health and well-being within our diverse settings and among those with whom we travel? I offer four relational qualities through which to filter a response to this question: ordinariness, presence, flexibility, and sensitivity to practical needs.

In his famous eulogy of June 8, 1968, Sen. Edward M. Kennedy described his brother Robert as follows: "My brother need not be idealized or enlarged in death beyond what he was in life, to be remembered as a good and decent man, who saw wrong and tried to right it, saw suffering and tried to heal it, saw war and tried to stop it." These words could be spoken to describe many ordinary, good and decent people in our world today. They are often seen leading from behind in city alleyways and soup kitchens, in such organizations as Doctors Without Borders and the Women's Funding Network, and in the swell of anonymous donors during times of global as well as local tragedy. In our hospitals and health clinics, these are the people who lead by example and embody the timeless graces of founding charisms with fresh initiatives needed for today's health challenges. Each such leader, in his or her ordinary way, "sees wrong and tries to right it, sees suffering and tries to heal it, sees war and tries to stop it."

A second quality of leadership from behind is presence. This concept has a long history in theological as well as spiritual literature. For Roman Catholics, there is emphasis on the "real presence" of Jesus Christ in the Holy Eucharist. More broadly, presence has been a prominent theme in spiritual literature across faith traditions. From Brother Lawrence's "Practice of the Presence of God" to more contemporary authors like Eckhart Tolle (2004) and Michael Brown (2005), presence is seen as a spiritual discipline through which we are able to center, be attentive to context, and discern the subtle movements of spirit as well as Spirit.

In addition to its spiritual meaning, there is a social systems dimension to presence that has significance for leadership from behind. This can be relevant to the healthcare systems that are the contexts within which we provide spiritual care services. An excellent example of presence as social technology is found in the work of Peter Senge, C. Otto Scharmer, Joseph Jaworski, Adam Kahane, and many behind-the-scenes colleagues who developed the "U-Process." First introduced in "Presence" (Senge, 2005), the "U" methodology of leading profound change is expanded and deepened in "Theory U" (Scharmer, 2007). By moving through the "U" process we learn to connect to our

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essential Self in the realm of “presencing” — a term coined by Scharmer that combines *presence* with *sensing*. Presencing enables individuals and groups to see their blind spots and pay attention to them as gaps in consciousness. With clearer and broader vision, openings of minds, hearts, and wills can occur. These holistic openings constitute a shift in awareness that can reverberate throughout the most complex of systems. Learning “back here” in the present about where the future lies “out there and up front” requires humility and trust. Divine indwelling has many faces and each is needed in order to both imagine and realize a healthy future for our world.

This provides segue to the third relational quality of leadership from behind, that of flexibility. The leader who is positioned behind others who are leading in more official and visible ways must know how to assess the strengths and limits of not only a leader’s personal charisma but also his or her style of leadership. Then, from behind, to risk appropriate relational engagement and interaction in ways that further the good of the whole. Brian P. Hall and his colleagues have designed a schema of values development that includes leadership qualities. From cycles one to seven of the schema, leaders are described developmentally as autocratic, parental, efficient, enabling, charismatic, servant, and prophetic (Hall, 1986, 2006). Tensions in organizational growth can occur when the skills of official leaders are not evolved to the same degree as those who are considered their followers. Likewise, followers can demand of highly skilled and developed official

leaders duties that serve only to frustrate vision and maintain the status quo. If these tensions solidify through impasse, there can be organizational stasis instead of healthy organizational development. Examples of this are abundant in healthcare institutions and community health initiatives. One who exercises leadership from behind needs both the skill to assess dynamics of impasse and the relational flexibility required to authentically engage diversity. Whoever embodies a particular leadership style can benefit from both appreciation and challenge. Leadership from behind involves a discerning heart. When to speak? When to keep silent? When to act? When to be still? When to take hold? When to let go? Without flexibility of consciousness, observation, relational interaction and humility, leadership from behind can become enmeshed in the stuck system it seeks to serve with spirit and song.

Finally, there is the quality of sensitivity to practical needs. To lead from behind is to take to heart the wisdom in Robert Greenleaf’s words. “This is my thesis: caring for persons, the more able and the less able serving each other. . . . If a better society is to be built, one that is more just and more loving, one that provides greater creative opportunity for its people, then the most open course is to raise both the capacity to serve and the very performance as servant of existing major institutions by new regenerative forces operating within them.” Leadership from behind embodies this credo in practical ways.

—See [Authentic Care](#) on page 15

Applying this research to our ministry

Margaret Clark identified four relational qualities (ordinariness, presence, flexibility, and sensitivity to practical needs) of “leadership from behind.” I would suggest these attributes could also be used to describe effective hospital chaplains, spiritual care directors, and mission leaders. In discussing ordinariness Clark refers to a leader who “sees wrong and tries to right it, sees suffering and tries to heal it, (and) sees war and tries to stop it.” An example of this would be the chaplain in the ordinary routine of her day discovering that a patient’s treatment plan is not consistent with the patient’s advance directive, and bringing that inconsistency to the attention of the clinical team and/or family as appropriate. Or an example of the attribute of “presence” may be the mission leader who embodies the hospital’s mission and values by her visibility to staff, volunteers, and others throughout the hospital — taking time to listen to their personal and work concerns. And a display of the “quality of sensitivity to practical concerns” might be as simple as the chaplain going at the end of his visit to get the ice pack needed by the knee replacement patient instead of having the patient wait until the CNA finishes with another patient.

In addition, Clark makes the point that leadership from behind can be deliberate, strategic, and dedicated to the

nurturance of both community and corporate life. Thus, although one’s present ministry might reflect the attributes described in this article, it could be useful to consider how the deliberate and strategic use of them might make one’s ministry more effective and how their use could nurture the mission and values of one’s particular organization. For example, in looking at the attribute of “presence” a chaplain might decide to be more deliberate and consistent in the following concrete ways:



- ▼ Scheduling additional time for participating in department meetings, rounds, and/or care conferences on their clinical units as well as informally rounding to hear the issues and concerns of staff, and
- ▼ Seeking out and/or sending notes to staff members in recognition of personal and professional milestones and in support of their personal losses or difficulties.

Of course, physical presence does not necessarily translate into “real presence,” thus this chaplain might also decide to set aside time daily to pray and reflect on God’s presence in his/her life and ministry.

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Jesus' style of leadership is model to follow

By Gloria M. Troxler, MA, BCC

It was not by accident that the son of God was born as an infant. Infants reach out and can touch the hearts of all of us by their innate love and acceptance, "drawing" us to themselves. This power of Jesus the Infant drew dignitaries from foreign countries who recognized the leadership of Jesus and came with gifts seeking this baby to offer him homage and praise.

Drawing people to himself became the leadership style of Jesus' life and ministry. He never coerced or oppressed, but "drew" people to himself by his unconditional love and acceptance. Scripture is filled with stories of how Jesus' love freed and healed people and challenges each one of us to share this love, to give our lives so that others may live.

It enabled the leper to call out and ask for a cure, and Jesus' response changed our whole understanding of what it means to be Christian. "He reached out his hand and touched him," then he spoke the words of healing. Jesus touched first, then he talked. Touch tells where people are, and not where we think they are; touch slows us down to the pace of the one needing healing. It was the touch — the human touch that healed.

And what about the healing of Zaccheus? Jesus simply took the time to stop, look up in the tree, call Zaccheus by name, and then did a very intimate thing — invited himself to his home for dinner. This simple gesture of acceptance and love freed Zaccheus to change, to be transformed.

And when Jesus asked the woman taken in adultery: "Woman, does anyone condemn you?" and she replied, "No, my Lord," he responded: "Well neither do I. Go and sin no more." It was only his unconditional love that enabled her to change her lifestyle, to do what was almost impossible for a woman in her times to do.

Jesus was called and sent, as each of us are, to this kind of leadership as is stated in Acts: "John preached how God anointed Jesus of Nazareth with his Holy Spirit and power. He went about doing good, healing the oppressed ... for God was with Him" (Acts 10:34-38).

And in Isaiah, the Lord says: "Here is my servant whom I uphold, my chosen one with whom I am pleased — upon whom I have placed my Spirit; he shall bring forth justice to the nations. I, the Lord, have called you for the victory of justice.... I have formed and sent you as a covenant for the people (Isaiah 42:1-4, 6-7).

What does this say to us about our leadership style? Who are the lepers in our own lives waiting to be touched and healed, and the Zaccheuses, waiting for us to take the time to look up in the tree and call them to new life by our acceptance?

Jesus challenges us to personal qualities of leadership. Does our leadership style enable the leadership of others? Do we really believe that to trust in God is to trust that God is also working in the other person? Can we reach out and "touch" others, invite and free them to use their gifts of leadership without being threatened?

When working in ICU with cardiac patients, I encountered a young man who had been diagnosed with terminal heart disease. For months during my visits he dealt with his grief and anger by lashing out at others — the Social Security System, his wife and children. These were all normal responses for him at this time, but they made it difficult to feel that there was any movement toward acceptance and peace.

One morning as I made rounds I realized that "Mr.

Brown" was back in ICU and from appearances I knew he was nearing the end of his journey. I really wanted to be with him but something in me kept resisting going in. I kept thinking: "What kind of hope can I possibly offer him at this time?" I sensed that this most probably would be his last stay on his journey home. I went past his door numerous times. Finally, I went in and said, "Mr. Brown, I really wanted to be with you this morning, but I kept thinking, 'What kind of hope could I possibly offer you at this time?'"

And God enabled me to ask, "What gives you hope?" It was the best visit I ever had with him. He proceeded to share with me his journey and his hopes. He was in charge. I was touched by him and by God. I experienced his healing — even though he was not cured.

Some of us are called to minister in positions of leadership — as director of a department or mission coordinator, for example. For some of us, the thought of accepting "positions of leadership" can trigger negative feelings, especially if we have had bad experiences in the past. Words like "power," "authority" and "decision-maker" can trigger fears in us. While these positions of leadership may include these qualities, they need not be threatening.

Gratefully, as a young principal of a large parochial school in an active and involved parish I learned a great lesson about power and authority that helped shape my own leadership skills and abilities.

As we were waiting for the meeting of the Board of Education to begin, a neighboring pastor began teasing me about how much power I carried at the school and parish. I laughingly said to those around us, "Listen to that. Fr. Nick thinks that I carry a lot of power around here."

Jesus challenges us to personal qualities of leadership. Does our leadership style enable the leadership of others? Do we really believe that to trust in God is to trust that God is also working in the other person?



Authentic Care

Continued from page 13

It is the sensitivity of deep listening, the courage of authentic care with traumatized and dying patients, the strength of gentleness, and the humility to laugh at one's own poverty of spirit when, with a twinkle of the eye we are hurrying to catch up with the rest of them so that, together, we can dance — one day at a time and each day anew — in the reign of God.

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Immediately several members replied. "But Sister, you do. Power is not bad; it is good. It means that people trust you, and when you talk, they listen. Your own personal commitment and integrity and the way you share them have built up this trust."

I learned then, at a deeper level, that leadership needed to be about enabling the leadership of others, and that authority — if it is to be pastoral, in the style of Jesus, — means "to author life," that is, to create structures that are humanizing, appreciating the wisdom of each person and enabling their leadership.

What does that kind of leadership look like? One way to envision this is to create a scenario. Imagine you are searching for a position in a pastoral care department that has community-building leadership, where the staff is committed to common goals. It has to be a place where you can best be yourself and live your commitment to be the kind of presence that enables healing and where you would feel: "I would really love to be a part of this department."

As you look at this department from the window and focus in on the director interacting with the staff and others, what would make you say this? What do you see happening? What do you hear? How are people reacting to one another? How

are group decisions being made and differences of opinion being dealt with? Do the members leave with ownership of decisions that affect the whole group — even if it doesn't come out the way they wanted? What enabled this to happen? Are they having fun, celebrating?

How does the leadership style of the director affect your feelings about being a part of this department?

Obviously, some of these skills can be learned — but only if we, like Jesus, are first committed to the qualities of his leadership style, drawing others to God by our own hope, love and commitment. We all know that each one of us is called personally by God to the leadership style of Jesus and are anointed, sent to bring Good News to the poor. Some are called to further use of their gifts in positions of leadership, creating structures that enable the leadership of others, "being the difference between cure and healing."

Someone once said: "For Christians, it is not enough to just say the Word or do the Word, but to be the Word, or else Jesus remains only a promise."

Can we not say the same about pastoral leadership?

Gloria M. Troxler, chaplain emeritus, worked in Catholic school and religious order administration. After becoming a chaplain, she ministered as director of pastoral care departments in Springfield, MO, and New Orleans and Baton Rouge, LA.

On Leadership

Improvisation is the saving skill. As leaders, we play a crucial role in selecting the melody; setting the tempo, establishing the key, and inviting the players. But that is all we can do. The music comes from something we cannot direct, from a unified whole created among the players — a relational holism that transcends separateness. In the end, when it works, we sit back, amazed and grateful."

— Margaret Wheatley
"Leadership and the New Science"

(This quotation corner focusing on leadership is included in *Vision* upon the recommendation of the Pastoral Care Summit Task Force.)

Q&A with Jan Schupp, BCC



By Laurie Hansen Cardona
Vision editor

Permanent heart and lung damage following radiation treatments for an inoperable cancer forced chaplain Jan Schupp to retire in 1999, but didn't stop her from putting her passion for chaplaincy to work in another way. She lobbied hard for 11 years to get an effective Outside the

Hospital Do Not Resuscitate (OHDNR) law passed in Missouri. The new law providing a statewide standard form on OHDNR orders took effect in August 2009.

At 32, Mrs. Schupp was diagnosed with a malignant tumor of the mediastinum at St. Peter's Hospital in Albany, NY. Her chaplain there, Sister June Szumowski, RSM, encouraged her to explore chaplaincy. Fr. Richard Augustyn ministered to her at Roswell Park Research Center in Buffalo, NY. Years later, during the time when Fr. Augustyn served as NACC president (1991-93), Mrs. Schupp was NACC Region 9 director.

Mrs. Schupp's career in pastoral care lasted from 1983-1998. During that time she was employed at St. Mary's Health Center in Jefferson City, MO, where she started as patient visitor, then became pastoral minister, later certified chaplain, and finally director of pastoral care, serving 13 years on a hospital ethics committee, including several years as chair. Mrs. Schupp recently agreed to a question-and-answer interview with *Vision*.

Q Newspaper accounts I have read say that your persistent lobbying can be credited in part for the passage of the new Outside the Hospital Do Not Resuscitate law in Missouri. Do you see this as a continuation of your chaplaincy work?

A I sought ways to be able to apply my passion for chaplaincy. I co-chaired my community's steering committee on the "Moyers on Dying in America" TV series that sought to create awareness for the need for a paradigm shift in how Americans dealt with death and dying. I attended four National Conferences for Rallying Points and asked to be accepted as a member of the Missouri End-of-Life Coalition. The chair at the time was Clay Anderson, MD. The day I interviewed with Clay for membership I told him, I have an agenda. I would like the coalition to take on getting a statewide form for Missouri for the Outside the Hospital Do Not Resuscitate Form (OHDNR). I had started working on the OHDNR through my hospital ethics committee in 1998. Now out of work, I asked myself, what can one disabled chaplain do to bring about this important policy?

Q Now that the new law has passed, have you signed the new DNR form?

A I was the first in Missouri to sign this form and my doctor and I chose to call a press conference to publicize this act. Unless we went public with the signing of this form, it might never have gotten the attention it needed. I want the chaplains of Missouri to be educated on this option for the patients they minister to as well as for them and their families and friends. Four states in the United States still don't have this statewide option. So I'm reaching out to those chaplains to get involved and try to help it happen where they live.

Q How do your family members feel about your decision to have an Outside the Hospital DNR order?

A My family members have been very supportive of my decision to have an Outside the hospital DNR. My husband, who is 75 and in the early stages of Alzheimer's disease, also has one for himself.

Q If you have an advance directive, might you also need a physician-signed Outside the Hospital Do Not Resuscitate Order?

A I chaired the committee responsible for informing St. Mary's patients upon admission of the Patient Self Determination Act and their rights under that federal law passed 20 years ago. We drafted a letter given to patients on admission. Looking back, I wish we were clearer in helping people understand not only the benefits of advance directives but also the limitations and pitfalls of these documents. I have personally re-done my document four times for clarity.

An advance directive, whether it is a living will, a healthcare directive, or a durable power of attorney for healthcare, is a statement of patients' wishes on what kind of treatments they might want or not want if there comes a time they cannot speak for themselves temporarily or possibly permanently. They are at best a great tool to begin the discussion with your healthcare provider, family and friends about those wishes. They are legal documents that often include naming your healthcare agent who you authorize to speak for you when you can't or have been determined incapacitated to speak for your self. Advance directives of this type are not medical orders signed by a physician. They need interpretation and as interpreted often are transferred into medical orders when the patient shows no signs of regaining the capacity to discuss. Their intention and use is centered on a hospitalized patient.

An Outside the Hospital Do Not Resuscitate in Missouri and many other states is a medical order to be used while you are not an inpatient. Most particularly if 911 is called, the ambulance staff looks to that or a similar medical order signed by a physician and patient or patient's legal

representative after conversation about the reason for the order that says do not resuscitate. Our new law in Missouri provides legal liability to the EMS (Emergency Medical Service) or other emergency responders for honoring this medical order. Care and comfort will be given to the patient, but resuscitation efforts will be withheld allowing a natural death for the patient.

Q How did your hospital chaplaincy work contribute to your realization of the importance of DNR orders?

A The best way to answer this I believe is to quote verbatim my testimony before a Missouri State Senate committee hearing on behalf of AARP: "Before retiring in 1998 I was a hospital chaplain for 16 years. I have many, many times witnessed firsthand some of the scenes of frail and elderly persons who had been brought to the emergency room by ambulance staff performing futile CPR because the patient had died at home and the family had called 911. My role as chaplain in the emergency room was to comfort and support the family of the patient and act as the communication link between the doctors and family or significant other. I listened to families crying and upset because grandma or grandpa always said when I go I'd like to just go peacefully in my sleep. Please promise me you won't take me to the hospital and put me on all those tubes and machines. Why can't they just stop? He or she signed a living will/advance directive."

Q What role did the Missouri Catholic Conference, the public policy arm of the Missouri Catholic bishops, play in the passage of this legislation?

A The Missouri End-of-Life Coalition started supporting the need for change on this issue in 2001. By 2004 we took the position that legislation would be the only effective way. An attorney, a doctor and I spoke with our local elected House of Representative member. He was a former EMS worker and captain in the fire department before his work-related back injury. He introduced ambitious legislation for us in 2005. That was the Terri Schiavo year and we were forcefully opposed by Missouri Catholic Conference and Missouri Right to Life, among others. The legislation was voted down in committee. In 2006, we had counseled with several other legislators, some of whom were also MDs. They educated us that if we didn't want to kill our own efforts we should scale back and simplify what we were asking for. We agreed that the Outside the Hospital DNR was the most important. When 2006 came we didn't even get our bill to be heard in committee. I begged the chair of the Health Policy Committee and he arranged for a meeting

with AARP, EMS, Missouri End-of-Life Coalition, Missouri Catholic Conference, and Missouri Right to Life. From that meeting a task force agreed to meet and the Missouri Catholic Conference agreed to host our meetings. I asked and was allowed to start that first meeting with a prayer. One of the members of the task force, a lawyer, said to me one day: I think it worked because you started our meetings with a prayer! The meetings proved effective in helping us come to a compromise we could all support.

Q Does your signature on the form mean that due to your illness you are ready to die?

A I'd like to end this interview by telling about what I have fondly come to call "my dress rehearsal for death." My family and I have been told over the years many times that death is near. Two years ago, four days after I had my third pacemaker replaced, I came very close to death. I felt something was very wrong and my palliative care physician hospitalized me as a direct admit on a Sunday afternoon. He practices in a teaching hospital and the well-intentioned resident in charge read my advance directive that I wanted to be a no code. He looked at my near-death CO2 blood gasses and concluded that since I was a palliative care patient I should be kept comfortable and be allowed to die. Had no medical intervention taken place, I would have died that night. My youngest son, who is my first healthcare agent and to whom I've talked at length about what I mean in my advance directive, conferred with his siblings and listened to the doctor and said I want you to try that bi-pap intervention that was mentioned. The doctor thought he knew what I meant in my advance directive and overruled my agent. When I briefly became able to speak of my care I, too, said try something. They turned up the rate on my pacemaker that had been turned down without my consent during the new pacemaker insertion four days earlier and my blood gasses immediately started to improve. I definitely think I would have died without medical intervention. I said good-bye to my family that was present at my bedside and began praying the 23rd Psalm aloud. I felt such peace. It was truly a blessed event and has brought me a lot of peace about what it will be like when death actually occurs.

I don't want to die. I want to continue to enjoy my family in a meaningful way. My agent knows my wishes. Initially, if I'm in trouble, try what can be done but if I code, I'm dead, and if I'm dead, leave me dead. I have been told because of my complicated medical condition if I would code and somehow would be brought back, I wouldn't be "me." So let me go to where Jesus has promised me eternal life. Amen.

Jan Schupp can be contacted at jg.schupp@embarqmail.com.

Schillebeeckx revisited

To be fully human one must be God-like

By **Dacia Van Antwerp, PhD**

“... the human ... the royal road to God.”¹

Recently I read an article in *New Theology Review* that grabbed my attention as it reflects my view of the human-Divine connection, which is so essential in my life and in my ministry to hospital patients. The article was reviewing some thoughts of Schillebeeckx, a Dutch

theologian who has pointed out that the human is the paradoxical pathway to the divine. “For Schillebeeckx it is the human that is the royal road to God” (Schreiter). It is “full human flourishing ... or ... the humanum ... that is truly life-giving and whole.”²

To me this article and especially Schillebeeckx’s concept of the humanum is the way to go. Although there have been mind-shattering experiences of humans’ inhumanity toward others, such as the massacres and genocides, especially in Africa, and the hunger and poverty through the world is a mystery, it is clear that “suffering is not ordained by divine will.”³

In the above incidents the humanum is definitely threatened, but “it remains a noble goal to be sought after and struggled for in history.”⁴ Today in our hospital work there is and always will be suffering. We humans refuse to give in to such suffering as our doctors and nurses work night and day to alleviate it. Their and our protest over

suffering that it is “... ‘not-God’ (and it) is the key to the positive, liberative force within the experience of suffering ... (which) then becomes the very oil that inflames protest and resistance so that a new praxis becomes possible.”

Sison asks where do we find God in our protest? He then answers this question with a quotation from Hilker. “God is the source of a creative dissatisfaction with all that is less than God’s vision of humanity.”⁵ In the contrast between

what is and what “ought to be” we find a presumption of “... an implicit impulse toward happiness.”⁶

Sison adds that “There is a universal consensus in the human ‘no’ to evil and suffering, which is also a disclosure of the ‘yes’ to an alternative, life-giving reality.”⁷

In the words of Schillebeeckx, Christian salvation is “... being at the disposal of others, losing oneself for others.”⁸ And is this not what I am called to as a hospital chaplain? I am called to fulfill myself in my service of others thus making my humanum come to life in myself, in serving the sick.

It brings to mind the thought of St. Thomas Aquinas that Grace builds on nature. I have to develop my humanness as a basis for the life of God within me. To be fully human one must become God-like.

“... the glory of God is man fully alive.” St. Irenaeus, 2nd Century

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¹ Sison, Antonio D. C.P.P.S., “The Prophetic-Liberating Schillebeeckx,” *New Theology Review*, vol. 22, No. 4, Nov. 2009, 57-67, p. 59, Liturgical Press, St. John’s Abbey, Collegeville, MN.

² Loc. cit.

³ Loc. cit.

⁴ Loc. cit.

⁵ Hilker, Mary Catherine, “‘Grace Optimism’: The Spirituality at the Heart of Edward Schillebeeckx’s Theology,” *Spirituality Today* 44 (1991): 220-239, p. 222.

⁶ Schreiter, Robert J., ed., *The Schillebeeckx Reader*, Edinburgh: T & T Clark, 1984, p. 55.

⁷ Sison, op. cit., p. 60.

⁸ Schillebeeckx, Edward, *Christ: The Experience of Jesus as Lord*, tr., John Bowden, NY Crossroad Pub., 1980, rpt. 1993, p. 838.

Today in our hospital work there is and always will be suffering. We humans refuse to give in to such suffering as our doctors and nurses work night and day to alleviate it

Book Review

Book uninspiring due to layout, linguistic choppiness

15 Days of Prayer with Saint Catherine of Siena. By Chantal Van Der Plancke and Andre Knockaert. New City Press, Hyde Park, NY, 1996. Paperback, 104 pp., \$11.

By **Michelle Lemiesz, MDiv, BCC**

If you are like me, occasionally you may pick up a book anxious to read it, and for some reason or another, it just does not resonate. Most of the time, I can pick it up later and find that I really like it; that was not true with this book. In fact I picked it up three times and laid it aside all three until I finally forced myself to read it because I had to do this book review.

The book is divided into 15 chapters, each one designated to lead the reader into prayer. Each chapter is topical and based on the writings and the life of St. Catherine of Siena.

Author convinced that doubt, ambiguity are appropriate

Help My Unbelief. By William J. O'Malley, SJ, Orbis Books, Maryknoll, New York, 2008. Paperback, 152 pp. \$15.

By Marilyn Williams, BCC

O'Malley's "Help My Unbelief" won the first-place award from the Catholic Press Association for popular presentation in the Catholic faith category. This award is well-deserved, in my opinion, since O'Malley covered with zest and humor lots of ground in a scant 145 pages. Also, his use of language and clear examples makes it possible for the average reader to understand some rather sophisticated concepts. O'Malley wrote this book from the perspective of someone who has taught religion to high school students for more than 40 years; he currently teaches at Fordham Preparatory School in New York City.

The foundational premise of "Help My Unbelief" is that doubt is not only OK, but appropriate "since absolute certitude is the prerogative only of God" (page 2) and it is human to ask questions. In fact the first obstacle to belief that the book addresses is the "need for certainty" — our human desire for "just the facts" and intolerance for ambiguity. However, as noted by O'Malley: "Belief is accepting something as true without overwhelming certitude" and "An act of faith is an opinion." O'Malley called upon the scientific method, polarity of opposites, Descartes, Jung, and Tennyson as well as John Paul II and others in discussing certitude and doubt.

Also, O'Malley reflected on the intellectual difficulties people encounter in their quest for belief in view of the two basic questions everyone faces: (1) Who am I: and (2) Where do I fit into all this? He discussed how questions of religion are answered in terms of these questions of identity that emerge during human development, especially in adolescence and again in mid-life. O'Malley included the concepts of the human soul, happiness, wholeness, freedom, conscience, and the human spirit in this discussion. Also, he looked at symbols and myths for the human journey including the use of stories such as "The Wizard of Oz" and "Star Wars." Then he turned his attention to the place of both symbol and myth

The authors state in the introduction that "the purpose of the volume that you hold in your hand is to lead you, over a period of 15 days, or more realistically, 15 prayer periods, to a place where prayer is possible" (p. 11).

It is not the topic, nor the premise of this book that made it difficult for me to engage with it; indeed I was specifically looking forward to have this "spiritual mistress" be my guide for 15 days. Rather, what I found to be problematic were the layout and presentation of the writings of St. Catherine. The authors melded their own reflections with those of Catherine. The linguistic flow of the book was choppy. This

Book Review

in the dynamics of religion with a chapter on "Scripture and Myth" and one on "The Christian Myth." Moreover, O'Malley tackled the challenges of the imperfect church, science, and suffering to belief with a chapter devoted to each.

In exploring these issues and challenges, it appears that O'Malley did so not only in light of his experience with students over the years, but out of his own frustrations and questions especially in terms of the church. In discussing the imperfect church, he noted that "forgiveness permeates every page of the gospels and that among Jesus's final words were, 'Father, forgive them. They don't know what they're doing.' (Luke 23:34)." ... "And as we hope for forgiveness, we must forgive 'those in charge'..." (page 111). O'Malley concluded in looking at the different Christian churches that "all the boats leak" and "there are still a great many of us who — after many years and constant probing — are still convinced the Roman Catholic Church leaks least." (page 114).

In conclusion, although I didn't find this book covering new material, I did find O'Malley's treatment of the basic theological concepts from a Catholic perspective to be succinct and delightful. As chaplains we encounter much ambiguity and doubt, although many times patients and families are reluctant to admit their doubt. "Help My Unbelief" provides a good framework for our theological reflections about the doubt we encounter in others and ourselves. Perhaps O'Malley can help us to articulate to those we serve that it is OK for them to have doubts.

Marilyn Williams is chaplain at Memorial Health Care System, Catholic Health Initiatives, in Chattanooga, TN.

"The intentions of God are so evidently biased toward evolution and growth that doubt appears to be a prerequisite of fulfilling God's will, since doubt is a hunger for better answers than we contented ourselves with till now."

— William O'Malley, SJ (pg. 2)

may be in part due to the fact that this book is a direct translation from the original publication, which was in French. All of the above combined provided a book with very little inspiration. This book would certainly not be helpful to those unfamiliar with St. Catherine's works, and sadly I found that it was not helpful for someone who was. I was greatly disappointed and would suggest the series from Ave Maria Press for any who wish to have the writings of St. Catherine inform their prayer life.

Michelle Lemiesz is director of Mount Carmel East/Mount Carmel New Albany Chaplaincy Services in Columbus, OH.

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 Deacon Richard L. Robinson
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 Mr. Thomas J. Rowan
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 Ms. Carole A. Rybicki
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 Miss Mary M. Toole
 Mrs. Kathleen A. VanderVelden
 Deacon Thomas J. Waken, MA, LPC
 Rev. Freddy Washington, CSSp
 Sr. Margaret Washington, ASC
 Mr. Gary A. Weisbrich
 Ms. Marilyn Williams
 Sr. Ramona M. Williams, SP
 Mr. James E. Willsey
 Sr. Virginia Yeager, CSJ
 Rev. James R. Yeakel, OSFS
 Mrs. Meredith M. Young

Judy Novak
 Recovery from brain surgery
 Cudahy, WI

Fr. Bob Nee
 Intractable epilepsy
 Cambridge, MA

Fr. Kevin Ikpah
 Eye troubles
 Blue Springs, MO

Lourdes B. Ruta
 (wife of Peter Ruta)
 In recovery
 Milwaukee, WI

Sr. Barbara M. Link, FSPA
 Chemotherapy treatment
 La Crosse, WI

Sr. Nancy Crane, OP
 Akron, OH
 Cancer treatment

Fr. Bill Spacek
 Baltimore, MD
 Detached retina and
 other eye issues

Sr. Micheletta McGee, RSM
 Pancreatic cancer
 Drexel Hill, PA

Mike J. Murphy
 Cancer treatment
 Green Bay, WI

Joyce Fink
 Heart attack, recovery from
 open heart surgery
 Bethlehem, PA

Sr. Hilda Mallet, MHS
 Lafayette, LA
 Cancer treatment

Dennis Eldridge
 (Kathy's husband)
 Milwaukee, WI
 Cancer treatment

Sr. Rita Rzeppa, IBVM
 Chicago, IL
 recovering/rehab from knee surgery

Prayers for Healing

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

She's grateful to organizations that challenged her to grow



Name: Marybeth Harmon

Work: Former director of spiritual care at Norwood Hospital, Norwood, MA, currently retired and a per diem chaplain

NACC member since: 1996

Books on your nightstand: "Thirst," by Mary Oliver, "Open Door: A

Journey to the True Self," by Joyce Rupp and "Sacred Space: The Prayer Book 2010," by Ireland Jesuit Communication Centre.

Books you recommend most often: "Gift of the Red Bird," by Paula D'Arcy, "Gratefulness, the Heart of Prayer," by David Steindl-Rast, and "To Bless the Space Between Us," by John O'Donohue

Favorite spiritual resource: The Eucharist, praying and worshiping with others

Favorite fun self-care activity: traveling, laughing with others, water aerobics, yoga, walking in nature, creative dance and singing

Favorite retreat spot: San Andrea Monastery in Assisi, Italy, and any retreat center on the ocean

Personal mentor: Ed Burke, my father. He loved all people

regardless of station in life. He was a great storyteller, warm, compassionate and funny. He taught me the values of dignity and respect for others and of the joy of connecting with others. He was a simple man of faith who loved deeply and laughed heartily.

Famous/historic mentor or role model: John O'Donohue, author, poet. I am moved by his depth and love for life, his eloquent, articulate poetry expressing his vision of life, his passion, his robust presence and his gentle soul. May he rest in peace!

Why did you become chaplain: I became a chaplain from a deep desire to love and serve God and my brothers and sisters. Being a chaplain is a profession that allows me to integrate my faith and my profession and offers me an opportunity to walk with others, to enter into their suffering and joy and to provide comfort. It is a sacred privilege to bring a sense of compassion to others in times of chaos and

to comfort and empower. It is humbling to be so intimately present in a time of sickness, trauma or death.

What do you get from NACC? NACC is the professional organization to which I belong. It is the organization that validates my work as a chaplain and holds me accountable to the highest standards of continuing education, professional performance and ethics of behavior. I experience a sense of



NACC member pleased to feel part of the 'team'



Name: Gary A. Weisbrich

Work: Chaplaincy supervisor

NACC member since: October 2008

Volunteer service:

Writing articles

Book on your nightstand: "Llama Llama Red Pajama" (for my daughter)

Book you recommend most often: Henri Nouwen's "Wounded Healer"

Favorite spiritual resource: Daily bread

Favorite fun self-care activity: Running and hunting

Favorite movie: "Crimson Tide"

Favorite retreat spot: Broom Tree Retreat Center, Irene, SD

Personal mentor or role model: Fr. Chuck Cimpl

Famous/historic mentor or role model: Having had the opportunity to study in Rome and work at the Bambino Gesù Hospital in Pediatric Oncology, I would have to say Pope John Paul II, because of his love for the sick and infirm and for families.

Why did you become a chaplain? I have a gift of

listening to people's stories and felt a call to non-ordained ministry. How it all came to be was orchestrated by someone greater than me.

What do you get from NACC? I find collaboration, support, a sense of community and all working for the same goal. I get the chance to provide compassionate care to the people we serve as well as to our colleagues.

Why do you stay in the NACC? I have only been a recent member, but from the time of my certification interview, I felt like part of the "team" and felt as though everyone was trying to make me feel at home.

Why do/did you volunteer? All through my life I have volunteered, having children now, makes it a bit more challenging, that is, to volunteer outside the house. When I am able to volunteer I grow and change as I usually experience new ideas and have a greater awareness of the needs that we all have.

What volunteer activity has been most rewarding? So far it has been writing articles for the NACC's *Vision*, but I see this expanding as time goes on because it is very rewarding.

What have you learned from volunteering? I have learned more about others and myself and that, in order for good things to continue, volunteering needs to be a way of life.



belonging, integrity and authenticity as an NACC certified chaplain. NACC provides me with the ecclesiastical endorsement that certifies my ministry as a Catholic laywoman. Attending the conferences and other educational gatherings offers me the opportunity for friendships, networking and professional development.

Why do you volunteer? Volunteering gives me a chance to connect with others, to deepen relationships, and to give back to that which has been a part of my formation and growth. I volunteer for NACC, my parish and my alma mater. I am grateful for the organizations that have cared for me, challenging me to grow and to create a deeper awareness of my identity as Catholic laywoman.

What volunteer activity has been the most rewarding?

Being a part of the Vision and Action committee. We came together as acquaintances and through the brilliant guidance of John Reid and his associate Maureen Gallagher, and the support of the leadership of NACC, we were able to formulate guidelines for the future of our organization. We touched the depth of our passion as chaplains, called by God to walk gently and compassionately with our brothers and sisters. We worked hard to know ourselves, each other, our members and to design a plan that would enhance the future of our organization to serve the church. It was very rewarding to be a part of something so focused, and to see the fruits of our labors. The chaplains I worked with will always have a special place in my heart.

Readers express views through *Vision* survey

By Laurie Hansen Cardona
Vision editor

Vision is important to NACC members, with 92% of respondents to a 2009 online survey indicating either high or medium interest in the publication.

Of those responding, 47.7% said they had high interest in *Vision* (read it regularly, cover to cover) and 44.7% said they had medium interest, skimming for articles of interest.

Meanwhile 7.6% said they had low interest, reading *Vision* only occasionally.

The answers of 134 NACC members who responded to the survey, which was available on the surveymonkey.com website in November 2009, provide a glimpse into how *Vision* is viewed by members and what *Vision* readers would like to see in the publication.

Vision is received by 2,721 individuals, mostly NACC members. The survey was made available to the 2,366 NACC members who have provided the NACC with their e-mail addresses.

The survey showed that 81.2% of respondents agreed or

What is your level of interest in <i>Vision</i> ?		
Answer Options	Response Percent	Response Count
High Interest (read regularly, cover to cover)	47.7%	63
Medium Interest (skim for articles of interest)	44.7%	59
Low Interest (read occasionally)	7.6%	10
No Interest	0.0%	0
Undecided	0.0%	0
answered question		132
skipped question		2

SurveyMonkey.com/Portland,OR/Author-owner:RyanFinley

strongly agreed that *Vision's* content over the past year has been satisfactory. Similarly, 78.8% agreed or strongly agreed that *Vision* contributes to furthering their chaplaincy education and the professionalization of association members.

Most of those responding either agreed (43.2%) or strongly agreed (23.5%) that *Vision* research articles were consistently of high quality and contain content that stimulates interest.

Respondents indicated that the most compelling recent issues of *Vision* focused on the themes of Professionalization of Chaplaincy and Ministering to a Diverse Population.

Asked if they would read *Vision* if it were only available online, 48.7% of respondents said yes, while 23.9% said they would not. The rest were undecided (27.4%).

Survey respondents offered a wide range of comments on future topics they would like to see covered in *Vision*. Some examples were: working with people with dementia, theological updates (bioethics), chaplaincy outside hospital walls, ministry to hospital staff, the relation between chaplaincy and mission, prayers and spirituality at the end of life, parish ministry to the sick and homebound, mental health issues, habits of self-care, assisting the patient angry with official church teaching, working with patients in long-term care, chaplain accountability, continued education on standards and professionalism, pediatric chaplaincy, spirituality connected with advance directives, health care reform and the spiritual crises of our times. Those who didn't participate in the survey and would like to suggest future topics for *Vision* may send them to: Lcardona@nacc.org.

Attending the St. Paul conference?

Vision seeks a few good chaplain writers to help out with coverage of the upcoming NACC 2010 Conference in St. Paul, MN. Your task would be to write an article about a plenary talk or workshop. The article would be due April 1. Interested in helping out? Please contact Laurie Hansen Cardona, *Vision* editor, at Lcardona@nacc.org.

Think about contributing your insights related to an upcoming theme to be presented in *Vision*. Upcoming themes for *Vision* include:

July-August issue: Building awareness of chaplaincy (deadline: 6/3)

September-October issue: Chaplaincy as church ministry (deadline: 8/2)

Contact Laurie Hansen Cardona at Lcardona@nacc.org.

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Calendar

March

- 6 Workshop, It's Time: Changing the Community Conversation about Depression, Loyola University Medical Center, Stritch School of Medicine, Maywood, IL
- 18 Chaplains' conference, The Chaplain and Grief, St. Joseph Center, Orange, CA.
- 20-23 National NACC Conference, Winds of Change, Spirit of Promise, St. Paul, MN.
- 28 Palm Sunday

April

- 1 Holy Thursday
Articles due for May-June *Vision*
- 2 Good Friday – National Office Closed
- 3 Holy Saturday
- 4 Easter Sunday