



Words of hope penetrated blanket of confusion, disorientation

By Sister Eileen Buckley, BCC, MA, RSHM

On Aug. 11, 2003, I experienced the onset of a serious illness that seemed to be permeated with hope as an underlining theme. For a few days prior to Aug. 11, I was not feeling well and thought I had flu. However, on that Monday morning, a new symptom appeared. I experienced a severe pain in my right knee, and my response was to get to our Mayo Clinic Urgent Care center. Somehow I managed to get there, a distance of about eight blocks, but I have no recollection of how I did it. Later doctors would remind me that on that occasion I had not only one, but many guardian angels protecting me. Actually I have been told that when I presented myself at the desk, the only responses I could give were to identify my name and address. Beyond that all communication became incoherent. This started a process of rapid medical attention and transfer by ambulance to St. Marys Hospital. My condition deteriorated considerably and later that evening I was taken to surgery to remove fluid from four swollen areas on the right side of my body.

Before being transported to surgery, words of one of our medical ICU doctors entered deep within my consciousness. These words would surface many times later on and be a great source of hope. He said something to the effect: "Sr. Eileen, you are so dear to us all here, stay with us. We love you and we need you." Likewise prayers that included hope were vital for me to hear, along with words of encouragement. I was known to so many of the staff and their concern and caring were significant. Our chaplains were a very important part of that journey.

I spent five weeks in the hospital and have little or no memory of most of that time. I had developed bacterial endocarditis, a severe infection that had affected the inner lining of my heart. In addition, I had a cerebral embolism, mitral valve issues and septic arthritis to name just a few health problems. I vaguely recall becoming aware of my surroundings on two occasions after a code. The devotedness of staff was evident and the caring presence of a chaplain was very reassuring. All the chaplains were devoted and attentive to providing spiritual care, anointing and prayer for healing. Their gentle presence and loving kindness were gifts to me and reminders of our loving God ever present in our lives. I can truly say this for all the staff as every effort was made to assist in the healing process.

Apparently during this illness I had many moments of confusion and disorientation due to this massive infection. Later on some people shared with me some of my confusing responses as well as some interesting images that surfaced.... To say the least, these must have been entertaining. What was very stressful for so many people is that I did not recognize them. I do recall learning to use a walker as well as climbing stairs during the last week of my hospital stay. After being discharged from hospital, I began a long seven-month recovery process. Gradually it became clear to me what had taken place as I was informed about what had happened by medical staff and others. It was then that fears and other concerns surfaced as I dealt with frailty and slow progress. However, I can also say that the theme of hope began to surface in greater frequency. The words spoken by the medical doctor to me at those very early stages came into my consciousness. In addition, I recalled the theme of hope from the gracious care the medical staff had given me. There were Scripture passages and assuring words from our anointing rituals as well as prayers that had been offered that took on such significance. I knew the experience of our gracious and loving God ever present in our lives, as I lifted up others who were suffering and in need of healing. Deep within, that desire to be healed and that sense of hope never wavered.

The recovery process took seven months. I began to slowly return to ministry in mid-March of 2004, and that was a slow process indeed, taking close to a year. Since my experience of illness, I have become more and more convinced of the importance of never taking away hope from a sick person. I believe there are glimpses of hope in every moment, even the bleakest. These, in my humble opinion, need to be heard and affirmed for our patients.

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After terrible loss, grief, gratitude form duality in chaplain's life

By Lou Cooney Erickson, BCC

The phone rang at 10:35 p.m. on Wednesday, Dec. 9, 2009. The caller was someone from the St. Louis Park Police Department, telling me that an officer would be arriving at my door in about five minutes. My heart began to race, and I said, "Something's happened, hasn't it?" He said, "Yes." My heart was going so fast that I thought it would jump out of my chest. I watched out the kitchen window for what seemed to be an eternity, and then saw the squad car, followed by another car, park across the street. I knew the other car was the police chaplain. I had been our Neighborhood Block Captain for years, and had just finished a year volunteering with the local police department as chaplain, so I knew what was coming. Either something had happened to my mother, who lives nearby, or to my son, Mark, a deputy sheriff in a county 75 miles from here.

The officer and chaplain came to the door, and I said, "Who died?" The officer told me it was Mark and that he had died of a self-inflicted gunshot wound. I cannot even begin to tell you the incredible horror of those words, how fast my heart raced, my doubting the accuracy of the information, saying, "Are you sure it's Mark?" and "How do you know it's Mark?" over and over again. Just writing this account has my heart racing again, and those same thoughts and feelings come back.... They are always right here with me. The officer handed me a piece of paper with a handwritten name and phone number, saying the medical examiner in Mark's county wanted me to call her right away. I did, and she also wanted, or needed, to inform me of Mark's death. I questioned her, as well, regarding the accuracy of the information. She was still at Mark's apartment, and she was telling me where Mark's body would be going for the autopsy.

My mouth was so dry I could hardly speak. My whole being was in shock and I was shaking. The officer got me a glass of water. After an hour or so, the officer and chaplain asked who could come to be with me. I live alone; Mark's father died when Mark was 8 months old. My mother is 96, and not the appropriate person to call at that hour.... Tomorrow would be soon enough. I could think of not one person, even though there are several I wouldn't have hesitated to call for help under other circumstances. I could hardly even remember names. Finally, as the officer and chaplain kept stressing the need to call someone, I thought of two people -- our department's administrative assistant and a chaplain, both friends, as well as colleagues. They are both mothers, and we frequently shared stories about our sons. They both had a high regard and liking for Mark. The officer and chaplain followed me into the kitchen while I looked up their phone numbers. I asked the first friend I called if she could please come and why. She then called the second friend. It was now 11:30 p.m., and both were awakened by the calls. One of the husbands drove his wife to the other's home, and they then drove to my house together. As soon as they arrived, the officer and the chaplain left, indicating how they could be reached again if needed.

My friends and I hugged, we talked when we could ... but what do you say? What is there to say? It was all so surreal. I remember their presence, and I remember one asking if there would be law enforcement presence at the funeral, and I said I didn't think so, not for a suicide. (This was one of those times I was pleased to be proven wrong.) At about 2:15 a.m. or so, I told my friends they should probably go home, because they had to work in the morning. They reluctantly did so. I couldn't go to bed. I just sat with the Christmas tree lights on trying to make it all go away, and trying to make sense out of it. I finally went to bed around 4 a.m. Even this change of room made no difference. My son, my beloved son, had just died ... it had to have been so dark for him that night that the only light was offered in death. This loving father of two little girls whom he adored, and they loved back deeply, this loving son, grandson, nephew, cousin, friend, deputy, who gave so much to so many, who was always sensitive, caring, and compassionately responsive to the needs of others, who valued family time, who was faith-filled, and always a seeker ... just died!

Mark suffered from situational, not clinical depression. The two situations that I know were of concern to him were in the process of resolution. He was on one medication, and had had some counseling. Some have asked if I've "been angry yet" and "was he depressed a long time." I'm not surprised by the questions and find them to be

presumptive. I continue to learn a lot about suicide and know it's a complex issue, not one that should lead to judgment or stereotyping, but one that requires a compassionate response.

At 5:30 a.m. I began making phone calls ... to my sister in New York, who managed to arrive at 5:30 p.m. that night and stayed for three weeks, to Mark's best friend since grade school, Mike, who called his Mom, and to a long time dear friend, Bonnie. By 6:30 a.m., Mike's Mom, Angie, was here, by 6:45 a.m. Bonnie arrived, and at 7 a.m., my boss, Scott, arrived. All, with hearts of chaplains; all who knew and loved Mark; and all who were here for the duration of the day. They were caring, helpful, gave guidance, and were wise.

Angie was assigned to answer the phone and take messages, although once I heard a name repeated, I'd talk. Bonnie started making a list of what had to be done in the days and weeks to come, including who would notify which group of friends; shopped for food when it was apparent that I had given no thought or inclination to food; and drove to the airport to pick up my sister. Scott helped me think through whom to inform at work, and what I wanted them to know. I'd been at my hospital for 11¾ years at that point, and so knew many. I debated the "what to tell" question, and Scott very wisely recommended being up front with the reason for Mark's death, saying that transparency would eliminate the "how did he die" question when I returned to work. Also, he said that he thought it important that people know not only the significant loss I was experiencing, but also the trauma associated with that loss, which takes it to yet another level. Scott also contacted my Mom's former pastor, who came in the afternoon and went with me to tell my mother of Mark's death. We then brought her back to my home.

Those already mentioned and countless others were incredible. The Sheriff's Office assigned someone to me to help with questions and details, neighbors kept giving of themselves, friends continued to be present, former classmates, my colleagues and Mark's colleagues, my church and family members, were all real blessings. I am a Consociate with the Sisters of St. Joseph, and their prayers, assistance, and presence added blessings to those of the others. By the way, there were 100 or more law enforcement personnel at the funeral, processing in and filling the whole front middle section of the church. At the end of the service, they were first to recess out, forming an honor guard down the stairs and to the hearse. Squad cars then accompanied the hearse carrying Mark's body to the funeral home, where it would rest until the interment the next day. My sister's minister in New York knew and loved Mark, and took it upon himself to be here. I then asked if he'd offer a eulogy, and he graciously did. I gave the other ... by great grace and with Mark's help. The funeral was a loving and fitting tribute to one who gave to so many, and about whom so many grieved.

I was away from work for three months. The support and offerings of so many continued, still does, and although nothing takes away the pain, I nevertheless felt held and protected. There also was work to be done -- clearing out Mark's apartment, dealing with his belongings, going through papers, dealing with financial matters and filing taxes. Again, there were many who helped.

When I returned to work, Scott continued to be supportive, gracious, and generous. He suggested I might want to just be in the office for a couple of days, then begin walking up to my units but not seeing patients; in essence, getting back to my work on a gradual basis. The outpouring of support from the entire organization was amazing. Several staff disclosed that a family member also had committed suicide. There were many holy moments of tears shared. It was the presence and support of my department, however, which I'll always treasure. We know, don't we, about suffering, presence, loss, spiritual distress, emptiness, hope, love, listening, and quiet?

This is what I experienced, from my department members and so many others: that presence is truly the greatest gift we give one another; that silence is profound; that thoughtful and generous words from the heart are gratefully received; that most people just know what to do and how to be; that all we learn in CPE and in our work is not only ours to offer, but are gifts to receive as well; that spiritual challenges can be opportunity; and that ours is a work I value even more deeply.

I've always maintained that the loss of a child has to be the most difficult and challenging of losses. I now live that reality. I've also come to know with certainty that life is a both/and experience, not an either/or one. I continue to deeply and profoundly grieve the loss of my dear son, and I continue to be deeply grateful for what I have. Both profound feelings co-exist, sometimes in parallel, and sometimes interwoven. Grief is never over, and the depth of it mirrors the depth of a love known.

Know your/our work is significant. May we continue to learn from those we serve, as well as from each other's journeys shared.

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Spirit transforms us through those we meet in life's sacred spaces

By Kathy Ponce, BCC, MAPS

The path that has led me to and through ministry as a chaplain has had many twists and turns, "aha" moments, humbling events, times of growth, times of regression, crises of faith, and times of incredible awareness that the mercy of God is beyond all imagining. Like many of my chaplain colleagues, in the course of my life I've had opportunities to be on the receiving end of pastoral care.

An angry place

As a young parent, I sat next to the wheelchair in which my mother, who had experienced a far too early onset of Alzheimer's disease, drooled onto the lapboard that kept her from sliding onto the floor of her room at the nursing home. Unaware of my, or for that matter anyone's presence, she was no longer able to recognize friends or family members. My mentor, my wise woman, my mother -- the oldest child of four, born 12 years before her brothers -- was the one whom I had depended on to help me through the challenges of parenting two lively little boys. She had been my hero, my guide. It had been her words of counsel that had soothed my spirit after adolescent heartbreaks and crises of teenage confidence. While blessedly, my mother seemed to be physically comfortable and in no pain, I did not cope well with the cognitive loss that had robbed both of us of our close relationship.

I can remember the chaplain who came to visit at the nursing home saying to me, "You could say some 'Our Fathers' and 'Hail Marys' with your Mom." How could I have expected that well-meaning chaplain to intuit that, overwhelmed with the grief and pain of my mother's illness, I felt that any prayers to the God who had permitted this lovely woman's diminishment would smash against the walls of the room and shatter like glass, the shards flying back at us inflicting yet more pain? Not being able to articulate my anger with God, with my mother, and with myself during that pastoral care visit prevented the exploration of all the emotions that lay boiling just below my surface. The frame of reference of that chaplain seemed to be so far removed from my spiritual reality at that time in my life that the only response I could offer was a dismissive, "Thank you for coming to visit my Mom."

That experience of the lack of connection between the nursing home chaplain and myself has often prompted me to wonder how often I, as a chaplain, have missed the signs of spiritual distress in the families to whom I've ministered. How often has my failing to provide family members the time and the safe atmosphere to express negative emotions short-circuited the process of their unburdening and of the subsequent spiritual healing that may have resulted from our encounter? How frequently have my good intentions caused me to bypass the opportunity to move more deeply into the realm of their suffering?

A blessed space

On another occasion later in my life, I lay post-op in a hospital following a spinal surgery, concerned that I would never be able to return to my profession as a physical therapist. A priest with whom I had worked as part of our parish's RCIA team visited me in my room on the post-surgical ward and offered me the Sacrament of Anointing. The sensation of the warm oil of the sick on the palms of my hands and sound of the words of the rite made me feel as though the entire Communion of Saints, literally as well as figuratively, "had my back." My sense that ritual had become superfluous in my own life was completely undone. Replacing it was the visceral, experiential realization that the entire history of my faith tradition was embodied in the gestures, the physical elements, and the prayers that comprise the Sacrament of the Sick. The rituals that are a part of our tradition are gifts and grace-filled moments, often unrealized until we ourselves are the recipients.

A place of wonder

A number of years ago on our last day of a vacation on Grand Bahama island, in a near-compulsive midlife quest

for new adventures and vacation derring-do, my husband Jim and I rented a motor scooter to get off the beaten path so that we could explore areas of Freeport that were removed from resort life. We rode on the sand at remote beaches, meandered through hidden groves and gardens, and wove our way along narrow unpaved jetties to and from the ocean. In the last mile of our trip back to the rental shop, feeling as though we really had a knack for "moped-ing," we lost control as another vehicle swished past us at close range. In seconds, the scooter left the paved road, crashing into the gravelly shoulder of the highway, throwing Jim off into the stones head first. Despite the helmet that he wore, Jim sustained a huge, ragged laceration on his forehead. Because he had broken my fall with his face, I had few injuries and was able to crawl over to Jim and attempt to stanch the flow of blood from under his helmet with a t-shirt provided by a Good Samaritan who had stopped to help. The ambulance took us to Rand Memorial Hospital, the public hospital on the island, an 88-bed facility that had wards of eight to 10 people on its floors -- a hospital where the ER was fly-infested and the air conditioning had apparently broken down. The halls were lined with ill and injured Bahamians, no tourists. I thought of my own ER experiences as a chaplain as Jim was taken to a cubicle. This facility did not appear to have an ER chaplain. I was scared, my clothes were soiled and bloody, and I was concerned about the probability of Jim's receiving less than cutting edge (if you'll pardon the pun) care.

It took several hours of irrigation and debridement before Jim's wound was clean enough to be stitched. On my first trip from the waiting room into Jim's cubicle, I noticed an elderly, toothless Bahamian man carrying an old, battered guitar. We made eye contact and nodded as we passed one another in the hot, sticky hallway. After subsequent trips back and forth to check on Jim's progress, I saw that the old man had taken a seat near to my backpack in the ER. He pulled the guitar onto his lap and began to strum, singing the slow, sentimental Gospel hymn, "The Old Rugged Cross." I sat nearby, teary and frightened, blood-stained and dirty. The man moved from soothing hymn to soothing hymn, occasionally glancing over, his tilted head noting my sorry state. He drifted into a rendition of "This is the day that the Lord has made..." nodding toward me once again, softly crooning God's presence in an unfamiliar key. Through blurry eyes, I watched him and listened to the repeated verse until in a weak, choked voice I heard myself whisper-singing "...let us rejoice and be glad in it." His face moved into a soft, crooked grin. I left him to go once again to Jim's cubicle, and when I returned to the waiting area, the man was gone. Not a word had we spoken to each other.

Later that afternoon, Jim was transferred into a ward crowded with beds occupied by men in various stages of recuperation from whatever had brought each of them to the hospital. In the days that followed, no chaplains appeared in lab coats and badges, only small groups of the faithful from the island's various churches. Each evening for a few minutes during visiting hours, they moved from bed to bed, extending their hands, murmuring quiet prayers, reading softly from well-worn Bibles, humming familiar worship songs. Kind faces, simple gestures, gentle comfort.

A place of grace

Jim died three years ago, having survived just a few months after being diagnosed with lung cancer. On the Sunday afternoon of the week he passed, Jim received visitors while lying in a hospice bed at a Chicago suburban hospital. Among the family members and friends who came to say good-bye, were four couples with whom we had gathered regularly for the past 20 years – dear people from our Marriage Encounter group with whom we'd shared the affirmation, support, and challenge that is so provocative of growth and so sustaining in vibrant Christian communities. The chaplain had brought a pyx to Jim's room where, after shared prayer, Jim was given the pyx to hold in his hands. After he had received Viaticum, Jim ministered Eucharist to the nine of us in one of the most meaningful Word and Communion services I've ever witnessed. The time I received the Body and Blood of the One who brings all life and healing, broken and shared by the hands of my dear spouse who himself would shortly be taken from the midst of all of us, was a treasured moment, a transformational moment, a moment ripe with the mystery of liminal space.

Never lose affection

In the liminal spaces that we encounter as chaplains, and in which we are encountered by others when we ourselves are in need of a chaplain, lie the gifts of giving and receiving, ministering and being ministered to. Often the boundaries of these spaces are diaphanous, thin veils stretched across chasms of transition in our own lives. As we stand on the edges of those chasms, sometimes straddling both sides, we grow in awareness of the mystery that permeates our human interactions. Regardless of whether we lie in the hospital bed, or sit at the bedside of

another, we are in the presence of Love Absolute. We are surrounded by the presence of Spirit moving in and through those we meet and with whom we share sacred space.

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When you say welcome, anticipate the good-bye

By Fr. Kevin Ori, DMin

Welcome!

Spurred by Press Ganey and other related patient satisfaction surveyors, many hospitals and allied health institutions have been competing to be named among the first 10 or the first 100 health institutions of excellence in the nation. This competition is understandable as some patients go on the Internet to search for the best doctors and the best hospitals to handle their maladies. The desire to be categorized among the best health institutions in the country cannot be underestimated, even among not-for-profit establishments. To achieve this goal, hospitals are carefully training their staff and conducting annual evaluations that are patient-focused. Emphases are being laid on avowed mission and value statements that underscore the quintessence of their existence. Every department is evaluated. Directors and managers are evaluated and promoted based on patient satisfaction. I am learning that in the near future some insurance companies may be reimbursing hospitals based on patient satisfaction.

One of the measures we have adopted in our hospitals in Wheaton Franciscan Health System, Spiritual Services Department, is to see every patient that comes through our doors. Chaplains prefer to call this measure "initial visits" to introduce ourselves and say welcome to patients: "We are here to serve you." This simple welcoming statement opens the door that may gradually unfold the values we hold dear as we care for patients. These values are simply summarized as RIDES (respect, integrity, development, excellence and service). In the "Spirit Tool" on which we document our visits, the numbers of initial visits have risen quite high and dwarfed the other "follow-up visits" and "discharge visits" on any plotted graph. Some chaplains try to justify the emphasis on "initial visits" by pointing to the Press Ganey results showing our Spiritual Services Department sometimes in the 98th percentile. There are other chaplains, however, who still point to the irregular movement of the monthly and quarterly graphs. These chaplains continue to search for a balance, believing that virtue is in the middle. Actually, it is the need for that balance that has necessitated this article. I would contend that when chaplains develop the needed balance in ministry, patients and their families will be better served and "Press Ganey" results will maintain an upward trend.

My experience

Before Christmas last year, I had surgery and was hospitalized for four days in the same hospital I serve. The day of surgery was a Friday. It was a difficult day that tested my high pain tolerance. The next day was better. On Sunday and Monday, I was able to sit up and write my Christmas cards. The choice of a weekend surgery was deliberate as experience has demonstrated that weekends are quieter in most hospitals and usually there are reductions in the staff strength. However, in those four days, 40 staff members entered my hospital room to provide one service or the other. I have chosen to exclude some personal friends and families who visited me during those days to enable us to recognize the impact our visits as caregivers make on patients. Remember, these caregivers were mainly people I work with and interact with on a regular basis. But during this time, the environment was different. They were conscious of their presence as professionals in active ministry. On the other hand, I was also conscious of my presence in an environment where I was the patient.

My surprise

There were some close members of the staff who learned about my hospitalization but kept away from visiting me because they were respectful of the Joint Commission and the need for confidentiality. They did not realize how disappointed they sounded to me, even as I nodded my head in agreement with them. I was surprised that from one morning to the other, I had six different nursing staff caring for me. Those who drew blood came very early in the morning and often woke me from sleep. Thank God I did not need the X-ray staff at this point. I later learned from one of my nurses that my ordering solid food and my discharge were predicated on my having a bowel

movement. It suddenly dawned on me that although I work in a hospital and minister to patients regularly, being a patient, even in the same hospital where I serve, was a different story. It is a story that cannot be told completely but can only be appreciated by being experienced. By this statement, I am not wishing you sickness and hospitalization. I am simply stating that often, as caregivers, we do not understand the patient's story. As the Igbo would put it, "Evuru nwa onye ozo, odika evu nku." Only he or she who wears the shoe knows where it pinches.

The reflection

After my discharge on Tuesday evening, I felt an unprecedented relief, even in my discomfort from surgery. For one thing, I went home with a catheter. I spent the rest of the week reflecting on my admission and the impact my caregivers had made on me, from start to finish. Before Press Ganey sent me its form to complete, I had already made my assessment of the care I received from the eyes of the patient.

In the first place, my surgery was successful and I owed God and my caregivers lots of gratitude. There were nurses who proved very efficient in their professional skills. Some used the opportunity to teach the student nurses and direct their nursing assistants on what to do. Some simply carried out their jobs without sentimentality. It proved difficult to rate the nurses individually. Press Ganey makes it easier by rating nursing care as a team. Most departments are also rated that way considering the nature of the questions to which I responded. However, there was a staff member who made a wonderful impression on me. It was Mark, who came to say good-bye the evening I was discharged. He was courteous and courageous. He did not need to carry my bags, but he insisted. He did not need to lead me through the dark area to the waiting car, but he did. When he said good-bye, I quickly remembered the nurse who said hello on the day of my surgery. How close can our hellos and good-byes be? I think, very close. In fact, they fulfill or complement each other. As Snoopy rightly observed; "Why can't we get all the people together in the world that we really like and then just stay together? I guess that wouldn't work. Someone would leave. Someone always leaves. Then we would have to say good-bye...." Every good-bye makes the next hello closer.

Good-bye!

It is a common saying that everything that has a beginning must have an end. The hello and good-bye stand together as a unit. From the point of view of ministry, chaplains should seriously consider "discharge visits" to be as important as "initial visits." When both visits are tied together as one unit, they make lasting impressions on patients and their families. As chaplains attend the daily rounds with other members of their inter-disciplinary teams, they should pay attention to the discharge plans. It may look difficult to accomplish at the beginning but with good planning, we discover that although we cannot direct the wind, we can adjust the sails. Like many of us, patients easily forget. It is easier for a patient to remember the caregiver who said welcome and also came to say good-bye than a caregiver who simply said welcome. We can realistically achieve higher scores and very high percentiles with little adjustment in the way we deliver our services. Perhaps, the words of William Arthur Ward can be encouraging as we move forward: "The pessimist complains about the wind; the optimist expects the wind to change; the realist adjusts the sails."

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Chaplain-to-chaplain lifeline: On call for each other

By Sandra Lucas, MDiv, BCC

When I did my CPE residency at Children's Hospital in Cincinnati, the four residents did the bulk of the on-call except for Thursday nights when the staff chaplain covered. Every Thursday night, we'd order pizza and play cards. Hearts. Oh, Hell. Rummy. Sergeant Major. We'd laugh and argue and compete as if everything depended on it. And then we'd head home.

On the Wednesday of Christmas week, we all happened to stop in the office around 11 a.m. "How many deaths have you had this week?" Joe asked. "One," I said, recalling the 6-year-old girl on the oncology unit. "I've had two and one child is coming off life support this afternoon," said Bill. "I've had one," said Bonnie (NICU). "I've had two," said Joe (ED). We counted the numbers in our head.

Then Bill did a remarkable thing. He pulled the deck of cards out of the desk drawer and counted off seven cards each. We played a hand of rummy, in complete silence, and returned to our units.

Years later, I've never forgotten that game of cards. We played that round as if everything depended on it. And it did. We needed the support of each other in order to return and be present to the unspeakable loss of others, especially during late December when most were celebrating the joy of the season. We needed each other to do the work we do.

We've all experienced this kind of support that can only come from chaplains. The spontaneous humor, the knowing nod in the hallway, the offer to take the next trauma, the question "you doin' OK?" It's a chaplain-to-chaplain lifeline, a reminder that we're in this together.

Years ago at a large trauma hospital, the director reprimanded the on-call chaplain at morning report, when he heard the number of traumas she responded to during her shift. "You needed another chaplain!" he declared. "Why didn't you call someone in?" We've all been there. She thought it was the last one. She was already in the hospital (we had an on-call room). She didn't want to wake anyone else. She didn't want to admit she couldn't handle it. But sometimes the chaplain needs a chaplain – to take the next referral, trade on-calls, grab a cup of coffee. Together we provide the pastoral care that none of us can do alone.

In my present position as regional director of spiritual care, I'm acutely aware of the times when the chaplain needs a chaplain. In our three hospitals, there are rarely days when a chaplain works alone. In our three nursing homes, pastoral volunteers enhance the teamwork of one-person departments. In hospice, however, four chaplains work out of separate offices and cover different counties. They get together only once a month at our spiritual care department meeting.

At one of the meetings, a chaplain shared the experience of a difficult death and asked for feedback. That example generated more stories. What was happening was more important than our business agenda and I let that go. At the end of the meeting, the chaplains expressed their gratitude for the opportunity to share. "There's just so many times you can tell your spouse a death-and-dying story," one chaplain said. We've never done an entire meeting that way again but we take time at each meeting to check in with one another.

For five years, I was blessed to be part of a peer supervision group when I worked in Maine. We were three directors of pastoral care who met every other month. We listened with the ears and heart of a chaplain. We were comfortable with silence. We were unafraid to challenge or turn the lens for a different view. We were chaplains in need of each other's honesty, experience, and perspective. I always headed home with a sharper understanding of my work and a deeper appreciation of our mutual call.

In my former position in Maine as the director of pastoral care at a long-term care facility, we averaged 50 resident deaths a year. The chaplains held a brief service after each death to give staff and residents an opportunity to share memories and acknowledge the loss of that person in our daily lives. We also attended funerals and wakes.

At the funeral Mass for a beloved resident, Chaplain Pat sang "May the Angels Lead You into Paradise" in her pitch-perfect voice. After the service, she greeted and comforted the family. Outside, on the church steps, we breathed in the brisk autumn air and watched the hearse pull away. "I loved her, too," Pat said. "I'm going to miss her." She wept. I held her. Then we headed back to work.

When we were in CPE, we had the opportunity to share our stories and pastoral encounters. After CPE, that format for connection and communication is gone but the need for creative and healthy ways to share our experience remains. Sometimes we need to be with someone who knows the work from the inside. Sometimes we need a chaplain to be present to our sorrows and loss.

One day at work, I announced at morning report that the chaplains would be on retreat in the afternoon. Chaplain Pat and I drove to the coast of Maine, an hour away, where we met Chaplain Bob. We boarded his sailboat "Retreat" and for two glorious hours we sailed around the blue bay, breathed in the salt air, absorbed the sun's rays, on a picture-perfect day. There was no need for words. What was needed was that lifeline of support, taking the time to say by our presence: "What you do matters. What I do matters. Even if we don't always see it or name it."

We headed home – to do the heart-rending, life-giving, sacred work we do.

Sandra Lucas is regional director of spiritual care for the Humility of Mary Health Partners in Youngstown, OH, and a new member of the NACC's Editorial Advisory Panel.

When the chaplain needs a chaplain – and gets 18

By Sandy M. Hafey, MAPS, BCC

What incredible timing! I was in the on-call room resting while I could because the night was young. Who knew what the next 10 hours would bring? I was about nine months into a chaplain residency at a large and busy urban hospital where chaplain residents were responsible for 24 hour on calls about every 10 days or so. In ministry I learned the importance of self-care pacing myself and resting when I could. During the present down time I decided to take the opportunity to check in with my oldest daughter, Lizzy, living in another state via my cell phone. She was five months pregnant, and she and her husband, Jeff, were driving in for a family wedding for the weekend. I was giddy in anticipation that I would get to see her pregnant with my first grandchild!

What's this? Her voice sounded out of sorts. Even though Lizzy tried very hard to sound upbeat, I knew something was wrong. To her credit she said, "Mom, I did not want to tell you this at work." I pressed her. How could I hang up when I knew something was wrong? She had suffered through a miscarriage at eight weeks one year ago. Now she was five months pregnant, and we were all encouraged. Why, just a couple of weeks ago I was weeping for joy in the middle of a busy baby department as I looked at all the beautiful little baby things. What could be wrong? She prefaced the news with "Just know, mom, Jeff and I are OK, we've had a couple of days to think about this.... We can't come in for the wedding.... I had an ultrasound earlier this week...." My heart sank at the word "ultrasound." I was afraid. "Mom, did you ever hear of anencephaly?" I am sure the crack of my heart made an audible sound.

In my mind's eye I was immediately transported back 30 years to the nursery of another university hospital where I worked as a nurse's aide. I remember observing a nurse sitting in a rocking chair cuddling a full-term, perfect looking newborn (except for a misshapen head) while other staff looked on. "What was all the fuss about?" I remember asking. Everyone was waiting for the little one to pass away. This was the first time I had heard the word "anencephaly" and learned that anencephalic babies usually die within hours of birth. "Yes, Lizzy," I remember whispering, "I know exactly what anencephaly is." I hardly remember the rest of our conversation. I think I was tearful. I probably asked what the doctor had said. I remember saying that I was "so sorry" multiple times. I remember Lizzy saying, "We are really doing OK, Mom." I wondered to myself, "How could she be OK?" This is a tragedy. I wanted so much to hug her – but she was seven hours away. I wanted someone to hug me, but I was alone in the on-call room. Our conversation ended abruptly as I was being paged out to the ICU. The loved one of a family I met earlier had expired.

At the death I was probably operating on some kind of auto-pilot-chaplain-mode. I comforted the family by listening to a few stories and praying at the bedside. At one point, I became a little tearful. The family probably thought I was very caring – not knowing that I was doing my own personal grieving. This was not the time for any self-disclosure. I completed the paperwork with the family and accompanied them to the elevator. After a few more hugs and tissues, I returned to the on-call room about 11 p.m. I then collapsed into bed and through my tears prayed non-stop to fall asleep as even a couple of hours of sleep can go a long way before another page out.

At 1 a.m., I received a page to Special Care Nursery. The nurse informed me that a four month old had just expired; the parents were present. I was seized with panic, my broken heart pounding as I dressed in a hurry and popped a breath mint into my mouth. I wondered out loud, "Can I handle this?" I began to pray for strength to every single saint I could recall by name for intercession as I made my way to the unit. The Special Care Nursery was truly a mess. Nurses were weeping. A resident doctor was weeping. The young couple and their parents were weeping.

As I sat down close to the parents, a member of the cleaning crew came by and gave her condolences. She was weeping, too. I felt like weeping and didn't since I desired to remain composed in order to minister to the family. "I can do this," I kept telling myself over and over. I was there to give comfort and support – even with my broken

heart – even in this unit that I did not particularly want to minister in. It was filled with infants barely holding on to life attached to tubes. It was hard to witness how devastated the parents were. They had such faith and hope that this perfect-looking, chubby little boy would make it. After all, he had gained 10 pounds in the four months he had lived in the Special Care Nursery! For some reason, his heart and lungs just couldn't keep him going. All their hopes and dreams for this little guy vanished tonight in a little incubator in the Special Care Nursery. He was so still and beautiful in their arms. I listened attentively as the parents shared their grief. The parents and nurses bathed the little guy, dressed him, pressed his inked foot on cards, gathered a lock of hair, and snapped their pictures to be placed in the special memorial box created for the parents to take home and cherish. I sat there and imagined my Lizzy and Jeff holding their little one, too.

All I could think about was how this scene would be played out with my own flesh and blood in about three months in an unfamiliar hospital in another state. Periodically, I walked out of the room to take a break from the sadness and the picture of a little dead baby in a grieving mother's arms. At the right moment, my duties required that I explain the particulars of "hospital burial" versus "private burial," while filling out the paperwork. It took all my strength and the intercession of about 13 saints for me to hold it together and remain present with the family. The parents asked for a blessing; it was filled with hope reminding us that God is a God of comfort and care. I prayed that the family would feel God's presence with them in the difficult days ahead. The case wrapped up about 3 a.m.

I returned again to the on-call room satisfied that I remained professional in the midst of my broken heart. Numbness crept in, and I fell asleep. At 6 a.m. I dragged myself out of bed to shower and attempt to work in my own unit, Ambulatory Surgery, before showing up for morning report at 8:30 a.m. I only lasted about an hour and excused myself as I was unable to hear any more sad stories that day. My pastoral skills had dried up as I had nothing more to give. I was "sitting" with my own sad story right now. I grabbed breakfast in the cafeteria, finished my on-call report and returned to the office where all the chaplains gathered for the 8:30 morning report. I was sad and numb. I was not sure if I wanted to share my personal news of last night as it was too fresh -- too painful. I was sure I would "lose it." I finished the report and led a prayer lifting up all the patients and their families of the night. Then I paused, looked around, and realized that I was in the presence of the kindest and most compassionate folks in the universe. I wanted to share my story – I needed to share my story. And in the midst of 18 chaplains, I shared and I cried. Someone hugged me. Someone held my hand. Eighteen faces showed true empathy and compassion, surrounding me, supporting me. I could feel it.

Eventually, a seasoned chaplain led me out of the room away from the crowd. One on one, she listened, cared for me, and sent me home with the legendary "Gabriel" book for future reference. I was comforted and held in an embrace of love. At that moment I knew that I would get through the pain and sadness. I also knew my heart would eventually find some healing and even grow bigger as a result. My strength renewed, I would do my best to support my daughter and her husband. In the future, I would continue to reach out to my peers and supervisor for help. And I would grieve -- for myself, for my daughter, for her husband, and for the little granddaughter I would never know in this life. Curiously, when I remember that day, in the midst of the sadness, all I could think about was how good God is. This is because I was surrounded by God's love and care in the form of 18 chaplains.

Sandy M. Hafey is chaplain at Joliet Area Community Hospice in Joliet, IL. She reports that her daughter Lizzy and husband Jeff now have two children, Nathaniel and Mary. Nathaniel means "gift from God."

Resource:

Waiting with Gabriel: A Story of Cherishing a Baby's Brief Life, by Amy Kuebelbeck, (Loyola Press, 2003) is a memoir about prenatal diagnosis, continuing a pregnancy, and embracing a baby's life.

When the chaplain is in bed, the other ministers rise up

By Nancy Flaig, RN, BCC

Nov. 15, 2007, started out like any other day in my professional ministry life as a chaplain for the Cardiology Services and Medical, Surgical, and Cardiac ICU's in our Acute Care Center.

Then in a flash, life as I knew it changed with one phone call. The message, "you have breast cancer" came along with what seemed like endless words from the other end of the phone about types, names, etc. I was stuck on "you have breast cancer." All other words bounced off my brain until I finally was able to inform the caller that I was mentally and emotionally closed down and unable to listen further.

Sitting there, stunned, I felt touched by the conscious realization of the life implications of God's abundant generosity and unconditional love as he initiates changes in a life through his Word.

Christ's action and his own loving vulnerability broke through into my life, wrapping me in the grace that brings true freedom. This mysterious blessing in my life, the grace of suffering, is humbling in its tender intimacy of care. The human and divine Christ who shows us how to be compassionate to others and to ourselves, crying with concern, laughing in incomprehensible joyful moments, and responding almost incredulously to our pleas, saying, "Of course I am willing to heal you," and asking us genuinely, "what do you want me to do for you?"

During this moment in my life, loss and grief came, in what seemed like unending waves, not only as a result of the physical demands of treatment but through the personal loss of my mother. This was my new "ordinary life." The look of grace took shape.

What does this grace look like; feel like? How does the authentic and unconditional love of God and the bountiful generosity of God manifest itself in times of suffering? How are we nurtured, sustained and transformed? How is everyday life deeply and radically changed and then returned to everyday life renewed?

The answer, for me, to all these questions, is people. We know that already, don't we? Yes! God reveals the truth in new ways as we experience new life. We are surprised by God in this action of ordinary life when the person blessing is unaware of the impact of the actions of daily life that renew another person. It is what many gave to me when I was short of the energy required to be socially "nice." I found myself fed by those who were able to deliver a "healing touch" deeply to that place in me where mercy and compassion meet. I was sustained and surprised by God through the actions of everyday colleagues who truly filled my soul with God's love. They fed my being with sincerity and put me on the road to recovery of heart and soul.

I am forever grateful not only to the friends and family who stood with me and walked the journey with me and still do, but also to the operating room technician, wrapped in green head to toe, arms folded to keep sterile integrity, who said, "we're your team and we're right here with you and will get you through this and I'll see you when you wake up. Let's say a prayer." Lying in that cold room, under blindingly bright lights, on a rock hard table, listening to these powerful words, I felt the Spirit (dressed in green) offering love and life, safety and comfort.

And, my "charioteers" -- the transport staff. Gentle hands providing safe travels from bed to chair to destination. Pillars of confidentiality, safe listeners, relievers of anxiety who with one warm blanket, "tucking it" in the most special way, cocooned me --preparing me to birth a new body look.

There was the nurse who was with me at 3 a.m. when all of a sudden after surgery and re-surgery I was troubled, and loaded with questions, unable to sleep. She wanted to know, "should I call a chaplain in?" "No," I said, "You say a prayer." "I don't know how." "Just try, doing the best you can." She did. We both cried knowing we had been touched by that Suffering Servant who serves each of us in time of need. It was the perfect prayer for that moment. She went back to work. I went to sleep. The Promise and Covenant of God brought peace again.

When I see these colleagues now I am reminded of God's goodness and our call to proclaim it and give it to another. Pass it on!

When the chaplain is in the bed, all the other ministers rise up. We all are the healing ministry of Jesus Christ.

Nancy Flaig is spirituality educator for Essentia Health East Region, St. Mary's Medical Center in Duluth, MN.

Crossing the Rubicon: Chaplain helped author's dying husband find peace

By Gail Sheehy
Special to *Vision*

Why is it that people so often put off the time of their final departure from life? Our birthdays are always marked by ceremony, so I suppose it is natural to wait for the right ceremonial moment to mark the end of our lives.

Professionals in hospice work have told me they believe the mind recognizes, on the soul level, that one is making a momentous transition. And during that transition, one has a choice of going sooner or later.

None of us knew exactly why my husband, Clay Felker, was hanging on. He was suffering from the aftereffects of too much radiation and too many cancer surgeries. It seemed like every other week he got pneumonia again. We had no more money to squander on circling the hell of emergency rooms and readmissions to the hospital.

"Mr. Felker has entered the cycle of slow dying," I was told by his pulmonologist.

A part of me was dying, too. It was a young interdenominational chaplain who had to remind me of the reality: "You're still alive. This is his death. It's not your death. Everybody gets their own death. It's essential to make that distinction."

I could still go to the gym and after 20 minutes on a treadmill I would feel my heart rate pump up, but my heartsong was dying. I had stopped working. I was in suspended animation. It was not healthy. I later recognized this phase as Playing God. It's when the long-term caregiver begins to believe she or he is responsible for keeping a loved one alive.

Dr. Sean Morrison, the geriatrician who was providing a palliative care team from Mt. Sinai hospital to help me care for my husband at home, emotionally and spiritually as well as physically, ordered me to go back out and catch up with the Clinton presidential campaign. He held a family meeting at Clay's bedside and got Clay's blessing.

The May 5 Indiana primary was Hillary's last best hope to prove herself the comeback kid. The minute I tossed my bag into the back of a cab and said, "LaGuardia, please," the fog of depression lifted.

We were on the Clinton campaign plane shortly after 1 a.m., following Hillary's confident election night "I've got it in my pocket" speech, when NBC correspondent Andrea Mitchell looked up from her BlackBerry and called out, "(Tim) Russert just reported it's over. We now know who the Democratic nominee is going to be -- Barack Obama."

On June 7, after two years of running for president and four days of internalizing the loss of her lifelong dream, Senator Clinton conceded in the finest speech of her career. Her heartbroken women supporters broke into deafening applause, many of their lips tightened in vengeful commiseration. But Hillary would not allow herself or her supporters to dwell on the what-ifs. "Please don't go there," she urged. "Life is too short, time is too precious.... We have to work together for what still can be."

Like millions of other women, I took that message to heart. I had to work for what still could be for our country with its first black president, what still could be for Clay, and what still could be for me after Clay.

I came home to find a pale man swallowed in the vast whiteness of a hospital bed, a surrealistic blur. The walls held enlarged photographs, hung by me, depicting the same man in his prime: Boyishly eager reporter walking the beach with John F. Kennedy. Larger-than-life publisher striding impatiently past Big Ben. Cocky feet-up-on-the-desk editor as he worked his spell over the phone. Proud husband in black tie as he escorted me up the

steps to an honors dinner at New York Public Library.

Clay could not reconcile the images of who he believed he was -- the powerful editor with a booming voice -- and the figure now powerless to stand on his own two feet or to conquer the illness that had strangled his voice. Who am I now? his eyes seemed to implore.

"The only way to find out what his fears are is to ask," Dr. Morrison told me. The young doctor knelt on a footstool at Clay's bedside, ready to ask him the hardest question of all. I was grateful; I couldn't have done it myself.

"Are you afraid of dying?"

Clay nodded yes.

"What is your biggest fear?"

His lips formed the words, "Being alone."

We assured him that would not happen. Dr. Morrison would alert me and I would be there. We would hold his hand and kiss his cheeks and wait for the angel to come for him. Dr. Morrison asked what else worried him.

"Dying in a hospital." Again, we could reassure him that wouldn't happen (although most Americans will not have a choice).

"Many people tell me they feel like things are moving too fast without any control. Is this something you worry about?"

Clay grunted in vigorous assent. That was another of his big fears.

"I'd be lying to you if I said you and I are in complete control of this process," the doctor began. "But there's a couple of things we can do to take control. One is to make sure that you're really comfortable and that you don't have any trouble breathing. If you have any physical symptoms, let me or Gail know and I can make sure they don't bother you. How do you feel spiritually?"

Clay communicated to the doctor that he was worried about being in suspended animation -- not really living but being unable to die.

"I can make sure that doesn't happen," Dr. Morrison assured him. "At any time when you think this is not how you would want to live, I can use medication to help you go to sleep."

Clay shook his head furiously, indicating that was not what he wanted.

"Good. For people like you, it's the opportunity to live in the moment. To enjoy the spontaneity of, 'Oh, I feel good today. I'm going to go outside. Maybe I'll have an ice cream cone.' Or, 'I'm going to go to a concert.'"

Clay told the doctor I had taken him to the Philharmonic earlier in the week and he had enjoyed it enormously.

"Very few people with this degree of illness could have put that together, and I want to encourage you to keep making decisions like that," the doctor said. Dr. Morrison explained that the time when people feel most worried and anxious was "right now, when you're looking ahead and thinking about what's going to happen, rather than when it's actually happening. Right now, it's a question of setting some small goals for the next days, or weeks. Things you may want to read or have read to you."

"What would make the moments feel good?" I asked.

"Does it matter what she reads?" asked Dr. Morrison.

Clay said almost anything, it was just hearing my voice that made him feel good. And music. Now Clay admitted his greatest fear: What was going to become of me when he was gone? Dr. Morrison had told me that the No. 1 worry he hears from people with serious illness is not about themselves; it's about the well-being of the loved ones they will leave behind.

"What you're leaving me is a world of people who have been part of our lives," I reassured him. "You've left a part of you in each of them. I'll feel it when I'm with them. That's what I'll hold onto."

But what about your writing? he wanted to know.

I fell silent. That question opened up my own greatest fear. When I tried to sit down and compose a coherent narrative out of four months of reporting, I froze. My mind was splintered between the 24-hour cable news-squawk cycle and our own 24-hour life-or-death vigil. I had one week to capture the whys and wherefores of the campaign in a 10,000-word story for *Vanity Fair*. I also had to plan a funeral. My powers of concentration deserted me. I was fighting a fear that pierced to the core of my being: Could I still write?

My sister was the only one to whom I could confide such a shattering possibility. She passed it on to Dr. Morrison, who called a family summit meeting at Clay's bedside. He told Clay that he was again ordering me to go away for a week, and do nothing but rest and write. Clay gave an enthusiastic thumbs up. He would wait for me to finish the story.

After a week alone in a rented farmhouse, sheltered by the buzzing, greening, mooing simplicity of spring in the country, I found myself again. An early bike ride, freshly laid eggs dropped on my porch, a day of writing, a dusk for walking, and a night for a second burst of writing, was the best medicine anyone could have prescribed.

Clay couldn't wait to hear me read my first draft when I returned. We reverted to mentor and disciple. I felt a frisson of his old intellectual force. More important, he felt it too. One night, after I came home from closing the story at the magazine, I found Clay sitting up with a broad smile.

"I'm feeling so happy," he said.

I looked at this man propped up in a hospital bed with a special valve that permitted him to speak, and I could barely ask the question: "Why are you feeling happy?"

"Because they liked your story."

In a curious way, clear-eyed realism helps focus the mind on the present moment, even freeing it for joy, while diluting fear of the unknown future. Had he been a religious believer, the notion of an afterlife would have vastly eased Clay's passing. Instead of fearing death as oblivion, he might have seen it as a transition to the shelter of God's realm.

For Clay, and for me as his enabler, the fight for perpetual life had gone on too long. He was stuck in limbo. It was wearing everybody down. I was glad when he asked to see the chaplain again.

For this visit, he insisted on getting dressed and coming into the living room to meet her, a sign of respect. "The good thing about having a rabbi for your chaplain is that I won't try to convert you," she teased him. "Why do you think so many people have been going out of their way to find out where you are and coming to see you?"

"Because Gail asks them," he said.

I was shocked at his assumption. "No, Clay. They call me."

"In the short time I've known you, I've come to understand the gift you have of connecting with other people and appreciating their uniqueness," the chaplain said. She was unusually articulate that day; her words fell easily as she sat beside Clay with her hand on his. "Directly and indirectly, so many people have been touched, influenced, provoked, changed, by ideas you have expressed in your many publications, right?"

Clay looked away.

"That's so special."

I asked, "Why can't you feel loved and valued by the hundreds of people you have known and worked with and published?"

He didn't answer. The chaplain probed. "What is it about accepting love that is so difficult for you?"

"I don't deserve it."

At last it had surfaced, the bottomless doubt of self-worth that keeps so many of us from allowing love to flow freely, in and out of us.

"What makes you think that?" the chaplain asked.

"I was using them."

"For what?"

"For my purposes, for my publications."

I couldn't hold back. "Clay, you have always been able to reach into writers and artists and apprehend their essence, their idiosyncratic way of viewing the world. You are able to illuminate people to themselves."

His eyebrows shot up. Something had reached him.

"That's the unique gift God gave you," I said. "It's the recognition that we as writers and artists all yearn for."

The young chaplain chimed in. "That includes me." Clay looked surprised. "I've learned about your history as one of the great editors of the last half of the 20th century," she said. "Your soul has been implanted in many thousands of people, through your publications. But I have to tell you how you have impacted me, myself." The young rabbi revealed that she had a documented learning disability -- a problem with word retrieval. "Being heard and understood is really important to me. Clay, you have helped me find my words."

A look of pleasure softened Clay's stoic face. "Really?"

"Really. And that will help me say what I need to express, to comfort people in my work."

Then Clay asked if he could have a private talk with the chaplain. She followed him into his room with a hand-lettered alphabet that would allow Clay to point to letters if he couldn't form all the words he wanted. Twenty minutes later, she emerged looking very satisfied. Without spilling any beans, she told me, "He said he was able to communicate with me, something he wouldn't communicate to anyone else in the world. He said he found it very helpful."

"You are the spiritual confidante we were looking for, a godsend," I said. "Thank you."

That was the day Clay found the peace to die.

Caregiver advocate Gail Sheehy, the author of 16 books, including the 1976 bestseller "Passages," has written the story of her own journey of 17 years caring for her husband in a new book, "Passages in Caregiving: Turning Chaos into Confidence," published this year. This article, written by Ms. Sheehy for Vision, is based on her new book.

Resource: www.gailsheehy.com

Pageant lifts spirits at long-term care facility during Advent

By Sandra Lucas, MDiv, BCC

What happens when 16 residents in a long-term care facility don angel wings, king's robes, and shepherd turbans? Answer: You have an experience of the Christmas story like you've never had before! This is exactly what happened Dec. 11, 2009, at Humility House, a long-term care facility in Austintown, OH, when 16 residents starred in the first annual Christmas Pageant. It will happen again on Dec. 17, 2010.

Directed by Sandra Lucas, regional director of Spiritual Care, the Christmas Pageant had no speaking parts. The story was narrated with familiar carols woven into the text. When Jesus was born, cast and audience sang "Away in the Manger." When the kings followed the star, pushed in their wheelchairs, everyone sang "We Three Kings." When the doors burst open, revealing the heavenly host, "Glor-i-as" filled the room.

"When I saw the angels raise their arms high above their heads, singing with their whole heart, I was filled with emotion," said Mary Jane Gingher, manager of programs and volunteer services. "Here were people who can barely raise their arms, singing out in joy," she said.

Sr. Mary Lou Palas, chaplain, recruited the cast and rehearsed Christmas carols. Crystal Ciarniello, STNA, was the "Singing Angel." She began the pageant with a beautiful rendition of "O Holy Night." Her husband, Jack, provided the musical accompaniment. Many staff and volunteers pitched in to make the pageant a success, including filming the production, which residents enjoyed viewing.

Anne Syper, 84, played Mary in the pageant. The mother of 14 children, Anne knows how to comfort and rock a baby. "My son teased me about playing the Virgin Mary," she chuckled. "You know, having 14 children." Sam Morell, age 94, played her spouse. "It was an honor to be Saint Joseph," he said. "It brought back memories of Christmas and being in the Christmas choir."

Sam D'Amico, 94, was cast as Shepherd No.3. "I felt connected to my grandfather who was a shepherd in Italy," he said.

Angel No.1, Alice Greco, age 84, said the pageant helped her appreciate the message of Christmas. "It made me a better person," she said. "We entertained and we taught a lesson about the goodness of God – and to care for others and to be more generous."

King No. 1, Dean Burt, 85, had tears in his eyes when he laid his gift of gold in front of the manger. "It made the story and the characters come to life," he said. "It was a very emotional experience."

The pageant was a simple production, an adapted children's story, but it touched the emotions in a complex way. Memories of Christmas past, combined with the wisdom and child-like joy of elders, lifted the spirits of all. We heard the voices of angels and witnessed a king's tears. It gave us ears to hear and eyes to see the Christmas story anew.

Christmas miracle beheld in long-term care facility

By Sandra Lucas, MDiv, BCC

Several years ago, I visited Sabina, a resident in a long-term care facility. We would talk, pray, and share Holy Communion. When it was the season of Advent, she informed me that she was emptying her heart of all anger and negative thoughts.

"Is that hard to do?" I asked.

"Yes," she said. "But I want my heart to be empty, like the manger in the stable. I'm preparing my heart for the birth of Jesus."

Diagnosed with multiple sclerosis, Sabina had been in the nursing home for 12 years. She was 65 years old. She had no movement on one side of her body and was unable to get out of bed except with a lift. Yet every day she waited in joyful anticipation for the coming of the Lord. Every day, she "prepared him room."

One day when I visited she confided in me that she was worried. "I don't know if my heart will be ready," she said.

"Why?" I asked. "Did something happen?"

"I got so mad at those girls," she said. "I wasn't nice at all."

In our prayer after Communion, she prayed for patience and forgiveness. "God heard my prayer!" she exclaimed. "I felt the anger lift out of my heart."

On Christmas Day, I visited. Ribbons, wrappings, cards, and gifts were on her bedside table. On the window sill was the statue of Santa Claus kneeling at the manger of the Christ Child. Sabina's face lit up when she saw me.

"Guess what?" she said, in an excited whisper.

"What?" I asked, leaning in closer.

"Jesus is in my heart! The baby Jesus was born in my heart!"

Joy radiated from her entire being. And right there, at her bedside, I beheld the miracle of Christmas. I beheld the Savior of the world, born in a stable to give us hearts emptied of hatred and strife, to give us hearts filled with compassion, so that we, too, might bring the light and peace of Christ into the world. Right there, I beheld the Christ Child – in the manger of Sabina's heart.

Sandra Lucas is regional director of spiritual care for Humility of Mary Health Partners in Youngstown, OH.

Providing a lifeline: inspiring hope in times of fear

By Catherine Johnston, MA

"The people walking in darkness, have seen a great light; on those living in the land of the shadow of death, a light has dawned." Isaiah 9:2

In 2001, when the World Trade Center collapsed, police officers and firefighters raced to rescue victims, to save lives.

Soon, chaplains arrived on the scene to comfort, to listen, to bear witness.

Tim Serban, BCC, of Everett, WA, now NACC Special Representative to the Red Cross Disaster Network, traveled to New York City almost 10 years ago as part of a worldwide response to the 9-11 terrorist attack.

"September 11 was my first big event in a disaster situation," Serban said. He and other chaplains were interviewed recently about how they maintain hope when surrounded by fear and suffering.

Serban described the Staten Island landfill where airplane parts rested, awaiting close investigation by FBI agents. The agents -- thousands of them -- wearing hazard materials protective suits, worked at conveyor belts that carried tiny fragments as well as recognizable pieces of aircraft. The agents looked for evidence as well as human remains. On the nearby road, Serban noticed shoes strewn about, everywhere, like the Holocaust Museum display in Washington, DC.

"I had moments of personal fear. I could feel a palpable evil and I thought, 'This is an evil I do fear.' Then the 23rd Psalm came to me: 'Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me,'" Serban said.

Comfort came in the moments of brief, but profoundly meaningful, relationships with New Yorkers.

When a New York police officer approached Tim, the cop sought guidance for a tough conversation with his son. The officer said his son had asked him, "If suicide is a mortal sin ... then all those people who jumped out of the building, did they commit a mortal sin, Dad?"

The officer needed comfort -- and some helpful theology. Serban talked with him about the other people who fled the building on the stairs.

"If one of them tripped and fell and died, did they commit suicide?" asked Serban. The officer was sure the answer was no.

Serban explained that the people who jumped, like those who fled down the stairs, were fleeing danger -- their intention was not to end their lives, but to escape the fiery building. After talking to the chaplain, the officer felt confident he could return home and respond to his son's questions.

The chaplains sustained their own hope by remaining together; Serban was never alone during his stay in New York.

"We -- our core team of 20 -- had meetings in the morning and again at night. Yet, I knew that I would have to 'unpack' many of these experiences sometime in the future," Serban said.

At the scene, when chaplains asked the FBI agents what they could do to offer support, one agent could only describe the moment: "There's no place to go, no food, no water, not even fresh air."

Sometimes a chaplain can simply bear witness to another person's suffering. "We were there to hold on to (the family members) and hold on with them as they waited to learn what happened to their loved one," Serban said.

"We helped them ritualize their good-byes when they stood on the site where their loved one took a final breath," Serban said.

Families wore yellow hard hats as they made their way near the WTC site. All work ceased when excavators saw the yellow hats. In the silence, families memorialized, grieved, remembered and honored their loved ones. Chaplains bore witness to the sacred moments.

Saying good-bye to someone who is ill may be sudden or anticipated. Each day hospital and hospice chaplains care for families as they stay close to loved ones.

In the daily rhythm of hospital chaplaincy, Joann Smith, BCC, meets the challenge of assisting others at finding hope in their time of suffering.

"I think I help facilitate their own sacred journey and help them to discover their strengths and their lifelines. You have to be intentional when seeking hope in a situation," said Smith, who has worked at Providence St. Peter Hospital in Olympia for 31 years.

Smith spends two afternoons each week at a hospital-sponsored chemical dependency recovery center where she teaches sessions on forgiveness, grief/loss and guilt/shame for the in-patients.

"I worked in mental health for five years before I worked in chemical dependency, which gave me great insight. The experience teaches you as you go. Books only teach you intellectual concepts. For me, data is good, but it is the experience that helps the most. I now recognize early the patient's character; I have to gain their trust and confidence. I need to define what is the real issue from their life story. The reward comes from learning how I have impacted people," said Smith.

One day as Smith was walking down the hallway, a man tapped her on her shoulder and said, "You don't remember me, but I was in chemical dependency 18 years ago and we had a one-on-one conversation. I have been clean and sober for 18 years. What you said that day, I still remember."

Smith's colleague, Bill Whalen, BCC, who has cared for patients and their families for more than 30 years, observes that hope and fear are feelings and whether they are real or imagined, they feel real.

"We like to say that we have to fix the fear, but fears are normal, we have to have them, they protect us; they alert us to danger; but they can paralyze us, too. I allow people to talk about their fears – fear of loss, (fear) of being hurt, fear of death and dying," Whalen said.

When helping people cope with fear, Whalen listens attentively and looks for the connections among the pieces that people talk about. He works to put those pieces together and offer them back to the person.

"Providing hope is pondering opportunity for someone to discover or often re-discover a hope that is there within themselves. Each response is unique," Whalen said.

"It is interesting to see the faces of people when you tell them what you are hearing them say. Often you have to back up and begin again to ask questions so they can clarify their feelings. Then they can place themselves in the picture they have described," Whalen said.

When people experience trauma, Whalen is careful to not over-identify with the patient or family.

"You can become useless to them when you take on those feelings yourself; a chaplain simply provides the opportunity for a patient or family to find the hope themselves in the middle of a trauma," he said.

After 30 years, Whalen knows exactly how he maintains his ability to offer hope in the midst of people experiencing crises and grief.

"I find hope in literature, in nature and in good people. I define a 'good person' as someone who is available for others," Whalen said.

He describes Jesus as the example of a good chaplain, being available for others. "Jesus spent a little time with people listening to their stories, he provided hope – a kind of hope that they could discover themselves, and then he let them make their own decision," Whalen says.

Whether on the street in lower Manhattan or at a patient's bedside, chaplains listen, and offer a safe, non-judgmental space for people to explore their feelings, their choices, their fears – and a path to discover hope.

NACC member Catherine Johnston is manager for spiritual care at Providence Centralia Hospital (Providence Health and Services) in Centralia, WA. She co-authored a book titled "101 Questions and Answers on Catholic Married Life," published by Paulist Press in 2006.

Resources:

"Poverty of Spirit" by Johannes Metz (Paulist Press, revised ed. 1998), is a favorite of Chaplain Bill Whalen. It discusses the humanity of Jesus, anchored in the world and incarnational spirituality.

"Biblical Meditations for Advent and the Christmas Season," by Carroll Stuhlmueller, CP, (Paulist Press, 1983), is part of a series of meditations for various seasons of the liturgical year.

"Watch for the Light: Readings for Advent and Christmas," (Orbis Books, 2004) contains a series of readings for the Advent and Christmas seasons; writings by Dorothy Day, C.S.Lewis, Henri Nouwen, Kathleen Norris and others.

"Advent and Christmas Wisdom from Henri J.M. Nouwen: Daily Scripture and Prayers Together with Nouwen's Own Words," by Henri J.M. Nouwen (Liguori Publications, 2004)

A letter Chaplain Tim Serban wrote to Frontline after 9/11: www.pbs.org/wgbh/pages/frontline/shows/faith/talk/b.html

Chaplain Tim Serban's work in American Samoa: www.plainviews.org/AR/c/v6n21/mp.php

ignatianspirituality.com/advent — Online Advent resources, including short prayers, long reflections and online audio Advent retreats

Wicks, Puchalski, Ryerson, Massingale to be plenary speakers at 2011 conference

By Karen Nehls, Michael Doyle and Kathy Ponce

As we write this article to promote our 2011 National Conference in Milwaukee, "Pathways to Healing: People and Communities," Labor Day has come and gone and cooler mornings now bring along a heavier dew and the fresh promise of a wonderful autumn here in Wisconsin. Changing seasons help us to celebrate change in our own lives, change in the lives of our patients, change in the seasons of our ministry. In spring 2011, our paths will lead chaplains to Milwaukee to gather by the shores of Lake Michigan and once again celebrate change, our profession, and the seasons ahead that bring new challenges and growth.

Milwaukee's spring will be in full swing as our conference shifts to later in the year with a May 21-24 gathering of chaplain colleagues, new friends and exciting workshops and plenary speakers. We have an intriguing list of confirmed presenters who will lead us each day in our plenary talks and reflections, and we are most excited to share their names.

In keeping with our focus on the importance of mind, body, spirit and community – the context in which healing happens – we'll be looking forward to hearing from experts who hail from a number of areas in the country. Following our opening ceremony on Saturday afternoon, Dr. Robert Wicks, a psychologist who teaches pastoral counseling at Loyola University in Maryland, will speak on the topic of mind in healing, drawing from his experience integrating psychology and theology. Perhaps some of you recall hearing him at the 2005 combined conference in Albuquerque, NM, when he gave the NACC 40th anniversary plenary address, "Wellsprings of our Journey."

On Sunday, Christina Puchalski, MD, who continues to bridge the art and science of medicine at George Washington University in Washington, DC, where she directs the George Washington Institute for Spirituality and Health, will speak on the body/spirit in healing, integrating her many insights into care of the whole person. Dr. Puchalski links medicine to theology both as a physician and as a member of a contemplative lay order of the Discalced Carmelites.

On Monday of our conference, Marjorie Ryerson, director of "The Water Music Project," will engage and refresh our own chaplain spirits. She will deliver an oral and visual presentation as she relates her story as a survivor of life-threatening illness, a caregiver, a creative writer/poet/professor, an environmental advocate, and a photographer in Vermont.

Finally, on Tuesday morning, we'll welcome from Milwaukee's Marquette University, theologian Fr. Bryan Massingale, teacher, author and commentator on innumerable areas pertaining to social justice, as he speaks on the topic of community, the environment in which healing happens and the challenges to all persons who are a part of that environment.

Your kind of town ... Milwaukee is

Many local events, cultural attractions, historical churches, and lakeshore paths fill the Milwaukee scene. Our city will be blooming with tulips, lilacs and flowering shrubs.

We would love to offer opportunities for you to enjoy many of the unique aspects and experiences of Milwaukee. Currently, our ideas include the famous Friday night fish fry for those of you who come early, a possibility for Saturday morning tours ... of our churches, the renovated basilica, and/or cathedral, our breweries, lakefront sights, downtown river cruise, Milwaukee's renowned zoo, or botanical domes at Mitchell Park, to name a few. Early Saturday evening plans may include a group event, or conference attendees may want to plan to go out for dinner independently. We'll provide guests at the conference with the names of restaurants, parks, or other

attractions that they may want to enjoy on their own during a pre- or post-conference stay in Milwaukee. Saturday night events might conclude with a karaoke social that would include drinks and snacks.

The warm spirit of hospitality in Milwaukee known as "Gemütlichkeit" awaits you as you make plans to be with us next year. Now is the time during our planning period that we really would like to hear from you if you are interested in any of these events or have other ideas for recreational time with old and new friends and colleagues while at the conference. Please send your comments and suggestions to Susanne Chawszczewski at schaw@nacc.org.

The theme song for Milwaukee 2011 highlights the pathway that Jesus took and the one we are called to follow and take ourselves, John Bell's Scottish hymn, "The Summons." Most of us think of this song as "Will you Come and Follow Me." And so as the next season comes into your life and your ministry, will you think about coming to Milwaukee in May 2011? Springtime will be at its peak in our great city on a great lake. Will you think about following the path to Milwaukee as part of your spring 2011? Will you follow the call of the One who sends us out each day to pastoral care chaplaincy wherever we may live?

Helping to prepare for the 2011 NACC National Conference, Karen Nehls is local arrangements co-chair, Michael Doyle is liturgy chair, and Kathy Ponce is plenary speakers chair.

Chaplain pair writes book for couples

Chaplains Krisztina and John Stangle, BCC, have written a book titled "Spiritual Exercises for Married Couples; Finding Our Way Together; a Retreat for Companions."

The book focuses on a spiritual and psychological method of decision-making and discernment about lifestyles based upon the centuries-old Spiritual Exercises of St. Ignatius of Loyola. It is available at Lulu Marketplace at www.lulu.com/product/paperback/spiritual-exercises-for-married-couples-finding-our-way-together-a-retreat-for-companions/11723487.

Upcoming deadline for renewal of certification is Dec. 31



Q I am scheduled to renew my certification by the end of 2010. What are some important deadlines to note?

A Our Standards require renewal of certification every five years for chaplains and every seven years for CPE Supervisors.

As a final reminder, if the NACC National Office does not receive your renewal of certification application and materials on or before Dec. 31, 2010, your certification will no longer be valid effective Jan. 15, 2011. If the circumstances so warrant, you may request an extension in writing from the Chair of the Certification Commission. Extensions are granted in one (1) year increments for a total of two (2) years and do not alter the original renewal of certification schedule. If requesting an extension, you must submit the appropriate extension fee, which for 2010 is \$32.

You do not need to contact the NACC National Office if you are preparing to mail your paperwork before the end of this year. Please note that the NACC National Office will request your ecclesiastical endorsement. All materials for 2010 renewal of certification can be found at the NACC website, www.nacc.org/certification/renewal.asp. The fee for renewal of certification for 2010 is \$160.00.

If you have any questions or concerns regarding this process, please contact Jeanine Annunziato, NACC administrative specialist/education and renewal of certification, at jannunziato@nacc.org. Our desire is to assist you in any way we can to best facilitate the process of your renewal of certification.

Q What is the next postmark deadline and fee for chaplain certification for 2011?

A Postmark deadlines:
Feb. 15, 2011, for a fall 2011 interview
Sept. 15, 2011, for a spring 2012 interview

Certification application fee: To be announced

Q How do I obtain my current letter of ecclesiastical endorsement for either initial certification or renewal of certification?

A The applicant for certification or renewal of certification does not request or obtain the current letter of ecclesiastical endorsement. The NACC National Office requests the letter for you if you are ordained, religious, or lay. Please do not request this letter yourself. We ask that a copy of the ecclesiastical endorsement be sent to you directly by your endorser.

Q In order to apply for certification what kind of degrees must I have for the process?

A According to Standard 301.3, you must have completed an undergraduate degree from a college, university, or theological school accredited by a member of the Council for Higher Education Accreditation as well as a graduate-level theological degree from a college, university, or theological school accredited by a member of the Council for Higher Education Accreditation

The NACC defines a graduate-level theological degree as a graduate degree in theology, divinity, religious studies, pastoral ministry, pastoral studies, or spirituality.

If you have a degree from an institution that is not in the United States, you are required to have transcript analysis at your expense to verify that your international degree(s) meets the requirements for a bachelor's degree or master's degree in the United States (see Certification Procedures Manual 131.3m and 131.3n).

For information on recognition of foreign qualifications, see the U.S. Department of Education Network for Education Information at www.ed.gov/about/offices/list/ous/international/usnei/us/studyrecog.doc. For a list of credential evaluation services that have admission standards and an enforced code of good practice, see the National Association of Credential Evaluation Services (NACES) at www.naces.org/members.htm.

The transcript analysis is due at the time all of the other certification materials are due: postmarked Sept. 15 for a spring interview and postmarked Feb. 15 for a fall interview. No exceptions will be made in terms of the deadline for materials. A copy of your international transcripts will not suffice for certification with the NACC. Please do not send copies of these transcripts as they will be returned to you.

You are not eligible to enter the certification process until all degrees acquired outside the United States have been analyzed and the NACC has received the evaluation report directly from the evaluation service showing your international degree(s) meets the requirement for a bachelor's degree or master's degree in the United States.

Certification Commission chair cites need for improved communication skills

A Suggestion for Supervisors:

In light of the increasingly diverse population of the United States, we are happy to see more people with diverse language and cultural backgrounds seeking certification. This blessing brings with it certain challenges within the context of the certification interview.

Inclusivity calls members of the cultural majority to a better understanding of and communication with our country's growing cultural minorities. NACC stands in solidarity with this inclusive perspective. NACC also bears the responsibility of confirming that all certified chaplains and supervisors demonstrate the required competencies for spiritual care ministry. One of the standards for professionalism specifically asks that NACC members be understood as they engage in ministry with the people we serve (303.8). This responsibility takes on greater urgency in the plan of learning when a foreign-born CPE student intends to minister in healthcare settings in the United States. Greater proficiency in culture, language and practice is required for professional competency when a CPE student plans to stay in this country than when he or she plans to return to minister in his or her country of origin.

In preparing all students to meet an interview team for certification, we want to encourage supervisors to pay attention to the development of "oral and written communication skills" (Standard 303.8). We particularly want to encourage this as a point of attention in preparing foreign-born students who plan to remain and minister in the United States. We would encourage this in fashioning learning contracts as early as possible in the process. We would encourage tracking development throughout the process in final evaluations by student and supervisor alike. We also note resources being developed that are showing early signs of promise. These include ESL (English as a Second Language) programs and accent reduction programs pioneered for foreign-born physicians who practice in the United States (Corrigan, Health progress, July-August 2010, p. 37).

Rev. James R. Yeakel, OSFS
Chair, Certification Commission

Reluctant retiree, grateful for NACC friendships, plans for journey ahead

By Becky Evans, MA

Now that I have reached the seasoned age of 80, I have recently retired for the second time from the NACC, this time as the staff person handling certification renewals. After working full time from 1985 to 1999, when I retired after editing the publications, I found it hard to stay away from work I loved and the good times and camaraderie with colleagues dear to me

After Susan Cubar, my successor as editor of the *Vision*, left the NACC, I was asked to help out and edit some issues until the new editor, David Lewellen, could be hired and take over. Then I was asked to put together the 40th anniversary book in 2005, followed by my staying on part time to assume the responsibilities in certification renewal. Members who visited our office in Milwaukee and greeted me often commented that "apparently the NACC can't get along without you." I had to reply that no, "it's really the other way around."

While I still have the health to do the work myself, I need to downsize my books, papers and possessions accumulated in the past 40 years, get my house ready to sell, and move into independent living with the social support that an aging single woman like myself needs. Even though I know the time has come to retire, I leave the NACC with some sadness. I have never felt so appreciated in my work as I have here. I have been richly blessed, and consequently have a heart full of gratitude.

So it's not surprising that I have been a reluctant retiree. Each year for the past several, I kept announcing, "This should be my last year." But I came back each year and began to be called "the Brett Favre of the NACC."

Also, not surprisingly – actually, as expected – at my age I have experienced many losses. I have survived the deaths of most of my dearest friends of my generation. One remains, a local poet friend, 87 years old, who has recently been hospitalized for many weeks with a serious illness and memory loss. I have spent many hours at her bedside or recliner, reading aloud excellent poems that trigger precious conversations about our lives, our joys, our families, our losses, and our deaths. "We are transients – We are just passing through/these bones."

My friend is being moved today to an assisted living facility where she will also be able to be on hospice. She is counting on me to companion her to the end, and I am awed to wonder if God nudged me a little bit to schedule this second retirement, announced months before my friend became ill, thereby enabling me to have the hours and the energy to spend with her in her twilight time. I am grateful that these many years spent learning about the ministry of chaplaincy in healthcare have helped to shape me to become pastoral and a better listener.

The association has been a second home, where I have been nurtured and encouraged to grow both as a professional and a spiritual person. What I have learned about faith and service to others from my relationships and some close friendships with members has continually been an inspiration to me. It has been a joy to know and work with so many of you over the years. These wonderful, grace-filled memories will remain with me for the rest of my days. Thank you!

Becky Evans no longer commutes the 20 miles to the NACC office from her home in Waukesha, but she plans to keep in touch with the staff and hopes to see many old friends at the NACC's annual conference in Milwaukee, May 21-24, 2011.

Our action can abate fears for spiritual care ministry, inspire hope

By David Lichter, D. Min.
Executive Director



I appreciate the two themes of this issue of *Vision*: “when the chaplain needs a chaplain” and the Advent focus of fear and hope. As I participate in local gatherings both of these are frequent topics expressed in a variety of ways, such as: the need for local, face-to-face gatherings that create a sense of belonging and an opportunity to get to know one another so that we can call upon one another when needed, an appreciation for the “request” opportunity in the NACC Now where our members can ask other members for assistance on issues they are encountering, the mentoring program for members to reach out to other members for advice in developing their leadership competencies, as well as emotional support and networking in times of job loss, or the personal prayer and support from other members in times of personal health challenges, family member loss or other family needs. These are just some ways I have heard that we, as chaplains, need other chaplains.

Over the past three years the NACC has sought to become more of a communication channel and link to connect our members. This effort is one of our highest priorities. To that end, we have initiated, for example, state liaisons to help bridge the national/local communication divide, as well as set regular conference calls for CPE supervisors, palliative/hospice care ministers, long-term care ministers, deacons, 40 and under, other age-specific members, and members within a specific state. Our goal is to assist in linking you to one another so that when “the chaplain needs a chaplain,” we can help make that happen. We keep trying to find the right “interest groups” so that every member can find like-minded chaplains. I welcome your suggestions as well! Please contact me about this at dlichter@nacc.org.

This leads to me to a few reflections on the theme, fear and hope. Over the past months, I have received many e-mails or letters from members regarding your appreciation for and hope for the NACC. Words such as “life” and “vitality” are used. More than one person said, “I am hopeful for NACC.” I appreciate those remarks, and am grateful to receive them, as well as any comments about the NACC that help me and the NACC provide future direction for this distinguished 45-year-old association!

On the other hand, I also have heard some language of “fear” for the spiritual care ministry that seems to spring from seeing a “three-headed” monster, or so it seems. One head voices the threat to the spiritual care profession due to financial challenges of the institutions where we work and the inability yet for spiritual care to evidence its value in the way administrators might want to understand it. So the fear is, “Will I have a job? Will I be able to defend the benefits of this ministry?” Another head voices the threat of too few Catholic people coming to this ministry who will be prepared in the next five years so that Catholic board certified chaplains will be available to receive the baton handoff from those retiring from a dedicated life to this ministry. So the fear is, “Who will take my place?” The third head seems to mutter concern about ministry within the church, the understanding of how our members serving the spiritual care ministry are understood, appreciated, endorsed by the leaders of our church. The fear is framed as, “Will my ministry be eliminated by someone who does not understand my ministry or know me? Does my church understand me?”

These are all concerns, no doubt, but they are not a three-headed monster. When they are voiced together, they can be overwhelming, “Will there be jobs? Will there be Catholic ministers? Will the church care?” I hope this does not sound too trite, but I have always believed that action is the best cure for fear. In every area in which there are challenges, action is being taken. I am energized by the actions being taken by many of you and others in the spiritual care profession to address one or all of these concerns. Action does abate fear, doesn’t it? Curiously, a group of young environmentalists from around the world network with one another on their activities to advance

environmental initiatives. They call their initiative: Stop Fear Start Action. You can visit their website at:
<http://eurotope.ning.com/group/STOPFEARSTARTACTION>.

As we approach our Advent season and a new liturgical year, the theme of fear and hope is good for us not just to reflect upon, but to act upon. So, perhaps, the challenge is for me and for each of us, "What actions am I taking in the face of my fears?" What are your fears? What actions are you taking? Please share them.

Look online to perform your own standards assessment

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

The Council on Collaboration, which was the forerunner of the Spiritual Care Collaborative (SCC), affirmed [four foundational documents](#) on Nov. 7, 2004, in Portland, ME. Collectively, these documents establish a unified voice for the six organizations that have affirmed them and describe what it means to these organizations to be a professional pastoral care provider, pastoral counselor or educator.

The word “mentor” in Greek referred to the loyal friend and advisor of Odysseus and the teacher of his son, Telemachus. Last spring the SCC Steering Committee decided to put together a Standards Review Task Force that consists of members from each cognate organization to first review the [Common Standards for Professional Chaplaincy](#).

This process includes both an auditing of how each association has used and implemented the standards, as well as an examination of the standards themselves. Since 2004 many new documents on standards have been developed, such as the [Standards of Practice for Professional Chaplains in Acute Care Settings](#) and the [Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference](#) that provide new insights into standards for professional chaplains.

The Standards Review Task Force is asking such questions as: How are these standards foundational for each association? Are there new standards that need to be added? Are there standards that are not clear enough? Are there standards that need to be adjusted given current realities?

If you have comments about the Common Standards, you are welcome to address them to one of the two members of the NACC Standards Commission who are on this SCC Task Force, John Gillman (john.gillman@vitas.com) and Mary Lou O’Gorman (mogorman@stthomas.org).

Links:

Spiritual Care Collaborative - Standards: www.spiritualcarecollaborative.org/standards.asp

Common Standards for Professional Chaplaincy: www.spiritualcarecollaborative.org/docs/common-standards-professional-chaplaincy.pdf

Standards of Practice for Professional Chaplains in Acute Care Settings:

www.spiritualcarecollaborative.org/standards_of_practice.asp

Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference: www.growthhouse.org/spirit/files/spiritual_care_consensus_report.pdf

Q&A with Isidro Gallegos, BCC, MA

By Laurie Hansen Cardona
Vision editor

Isidro Gallegos, coordinator of the Office of Spiritual Services in the Saints Mary and Elizabeth Medical Center in Chicago, agreed to a Q&A session with *Vision*. Born in Celaya, Guanajuato, Mexico, Mr. Gallegos migrated to the United States in 1996 and obtained a master's degree in pastoral studies from the University of Saint Thomas in Houston, TX, where he was a seminarian. He has worked for Resurrection Health Care system in Chicago since 2003, making use of his bilingual and bicultural capabilities.

Q What led you to chaplaincy?

A I think that there were different factors. I will mention two of the most important, however. First, I was considering leaving my path to priesthood at the time that I did my summer CPE. Second, CPE really helped me to get in touch with my most inner feelings to clarify my path in life once I decided to leave the seminary, for it gave me a new path of service similar to what I had always hoped to follow as a priest: to serve the spiritual needs of people.

Q How have your bilingual abilities and understanding of Latino cultures assisted your role as a chaplain?

A It has been said, that it is always better to speak two languages than one. Speaking Spanish in a place where almost 50% of the patients are Latinos has certainly been a plus for me. However, I consider that in order to understand Latinos, it is not only important to speak the language, but also to understand their culture. It is important to know about what Latinos have left behind before coming to the USA and how that affects their way of living in the states. In one word, being bi-cultural is also very important. Having this understanding has helped me to close certain gaps in communication that oftentimes exist when delivering services in a second language. It has helped me to bring comfort to those who struggle with the English language. For many Spanish-speaking people, the simple fact that they know that there is someone who speaks their language brings them calmness as they transition to their stay in the hospital.

Q In Dallas, and now in Chicago, have you seen a great need for Spanish-speaking chaplains? What challenges occur due to the scarcity of bilingual chaplains?

A There is no doubt that there is a great need for Spanish-speaking chaplains at all levels of care across the nation. That is also true in the area of spiritual services in hospitals. The most important challenge is that we may not provide adequate care if there is not a complete understanding of the needs. Another challenge is that the percentage of Spanish-speaking patients is really high in comparison to the percentage of Spanish-speaking chaplains, and therefore it is very difficult to attend to the spiritual needs of all.

Q Can you provide us with an example of when you felt your chaplaincy made a profound difference to an individual?

A There have been several; however, I will mention one that I think made a great impact in the life of the person. There was a patient who was admitted to the hospital for a knee surgery. He was later transferred to the rehabilitation unit where I came to visit with him the next day. As I entered the room, he and his family were all crying for they had just learned that one of the patient's sons had died the day before he was admitted to the hospital. The patient was completely devastated knowing that his son would be buried the day after and that he would not be able to attend the funeral. As I left their room, I made my notes in the chart with my

recommendations to the doctor about the spiritual struggles that this particular patient was going through and the importance of the possibility of allowing him to leave the hospital, so he could attend the funeral, for it would be critical for his physical, psychological, and spiritual recovery. I also spoke to the nurse who followed up with my assessment and recommendation. The doctor discharged the patient and readmitted him after he attended the funeral, based on my recommendations. The patient's attitude changed completely after that, for, even though he was suffering the pain of separation, he was at peace having had the opportunity to see and say good-bye to his son for the last time.

Q What do you find the most challenging in your current role as a spiritual services coordinator? The most positive?

A It has been really difficult for me to make the decision to let go of some individuals in the office. The most positive experience has been the opportunity to establish relationships and programs with other departments in the hospital that I think can impact service and the view of chaplaincy in the future. For instance, having medical residents rotate in the spiritual services office helps future doctors to see the importance of spiritual care for patients.

Q In your current role, I understand you teach as a preceptor in the medical residency program as well as in the CPE program. What advice do you offer individuals wishing to pursue chaplaincy as a vocation?

A My advice to individuals wishing to pursue chaplaincy as a vocation is that they see it precisely as such -- as a vocation, not just as a profession. It requires commitment based on your spiritual values and based on the concept that you can make a difference in the life of others, either through direct or through indirect contact with patients, employees, or medical staff. For many, the presence of the chaplain represents the visible experience of God.

Q In your experience, are chaplains respected for the expertise they provide? In your administrative role at Resurrection, are you involved in charting and other accountability efforts?

A When other professions are educated about what chaplains do in the hospital, they really are respectful of our expertise. They become aware that a lot of training is required to become a chaplain. They see that we are not only professionals present when people die, but that we have a wide range of other services, such as our involvement with ethics committees, employee and recognition awards, hospital week celebrations, and hospital performance improvement, to mention a few. We have a lot to offer as spiritual care providers and have to make ourselves known to others. As an administrator, I am responsible to submit certain statistics to other offices that help us improve our service to families of patients at the end of life. These practices are effective in keeping our office to be accountable as professionals to the hospital.

Q How do you see your role as chaplain as part of church ministry?

A I see my professional role as a chaplain as an extension of the ministry of the church to those who are suffering sickness in the hospital. I am a part of the body of Christ, which is the church, offering a message of hope and the good news of Jesus Christ with compassion and care.

Meditation can boost workplace spirituality, patient healing

By Doug Oman, PhD



Be sure to read Robert Mundle's response, "Applying this research to our ministry", immediately following this article.

Introduction

"For all the devotional masters the meditatio Scripturarum, the meditation upon Scripture, is the central reference point by which all other forms of meditation are kept in proper perspective." (Foster, 1998, p. 29)

"An inspirational passage turns our thoughts to what is permanent, to those things that put a final end to insecurity. In meditation, the inspirational passage becomes imprinted on our consciousness. As we drive it deeper and deeper, the words come to life within us, transforming all our thoughts, feelings, words, and deeds." (Easwaran, 2008, p. 48)

Workplace culture is doubly important in shaping organizational outcomes. On a day-to-day basis, it shapes how individual workers interact and cope. Over the long term, workplace culture may support or impede consequential norms regarding trust, respect, and fairness of work assignments. Strengthening the spiritual elements of workplace culture is thus a topic of increasing interest among health professionals and organizational managers (Giacalone & Jurkiewicz, 2003). One intervention resource drawing wide interest is meditation, which has been empirically linked to benefits such as reduced stress, improved effectiveness, increased spirituality and compassion, and improved health outcomes among medical patients.

Spiritually supportive workplace culture, however, is more easily imagined than created. Organizational policies must respect individual choice and diverse spiritual commitments. Importantly, in the United States, many chaplains and patients adhere to Western religious faiths such as Christianity and Judaism. In contrast, the most intensively publicized meditative practices, such as Mindfulness-Based Stress Reduction (MBSR) and Transcendental Meditation (TM), are either secular or drawn from Eastern religions. How can organizational leaders support contemplative practice in ways consistent with each individual's religious tradition and spiritual commitments?

Alternative resources merit consideration. This article describes Passage Meditation (PM), a comprehensive method of spiritually supportive meditation. Recent randomized trials using health professionals have linked PM to many positive outcomes, including reduced stress and increased efficacy (Oman, Richards, Hedberg & Thoresen, 2008). Like Western practices such as *lectio divina*, Passage Meditation is centered on a spiritual text. In PM, one meditates on an *inspirational passage* that is drawn from scripture or the writings of an eminent spiritual figure. Examples of Christian inspirational passages include the 23rd Psalm, the Lord's Prayer, and the Prayer of Saint Francis.

Besides meditation, the PM program includes seven other practices or "points," listed in Figure 1. The PM program was first systematized and has been most fully expounded by Eknath Easwaran (1910-1999), an Indian-born and Roman Catholic-educated professor of English who came to the United States in 1959 as a Fulbright scholar. Since then, translations of PM instructional materials by independent publishers have appeared in more than 20 languages. PM has also been a focus of more than a dozen published empirical studies and reviews, most recently by Flinders, Oman, Flinders, and Dreher (2010).

1. Meditation on a Passage: Silent repetition in the mind of memorized

inspirational passages from the world's great religions, such as the 23rd Psalm, the Prayer of Saint Francis, or the Buddha's Discourse on Good Will. Practiced for one-half hour each morning.

2. Repetition of a Holy Name (or 'Mantram'): Silent repetition in the mind at times other than meditation of a single chosen Holy Name or hallowed phrase such as "Jesus," "Ave Maria," "Lord Jesus Christ, Son of God, have Mercy on Us." Holy names/mantrams from non-Christian traditions include "Barukh attah adonai," "Allah," "Om mani padme hum," and "Rama" (used by Mahatma Gandhi).

3. Slowing Down: Setting priorities and reducing the stress and friction caused by hurry.

4. Focused/One-pointed Attention: Giving full concentration to the matter at hand.

5. Training the Senses: Overcoming conditioned habits and learning to enjoy what is beneficial.

6. Putting Others First: Gaining freedom from selfishness and separateness; finding joy in helping others.

7. Spiritual Association: Spending time regularly with others following the PM practices for mutual inspiration and support.

8. Inspirational Reading: Drawing inspiration from writings by and about great spiritual figures and from religious scriptures.

Figure 1

Meditating each day on an inspirational passage (point #1) is the PM program's foundation. Meditating on a passage is done while sitting silently with eyes closed for a fixed period of time, commonly 30 minutes. Easwaran (see epigraph above) suggested that meditating on a passage leads gradually to assimilating the *meanings* of the passage, which function as models for thinking and behavior. Meditating on the words of Jesus, for example, supports *imitatio Christi*, the imitation of Christ. Similarly, meditating on the words of the Psalmist, Saint Francis, or Teresa of Avila, supports internalization of these individuals' uplifting attitudes and behaviors. These perspectives are supported by research and by influential scientific theories of social learning (see Oman et al., 2008). The eminent theologian Henri Nouwen (1992) wrote that the PM program "showed me the great value of learning a sacred text by heart and repeating it slowly in the mind, word by word, sentence by sentence. In this way, listening to the voice of love becomes not just a passive waiting, but an active attentiveness to the voice that speaks to us through the words of the Scriptures" (p. 64).

In the PM method, meditation on a passage (point #1) is complemented by the second point, frequent repetition throughout the day of a single chosen holy name, sacred phrase, or mantram (see Figure 1). Such repetition functions to stabilize and center the mind, serving as a bridge to integrate the calm and clarity gained from sitting meditation into the remainder of the day. Unlike the sitting practice (point #1), the holy name / sacred phrase can be invoked almost anywhere, any time, at home or in the workplace, making it especially suitable for sharing with patients or others experiencing severe stressors. It has sometimes been called a "portable" spiritual practice. Repeated short prayers of this type have been used in Christianity since at least the time of John Cassian (ca. 360 – 435). Repetition of a holy name has been linked to numerous benefits for staff and patients in research by Jill Bormann and her colleagues at the San Diego Veterans Administration (Bormann & Oman, 2007).

Meditating on a passage (point #1) and holy name repetition (point #2) function synergistically with the remaining PM points, together sometimes called the Eight Point Program. The eight points represent a toolkit or web of supportive strategies aimed at fostering equanimity, wisdom, and centeredness on a higher purpose while facing the challenges of daily life. Their joint functioning has been described most fully by Easwaran (2008). In one research study, health professionals described 15 distinct ways that they had observed PM points working together to promote professional caregiving effectiveness (Oman et al., 2008). Users sometimes state that PM helps them frame almost any situation as an opportunity for growth – for example, one study participant reported that PM "can take any experience and work with it ... it no longer has a static presence – it's clay in your hands to shape into something more."

Passage Meditation skills can provide added value to an organization beyond well-known practices such as MBSR.

First, employing a spiritually meaningful focus may appeal to individual dispositions and preferences. Second, on a cultural level, using a spiritual focus for meditation is deeply rooted in many faith traditions, including Christianity (see Foster's epigraph, above). Third, the PM program places spiritual meanings – sometimes called the noetic dimension – at the center of spiritual practice; such prioritization may be increasingly needed for maintaining one's spiritual compass in the midst of conflicting messages from a media-saturated world.

To emphasize that the PM program is more than merely nonsectarian, some have characterized it as "multi-sectarian." However, it is important to note that the PM program is also compatible with agnostic and atheist beliefs. For example, nonbelievers often choose non-theistic inspirational passages drawn from Buddhist or Taoist traditions.

Research on Passage Meditation

Several benefits from PM practice have been empirically documented, revealing benefits comparable or superior to those from well-known secular meditation programs. One series of randomized studies examined effects of an eight-week, 16-hour PM training on nurses, physicians, chaplains, and other hospital-based professional caregivers (n=58). Findings revealed large and statistically significant reductions in stress that remained significant nearly five months after PM training ended. Stress reductions were statistically explained (mediated) by adherence to PM practices, and were actually slightly larger eight weeks after the course ended than they were at post-intervention, despite the lack of social support from the weekly classes.

Participants also became more confident in their professional caregiving skills, called *relational caregiving self-efficacy*. Gains were observed in skills involving (1) managing relationships with patients and coworkers; (2) managing boundaries between work and the rest of life; and (3) helping patients deal with suffering, mortality, and other ultimate concerns (Oman et al., 2008). These gains endured after five months and were most clearly mediated by reductions in stress and practice of one pointed attention (PM point #4). Large and statistically significant benefits from PM training were also found for compassion, empathy, and forgiveness, which partly explained the gains in relational caregiving self-efficacy.

Participant interviews corroborated these findings. Most participants recounted specific ways that program points had fostered work effectiveness. For example, one reported: *I'm more focused and I also feel like I'm making a conscious effort to look in people's eyes so that I feel like they are hearing me and I'm hearing them. Recently someone said to me that my eyes show my compassion. So that made it very real to me that I am coming across, that I do care.*

Another said that: *The [holy name / mantram] calms me down, slows me down and I feel that I can deal with whatever the situation is that got me upset.*

In another randomized trial, college students (n=44) received training in PM, in MBSR, or were assigned to a control group. Compared to controls, the PM group showed increased ability to forgive, diminished stress, fewer negative images of God, and sharply reduced tendencies toward negative forms of religious coping, such as blaming God or demonization of other people. The PM group, but not the MBSR or control groups, showed gains in several measures of learning from spiritual models (e.g., from exemplary individuals such as Jesus, Saint Francis, the Psalmist, or the Buddha). Finally, the PM group showed slightly larger gains in mindfulness than the MBSR group.

Workplace and Training Strategies

Its multi-sectarian structure and empirical support suggest that the PM program, or others that may be devised to possess similar features, may be used in several ways to foster beneficial changes in professional skills and organizational culture.

Staff support. A PM-like multi-sectarian program could be incorporated as an option wherever secular non-sectarian forms of meditation are taught. Such an addition could not only enrich an organization's spiritual culture, but provide better support to a diverse workforce.

Patient support. For seriously ill patients or others unable to do daily meditation, the PM program offers the noetically-focused practice of holy name / mantram repetition. Many individuals who begin with holy name

repetition grow stronger over time and seek the added benefit of a fuller PM practice, including meditation/contemplation. In this and other ways, PM tools can be adapted to individual patient needs.

Professional training. Because of their many practical benefits, contemplative practices are increasingly integrated into professional and college curricula. The PM program has been used beneficially in for-credit college courses, in the training of seminarians, and in hospital-based continuing education for health professionals (see Flinders et al., 2010). In this way, students not only receive the resiliency benefits of meditation, but are supported in drawing deeply on the spiritual exemplars and ideals within their own traditions.

Conclusions

The Passage Meditation program is an empirically supported contemplative practice system that emphasizes spiritually meaningful texts. It possesses several noteworthy features: a multi-sectarian structure, a comprehensive set of tools, and support for direct engagement with spiritual wisdom traditions. PM, or other programs that may be devised with similar features, merit careful consideration from individual chaplains, chaplain educators, and organizational leaders seeking to foster workplace spirituality and patient healing.

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Applying this research to our ministry

With Passage Meditation (PM), Doug Oman presents a compelling solution to the challenge of strengthening the spiritual elements of workplace cultures among religiously diverse populations in a way that respects (and depends upon) individual choice and diverse spiritual commitments. This approach appeals to me in my work as a Roman Catholic multi-faith chaplain working in Toronto, and particularly in my work with staff at Toronto Rehab where we have been developing a new initiative to debrief multicultural, inter-professional clinicians on the Palliative Care Unit (Mundle et al, 2010). For example, in response to staff feedback via a needs assessment survey, we have incorporated an element of ritual into our regularly scheduled debriefing sessions, and I think that adapting PM to this kind of purpose could be very helpful.

I also like the pragmatic benefits of PM for patient care that are identified in participant interviews, especially the conscious awareness of the importance of eye contact and stillness. This resonates with my current research on how chaplains embody listening (Mundle & Smith, under review) along with new findings in neuroscience (MacDonald, 2009).

I appreciate how PM seeks to engage spiritual wisdom traditions directly. However, agnostics and atheists perhaps do not gravitate towards non-theistic Buddhist and Taoist traditions as often as Oman suggests, and advocating for specific religious traditions over other well known "secular" ones risks violating, rather than strengthening, individual choice and spiritual diversity.

As PM focuses on meditating on brief spiritual texts, many useful resources spring to mind. John McGuckin's collection, "The Book of Mystical Chapters: Meditations on the Soul's Ascent from the Desert Fathers and other Early Christian Contemplatives," for example, fits the bill perfectly, at least from a traditional Christian perspective.

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Offering hope: Is there life on this side of death?

By Teresa A. Schulz, MA



As I began my morning routine, I reflected on the daily e-mail that appears in my inbox from Richard Rohr's website. Today's message was "Hope: What word of hope do we have to offer to the millions of people in the world who see no meaning in their lives?"

For most people in the world the question is not, "Is there a life on the other side of death?" It is, rather, "Is there life on this side of death?" Until we Christians give evidence that there is life on this side of death, the world has no reason to believe our dogmas or our giant churches. It doesn't need our words of hell. It needs some evidence of heaven.

Powerful words that took me back to my days as a chaplain in a large hospital on the West Coast. As a student in Clinical Pastoral Education, I requested two patient populations to serve, oncology and substance abuse. My supervisor gave me the look that later would become quite familiar in our relationship – and asked me to reflect further on whether this might be a rather ambitious journey for a first assignment.

I recall my response was "no further reflection needed; this is my reason for being here." My call and my journey were influenced by a friend who had died of cancer and my dad who had died from complications of alcoholism. The oncology unit of the hospital welcomed me with open arms. The approval process for a chaplain to provide services in the residential rehabilitation unit for patients suffering from substance abuse was rigorous. My first in a series of interviews was with the program's executive director, a former Marine. He had a military posture and presence. I felt very small as I sat in the chair across from his desk.

His comfort level increased as we continued to meet and he understood my reason for requesting the assignment. He agreed to accept my services with the stipulation that I facilitate a weekly group session on spirituality in addition to the one-on-one services I had offered. The thought of a weekly group session terrified me but I found myself answering quickly in the affirmative.

I learned more in the group sessions than I had during my entire time in my master's program in pastoral care. This was the real essence of pastoral care. I had some bright moments when I journeyed with people who sought meaning and purpose. I had some aha moments when the majority of the group walked out of the room, unable to sit quietly for a guided meditation. A post-reflection caused me to wonder – "what was I thinking?"

As I continued in the chaplaincy program, I found my experiences in both of these areas, oncology and rehabilitation, provided nourishment to each other. Many of my experiences with people nearing the end of their lives in oncology translated to the work in the weekly group sessions. Those in my group were interested in my work with patients at end of life and patients at end of life were very interested in the group work.

During the next few months, a number of people in the weekly group sessions signed up for one-on-one sessions. An African-American man named Henry, who was in his late 60s, joined me for a one-on-one session late on a Friday afternoon during Lent. He looked exhausted but his eyes still displayed an interest in life and the search for meaning and understanding. He shared his story of a life-long battle with drugs and alcohol that had started at a very young age. He looked out the window at intervals as if expecting to see someone or something. When Henry finished his story, he looked me directly in the eye and reached for my hand. He referred to my work with patients in the oncology unit, those at end-of-life and asked a question that was really a statement on his part: "You worked with people with cancer who are afraid to die?" After I affirmed his statement, he said, "We're not afraid to die; we're afraid to live." Henry was referring to himself and the many other people in the rehabilitation unit suffering from substance abuse and related illnesses.

It was a life-changing moment to hear the wisdom and pain that this man was able to share. Everything I learned in that moment and the moments that followed could not be summed up easily into words but it became part of the integration of my ministry in the months to follow. Whenever I am present with someone who is near death and who is afraid, I feel Henry's presence.

I look back on Richard Rohr's reading today "is there a life on the other side of death?" or is it "Is there life on this side of death?" While at times it may not appear so, both are questions that help us in our search for meaning and purpose.

Resources:

Fr. Richard Rohr
www.cacradicalgrace.org

mainespiritus
mainespiritus.com

Teresa Schulz received a master of arts from the Franciscan School of Theology in Berkeley, CA, and a post-master's certificate in spiritual direction from the Mercy Center for the Healing of the Whole Person in Colorado Springs, CO. She is a spiritual director, lay theologian, retreat facilitator, lecturer, volunteer chaplain and co-founder of mainespiritus and Tools for Intentional Living (TILT)©. Currently she is working on a book to be titled "This Side of Death."

Featured Volunteers

He draws strength from his fellow members

Name: Jim Letourneau

Work: Director of Mission and Spirituality, Trinity Health, in Novi, MI

Member since: 1993

Volunteer service: Chair, NACC Nominations Panel (current); Member of NACC Strategic Visioning Group (2006-2007); Certification Interviewer (2007, 2009)

Book on your nightstand: "Change the World," by Robert Quinn

Books you recommend most often: I don't recommend books.

Favorite spiritual resources: Music, Scripture, and various periodicals.

Favorite fun activity: Traveling to various places on my "bucket list"

Favorite movies: For different reasons, and depending on my mood -- "The Sound of Music," "The Mission," "Doubt"

Favorite retreat spot: Anywhere that is quiet, contemplative, and in natural surroundings, particularly near the ocean.

Personal mentor or role model: People living their lives with passion and purpose.

Famous/historic mentor or role model: Jesus and Gandhi

Why did you become a chaplain? I love being present with those who suffer and being inspired by their example.

What do you get from NACC? Professional identity, advocacy, ministerial community, and continued development.

Why do you stay in the NACC? I draw strength from individual members. I believe the organization is the only voice that can speak for our ministry in the church. NACC can inform and influence ecclesial structures and future ministers.

Why do you volunteer? Truthfully, I was invited. I accepted the invitation because I wanted to give back to the organization that provides me my professional ministerial identity. My hope is that my contributions will make a difference not only to NACC but also to individual members and to the church.

What volunteer activity has been most rewarding? My involvement with the Strategic Visioning Group was very rewarding because of the wonderful experience of community. That involvement came at a very opportune time in my life when I needed some ecclesial healing. The experience inspired my recommitment to the organization and to my church.

What have you learned from volunteering? We have some tremendous members in our organization with whom I feel connected. Our leadership is working diligently to advance the ministry of chaplaincy. They both inspire me and give me strength.

She thinks NACC helps keep chaplaincy viable in changing market

Name: Jane Ann Mather

Work: Director, Urban Hospitals, Providence Sacred Heart Medical Center, Children's Hospital, Holy Family Hospital, Spokane, WA

Member since: 1995

Volunteer service: NACC Certification Interviewer, an Interview Team Educator and member of the NACC Certification Commission

Books on your nightstand: There's never just one, but a constant is the "Collected Works of Rainer Maria Rilke"

Book you recommend most often: I know this is begging the question, but it totally depends on the person to whom I'm recommending and what the situation is. A favorite is "700 Sundays," by Billy Crystal.

Favorite spiritual resource: The Bible read on my balcony or spending time with my sons, their wives and/or my grandchildren.

Favorite fun self-care activity: Writing, making greeting cards and stamping (I have hundreds of stamps, pounds of paper, and ink under my fingernails!)

Favorite movie: "Good Will Hunting"

Favorite retreat spot: My balcony/patio with a book or the NY Botanical Gardens in the Bronx.

Personal mentor or role model: Sister Monica Ann Lucas and Sister Elaine Goodell (I want to be her when I grow up.)

Historic role model: Dr. Martin Luther King and Oscar Romero, although I have no aspirations to martyrdom! I want to believe that standing strong for what you believe always changes things for the better but doesn't always get you killed.

Why did you become a chaplain? Because I think that sickness, trauma, suffering and loss teach us about what our faith really looks like and what our spiritual beliefs really are. When we become patients in the hospital, we have all the props and costumes of our lives removed and find ourselves "naked in front of God" -- humanity at its fundamental and unadorned self. As chaplains we have the privilege of meeting people here and learning about creation in a profoundly sacred time in the lives of those who may have never before met themselves this way -- and we are both blessed by the encounter.

What do you get from NACC? NACC provides my colleagues and me with a professional platform on which to build a lay ministry. It is always seeking a better way to allow, support, encourage, translate, educate and advocate for this ministry. Not all patients we see as chaplains can or would gather with us in our church pews, but NACC allows the church to reach out in love to humanity at their point of need. NACC helps to facilitate that on so many levels.

Why do you stay in the NACC? NACC is a member organization. That means I am not just "in" it, I am responsible for helping it to be what I need it to be -- to support all (or at least some) of those things that NACC does that allow me to do what I do at the bedside or in the board rooms that affect the quality of the human experiences of the patients we serve. I see it as part of the healing ministry of our church.

Why do/did you volunteer? For the same reason that I stay a member -- NACC cannot raise the bar on excellence for this aspect of healing ministry unless each member contributes. Money for dues is the least of our contribution; it's the price we pay for having the privilege of using the professional title -- which actually "costs" so much more than we pay in dues: the staff at the national office toil everyday to handle the exhaustive (and ever-increasing) details that the thousands of us need to ensure our certification has teeth and our paperwork is in place. But their continual networking, advocating and countless other activities that are engaged to keep our roles viable in an ever-changing market are only as good as the folks who are out there filling those roles and reporting the needs back. So -- we the members are NACC, we don't get to just "join" it.

What volunteer activity has been most rewarding? I love the certification work in all of its forms. Each step for me has helped me be a better chaplain and a better, more informed member of the organization that opens the door for me to come to work each day and be part of a healing environment.

What have you learned from volunteering? That it is time-consuming, occasionally cumbersome and always rewarding!

SOURCE: *Vision*, November/December 2010

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