Do You Have Any Change?

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Change is not just the rattling coins that I discover in one or more pockets of my clothing.

Though change can be as awkward as the experience of hurriedly checking those same pockets as detectors point out my security violation and passing heads turn to stare as I am held up at the airport checkpoint.

Neither is change understood exclusively in the context of infants and children with the heightening of the olfactory sense in responsible mothers and fathers who lost the deceiving decor of lily white wedding gowns and impeccable black tie tuxedos when they opened the entire gift of marriage and family, diapers included.

Though, change can be just as messy.

Nor is change simply conjured up in a fire red gospel scene where tables are piled with change and attendant money changers one moment, and in the next, these same tables are turned over with the banging of wood and the clanging of coin and the sparks of raw emotion flying around with wood and metal.

Though, change can be just as infuriating.

Voices—sometimes ours, sometimes others—are suggesting, encouraging, pushing, even exacting change in our Church, our work environment, our profession, our identity, our role, even now in the way we structure ourselves as a professional association. And that is just the outside. Simultaneously, within each of us, voices—again, ours as well as others—whisper, persuade, cajole, even demand that we ourselves need to change because of physical changes (age, health, lifestyle), emotional changes (environment, job satisfaction) or perhaps most significantly, and related to all the others, spiritual changes (conversion, the change of changes).

And in all this clamor of voices, change can be, and most often is, awkward, messy, and at least for a period of time, infuriating. Change upsets the balance. Change throws off the equilibrium. Change undoes stability and unleashes insecurity.

Three conversations appear to be the locus of the voices for change in our lives as chaplains and clinical pastoral educators.
THE FIRST CONVERSATION OF CHANGE IS TAKING PLACE IN THE PROFESSION. The chaplain and clinical pastoral educator are less in the background within the institution. Previously he or she might have suffered isolation, yet he or she often also enjoyed a certain independence. On the downside, how great was the barrier to communicate, consult and collaborate with physicians (then the power points in the health care setting)? And yet, how many chaplains and clinical pastoral educators, unlike other health care professionals, bypassed the whole reporting structure and were accountable to the CEO? How many of our “non-revenue producing” departments were then “sacred cows” that were not touched? In all of change, we must remember to see that there are at least two sides, though loss can grow a cataract over one or the other.

We have worked steadily, indeed continue to work steadily, to be recognized as professionals on the professional team in the professional setting. Right now we are living at a place in history where our voice has been heard strongly and clearly by the Joint Commission, which will more than likely soon require certified chaplains as part of their standards of accreditation.

Our chaplains sit on administrative boards, institutional review boards, ethics committees, and other significant places where decisions are made affecting patients, families, staff, the organizational culture, and the future delivery of spiritual care services. Our association leaders are in conversations and partnerships with the American Medical Association, the Coalition for the Supportive Care of the Dying, the Mind/Body Institute of Harvard Medical School, the George Washington Center for Care for the Dying, and the PBS project, Moyers on Dying in America.

And these changes necessitate other changes. For example, the requirements for certification for the profession have risen in the past (in 1992, doubling the requirement of CPE units), are rising now (in 2000, an academic requirement of at least a bachelor’s degree, in addition to the prescribed theology courses), and will continue to rise to meet the standards for the profession (somewhere down the line a master’s degree in Theology).

Why? In previous times, we could generously measure in life experience, long demonstrated ministry experience, and the realities of our Catholic culture in factoring our standards for certification. For example, many of us who are Clinical Pastoral Educators knew that access to theological education for Roman Catholic laypersons, especially women, was not available in many dioceses around the
country. So how could one require a theological degree when women could not go to seminaries? Many of those barriers have come down with a plethora of theological graduate programs, many of them accommodating geography, full-time work needs, etc. by initiating creative, yet substantial programs for long-distance learning.

The change in the profession is necessitating the change in our requirements for certification. The other national certifying body of chaplains, the Association of Professional Chaplains, does require a master’s degree in divinity or equivalency for board certification as a chaplain. How can we require less?

Our colleagues in other health care professions likewise are requiring academic degrees and professional certification/licensure. In our investigation when we first looked at “life equivalency” (later to become “ministry equivalency”), we discovered that social workers give no room for equivalency of any kind. If you want to be the professional, then you meet the standards of the profession.

Not only has our identity changed (professional), but so has our role. We no longer go in to a setting and offer simply religious services, rather we offer spiritual care, which oftentimes, but not always, includes care for religious needs. Chaplains today are interfaith. Spirituality is broader than religion, just as God is bigger than our Churches. While we are clear in our desire to continue strengthening our Catholic identity, we also recognize that the call to the ministry of Jesus is a call to be rooted in the richness of our Catholic tradition, but at the same time a call to reach out to all the children of God, as indeed did he, and not simply to our own lost children of Israel.

A SECOND CONVERSATION OF CHANGE IS TAKING PLACE IN THE CHURCH. Our demographics say it all. On this our 35th anniversary as an association, we have changed radically. In 1965 we were an association of priests. Period. And then the changes of the Second Vatican Council opened not only windows, but doors, as people embraced with joy the call to be ministers of the gospel by virtue of their baptism. Our early forefathers struggled with this change, and women like Julie Houser, Rose Carmel McKenna, and Cyrilla Zarek walked into the room and said “We are here.” The gentlemen approached this change, as history recounts it, sometimes a little awkward, a little messy, a little infuriating. But they embraced the change, and we are the richer for it.

Today the room is larger and much different. Where 200 priests sat as the women walked in (one in a bright red dress as legend has it—and that was before the “power dress”!), there are only 700 priests,
hard to see among the nearly 3000 women and men religious and lay that constitute the “non-ordained,” who represent 84 percent of the Catholic Chaplains in the United States.

The priest shortage, grave as it continues to be, does not affect the spiritual presence of Catholic chaplaincy precisely because of the richness of our membership who have responded not only to the call of ordained ministry, but also even more significantly to the call of commissioned ministry in professional pastoral care in our Church. So this change has worked well.

But conversations continue in our Church as we recognize that while people are receiving spiritual care from our chaplains, many also want the sacramental presence of Christ, especially in the Sacrament of Reconciliation and the Sacrament of the Anointing of the Sick. Creative programs of collaboration with the local priests have in some places taken better care of this difficult problem. And yet, that is not the case within most of the Church. Men and women are not able to receive the sacraments in one of their most vulnerable times in the journey of sickness, dying and death. And for our prison chaplains, the situation is far graver.

Next year, we are going to the primal See in the Catholic Church in the United States: Baltimore. It is here where our American Catholic faith was birthed and where our bishops met during times of change to best read the “signs of the times” and formulated solutions to the faith needs of the people. It is here we will go in May of 2001 to have a very important conversation with bishops, theologians, chaplains—all of us who both constitute the faithful and who are charged to minister to the faithful, to look at change—at times, awkward, messy, and infuriating—but change necessitated where voices are being raised. Mark the dates for this first ever international symposium: The Sacrament of the Anointing of the Sick: Theological and Pastoral Implications for the New Millennium, May 17–21, 2001.

**A THIRD CONVERSATION OF CHANGE IS TAKING PLACE IN OUR ASSOCIATION.** You have received your packets and the follow-up letter extending the time for discussion, clarification, and input for implementation, should you, the membership, vote in this new structure. You have seen a clear history of the proposal, the non-negotiables, the characteristics of a new structure, the revitalized mission, vision and values, and the proposal itself. At the presentation in Charlotte, it was clear to most of us that there was overwhelming support for this change. It was also clear that some struggled more than others—awkward, messy, maybe even infuriating—since that is the nature of change.
We are, however, at a time in our history wherein our current structure is largely incapable of meeting the changing needs of our profession. We need a better use of our limited resources to provide you with direct support in the immediate needs that you face day to day, and to act quickly and decisively on the national level in advocacy for you in the rapidly changing publics in which we are engaged. With all the challenges to change, I encourage you to vote so that we will have a clear reading of the will of our membership.

Change is awkward, messy, and infuriating. At least initially. But do you remember what it was like being on the other side of change? Do you remember yourself from that other side saying, “I cannot imagine this being any different.” Do you remember times when you were working through all the pain wondering if life would ever be somewhat peaceful and calm again? And do you remember that pain finally fading, disappearing, another paschal event in your life with your God?

I remember a story of a woman who was awkward in her approach to change. I remember a story where her son was infuriated at her for pushing the change before his hour. I remember a story where stewards, waiters, and guests were caught in the mess as this woman and her son negotiated the needed change. And I remember six water jars brimming over with fine wine in the end.

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That is my final, favorite story of change. ✝