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Level of NACC members' involvement high; need for your inspiration, leadership continues

The NACC is grateful to all of our members who contributed articles to this issue of *Vision* on the theme, "Using Art and Music to Enhance Ministry." We are deeply grateful to and greatly benefit from members sharing their unique experiences in ministry, in this case with art and music, both to inspire others and to give them ideas on how they, too, can enhance their own ministries. If you browsed through the 2013 issues of *Vision* (www.nacc.org/vision/backissues.asp) you would discover more than 70 authors who contributed articles to the diverse topics covered. We are grateful to all of you.

Volunteering their gifts to share with other members and the profession is a hallmark of NACC members. Many of you give of yourself in so many ways. If you browsed through the NACC 2012 Annual Report (www.nacc.org/docs/resources/2012-Annual-Report.pdf), you would be struck by the multitude of names of our members who contribute their time and gifts to ensure that the NACC is able to fulfill its mission as it "advocates for the profession of spiritual care and educates, certifies and supports chaplains, clinical pastoral educators, and all members who continue the healing ministry of Jesus in the name of the Church."

Nearly four years ago, in the January-February 2010 issue of *Vision*, I reflected on our call to be leaders both in our ministry settings, as well as in NACC. I offered this vision of leadership: "be an inspirational, persuasive influence that positively impacts your organization (including NACC) to fulfill its mission."

I decided to repeat excerpts from that column here as it is all the more important and imperative that we embrace leadership roles for the future of the profession and of the NACC. What I hear from mission leaders and other leaders in healthcare is that they look to and rely on pastoral care leaders and professional chaplains to be *compassionate leaders*, to position and strengthen spiritual care in *new settings, with diverse partners, through innovative services*. I suspect and hope you recognize this language as the theme of the NACC 2014 National Conference in St. Louis, May 17-20, 2013.

The remainder of this column is excerpted from my January-February 2010 column (www.nacc.org/vision/Jan_Feb_2010/ed.asp). I invite you again to embrace "leadership roles" within your ministry settings, and the NACC.

First of all, each of us, as a spiritual care provider, is called to be this type of leader in our respective settings. It is all the more critical at a time when our institutions experience the social and financial stresses that threaten mission fulfillment. Those of us in organizational leadership roles, such as a director of pastoral care or mission, exercise diverse spiritual leadership functions that require a specific set of competencies, as we outlined in the November-December 2009 *Vision*. However, every chaplain is called upon to provide an inspirational, persuasive influence that positively affects the organization's spiritual and moral climate.

Secondly, the NACC needs this type of leadership from its members to fulfill its mission. I was not with you when the "regional" structure existed. I understand it provided many of you direct volunteer leadership roles. Almost a decade has now passed since that structure, and NACC still continues somewhat to feel the effects of a decade-long dearth of too few leadership opportunities through which members can exercise that inspirational, persuasive influence upon one another and promote the spiritual care ministry (our NACC mission). But it's a new decade with new opportunities!

We are beginning to re-engage you, as members, in new leadership roles. I have been impressed with the willingness of so many of you to volunteer your time and expertise, whether as state liaisons or on task forces to advance special projects, such as the NACC website, membership, marketing/recruitment, metrics, conference planning, and others. Thank you. Conference calls have aided us in mobilizing one another around these projects so that we can be the "inspirational, persuasive influences" that positively impact one another and our profession. Thank you.

I see other ways, however, that you are being inspirational and persuasive influences that positively affect one another and the profession. These are exercises in leadership. Some of them are:

- Inviting one another through NACC Now to offer perspectives and resources on ministerial issues and professional needs. Several of you initiated such requests and many of you have responded generously to these requests to help not only the person requesting information, but also to provide all of us a shared pool of resources. This member exchange has been inspirational and positively impacts all of us.
- Participating on member conference calls and/or networking about topics such as palliative care, hospice, and long-term

care. Joining in on conference calls that involve conversing with fellow deacons or NACC members of the same age level.

- Contributing by being certification interviewers, interview team educators (ITE's), and site hosts.
- Helping initiate, host, plan, seek sponsors and speakers or be speakers at local chaplain gatherings.
- Contributing articles to *Vision*, and/or to NACC Now.
- Alerting us to events, books, programs, articles, news, and resources that we can include in NACC Now and *Vision*.

These are examples of the many inspirational and persuasive influences you can have on one another and the profession. Please keep it up! If you have not tried any of these, please make it a priority for 2010! Be part of "Leadership 2010."

Finally, NACC needs members to assume important leadership roles on its board, commissions, and panels that exist to oversee and fulfill NACC's mission to promote the ministry of spiritual care, and educate, certify, and support our members. In the past year the Governance Committee revisited the responsibilities and membership criteria for these entities. They are:

- Board of Directors
- Standards Commission
- Certification Commission
- Certification Appeals Panel
- Ethics Commission
- Ethics Appeals Panel
- Nominations Panel
- Education Advisory Panel
- Editorial Advisory Panel

You can learn more about these bodies on the NACC website (www.nacc.org). Given the purpose of these entities, a level of experience and prior leadership involvement within NACC is expected. In setting the membership criteria for these entities, the Governance Committee struggled to balance the need for sufficient experience with the benefits of "new blood." To help us with identifying and qualifying members for these bodies, we instituted a Nominations Panel, and its work has begun.

At the end of that column, I added, "My prayer for NACC in 2010 is that each of us will embrace generously this new decade by examining how we can grow in our call to be inspiring, persuasive influences who can positively affect our places of ministry and NACC, and embrace generously the call to lead! It's a new decade! Lead us on, O Lord!"

As we look to 2014, my prayer remains the same: that each of us grows "in our call to be inspiring, persuasive influences who can positively affect our places of ministry and NACC, and embrace the call to lead."

See you in St. Louie in May 2014!

David A. Lichter, D.Min.
Executive Director

A history of using visuals to teach the Gospel

By Richard Roos, MDiv

From slide carousels to iPhoto, images bring Scripture to life

I recollect that I learned of the effectiveness of visuals back in the late 1960s and early 1970s when introduced to the use of slide meditations by Father Eugene Boracic, CP, as he conducted evenings of recollection at St. Paul Retreat House in Pittsburgh, PA. He incorporated slides and slide meditations, even as part of chapel services.

Even before being ordained in the late 1970s, sensing the effective use of visuals and photography being my hobby, I started my own library of 35mm slides. Over the years, I accumulated more than 4,000 slides, which I indexed in a notebook. When I would attempt to produce a slide meditation, I would choose either a Scripture or music recording that was rich in visuals. I would have to look through pages and pages of my catalogued 35mm slides index binder just to find possible selections to visualize a single word (of that Scripture or song). It took me forever to list a variety of slide selections for each line or phrase of that Scripture or song, then pull them from the metal boxes in which I kept my slide library, and then place them on a slide editor screen to make final selections, before placing them in Kodak carousel trays. Sometimes there would be a number of slides to illustrate a single phrase; i.e., a sunrise progression, to the scriptural, "And God said: 'Let there be light.'"

One Easter Vigil, I put the first Scripture reading to slides (Scripture is rich in visuals!). One of the easiest slide meditations I ever created was putting slides of various artistic renditions of Mary (photos I took of statues of Mary wherever I came across them, or slides from photos in books) to the music of Ave Maria (jazz version by Deodata on his Whirlwinds album).¹ I incorporated these so that I could use them as a meditation on a Marian Holy Day at Mass. I was fortunate that the church to which I was assigned had a white sanctuary wall, so that I did not need a screen.

But never doing the same thing twice, at a later date I put together a version interspersing contemporary women / mother-with-child / mother-and-child slides with traditional Marian artwork slides to convey that in many senses Mary was a normal woman of her time and not really with folded hands and halo all the time.

I have illustrated many hymns that are rich in visuals with slides composing slide meditations to: "Be Not Afraid," "Earthen Vessels," etc. And I composed slide meditations based on the following themes:

- Pro-life slide meditation utilizing the Phil Keaggy song: "Who Will Speak Up for the Little Ones."
- Eucharist slide meditation utilizing the hymn "One Bread; One Body."
- Love and marriage slide meditations utilizing Dan Fogelberg's song "Longer Than," or Kenny Rogers's "Through the Years."
- Thanksgiving slide meditation utilizing the Dameans' "Love That's Freely Given."
- Presence (of God) slide meditation utilizing the music / song "I See My Lord."
- Glory and praise slide meditation utilizing Psalm 148.
- Holy Spirit slide meditation utilizing John Denver's "Windsong."
- Blessings slide meditation utilizing "All Good Gifts" from the Godspell album.
- Christmas slide meditation to the musical background of "Silent Night" by Manheim Steamroller.

Having taken pictures / slides of Stations of the Cross images in various churches over the years, I utilize those visual images in Stations of the Cross prayer services that I conduct in nursing homes to make the Stations more than words and to convey the reality of what the Lord went through for us to the residents of the nursing homes.

Speaking of Stations of the Cross, I once purchased a slide version of the movie "Jesus of Nazareth," and put them (slides of the Holy Thursday and Good Friday events) to the music of "Jesus Christ Superstar" for a teenagers' Station of the Cross service (together with congregational prayers and hymns).²

Sometimes I would just utilize one or two slides to underscore a Scripture, as slides from my trip to the Holy Land to illustrate the Gospel of the day.

I was born 50 years too soon because with the advent of computers and the Internet, it is so much easier to create and show slide-meditations. Just the other week (15th Sunday of Ordinary Time) when the Gospel was about the Good Samaritan, I was able to Google artistic images of the Good Samaritan, save them to my laptop, create a slide meditation

via iPhoto software on my laptop, and utilize them at a nursing home Sunday prayer service that I based on that Gospel passage of the day via wiring my laptop to the nursing home's big screen TV. No longer do I need to trudge in carrying a screen or Kodak carousel projector — just my laptop and some cables. Those visual images could be shown prior to the service or as background to the Gospel reading.

And having scanned my 35mm slide library into my computer, I can instantly pull up appropriate digitized slides in the creation of a slide meditation, via the search feature of the computer.

My library of digitized music is as easy to pull up using the same computer search feature. For example, for the Gospel of the Good Samaritan, I was able to choose between appropriate songs: "Lord, Come and Save Us," "The Lord is Near," "Our Help is from the Lord," "The Lord Has Done Great Things," "What a Friend We Have In Jesus," "You've Got a Friend," "Look Towards Me," and "In Every Need." From those options I was able to choose "What a Friend We Have in Jesus" as a hymn to be sung by the nursing home "congregation" and several others as meditation songs, i.e., Carole King's "You've Got a Friend," to underscore the congregational hymn "What a Friend We Have in Jesus."

Presently as a hospice chaplain, I create slide meditations for prayer services that I conduct. But I can also easily make selections of religious music appropriate to underscore people's faith at time of death and dying vigils for some of my hospice patients.

Often, unchurched families request that I conduct memorial services for their deceased loved ones (since they may feel uneasy in a church or approaching a pastor with a funeral request), and I utilize meditation music (with copyright permission via an annual copyright / OneLicense permit that I purchased).

You may ask: "What has been the impact on patients?" "Can the addition of art or music distract from matters of the heart and the real issues at hand?"

In this day and age when iTunes has so popularized the public consumption of music, and when Netflix and TV are so much a part of people's lives, I would think that ministry could be enhanced via the incorporation of audiovisuals. But then, the church has known this for centuries as religious art, statues, stained glass windows, and music have been part of the experience of church and worship. So why shouldn't music and visual art also enhance ministry?

In the history of liturgical music, hymns were an expression of faith and used to teach faith. Similarly, religious art was both an expression of faith as well as a means to promote the faith.

I find that visuals bring Scriptures to life and make a connection to the present. I find that music incorporated, as follow-up meditations to Scripture readings, underscores the scriptural or homiletic message.

People may not remember what I say as part of a homily, as much as they remember a visual image or slide meditation or meditation song. Even years later people still remember, better than I, some of the slide meditations that I have created.

Richard Roos is a hospice ministry chaplain with Heartland Hospice in Pittsburgh, PA.

Resources

¹[www.nacc.org/media/Ave Maria-Medium.m4v](http://www.nacc.org/media/Ave%20Maria-Medium.m4v) -- Marian Holy Day (*Ave Maria*) slideshow [.m4v file - 37 MB]

²http://youtu.be/BSB_6vZ8l3E -- Stations of the Cross slideshow (*Jesus Christ Superstar*)

From singing at the bedside to commissioning the CEO, opportunities abound for music in pastoral care ministry

By Carey Landry, BCC

In my 20 years as a chaplain, I have witnessed many instances in which music has played a significant role, from families singing around the bedside of their dying loved one, to the gentle sounds of a harp bringing comfort and peace to patients and their families, and to music therapists using the rhythms of a song as cadence for someone learning to walk again. Instances of the power of music are too many to name here.

Music is and has been an integral part of my chaplaincy ministry. Some might think that, because I am a pastoral musician, I am constantly singing for patients and that I go around with a guitar all the time. Nothing could be further from the truth. In fact, where music is concerned, "less is sometimes more," in that it is only when we use music appropriately that its full effect is felt. In this article, I would like to share with you the variety of ways I use the gift of music with our patients, families and associates. I will use examples of my own music, including examples of adaptations I have made to certain songs, in order to make them more meaningful for specific instances of ministry. However, I want you to know that I use the music of many different composers in my ministry, including many well-known Protestant hymns. This is not a technical paper or treatise. I simply want to share with you today moving moments of grace, when music played an important, yet simple role.

Music at the bedside of one of who is dying

I have often sung *a capella* at the bedside of patients who are dying. This has happened when I was able to establish a good relationship with the patient and the family. It is meant to be comforting and peaceful. In one most memorable moment I was singing, "When Christ shall come with shout of acclamation, and take me home." (from the fourth verse of "How Great Thou Art") when the patient went home to the Lord. This was such a grace-filled, comforting moment for the family and for me. Discernment is necessary, but time and again I have found hymns and songs to be comforting to families when a loved one is dying. In several instances I have been invited by families to conduct the funeral service of their loved one after singing and praying with them at bedside.

This is different from the musical thanatology that is practiced (usually in hospice settings) by those trained to do so. For those of you wanting more information concerning this, I refer you to Strings of Compassion, Sacred Heart Medical Center, P.O. Box 10905, Eugene, OR. 97440-9904 www.peacehealth.org/stringsofcompassion A beautiful recording from this source, titled Loom of Love, is a valuable resource.

Music of healing at bedside

In a very recent encounter, I sang the refrain and verse 2 of my own song, "Lay Your Hands." (OCP) I have adapted the words of the refrain to focus more on healing in these instances. For those of you familiar with the hymn, these are the words I use for the refrain, with some slight adjustments to the melody:

Lay your hands gently upon her/him. Let their touch bring her your peace.

Let them bring her recovery and healing. Lay your hands gently, lay your hands.

The patient, in this case, was intubated and sedated, but the song and prayer so touched her husband that he invited me to come back and pray daily with her. I am very pleased to say that this patient is now clear and lucid and doing much better today, and I sang the song again for her recently. I encourage you to use soothing songs with which you are familiar or those requested by the family. I do find, however, that patients and families are often more moved by meaningful songs that are new to them than by familiar hymns. Such was the case with "Lay Your Hands."

Music for Memorial Services

Memorial Services throughout the year are greatly enhanced by the use of music, especially music everyone can sing, such as "Amazing Grace," and "On Eagle's Wings." My own hymn, "We Will Remember You," which we introduced at the 2008 NACC National Conference in Indianapolis, and which has been used at the NACC conference each year since, is a hymn that families find most comforting. If you are unaware of the hymn, go to www.ocp.org You will be able to hear a portion of it

and you will be able to download it if you wish. I have used "Isaiah 49: I Will Never Forget You"(OCP) at our Neo-Natal Memorial Services for families of infants who have died. I have also used "Isaiah 49" at the "Naming Ceremony" ritual we use when a fetal demise occurs.

Music for Healing Services

If you go to www.nacc.org and type "Healing Services" in the Search bar, the first article to pop up is one I wrote for a past issue of Vision. There I describe a ritual for healing services as well as examples of music.

Music at Christmas with associate "choir"

One of the "traditions" we have established in our hospital is that of singing Christmas carols for (and often with) our patients. Patients and their families have especially appreciated those times when a group of associates sang throughout the hospital. Our associates look forward to this each year. I always tell them, "Talent is not required; just the desire to bring joy to our patients." I provide bells and other rhythmic instruments and we make a joyful "noise" unto the Lord.

Music for the Associates' Christmas Party

Closely related to the above is the annual Christmas party we have for the families of our associates. Two associates play the role of "Mr. and Mrs. Santa Claus" and gifts are given to the children of the associates who attend. I spend time singing with the children before the arrival of Mr. and Mrs. Claus.

Music for commissionings of servant-leaders

Twenty years ago I was hired by St. Vincent Health as chaplain and music resource person. Since then I have been the music minister at the commissionings of many CEOs, directors and managers. I was led to write the song "Servant-Leaders" and it is used at all commissionings in our system. I offer it to you as an attachment to this article. You will find the music scores and an instrumental MP3 in one of the attachments, and a choral rendition of the song in the other attachment. The song is copyrighted but has never been published, and I invite you to use it as you wish. I only ask that you let me know when and how you have used it (jclandry@stvincent.org).

Music for mission and mentoring graduations

Each year I am invited to provide music for the graduation ceremonies of those who have completed the mission and mentoring program offered at Seton Cove, a retreat center for associates at St. Vincent-Indianapolis. I use my song "By Name I Have Called You" (OCP) in a special adaptation. The leaders of the program give me the names of those graduating, and, after I lead everyone in a meditation on the importance of our own names and how we are called "by name" by our God, I sing the refrain of the song. I continue to play softly as I call out the names of those graduating. Each one comes forward to receive their diploma as I call out their name. If the group is large, I will do half the names, repeat the refrain, then call out the second half and repeat the refrain again. Then, after a blessing prayer by the staff over the graduates, we all sing "Companions on the Journey" as they go forth to serve in their own ministries. We have always had positive feedback after this ritual. (The ritual using "By Name I Have Called You," with the calling out of names, can be used in other circumstances affirming associates.)

Meditational music with bariatric patients

I wrote an article for the September/October 2009 issue of Vision describing my ministry with bariatric patients. Type 'bariatric patients' in the Search bar and that article is the first one to pop up. Within that article is a paragraph titled, "Ministry to Patients Before Surgery." It is in that paragraph that I describe the musical meditation I provide using my own version of "Be Still and Know That I am God." (OCP)

Praying with the songs we sing

I sometimes use songs that I love to sing for personal prayer and meditation. One morning I was praying "Lectio Divina" with John Bell's wonderful hymn, "The Summons." I was especially moved by the text of verse 3, "Will you kiss the leper clean, and do such as this unseen...." I was struck that this is such a clear expression of the ideal of our ministry as chaplains -- that we are called to be with the most marginalized and do all that we do without need for recognition. I invite you to look again -- in prayer -- at some of the songs and hymns that you love, and let them re-speak to you and re-call you to this sacred ministry of "kissing lepers clean."

The examples I have given in this article come from my own experience, and I welcome you to share with me experiences you have had. If you wish to do so and/or if you have questions concerning anything I have presented here, please feel free

to e-mail me at jclandry@stvincent.org

Carey Landry is a chaplain at St. Vincent-Carmel Hospital in Carmel, IN, and a composer of Catholic liturgical music.

Notes/resources

www.nacc.org/docs/resources/landry-Servant-Leaders.original.lead.pdf -- Servant-Leaders original
www.nacc.org/docs/resources/landry-Servant-Leaders.kb.pdf -- Servant-Leaders keyboard/vocal score
www.nacc.org/docs/resources/landry-Servant-Leaders.lead.pdf -- Servant-Leaders guitar/vocal score
www.nacc.org/docs/resources/landry-Servant-Leaders.mel.pdf -- Servant-Leaders melody score
www.nacc.org/media/Landry_Servant-Leaders.mp3 -- Servant-Leaders (mp3 audio file)
www.nacc.org/docs/resources/Landry_Servant-Leaders-choral-rendition.docx -- Servant-Leaders Choral Rendition

Carey's page at the Oregon Catholic Press (OCP) website: www.ocp.org/artists/698

Order prayer cards for the XXII Annual World Day of the Sick

It's scheduled for Feb. 11, 2014

The World Day of the Sick is a feast day of the Catholic Church that was instituted in 1992 by Pope John Paul II. It is celebrated every year on the feast of Our Lady of Lourdes. This celebration is a reminder to pray for those who are sick and to recognize and honor those who work in healthcare and those who serve as caregivers.

The NACC has developed resources to help with the planning and celebration of World Day of the Sick. The resources include suggestions and prayers that can be used by individuals as well as by dioceses, parishes, healthcare institutions, and other organizations. There will be two cards offered this year: Card 1 offers the Prayer of the Caregiver and Card 2 offers the Prayer for Sick Persons. On both cards the prayer appears in English on one side of the card and in Spanish on the reverse side.

Go to www.nacc.org/resources/wds/default.asp to place your order for prayer cards.

In Seattle, holiness revealed in song and through artwork

By Jennifer W. Paquette, DMin, BCC

It was the season of Advent and several hundred people packed into the Chapel of Providence Mount St. Vincent to hear the choristers from St. James Cathedral in Seattle. The choir began with a familiar Christmas hymn, and I watched as a woman in the audience joined in for all five verses, her voice melodious and pleasing. Her arms glided through the air, a breath in advance of every change in tempo, as though she were the conductor. I was stunned. I was new to "the Mount" yet knew this woman to be far along in her journey with dementia. She rarely spoke more than a monosyllable, and I experienced her as lethargic and flat in our encounters. On this afternoon, she sat on the end of the pew two rows opposite me and was transformed before my eyes. Through the music, she became engaged, alive, energetic, and fully in sync with the melody. There was a sweetness, a lightness, an enchantment about her that I had never experienced. She sang without a sheet of music to inform her, yet the music evoked a memory where remembrance otherwise evaded her. I did not understand the impact of music in dementia, but I knew I was witnessing something extraordinary. Clearly, music reached deep into the spirit. I vowed that day to understand this phenomenon and to invite a variety of musical talents to teach me how we could use music to touch the spirit, enabling joy and life for the residents.

I soon discovered Oliver Sacks, the physician well known for studying neurological disorders and the impact of music on the mind. His book *Musophilia: Tales of Music and the Brain* was the subject of the 2009 PBS special titled "Musical Minds." What his work taught me is that music has the capacity to engage the emotions, the imagination, even the creativity of the demented mind, whether watching or participating in the musical event. Indeed, the identity of the person is restored, even if only for a few moments, a vital and loving gift to an individual aware of the mind slipping away. This impact may be more profoundly evident where music has been an integral part of the pre-dementia experience, and so it was for this resident who had sung in a choir and was its sometimes director at an earlier time.

The French theologian Louis-Marie Chauvet once wrote, "We situate ourselves in the world in a way to find an identity that makes sense." For the person with dementia, the evolving identity has no congruency with the past when the mind is increasingly unable to remember. In the context of a musical past, the only past that can be recalled, identity is restored along with hope. When the past is present the future is possible. For those moments, life is joyous.

A powerful affirmation of this concept took place in a YouTube video from two years ago.¹ An elderly man with significant dementia had slipped into inertia. The staff desired to enliven his days through the use of an iPod and music he might enjoy. After listening to the music, the man was asked, "What does the music do to you?" He responded, "It gives me the feeling of love!" Then later, he added, "The Lord came to me and made me holy." After all, it is our identity that we take before God. Everything else is inconsequential.

To be clear, music has been an integral component of the Mount experience for many years. Yet, its introduction as a conduit into the spirituality of the individual is quite new. We continually rethink our approach to its application. Our chapel is large, a size typical of an older Seattle church. We continue to invite high quality musical talent to perform in the chapel. Yet, we look for more intimate and interactive ways for music to lead us into the individual's spirituality. We've taken the radical step of moving some of our Masses and other worship services, along with the music, out of the chapel and into the more intimate settings of the communal areas. The residents can see, hear, and touch one another, and engage in new ways through the music. One Mount community of residents has a weekly "Play and Praise," where music and their collective voices, otherwise more often mute, share in thanksgiving for God's goodness.

The art teacher at the Mount opened my eyes to added possibilities to bring the spirit alive. Several times each week she teaches classes to Mount residents who have dementia, never thinking specifically about how the spirit could be engaged, yet aware that it was happening. She showed me a "pepper" created by a resident. Surely it was a "pepper" to the artist, though it didn't look like one to me. Nonetheless, the quality of the artwork, the refinement, and the delicacy of the colors were compelling coming from an individual who exhibited low cognitive ability. It was a portrait of reality for her. It had flowed from a place within of delicate beauty and grace.

Together the art teacher and I explored ways that we might tap into this inner depth of emotion and identity. She helped me to understand that asking the individual to paint a specific religious image, such as an angel or a cross, would likely be frustrating as we hold those images from our life experiences, often now closed to the mind with dementia. But what we could do is lead a discussion of religious concepts, have the "artists" evoke the meaning, and then ask each to draw his or her vision of the concept. For example, what does "hope" look like? Or "holiness?" This work is in its infancy, but we are hopeful that we can touch a deep, perhaps unexplored, center of the individual spirit. As the old man from the YouTube video said of that center, "The Lord came to me and made me holy." We expect to find holiness.

Jennifer W. Paquette is director of spiritual care at Providence Mount St. Vincent in Seattle, WA.

¹ See www.youtube.com/watch?v=fyZQf0p73QM.

Hymns' meaningful words speak volumes to dying

By Sister Susan Pohl, OSB

"Music is well said to be the speech of angels.... It brings us near to the infinite," are the words of Thomas Carlyle, a 19th-century philosopher. As a devout Christian, he was perhaps inspired by Ephesians 5:19: "addressing one another in psalms and hymns and spiritual songs, singing and making melody to the Lord with all your heart."

These words have inspired me to use music and spiritual hymns to bring healing, hope, and peace to the hundreds of persons to whom I have ministered during 23 years as a certified chaplain in hospitals, nursing homes and hospice houses. I accompany myself, gently strumming my autoharp. I would like to share just a few of the many "amazing graces" that have occurred over the years.

I have used hymns and their lyrics with special meaning when visiting patients. In "life review" conversations, I encourage discussion of possible applications of a hymn's words and phrases to various moments of a person's life. One might call it a "musical journey" into the life experiences of the person. Such conversation often brings unexpected insights and even peaceful resolution to some difficult memories.

Singing at the bedside of hospice patients, often surrounded by family members gathered for their final time of quiet love and last words, has been the scene of many "surprises" both to me and to family members. Even the most stoic of those gathered will often be moved to feelings of tearful joy to witness the last words or gestures of a non-responsive patient. I am also happy to be an instrument of providing good memories of their loved one's final journey.

As I sang "In the Garden" at the bedside of a barely responsive hospice patient, whose grieving adult children surrounded her, she was able to move her lips silently to the refrain: "He walks with me, and he talks with me." The sons and daughters were nudging one another and pointing to her moving lips as they smiled. One of the sons who was sobbing audibly suddenly grew silent. At the end of the hymn, their Mom quietly took a deep breath and died smiling. I then heard myself softly speaking: "She walked with Jesus and talked with Jesus right into his arms." There was a general nodding and smiling and tears of joy as they bent to kiss their Mom who had been welcomed into his arms.

In two separate instances, I was singing at the bedside of hospice patients whose families were gathered to spend their last moments with their Dad. As I sang I could see there was no physical response, just quiet, slow and shallow breathing. I knew from previous visits, that their favorite hymn during their illness was "Precious Lord, Take My Hand." So I sang this hymn softly, and as I came to the last line of the last verse: "Precious Lord, Take my hand, lead me home..." the dying men smiled, raised their hands heavenward high into the air, and held them there for some time! This final witness of these good Christian fathers to their children was a priceless testimony to a faith-filled life and a challenge to those left behind.

A man whose favorite hymn was "The Old Rugged Cross" sang it together with me many times. When I was summoned to his bedside in his home as he lay unresponsive with family gathered, I offered to sing his song. When we had discussed the lyrics about "laying down his trophies" he used to point to the large framed picture of his World War II medals that he would someday exchange for a crown. As I came to that last line of the refrain, the unresponsive man broke in with full voice ... "and exchange it someday for a crown." The family rejoiced, amid tears. They never heard his voice again; he died a few hours later.

One final memory was created for a family gathered in the hospice house as their mother lay dying of cancer that had destroyed the lower part of her face. She could still "smile" with her eyes. She and I had practiced this "surprise" for her family. They propped her up and I put a pillow on her lap where I laid my auto harp. I gave her a large felt pick to strum the chords, which I pressed as I sang "How Great Thou Art." She strummed with exuberant energy, looking around at each family member with "smiling eyes" that seemed to say: "Look at me!" The family members were overwhelmed and joyfully gave her hugs and praise.

Yes, music therapy and music ministry are on the rise nationally and are offered in thousands of healthcare facilities in the United States. I am happy to be a little part of this growing ministry of healing and memory-making for families.

Sr. Susan Pohl, of Rapid City, SD, ministers at Westhills Retirement Village and Healthcare Facility and Clarkson Health Care Facility, both in Rapid City.

Playing it by ear: Music background proves to be powerful assist in chaplaincy work

By Maggie Finley, MAPS, BCC

Plato tells us, "*Music gives ... soul to the universe, wings to the mind, light to the imagination and life to everything.*" Visionary poet John O' Donohue strikes a similar note in his elaborate meditation on Beauty, celebrating its capacity to call us to new ways of seeing and being in the world. So for me any discussion about art and music is to be understood within the realm of the Christian aesthetic, considering its natural trajectory toward wholesomeness, balance and beauty, and bordering as it does on perfection and the symbolic. I'm indebted to the spiritual teachers who encouraged me to integrate my arts experience into the practice of pastoral care not only because it's a significant lens through which I see the world and make meaning, but because they recognized the power of art to propel us toward the thresholds of mystery and spiritual imagination — places where words fail — the *thin* places where we humans move in dialogue with "*the real and the ideal.*"

Not everyone is born into a musical family or theatrically trained as I was; nevertheless, this should not discourage exploration of the territory. The first artistic venture that ultimately led to my performing for therapeutic efficacy, was to bring (live) music inside the Missouri

Department of Corrections. Invited by a personal friend, I performed a one woman biographical sketch for the inmates of the maximum security prison in Jefferson City to complement her therapeutic writing seminar.

A few inmates wrote testimonies about how much they appreciated my coming inside as well as the vulnerability it took to share my story. But several more wrote that they were reminded of all the women — mothers, wives, significant others and daughters — who endured hardships on the outside. I believe the contemplative dynamic inherent in the theatrical experience created sacred, non-threatening psychic space that drew these lifers beyond the bars of an iron cage, giving them permission and freedom to express their feelings.

Fast forward to my CPE residency in mental health, followed by seven years in hospice ministry, where I was exposed to further education in those arts within the domain of thanatology. Through the Anam Cara Project, Richard Groves provides a weekend immersion into transhistorical and transculturo-religious realities. The name Anam Cara itself speaks to the artful care of the sick and dying. Groves's own professional and personal journey as an Air Force chaplain led him to key questions about how caregivers address spiritual pain to "ease the pain of dying through prayer, music and ritual." Further inquiry generated during doctoral work drew him into the field of holistic medicine, and tangentially toward a path of rediscovering the wisdom of Medieval Celtic monks whose illuminated manuscripts on "*Ars Bene Moriendi*" formed the basis of the original hospice movement. Fortunately, we have only to look at church history for the exhortation to act artfully within the ministry of care.

Music thanatology carries forward this tradition as a clinical healing modality and subspecialty of palliative medicine in end-of-life care. As much as Campbell's Mozart effect, "an inclusive term signifying the transformational powers of music in health, education and well-being," piqued my interest, surveying thanatology rounded out my understanding of the physics of sound and the fact that musical tonality actually plays on the human body. Music thanatologist Lyn Miletich sums it up this way: "Music resonates with both the physiological and existential needs of a patient to create a palpable atmosphere of calm, serenity and comfort. It is through the prescriptive delivery of live music via voice and instrument (usually

harp) that patients and families are opened to an experience at once unique and intimate, in a safe and sacred place where words are often absent. And if words are elicited by the music, they come from a place of depth.”

Sacred and classical music stem from the same roots so lend themselves to ritual. Patients and families often appreciate the addition of familiar musical motifs to communion and other visitation rituals. Because we now know in the dying process, hearing is the last of our senses to shut down, it was not unusual for me to sing or play recorded music by the bedside of a dying person when suitable, to underscore the patient’s transition, aiding relaxation and easier breathing, reducing pain, fear and anxiety.

Mozart’s music helped me build rapport with a 99-year-old Holocaust survivor who was deaf and without short-term memory. My assessment visit played out in an aura of old-world charm on the porch of her massive Victorian, over a cup of tea, as I made a concerted effort to be heard and understood. The patient, in her still Austrian-accented English, disclosed she was born and raised in Vienna, the city of Mozart. But it was only after I mentioned Strauss, whom she thought a hack, that she laughed and went on at length, painting lively word pictures of what her beloved city had been before she and her husband were forced to flee the impending Nazi occupation. This first connection became the thread to follow during visits when her hearing, mentation and low energy conspired against us. On the days when she couldn’t engage, I thought maybe she’d benefit from presence and resting in the music she loved. I knew that in some cases of aural deficit, bone hearing might be possible, so I started bringing Mozart CDs. Rather remarkably, she heard and responded. (I suspect even though she may not have heard every note, aural memory probably filled in.) Caregivers were also excited about potentially having another way to communicate and care for her, so I encouraged them to use it.

The patient ultimately took ownership of the music, deciding when or when not to play it. Eventually, the music evoked her grief around having outlived her family and friends. In steady decline a couple of months preceding her death, she began to imagine I was a friend with whom she enjoyed the coffee house culture of Vienna. She held forth about much of her life: before and after her escape, ultimately landing in Seattle in the midst of a vibrant Jewish arts community. I wasn’t there when she died, but the caregivers reported Mozart’s music accompanied her last breath.

Patient encounters like these only strengthen my conviction of the power of word, music and movement to convey feeling and tell stories. As corny as it sounds, I subscribe to the theory that “music is the soundtrack of our lives.” I used music with art modalities regularly in my facilitation of spirituality groups as chaplain consult to the Psych Department at Seattle’s Harborview Medical Center. Spirituality Group was offered as a more relaxed and recreational alternative to Dialectical Behavioral Therapy (DBT). A majority of substance users and/ or survivors of abuse responded well to expressive arts and music (usually contemporary). I chose dynamics with an underlying spiritual theme and hopeful message, aimed at creating a safe environment, charged with playful energy, opening participants up to some sense of community, to share stories, to laugh or to shed tears.

The environment provided an unspoken invitation to be: to be themselves as well as to be vulnerable without being judged. Film clips were another useful intervention, especially for those patients whose crisis was beyond the reach of speech or self-disclosure. Film gave them room in which to center or emote. I can report that the arts also allowed persons with special needs to benefit from the group. I remember a blind woman who asked someone to guide her hand in choosing more tactile materials as well as drawing, which succeeded in engaging the whole group. More than one patient who spoke no English was able to fully participate, enjoying the activity and the company even when translators were not available.

While music and art may not be a chaplain’s primary mode of patient encounter, both have a proven track record in ministering to persons in memory care via reminiscence therapies. I accompanied elders with various forms of dementia in acute care and hospice, where being able to share my vocal music

spontaneously was another way of being present to individuals with profound memory or speech loss. In ambient groups, others with similar symptoms could also engage and be “socialized” by the music. The music itself facilitated a patient’s awareness of presence, some orientation to time and place even if in the past, or their own story. Significantly, songs occasionally elicited what I call “camelot moments” — crystalline moments of clarity and/or vocalizations from those who were otherwise non-verbal or minimally responsive.

Maggie Finley, retired hospice chaplain, ministered for seven years at Providence Hospice of Seattle in Seattle, WA. She served patients throughout King and parts of Snohomish Counties. Providence is a non-residential hospice, so she visited patients and families in their homes, skilled nursing facilities, assisted living residences, and occasionally in hospital settings.

Therapeutic effects of Native American flute evident in older adults

By Carole R. DiZeo, MPS

Often you hear people say that music "soothes the soul." Not only does music "soothe the soul" it also promotes healing. The Living Water Flute Circle, from Downers Grove, IL, started as a support group for cancer patients. When I joined I was invited as a chaplain. I sat next to people and across from people who had various forms of cancer.

What was so amazing is that unless you knew ahead of time who had cancer and who didn't, you would have never known by the way each person was so engaged in their flute playing. Not one flute circle member dwelled on their illness. The way in which each person played their flute was mesmerizing.

Everyone played so beautifully that the sound practically put you into a trance. That "trance-like" feeling freed my mind and body of any worry or concern. Each time I played my flute, and listened to others play, I felt so uplifted in mind, body, and spirit. There were numerous cases where, because of the healing powers of the music and the positive energy, people's cancer went into remission or completely left their bodies! Music has a therapeutic effect on a person's well-being. Even people who are dying have a sense of calm and peacefulness when they listen wholeheartedly to the music.

Once a month, at Presence Heritage Village in Kankakee, IL, I conduct a flute circle for our residents. There is such joy and contentment on the faces of our residents as they relax in the healing powers of the flute.

Carole R. DiZeo is spiritual care director for Presence Health at Heritage Village in Kankakee, IL. This article was first published in a Heritage Village newsletter called Heritage Herald. Heritage Village offers a continuum of care, including independent living, assisted living, rehabilitation services, sheltered care, and intermediate and skilled nursing care.

Chaplain-harp therapist witnesses unfolding grace of God

By Sister Jane Urban, RSM

The woman whom I had visited in the Critical Care Unit just two days ago was in physical pain; the cancer had metastasized. Her nurse approached me as I entered the unit, requesting that I play for her. I asked the woman, whom I will name El, if she would like harp music. El smiled and whispered, "Yes." For 15 minutes I played softly at the bedside. I watched El's body relax as she closed her eyes to sleep. Upon leaving the room Doctor R, the critical care director, who was making rounds with the medical residents, jubilantly exclaimed, "It's a miracle! El's vital signs have stabilized. Thank you."

Two men smiled, when they saw me near their doorway. "We heard you down the hall. Please come in." I sat down to play spiritual mantras and familiar tunes. For the 20 minutes I delivered harp therapy, the gentlemen watched intently, and at times, accompanied me with their singing. "You know," one of the gentlemen informed me, "us two (looking at his roommate) are seeing about our hearts this afternoon. We are having a heart procedure. We were feeling very anxious this morning. The harp music calmed us, and now we are ready. We are so grateful."

Bimonthly I bring my therapy harp to Mercy Philadelphia Hospital, where I minister as chaplain. When a person has completed his or her final round of chemotherapy, I am invited to bring my harp to the Infusion Center. The emotional release through tears of joy and gratitude wells up within the person, and within their loved one(s).

The Emergency Department navigated to electronic documentation. One year later the entire hospital implemented the same format. On both of those transition days the staff requested the harp. I circulated throughout the hospital. A cradle of calm and peace ensued in the swirl of chaos, anxiety, and confusion. The staff expressed their appreciation. "My mind and body became so relaxed. What a great pause! Thank you for that gift," one doctor verbalized. "It was the harp music that made the transition go so smoothly," the hospital CEO stated.

As chaplain, as well as a certified harp therapist, I have the privilege of supporting the healing work in the healthcare setting. As part of a mind, body, spirit approach to wellness, music can play a significant role in maintaining a healthy lifestyle and assisting in healing. In the delivery of harp therapy to patients, to family members, and to the worried well, the harp's cradle of sound resolves tension, releases emotion, and spurs the healing process – to improve the health and quality of life.

In my encounters with the sick and suffering I experience the pastoral trust patients and staff place in me, as they share with me their inner landscape. The integration of pastoral care and harp therapy provide me the opportunity for God's grace to unfold. I am privileged to witness the mystery of God in all who share their pain and loss, their life's joys, blessings, wisdom, and experience with me. Being with the sick and suffering to support them in their life's journey is the sacred work of pastoral care. The call to minister as chaplain and as harp therapist is transforming grace.

Sister Jane Urban is a chaplain at Mercy Philadelphia Hospital in Philadelphia, PA. As chaplain and certified harp therapist she incorporates harp therapy into her pastoral service.

Former music therapist sees power of music to provide insights, but cautious about its use with patients

By Rosemary Hoppe, OP, BCC

In the late 1950s, as a college music student, I became interested in music therapy as a field of study and a profession. My own background in high school and college was in classical piano as well as church music in the Catholic tradition. I learned that the profession had its beginnings in the early 20th century as a way of helping veterans of World War I cope with the traumas of their wartime experiences. By the time I returned to college in the 1970s, the field had broadened over the years, with great concentration on the therapeutic use of music with the mentally ill as well as with the mentally challenged. As part of their training, students of music therapy complete an internship usually at a live-in facility for psychiatric patients.

My six-month internship was at a state facility, where some patients lived on locked units and others on open units. Those in the latter situation often were able to leave each day to work in supervised settings. In later years I worked at a live-in facility for the mentally challenged; the area to which I was assigned was for persons under 18 who also had physical problems, and many were wheelchair bound because of cerebral palsy. In these facilities the goal was not the teaching of music. In the psychiatric facility, for some, playing an instrument or singing was the only means of emotional expression, with the longer term goal one of being able to benefit from counseling. In group sessions, minimal social interaction was encouraged through singing or simple folk dancing -- perhaps as simple as "Put your right foot in..." It was hardly real "dance" but a means of movement together. So the goal of a music therapy session may be socialization, increased mobility, and the expression of emotions all in connection with the goals of other members of the staff.

Various therapists -- whether art, physical, or occupational -- all have special training and professional guidelines, as do trained chaplains. An untrained example of a therapeutic use of music can be seen in my own high school experience. As a teenager studying classical piano, following a "difficult" day at school, if I went home angry I would play one of the most bombastic pieces of music in my collection, venting my frustration and anger on my poor piano. Simply listening to the same music did not have the same affect -- once the feelings were vented, and only then, would I begin to play a more tranquil piece of music. My point here is that it is necessary to know the mood of the person and that person's sense of what is needed in order to know what kind of music will help him or her in a given emotional state or frame of mind.

During my 21 years as a chaplain I often thought of how valuable it would have been to use music. The furthest I got was to suggest that long-term patients have a friend or relative bring CDs of music that brought them to a place of inner peace. For persons who play an instrument, playing is most beneficial, but that is not usually possible in the hospital setting.

So we come to what I can suggest as some possible uses of music by chaplains who are not music therapists. Support groups set up for various needs are a good setting for the use of recorded vocal music that can stimulate group sharing. In the nursing home setting, even those with short-term memory loss can usually share memories when stimulated by music popular during their young years of life. Old hymns from various traditions could be used to encourage "theological" reflection and discussion on topics like aging and end-of-life issues.

I believe the feelings surfaced by music performing or listening can be powerful and provide us with insight into others and ourselves. And would that not be of benefit to us as chaplains and to those to whom we minister?

Sister Rosemary Hoppe, OP, of New Orleans, LA, is retired after 21 years as a hospital chaplain in Southeast Texas.

Song, guided meditations, perseverance lead to God in psychiatric unit

By Patricia Regan, BCC

My new position was as a chaplain in a hospital and adjacent extended care facility. On Tuesdays I was to do a prayer service in the psychiatric unit. The chaplain who was leaving the position I was taking explained that she brought Communion to these patients, they prayed together, and music was played.

For over two years I had been a hospice chaplain and had permission from my pastor to take the Eucharist I needed from our church tabernacle. I went to Father, showed him my new identification, and said that I would like to come to the 8:30 Mass on Tuesdays. After services, I asked, could I take about 10 hosts to the unit with me? I would know the day before the exact number I would need. In my parish I had previously been "sent forth" to bring Communion to a senior center as well as to hospice patients.

Then came the surprise. The pastor emphatically stated that he felt that I did not belong in a psych unit. I explained that a woman chaplain had done this prayer service for several years with no problem. His answer was: "You are not to take hosts from this church. If you are going to do this, and I caution you not to, find a church closer to the hospital and get them from there."

Leaving the church, I had a mini-discussion with God: "Why do things have to be so difficult? Is he right? Should I be ministering to these patients?" Doubt grew within me.

I spoke to the pastor of a tiny church near the hospital. He immediately agreed that I could get the hosts from his church. He even gave me keys to the sacristy and tabernacle. We had met in the hospital when he had been called there for the Anointing of the Sick.

Then came the next surprise. When Father opened the Sacristy to show me where the consecrated hosts were kept, it was like being transported into another world. The windowpanes were yellow stained glass and the morning sun bathed the room in a golden glow. The wooden oak drawers and closet doors were beautifully carved. Father had his vestments hung on a man's dressing chair. They were exquisite, with fine needlepoint images of scenes from the Bible. I asked the pastor where they came from, and he replied that they were very old and came from Europe. He had had the backing material replaced but the needlepoint had been a labor of love and has lasted in perfect condition through many years, many Masses and many priests. Every week, when I entered that holy room, art and beauty surrounded and inspired me.

I must admit I was leery the day I was to do the first prayer service. In CPE I had been assigned to a psych unit for several months. But the pastor of my church emphatically said I didn't belong there. Yet the pastor of the tiny church near the hospital, who had seen me minister, had confidence in me. So I asked God for help and things went well.

Music has always enriched my life, and I began our sessions with song. I provided song sheets and they sang along. Sometimes I did guided meditations with soft music in the background. Patients were encouraged to do what was comfortable: close their eyes or keep them open. I usually had a visual to look at and discuss. Patients began to bring things they had drawn or made and, sometimes, they asked for an item to be blessed. We did that together.

The door to our room had to be left open. Other patients and staff would wander by and look in. Eventually more people chose to join our group. There was never a time that a staff member had to come into the room because of a disturbance and they did tell me they felt our sessions were good for the patients.

God was in the art of the church and in our room. God came in and through the music and blessed us all. There were surprises, but I am glad I was not discouraged by the first pastor I approached. I found in chaplaincy that there are many times that things do not go smoothly, but they work out if we make adjustments and persevere.

Patricia Regan is a retired chaplain who lives with her husband, Thomas Regan, also a retired chaplain, in New York.

The Voice: Not just a TV show

By Maggie Finley, MAPS, BCC

My vocal and recorded repertoire includes not only hymns, but also songs from The Great American Song Book that are familiar to folks from the Greatest Generation. Vintage songs are the soundtrack against which they grew up, met, fell in love, fought war, married and raised children.

It is also my experience that with patients exhibiting language reversion (i.e., reverting back to the language of their birth) music is often a bridge. I visited German, Italian and French native speakers who reverted, all of whom seemed to relax and respond favorably to songs sung in their mother tongue. In each of these instances the patients demonstrated memory and speech loss or physical decline.

Without a doubt, singing familiar hymns is well-suited to communion or other paraliturgical prayer services for individuals or groups. But there were other ways in which I was asked to bring my arts expertise to bear on organizational identity.

The skillful use of arts was considered to be a valuable asset in delivering agency-wide reflections/invocations at hospice fundraising auctions and meals as well as corporate meetings. In the wake of the largest major layoff in the history of Providence Hospice, leadership commissioned chaplains and bereavement counselors to partner in crafting ritual to begin change agency by acknowledging the transitional losses incurred during the period of sweeping organizational change. In the skilled nursing and assisted living facilities where I visited hospice patients often, I was welcomed into ecumenical worship.

Hospice chaplaincy and bereavement teams shared a common language in expressive arts, fostering a lot of collaboration in creating ritual environments for grief and prayer groups using musical, cinematic and literary sources. During such sponsored events, we used multimedia production to instruct as well as create emotional impact using PowerPoint, audio CDs, iPods and even live performance. Obviously, all of this production and tech support is to be applied with great sensitivity and a deft hand.

Providence Hospice of Seattle grasped the great fit between media and bereavement services, geared as it was to community outreach: for referrals apart from the hospice experience, for those whose English was a second language, or for multifaith events. Less obtrusive digital iPod and iPad technology has decreased the effort it takes to adapt audiovisuals for therapeutic application.

And although one of my gifts was vocalizing by the bedside, other chaplain colleagues used PowerPoint to enhance ritual prayer for pediatric patients as well as others who requested or responded well to visual meditation (e.g., patients confined to computerized wheelchairs with Lou Gehrig's Disease). During my tenure with hospice, Human Resources and Marketing also seized on live and mediated arts as an effective dissemination tool. I personally represented the Spiritual Care Department in a video shot for new-hire orientation. I penned a dramatic piece I presented in tandem with the hospice's touring photo exhibit "Portraits of Healing." Seattle Repertory Theatre later underwrote the piece as an intermezzo to "Tuesdays with Morrie."

I'm not too surprised by how much can be accomplished by using the creative arts to nurture the spirits of our patients. I resonate with those mystics who believe the voice is endowed with spiritual energies emanating from divine wisdom itself, and so I would advocate for the ongoing mining of ancient wisdom traditions that propose the power of the human voice to open consciousness and penetrate the soul.

Maggie Finley, retired hospice chaplain, ministered for seven years at Providence Hospice of Seattle in Seattle, WA. She served patients throughout King and parts of Snohomish Counties. Providence is a non-residential hospice, so she visited patients and families in their homes, skilled nursing facilities, assisted living residences, and occasionally in hospital settings.

Chaplain uses iPad to calm, soothe and educate

By Judy Eugenio

Instead of printing out my census of patients daily, a few months ago I began to use an iPad to check my patient list. This not only saves trees, it also puts music and art at my fingertips. Frequently I access YouTube to play songs for patients to help them with their relationship with God. I had a patient who was struggling with belief in God. After talking with him for about 15 minutes, I played "Believe," by Josh Groban. When the song finished, he wiped the tears from his eyes and said that the song gave him renewed hope and new focus.

Another older patient had mild dementia and was anxious. She kept trying to get out of bed and was restless when in bed. I asked her what music she liked, and she said waltzes. I found a waltz on YouTube and played it. She smiled. When the waltz ended, she again became restless. I played a longer one. I put the iPad on my lap, took her hands and, looking at the patient, I said, "See, we're dancing." She smiled, forgot about her anxiety for a couple minutes, the nurses were able to do what they needed to do, and the patient kept smiling.

With the iPad, I am able to have many sacred encounters. I currently have 20 plus songs on my favorites in YouTube. Songs I have used include: "Sometimes He Calms the Storm" (Joshua Bullock), "That's All the Lumber" (Mercy Me), "Shepherd Me O God" (Salesiankids), "Amazing Grace" (Native American by Gregory Baker and by truthcrisis), "I Can Only Imagine" (Mercy Me), "Angels Among Us" (Alabama), "You Raise Me Up" (Josh Groban), "You Are Loved" (Josh Groban), "God Will Make A Way" (Bluegrifter), "We Walk By Faith" (DecemberSnow), "Be Not Afraid" (Richard Carney), "The Serenity Prayer" (bspscaz7), "The Prayer" (Celine Dion and Josh Groban, Celine Dion and Andrea Bocelli), "Word of God Speak" (Mercy Me), "Heaven Got Another Angel" (Gordon True), and "Blessed Assurance" (Avalon) to name a few.

I played "Heaven Got Another Angel" for a mom whose child had died. After I played it, she commented how much it meant to her to hear the song. We never know what is going to touch our patients, but when allowing God to guide the conversation, he will also guide the song that the patient needs to hear the most. Some of the above-mentioned songs have scenes of nature and others of religious background. Some I've chosen have the words on the screen and others don't.

Music is not the only way I've used my iPad to help a patient heal. A young child came into the Emergency Department one day after having been in a car accident. His mother and younger sister were transported to one hospital, and he and his older sister were brought to St. Jude Medical Center. He and his sister were transported separately. I saw him alone and scared, so I started talking with him. He told me he liked baseball. By this time, his aunt had arrived and his sister was brought in by ambulance a few seconds later. After seeing his sister, he was taken into a room to be checked out. I let him access the Internet on my iPad and search for his favorite team. He also searched for and found pictures of trains. This calmed him, and he could answer the questions the nurse was asking him.

I also have the "Pray-as-you-go" iPad app by Jesuit Media Initiatives and have bookmarked "[Sacred Space](#)," a source of daily prayer online in many languages, as well as a Bible resource so that I am able to pull up Scripture passages without carrying the book or leaving the room to go after a Bible. I also have reflections such as "The Story of the Three Trees" that I have used with a support group. In addition to using my iPad with patients, I also have used it to show the NACC video on chaplaincy at my unit department meetings.

Judy Eugenio is associate chaplain with St. Jude Medical Center in Fullerton, CA.

Beyond a sequence of sounds: Healing music reaches ‘secret places of the soul’

By Isabelita Q. Boquiren, BCC

There are many definitions of music.

Music is said to be a spark of the divine, a universal language, the language of the soul, the language of angels, a second language to prayer. While all these statements have some truth to them, Plato’s assertion that “music and rhythm find their way into the secret places of the soul” speaks to me the most. It points to music as a form of communication that goes beyond words, reaches the depths of a person’s whole being, allows humans to touch their lived inner experiences, here and now, and to connect them to a memory, pleasant or painful, and therefore healing. In my mind, this is where music in spiritual care is most relevant and significant.

My previous experiences in hospice and now as a hospital chaplain provide powerful evidence-based truths in this regard. Music has not only reframed, but also influenced the way I practice spiritual care.

It has been years since my hospice chaplaincy, but I still cherish the nuanced intricacies of thanatology, when a certain type of music with a soothing cadence of notes was employed to lead the patient to relax into the threshold of heaven. Most times, when silence pervades the encounter with a critically ill or dying patient, music has the potential to become the familiar link to communication. The patient may send a message of acknowledgement of what he/she is able to hear through a handclasp, an eye blink, or sometimes a raised hand. Here the chaplain, through a combination of keen observation and the gift to interpret what is meaningful to the patient, spoken or unspoken, and with in-depth spiritual assessment, facilitates music as an easing into something native and familiar and a return to a place of emotional and spiritual comfort.

During a hospital assignment, Carlos stood out among the first patients I saw. The referral notes to the chaplain included feelings of isolation, sadness, occasional apathy, anxiety, and anger. The stated patient age was 25. I first knocked on the door and gained permission to enter. I found a 12-year-old-appearing gentleman sitting up in bed.

“Good morning Carlos,” I said, followed by a brief introduction. He responded: “You are right. That’s me, Carlos. People mistake me for a little boy. I suffer from one of the effects of having had cystic fibrosis since childhood. Please have a seat.” How polite and well-mannered, I thought, as I pulled my chair closer to the patient’s bed. In doing so, a small guitar leaning against the night table caught my eye. It was a bit larger than a ukulele and appeared to be constructed of fine wood. To open a conversation and as my way of beginning spiritual assessment, I shared with Carlos how intrigued I was with the guitar.

“Oh that,” he said, as he started to pull it up to his bed. “It was a gift to me by a friend before I left Puerto Rico. He had it customized to my size since big guitars would be too difficult for me to hold, considering how small I am.”

"How thoughtful of your friend," I said, and just then he started to strum a musical intro quite familiar to me, "Malaguena." I watched this patient's facial expressions and the connection he had with every single note. Despite his frail, gaunt frame, he remained focused in the wonder of the here and now. I expressed my thanks and awe at the end of his guitar-playing.

"That is a special piece of music to me and my family. It speaks of who we are and where I came from. I wish they were all here.... Well, they are in many ways," he said. He began to wipe away a tear and managed to recount his sacred story with meaning and courage -- his journey from Puerto Rico to the mainland United States for medical treatment.

As I reflected on my day that evening, I was filled with an awareness of the power of music in spiritual care. I also more acutely realized the caring presence of the Spirit in every encounter with a patient, and as well, the interconnection music brings about in this work of healing. Music to Carlos was a way of connecting the deepest side of himself to his present lived experiences while in the hospital. It helped Carlos to express his nostalgia for family and home, loneliness, isolation, and suffering, all of which produced a gamut of emotions. It seemed to me that "Malaguena" and all the music in his soul opened a floodgate to allow the flow of deep emotional, spiritual, psychological issues that undoubtedly brought a sense of freedom to Carlos. Indeed, the Spirit "blows where it wills" and spiritual care for a patient depends on how I listen and pay attention to the clues and queues on when to allow music as an effective tool for the expression of the patient's cultural, psychological, emotional and spiritual needs, struggles, and hopes.

Mrs. G came to the Geriatrics Center more than three years ago with a history of two major strokes that had left her with moderate dementia and a noticeable left-side paralysis. Every morning, Mrs. G arrived in the dining hall in a wheelchair with the help of patient technicians. She took her place at the group table. Her replies were a nod or a shake of the head, and when she liked something, she tapped the table with her good right hand. As a spiritual activity one rainy day, I sat down by the piano and randomly played musical runs that easily came to mind. Mrs. G began to tap the table. At tap 3 she indicated she wanted to go next to the piano. She watched me play at first and then began to run her right fingers on the keys.

On the second day, she did the same thing, only this time her runs were farther out than her normal reach on the keyboard. In the afternoon activity, she was taken to the piano and to everyone's amazement played the chords to the opening of Beethoven's Sonata No. 5. Mrs. G became much more animated in expression and in responses. She waved and seemed to smile a bit. She played the piano with her right hand more. We learned that Mrs. G was a concert pianist, and a deeply spiritual person before the onset of strokes. To Mrs. G, music was her emotional and spiritual source of strength and of hope, a connection and reminder that transported her to the depths of her being.

Mr. H suffered from a brain injury that had severely affected his speech pattern and his psychomotor functioning. When awake, he incessantly rocked and would repeat the last few syllables of any word he heard, only in an unintelligible fashion, followed by a loud burp or yell, just like someone with Tourette's syndrome. Because of the loud yelling at the end, his family chose for him the farthest room down the hall in the skilled nursing facility. He was provided music CDs to listen to, but this proved ineffective as he displayed a dislike for listening longer than five minutes.

The nursing director approached the chaplain to see if there were spiritual tools or practices that could help alleviate his problems. At first I thought of brief meditative chants or prayers. How to transmit them to him so he could repeat them was a real challenge given his condition. The gift was

in a five-hole Native American flute that typically offers what are called the “five healing notes,” each note with a tone that “reaches the depths of the five senses.” The flute was accessible and easy to carry. After a week of self-teaching, I ventured to engage Mr. H to see if he would listen. After the first notes, Mr. H became silently attentive. So I continued for 10 minutes more. His wife held his hand and was glad for the first time during his illness that he grasped hers tightly. Mrs. H asked that I play a little bit longer. The rocking, yelling and burping stopped.

The Native American flute now is put to good use now in the hospital setting. I find it helpful to carry it with me every day. Patients with chronic pain syndrome, anxiety, fear, emotional or spiritual crises claim they feel calmer, focused and transported to a healing inner quiet by listening to the musical notes of the flute.

Anita was the mother of three and grandmother of 10. She always loved the “Mañanitas,” a traditional Spanish-language song. As soon as breakfast was over, she would come to the piano and point to someone to sing the “Mañanitas” with her. This song holds special meaning in Latino cultures. It is an all-occasion song for significant events — birthdays, quinceañeras (15-year birthday celebrations), anniversaries, cursillos, illness, and death. Anita, with her dementia, managed to sing the songs in her native tongue, Spanish, although she was raised and grew up in the United States.

Music has a natural way of taking one back to what is familiar, and the mind has a way of recapturing what is stored in memory, such as the notes of a given song learned during formative years or in association with significant events, whether sorrowful or full of joy. It’s here that healing takes place and music finds Plato’s “secret places of the soul.”

Isabelita Q. Boquiren, a member of the NACC’s Editorial Advisory Panel, is chaplain and patient advocate at Carondelet Holy Cross Hospital in Nogales, AZ. Note: The names of patients in this article have been changed to protect their privacy.

Advent is time to reflect on how to imitate Christ

By Charles W. Sidoti, BCC

It has been said that stewardship in Christianity follows from the belief that human beings are created by the same God who created the entire universe and everything in it. To look after the Earth, and thus God's dominion, is the responsibility of the Christian steward. "The earth is the Lord's and the fullness thereof, the world and those who dwell therein" (Psalm 21:1). The steward is one who acknowledges that his or her personal life, as well as all of creation, is a gift from a loving and gracious God. In response to this gift he or she actively participates in life in such a way that expresses love, gratitude and respect for God, others, self, and for the environment. Understanding and communicating what it means to live a life of authentic stewardship can be elusive. Coming to a full realization involves a lifetime of learning how to love as God loves, and who can better teach us how to love than God?

Jesus explained, "I tell you the truth, the Son can do nothing by himself. He does only what he sees the Father doing (John 5:19). Jesus, in imitating his Father, is the revelation of God's love. We in turn are called to be imitators of Jesus. Paul, in his letter to the Corinthians, advises, "Be imitators of me, in so far as I in turn am an imitator of Christ" (1 Corinthians 11:1). The Christian classic "My Imitation of Christ," written by Thomas à Kempis begins in this way,

He that follows me, walks not in darkness, says our Lord (John 7:12). These are the words of Christ, by which we are admonished, that we must imitate his life and manners, if we would be truly enlightened, and delivered from all blindness of heart.

The spiritual way and teaching of St. Francis of Assisi is grounded upon Francis emulating the simplicity and humble obedience of Jesus, whom he recognized as being the ultimate example of what it means to be a steward of God.

The season of Advent is a wonderful time to think about what it means for us to emulate the life of Christ in our personal life, in our ministry, and in our life together as a Christian community. The words of St. Paul to the Philippians are helpful in this regard, "Let this mind be in you which was also in Christ Jesus, who, being in the form of God, did not consider equality with God something to be grasped at" (Philippians 2: 5-11).

At my home parish, Church of the Holy Angels in Bainbridge, OH, we have adopted a new parish theme, "Stewards Reflecting Christ." This theme embodies what it is that each of us is called to do and "be" as a follower of Jesus. During this Advent season may we all grow in the awareness of God's presence in our daily lives as we prepare to celebrate the coming of Christ. Let us pray that our thoughts, words and actions might be a reflection of the Holy Spirit of the Living God who dwells within, and that we might truly be a steward reflecting Christ.

Charles Sidoti is coordinator of spiritual care at South Pointe Hospital, Cleveland Clinic Health System, in Cleveland, OH. He is the author of two books, "Living at God's Speed, Healing in God's Time," published in 2011 by Twenty-Third Publications, and "Fortune Cookie Wisdom: a contemplative perspective," published in 2013 by Tau Publishing.

Research Abstracts

By Austine Duru, MDiv, MA, BCC

In this issue of Vision, in lieu of publishing a research article, we present eight resources in hopes of assisting readers to sample a broad range of research and research related topics by chaplains and non-chaplain collaborators. Each resource is related to our current Vision theme, "Using Music and Art in Chaplaincy." For each resource, a link to a safe, open access site has been included to aid in further detailed reading.

Stuckey, H. L. & Nobel, J. (2010). **The connection between art, healing, and public health: A review of current literature.** *American Journal of Public Health, 100*(2), 254-263.
www.ncbi.nlm.nih.gov/pmc/articles/PMC2804629/

The definition of health and well-being has moved beyond mere absence of disease or infirmity to encompass the totality of physical, mental and social well-being that is congruent with the holistic view of the place of the human person within and in balance with the structure of the entire ecosystem. This robust view seems to capture the nuances of the review done by Stuckey and Nobel. The authors explored the relationship between engagement with the creative arts and health outcomes with specific focus on discovering the health impact of music, virtual art therapy, movement-based creative expression, and expressive writing. The team hoped to establish a foundation for ongoing investigation into the engagement of arts with health. The study looked at published articles from 1970-2007 focusing on the four areas of investigation above. The results showed that while creative expressions have been embraced by multiple cultures as a means of healing, "only in recent years have systematic and controlled studies examined the therapeutic effect and benefits of the arts and healing." The authors insist that the "use of arts in healing does not contradict the medical view in bringing emotional, somatic, artistic, and spiritual dimensions to learning." Instead, it complements the biomedical view by drawing attention beyond the symptoms to the "holistic nature of the person." (104 references).

McCann, S. R. (2013). **Can an art intervention influence quality of life in a hospitalized patient?** *haematologica, 98*(1), 4-6. www.haematologica.it/content/98/1/4.full

Shaun McCann, professor emeritus of hematology and academic medicine at St. James Hospital and Trinity College, Dublin, was behind the "open window" study conducted at a stem cell transplant unit to assess the effect of multimedia art introduced in the facility. The author believed that art intervention should not be relegated only to pediatric wards; they have a place in adult units. The findings of this study suggest that exposure to art had significant impact on the patients when compared to those who were not exposed. "The reduction in anxiety and depression found in the study was significant, but what surprised us most was the positive difference in the experience of patients undergoing stem cell transplantation when exposed to 'open window,' versus those who were not exposed." The author concludes with one caveat, "We do not suggest that an art intervention will necessarily influence the outcome of stem cell transplantation." "Open window" is a paradigm that positively mediates the experience of the patients while in the hospital by making the hospital stay less difficult. (15 references).

Koen, B. D. (2013). **"My Heart Opens and My Spirit Flies": Musical Exemplars of Psychological Flexibility in Health and Healing.** *Ethos, 41*(2), 174-198.
onlinelibrary.wiley.com/doi/10.1111/etho.12014/full

The discussion of cultural sensitivity in a healthcare environment seldom takes on the subject of music as an aspect of culturally sensitive areas that chaplains and healthcare providers ought to be aware of.

Various studies show the significance of music as a medium of culture and a mediating factor in health and wellness. In this case study, Benjamin D. Koen introduces us to ethnomusicology (an innovative field of integrative research and applied practice concerned with music, medicine, health, healing, and culture) as an aspect of psychological flexibility. This is a “conceptual framework for better understanding diverse cultural and clinical contexts of health and healing.” Koen’s work explores how a genre of Pamiri (Pamir Mountain region is in the eastern province of Tajikistan) devotional music popularly known as maddoh enhances psychological flexibility for the participants. He shows that engaging certain specific socio-cultural markers such as local belief system, poetry, prayer, and music, could generate enriching and multi-layered system of psychological flexibility that enhances wellness and healing. A key idea here is that health benefits derived from music and creative arts are not limited to a specific genre or culture. This study is laden with conceptual frameworks that are highly technical and might be boring to the reader who is not familiar with ethnography or psychological flexibility. But this discussion does not prevent the reader from grasping the key elements and ideas that the author is trying to communicate. (26 references)

Kelly, C. G., Cudney, S., & Weinert, C. (2012). **Use of Creative Arts as a Complementary Therapy by Rural Women Coping With Chronic Illness.** *Journal of Holistic Nursing, 30*(1), 48-54.
jhn.sagepub.com/content/30/1/48.full

Access to healthcare, especially in rural parts of the United States, is fraught with significant challenges. The gender dimension of health disparities is also an important factor, for instance, when coping with chronic illness. In this research study, the authors set out to investigate the spontaneous use of creative arts as a complementary therapy by rural women in the western United States coping with chronic illness. This gender-based study was conducted over an 11-week period when women living with chronic pain conditions were exposed to a computer-based intervention that provided interactive health education. This was later examined to determine references to the use of creative arts and the influence this may have had on the management of chronic illness. The results were categorized in three areas of consideration: Coping with pain, relaxation/quality of life, and giving back to others. The findings suggest a positive correlation between the use of creative arts and increased overall well-being. The authors conclude that the already-marginalized rural populations could benefit significantly from creative art interventions. There is a need to discover new and better ways to implement these findings. (27 references).

Clair, A. A., Lyons, K. E., & Hamburg, J. (2011). **A Feasibility Study of the Effects of Music and Movement on Physical Function, Quality of Life, Depression, and Anxiety in Patients with Parkinson Disease.** *Music and Medicine, 4*(1), 49-54.
mmd.sagepub.com/content/4/1/49.full

This study explores the health benefits of an exercise program facilitated by auditory music cues on key “motor functions, balance, trunk flexibility, upper limb range of motion, self-perceived daily functioning, and self-perceived quality of life in persons living with Parkinson disease (PDs).” There were 24 seated exercises performed for 36 minutes each day for 10 weeks. Half of the participants studied (seven out of 17 participants) completed the study program in full. The results show preliminary evidence that music- and movement-based exercises have the potential to improve overall quality of life and movement in persons living with PD. It is perhaps obvious to add that further studies with a much larger cohort might be warranted here. However, this study has some potential for pastoral care of persons living with Parkinson’s disease based on some of the findings of this study. For instance, this study could be helpful in establishing an interdisciplinary support group or spirituality group for such a patient population in a hospital setting or in extended care facilities. (67 references).

DeMarco, J., Alexander, J. L., Nehrenz, G., & Gallagher, L. (2012). **The benefit of music for the reduction of stress and anxiety in patients undergoing elective cosmetic surgery.** *Music and Medicine, 4*(1), 44-48.
mmd.sagepub.com/content/4/1/44.full

Care providers and especially chaplains who work in surgical units and outpatient surgery facilities are

aware that pre-op anxiety can overwhelm patients and sometimes family members. It has been documented that stress and anxiety during surgery have unintended negative impact on expected health outcomes, leading to extended recovery periods and possible complications. This study was an attempt to explore the impact of music on patients in the pre-operative environment. Twenty-six patients were involved in this study. Fourteen were exposed to pre-selected music before their surgery. Twelve patients were among the control group. The results show that those patients who were exposed to music before surgery reported 18% less anxiety. This population of patients benefited emotionally from hearing music played to them before their surgery, leading to improved health outcomes. (25 references).

De Bruyn, L., Moelants, D., & Leman, M. (2012). **An embodied approach to testing musical empathy in participants with an autism spectrum disorder.** *Music and Medicine*, 4(1), 28-36.
mmd.sagepub.com/content/4/1/28.full

The privilege of providing care to persons with Autism Spectrum Disorder (ASD) is both a humbling and rewarding experience. One of the key symptoms of ADS is the loss or disturbance of social empathy skills. This study, which involves 11 adult participants, explores the dynamics of empathy in artistic contexts. It examines the degree to which autistic participants can access the emotional content of music through listening. Four experiments targeted synchronization ability and implicit attuning effects of the music. The first involves tapping to the tune; the second involves drawing the tune from a broad selection of musical genres. The authors conclude that musical empathy is accessible to people with ASD when evaluated from a corporeal standpoint. However, when emotional processing of music is required, their response is significantly limited. This suggests that, "people with ASD seem to rely on disembodied cognitive process to attribute effects to music." They do not have direct access to the emotional content of music. (26 references).

Janata, P. (2012). **Effects of widespread and frequent personalized music programming on agitation and depression in assisted living facility residents with Alzheimer-type dementia.** *Music and Medicine*, 4(1), 8-15. mmd.sagepub.com/content/4/1/8.full

Caregivers of patients living with Alzheimer's-type dementia can attest to the unpleasantness of the agitation and depression that are common mood changes among this patient population. Studies have shown that a familiar voice or the presence of a loved one is sometimes helpful in calming such patients. This study aims to explore another dimension of this phenomenon by exploring the impact of familiar music on this patient population. The author studied 38 assisted living patients for 12 weeks. These were exposed to music for several hours in the course of the day. The result points to a significant and sustained reduction in agitation and depression when examined against two important protocols. This finding indicates that exposure to music in the immediate surroundings of persons with Alzheimer's-type dementia has the potential to reduce average levels of agitation and depression. (20 references).

Austine Duru, a member of the NACC's Editorial Advisory Panel, is staff chaplain at Franciscan St. Margaret Health in Dyer, IN. He is also adjunct professor of philosophy at Calumet College of St. Joseph in Whiting, IN.

2014 NACC conference to focus on compassionate leadership

By Robert Barnes, BCC

The theme for our May 17-20, 2014, NACC National Conference is "Gateway to Compassionate Leadership." As chaplains we understand well what it means to be compassionate. It is the heart and soul of God. It is the essence of the Paschal mystery. And it is the foundation of our ministry.

But leadership? In what way are we leaders? I think this is a question many chaplains wrestle with. Leadership is not just a function of job title. All chaplains are called to be leaders. We provide leadership through prayer and our commitment to honor the dignity of all. We are leaders in the areas of ethics and mission. And we lead through our presence and witness.

I didn't always understand the often subtle ways in which we are seen as leaders. Several years ago our CEO stopped to talk while I was on a break in the cafeteria. He said something I have never forgotten, "I appreciate talking to you. Everyone else sees me only as the CEO. They're always on edge and trying to figure out what they think I want to hear. When I'm with you we talk like real people."

At our best we bring that spirit of authenticity to our interactions with others. In a world of rapidly evolving professional relationships and new settings for ministry, chaplains have unique gifts to offer. As stated in the theme description for the conference, chaplains are called to exercise compassionate leadership:

- From a renewed spirit – we will explore the diverse ways we connect with and refresh our bodies, minds, and spirits for the work we do, including self-care, support and collaboration with each other, and prayer.
- In new settings – we will explore the diverse settings to which we are called, from clinics to home care, from outpatient specialized services to hospice centers, from palliative care to preventive care.
- With new partners – we will explore the diverse partners to which we are called, from the interdisciplinary care team to the spiritual care role of all employees, from mission leaders to the quality and safety teams, from religious community representatives to church leaders, from professional researchers to the next generation of chaplains.
- Through new services – we will explore the diverse services we must become skilled at providing, from e-chaplaincy to video-conferencing, from training care team members to do spiritual screenings and referrals to becoming skilled at translating spiritual issues into clinical terms, from effective charting to care plan development and implementation, from being an educator to acting as an advocate for the underserved.

Come away to St. Louis to reflect on how we bring our style of leadership, compassionate and Gospel-centered, to our colleagues and organizations.

Robert Barnes is chair of the May 17-20, 2014, NACC national conference in St. Louis, MO. He is also staff chaplain at Essentia Health at St. Mary's Medical Center in Duluth, MN.

Featured Volunteer: Sr. Margaret Washington, ASC

Years as chaplain have been 'grace-filled'

Name: Sister Margaret Washington, ASC

Work: Director of Pastoral Care, Holy Spirit Hospital, Camp Hill, PA.

Member since: 2000

Volunteer service: Hosting the interview team educators (ITEs) Oct. 5-6, 2013, at Holy Spirit Hospital, Camp Hill, PA. The team used the Pastoral Care Department during the weekend. I've been an NACC state liaison for Pennsylvania for the past five years and have welcomed NACC members to annual in-service days over the past 11 years.

Book on your nightstand: Sacred Scripture and "Just Because: Prayer-Poems to Delight the Heart," by Melannie Svoboda, SND

Book you recommend most often: Resources from "The Brick Wall," by Kathleen J. Rusnak. This is my choice at this time as Kathleen will be our presenter for our June 6, 2014, in-service. Her topic will be "Because You've Never Died Before."

Favorite spiritual resource: Books by Joan Chittister, Robert Wicks, Melannie Svoboda, and many others.

Favorite fun self-care activity: Gather with friends.

Favorite movie: The Notebook (2004)

Favorite retreat spot: Precious Blood Spiritual Center, Columbia, PA

Personal mentor or role model: My personal mentor has been my spiritual director, Father John McCaslin, SJ. My role model is our Blessed Mother and Maria De Mattias, our foundress. I am an Adorer of the Blood of Christ, an international missionary community.

Why did you become a chaplain? I became a chaplain to care for the spiritual needs of persons who are experiencing trauma, shock, illness and death. I would like to be a compassionate presence to others. I knew that I needed training for that so I spent one year at Catholic Health East for chaplaincy training. I know the importance of education for ministry and I sought out certification. I stayed on as chaplain for all the same reasons, only my experience during these past 12 years has been more grace-filled than I could have imagined.

Why do you volunteer? I am happy to be able to volunteer because I appreciate the direction, support and all who are involved at the NACC.

What volunteer activity has been most rewarding? The most rewarding activity has been having David Lichter and other national speakers come to Holy Spirit Hospital and to be able to gather with so many chaplains for annual events.

What have you learned from volunteering? I've learned that opening up our doors to other chaplains and supporting the efforts of the national association, I am enriched personally and inspired to be what I am called to be as a chaplain.

Do you recognize 'Big Brother god,' 'Egghead god,' or 'Genie god'?

By John Gillman, PhD, BCC

Giving Up god ... To Find God. By Kerry Walters, Orbis Books, Maryknoll, NY, 2013. Paperback, 179 pp. \$20.

Drawing upon Meister Eckhart's assessment that "taking leave of God for the sake of God is the greatest act of renunciation that someone can make" (p. 163), Walters advises his readers to leave behind the contemporary idols our own madness has created and replace these with the living God. Or simply, let God be who God is. In line with the psalmist, "For all the gods of people are idols" (96:7), the author, an Episcopal deacon, sketches 10 manifestations of idolatry that have spawned in contemporary American culture.

Born of fear, the pantheon of idolatrous gods is, the author asserts, nothing more than us decked out in superhero costumes. Named first is the *Genie god* propagated by prosperity preachers, a god meant to function like a magic lamp and grant whatever we ask. *Big Brother god*, so named after the Big Man in Orwell's novel, 1984, is a frowning, demanding idol whose devotees are crushed by unachievable demands. Unfortunately, especially in the light of more recent scholarship, Walters distorts Paul's pre-conversion religious experience and first-century Judaism at large by his procrustean attempt to impose Big Brother god as representative of the faith of Israel.

Patriotic god, being a fusion of nation and religion, needs little comment. Those who engage in constant good works without prayer or reflection place their allegiance under the *We Can Do It god*. Walters names bibliolatry or belief in biblical inerrancy a form of *By the Book god*. And the cult of *My god*, with its emphasis on my Jesus as opposed to our Jesus, is like worshiping an idealized projection of one's self.

The Church god idol is followed by those caught up in dogmatism and whose desire is that the church remain the way it has always been. *The Designer god* is for those who want a pliable deity to match their own mercurial whims or latest interest. Walters calls this practice indiscriminate eclecticism. And those, spiritually frozen in time, who believe that all you need to know about God was learned as kids, and prefer *Sunday School god*. And finally the *Egghead god* is an utterly abstract deity venerated by abstract thinkers, such that intellectual constructs supplant the reality of God.

In the concluding chapter Walters highlights the virtue of patience in getting to know God, and advocates an approach of "divine no-thingness," similar to apophatic theology, that is cautious about any efforts to define who God is. "God as God truly exists is the great No-thingness unlimited by space and time....[God] is absolute vitality" (p. 172). Walter's analysis is insightful, well articulated, though at times pedantic and preachy in tone.

Going beyond the confines of a review, I believe that it is instructive to see how the author's perspective on idolatry may serve as a lens through which to view statements in a recent interview given by Pope Francis. Francis affirms that "no one is saved alone, as an isolated individual" (see *My god*). "The risk is ... the willingness ... to say with human certainty and arrogance: 'God is here.' We will find only a god that fits our measure" (similar to *Designer god*). "In life, God accompanies persons, and we must accompany them, starting from their situation" (contrast *Egghead god*).

Several of Francis's statements echo the cult of Walter's *Church god* and *Big Brother god*: "The church sometimes has locked itself up in small things, in small-minded rules"; "If one has the answers to all the

questions – that is the proof that God is not with him”; “If a Christian is a restorationist, a legalist, if he wants everything clear and safe, then he will find nothing”; and “Those who today always look for disciplinarian solutions, those who long for an exaggerated doctrinal ‘security’...have a static and inward-directed view of things.”

Pope Francis’s counsel that “we must let God search and encounter us” is also where Walter takes his readers.

John Gillman is NACC and ACPE supervisor at VITAS Innovative Hospice Care in San Diego, CA.
