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White: Keep joy, speak truth, practice self care

By Laurie Hansen Cardona  
Vision editor

Keep joy at the forefront despite the turmoil you witness, honor your body by taking care of it, speak the truth, and you will be reconciled within, chaplains were told at the NACC National Conference in Milwaukee.

C. Vanessa White, assistant professor of spirituality and director of the Augustus Tolton Pastoral Ministry Program at Catholic Theological Union in Chicago, made the comments May 19, during her plenary address titled "Don't Be Wary: Reconciling Spirit Within Ourselves."

Ms. White, who referred to herself as a "practical theologian," because she works to apply theology to real life, asked her audience members at one point to raise their hands if they had good news to share. One chaplain shared that his wife was pregnant with twins. Another chaplain said her son had struggled with mental health issues, and was now back in school with a B average.

"There's lots of bad news in the world, but we are Easter people," Ms. White said. "Everybody's hand ought to be up." She said that in order to minister effectively, chaplains and other ministers need to be joyful and to pass on hope.

"There are a lot of sour saints out there," she said to laughter. "I have come up against them at Catholic Theological Union, yes I said it. I've come across it at the religious education congress in Los Angeles, at my parish, St. Irenaeus, when I'm with my students ... and I think: What is going on?"

She advised the chaplains to establish spiritual practices, such as:

- Honor the body.
  
  Drink water. "I know you like coffee and fruit juice, but start drinking water... I tell my students to bring water to class. Water will nourish you. By the end of the semester, they're in a much better sense of being, emotionally and physically."
  
  Get rest and sleep. "If you are not rested, you will not make effective decisions."
  
  Make movement part of each day. "I walk. I am not a runner; I have bad knees."

- Take Sabbath. "Ministers are some of the worst people for taking Sabbath. They're always working. You need to take a day of rest or if you can't do a day, take a half day. You turn off your cell phone, your smart phone. You do not check your email. I put on my email, 'Taking Sabbath, will get to this later.' This is witness to others. It may mean entering a different relationship with family or friends. It may mean sleeping."

- Enjoy life. "Think of three things you enjoy doing. Don't say you enjoy your ministry or enjoy going to church. Think of some activity you used to enjoy as a child. I like going on a swing. I'm a 56-year-old woman, but I walk past a park and get on that swing. I enjoy doing puzzles. Doing that reinvigorates me for what I need to do."

- Develop an attitude of gratitude. "What you focus on is what you give power to. What I find is more and more of us are focusing on what is lacking and the problems in our ministries and in our hospitals. So that is what we give power to. We miss God's grace, God's spirit, because of where our focus is."

- Have mentors and guides. "Who's journeying with you? Who are you reading? Many of you drive. Do you have the practice of using your car as chapel?" she asked.

- Develop a practice of prayer. Ms. White suggest remembering the acronym, PAL (Praising and Thanking, Asking, Listening), when praying.

Ms. White, who noted that this year she celebrated 26 years of ministry in the church, said that her own
story was an example of how an individual can get off track, recover and get back on track. She said after becoming overextended, too easily irritated and developing physical problems, she decided to take a “layman’s sabbatical” – do temp work for one year. She took that year to be attentive to her health and wholeness.

She offered her audience several resources she had found helpful, among them the poetry of African-American writer Mari Evans, who she said preaches “that we must speak the truth to the people, talk sense to the people, free them with reason, free them with honesty, free them with love and courage.”

She cited the Rev. Martin Luther King’s message that “our lives begin to end the day we are silent about things that matter.”

Ms. White said she had personally come to a point where “I can no longer be silent about the un-health I have experienced and seen in my colleagues. I will talk today more about wholeness. You can have a chronic illness and be whole. And you can be what’s considered completely healthy and not be whole.”

She recommended that chaplains read “7 Essentials for the Spiritual Journey,” by Dolores R. Leckey; “Sabbath: Finding Rest, Renewal and Delight in Our Busy Lives,” by Wayne Muller; and “In Defense of Food” and “Food Rules,” by Michael Pollard.

She cited the work of African-American Catholic theologian Fr. Bryan Massingale, who has spoken about his own struggles with depression and despair. His struggles, she believes, are common to many ministers. Yet, Ms. White told of the priest-theologian’s conviction that “as people of the resurrection we have to be hope-filled,” sometimes in spite of what’s going on in our world, our community, and our church.

She said Fr. Massingale acknowledged that he also struggled at times with “fear and cowardice.” “If I speak the truth, if I do challenge, what will happen to me? We know what we should do but we do not do it,” she said, recalling Massingale’s message.

He also spoke of over-extension and being overwhelmed. Ms White said, “with the financial cuts in ministries and hospitals, more and more is being piled on you. There’s going to come a point where you are going to break.” Thomas Merton, she said, called overwork “innate violence.” To surrender to too many demands, to submit to too many projects, she said, is “to succumb to violence.”

Too many live divided lives, she said, noting that author Parker Palmer speaks about that divided life in his book, “A Hidden Wholeness.”

“We refuse to invest ourselves in our work, diminishing its quality, and distancing ourselves from those it is meant to serve. Are we making our living at jobs or ministries that violate our basic values even when survival does not absolutely demand it? Just because we are doing ministry doesn’t mean that the context we are in isn’t destroying our spirit,” she declared.

“We remain in settings or relationships that steadily kill off our spirit. We harbor secrets to achieve personal gain at the expense of other people. We hide our beliefs from those who disagree with us to avoid conflict, challenge and change. We conceal our true identities for fear of being attacked or criticized.”

Jesus, she reminded the chaplains, said to choose life. She quoted from Matthew: “Love God with all your heart, your soul, your might, and love your neighbor as yourself.” If love of self is missing, all other components in this call from Matthew slide out of balance, she suggested.
Bishop Cupich: Reconciliation at heart of Catholic tradition

By Laurie Hansen Cardona
Vision editor

Bishop Blase Cupich of Spokane, WA, told Catholic chaplains that Catholic tradition clearly shows that the church’s ministry of reconciliation is not merely an option. “It is not an add-on. It is not an elective. It’s at the heart of who we claim to be,” he said May 21.

And critical to reconciliation is the strategy of dialogue, the bishop stated. “I have to admit that I find it very odd that while dialogue has been a constant theme in papal documents in the last century, there are still voices in the church today that are, should I say, derisive of dialogue, portraying it as caving in to others, compromising our beliefs, negotiating the non-negotiables,” Bishop Cupich declared.

Dialogue with those “we disagree with and even are estranged from” is “the fullest way we imitate and manifest the presence of God in the world,” he said.

He made the comments in his plenary address at the NACC National Conference in Milwaukee. Bishop Cupich currently is chair of the U.S. bishops’ Committee on the Protection for Children and Young People. He has been involved in the Emerging Models of Pastoral Leadership Project as well as the 2011 Collegeville National Symposium on Lay Ecclesial Ministry.

The topic of his plenary talk was “A Reconciling Church: Recapturing Our Mission and Our Future,” and chaplain-questioners gave him a workout on the topic following his address.

In his talk, Bishop Cupich told the chaplains that being with them “gives me an opportunity to express my respect and appreciation for the unique contribution you make to society and to the church. You also have a base of experience that serves as a very important reference point and resource as we look at the topic of reconciliation.”

He said chaplains offer “fresh perspective” on the healthcare issues facing the nation. “You know the heartache of patients and their families dealing not only with the illnesses they face, but with the rising costs and the threats to their financial security that go with them.

“You also know the stories of those who too often are un- or underinsured. You also know healthcare workers and professionals who are pressured at times to give more attention to regulations and rules than to their patients. You have your finger on the pulse. You sit with mothers and fathers, sons and daughters, and offer counsel and consolation in end-of-life situations.

“You are also graced to see firsthand the compelling witness of people each and everyday – the dying who approach their mortality with serenity and surrender, healthcare workers who weep with family members at the loss of a loved one and show a depth of humanity that inspires others to join their profession. For these and for so many other reasons, I am really honored to be here with you this afternoon.”

Bishop Cupich said that he had been asked to give his talk in hopes of sparking theological reflection on your ministry.

“I consider your theological reflection as a real resource, not only for yourselves, but for the church,” he told the chaplains. “You can help the church keep alive and even reclaim an understanding of reconciliation that is truly evangelical, Gospel-laden in nature and which the world and the church both need.

Bishop Cupich said there were three things to keep in mind for theological reflection:
• The need for humility when talking about the divine or the manifestation of the divine.
• Keeping “God talk” tethered to church tradition.
• Using language that speaks to the modern person, with a “pastor’s heart.”

Reconciliation, he said, is about healing, repairing, and responding to sin. The story of the fall in Genesis is “our story,” he said. “We, with our first parents, are expelled from the Garden ... and become rivals of each other. It’s a rivalry that’s so vicious that the first chapter of our human story in exile is about fratricide.”

Bishop Cupich noted that the story of the fall comes on the heels of the creation story. The fall, he said, is “humanity’s reaction and response to creation.”

“We are left with the impression in hearing this Genesis story that creation is nothing less than God’s planned extravagance ... for us.... So why would humanity react with such galactic stupidity and rashness as to break with such a generous Creator who chooses to reveal divinity as planned extravagance, as planned excessiveness for us?”

The rest of the story is not about following the law; it’s about God’s fidelity, the bishop said. “The real story is not about the economy of the law, but about the economy of grace,” he said. After the fall, instead of God punishing humanity, he said, “God doubles down and becomes more extravagant. He becomes more patient and even gives his only Son.”

With this extravagant generosity, the bishop said, God “tricks the trickster,” who is Satan. This is evangelical reconciliation that Bishop Cupich said suggests strategies for reconciliation.

The first strategy, he cited, was prayer. In prayer, he said, “we are schooled in a reconciliation that is primarily not about evening the scales of justice, about fixing broken things, or making up, or repairing of the damages in a particular incident or initiative, or even solely about our problems and our individual sins being reconciled.”

The second strategy, he said, is dialogue. This dialogue involves “reaching out with planned extravagance,” as God did after the fall. Reconciliation begins with “pursuing to exhaustion and with love,” he said.

The third strategy is patience, he said. It is a patience not based on our endurance, but on the belief that “God is at work in the other ... and that God has planted a desire for reconciliation within them.”

Developing a plan of graciousness and hospitality is the fourth strategy, Bishop Cupich said, citing the parable of the Prodigal Son, who was welcomed home by his father despite his reckless ways. “I often see this in the graciousness of parents of grown children,” he said, mentioning a man who related to the bishop that his son had decided not to attend his own college graduation or to look for a job in his field, but instead took off traveling. “This is not a plan,” the young man’s father told Bishop Cupich, yet the man said he would be there when his son returned from his travels, confident that his own stability, balance and generous love would right the chaos in his son’s life.

“People do not live up to our expectations. We are disappointed by their responses. We don’t like the chaos and disorientation it brings. God’s response to the new chaos of sin was not Satan’s formula; God’s response was to double down in planned extravagance,” the prelate said.

The fifth strategy is to be aware of the enticements of evil, he said, adding a warning against demonizing those with whom we need to reconcile. This leads to the belief that there is a finite amount of God’s love, which is inaccurate.

The church’s ministry of reconciliation must first of all begin in the church, he said. “We should not be naïve about the power of sin to create division in the church,” said Bishop Cupich, noting that the church today is experiencing divisions that can at times seem incurable.
All Catholics need to take responsibility for healing in the church today, he said. “We need to hold each other accountable,” he said, by challenging voices that aim to divide the church, rather than reconcile.

“We must try to be united in what is essential for Christian faith and life,” the bishop said.

In a question-and-answer period following the plenary session, one chaplain asked, “What has the Vatican done to model reconciliation and dialogue, when it will not even dialogue with the women of this church?”

Bishop Cupich responded: “One can always talk about what the Vatican can do, but for the most part church is lived in each individual diocese. Each individual bishop is the vicar of Christ. Can the Holy See do things differently? Without question. I have no doubt. We can all do a lot better. I wouldn’t place it all on the Holy See. I think that we all in our own dioceses have to do it and model it. I can tell you that it does work. When you get people together and they get to talk about various things, those opportunities do a lot of good.”

Another chaplain commented, “I applaud you for your willingness to dialogue.... My problem, my frustration, my anger... is with pockets in the church, starting with the Vatican, who refuse to dialogue.” She cited the Vatican’s recent order to reform the Leadership Conference of Women Religious, known as LCWR. The Vatican April 18 appointed Seattle Archbishop J. Peter Sartain to provide “review, guidance and approval, where necessary, of the work” of LCWR, a Maryland-based umbrella group that claims about 1,500 leaders of U.S. women’s communities as members, represents about 80 percent of the country’s 57,000 women religious.

Bishop Cupich responded: “I can assure you, because I know Archbishop Sartain very well, that he is going to be a good partner in dialogue on this. You are going to be very pleased with the way he is going to work with the Sisters.... He’s very concerned about how this is done. He spoke directly to the Holy Father about it.”

He continued: “This is a discussion that has at least a five-year period to it. It wasn’t: ‘Go in, lay down the law....”

Bishop Cupich also called LCWR’s initial response to the Vatican order “very balanced, very mature, very open, level-headed.”
Sister deBlois: Chaplains as Reconciling Presence

By Mary Arnold, MAPT, BCC

Sister Jean deBlois, at the NACC National Conference in Milwaukee, called on chaplains to lead efforts in reconciliation within the workplace by helping to create a caring community.

Speaking in a May 20 plenary address, Sister Jean deBlois, a Sister of St. Joseph of Carondelet and past NACC board member, addressed chaplains on the theme, “Creating the Caring Community: Chaplains as Reconciling Presence.” In the midst of the fragmentation, chaos and isolation in so many areas of life in the world today, a caring community, in which caregivers are committed to the common good of all, has the ability to nurture and ground its members, and to enable them to work together to serve people in need, she declared.

Sister deBlois is professor of systematic theology and director of the Master of Arts in Health Care Mission Program at Aquinas Institute of Theology. She is a registered nurse who has worked in critical care with firefighters and paramedics.

The temptation of fragmentation and chaos is to turn away from others to protect one’s own interests, which can easily lead to conflict. This fractures the caregiving community, and works against the wholistic care we seek to provide for the people we serve, Sister deBlois said. Since caregiving is about affecting human good and well-being, it must begin with creating and sustaining the caring community.

This is not simply an ideal, she said, but a matter of justice rooted in the Catholic tradition of moral and social teaching. Sr. deBlois outlined three essential principles that propel the need to form the caring community. Each person has worth and dignity by virtue of being created in the image of God, which requires “giving what is due to those we serve and to those with whom we serve.”

The social nature of the human person draws humans to work together rather than working as individuals who think no collaboration with others is needed, she said. And, in the Christian understanding, justice and charity – understood as giving while seeking nothing in return – go together, she explained. “Creating the caregiving community is a way to create the common good,” that is, “the sum of the conditions necessary for the full flourishing of all members of the human community,” explained Sr. deBlois. This effort, through chaplains’ work as reconcilers, is important for those served by chaplains and for chaplains’ colleagues.

“Our character is significantly affected by the quality of the workplace community,” where such a large portion of time is spent, she said. The values of the workplace community, the personality traits that the community encourages, and the role models set forth for emulation, affect workers’ personalities and shape the quality of their community, she said. Sr. deBlois suggests that, as reconcilers, “we are called to witness to the virtues that are helpful to promote and sustain the community,” particularly solidarity and compassion.

Fundamental to the Catholic tradition is the conviction that every person is created in God’s image. Solidarity calls Catholics to see the goodness and potential in each person, and to commit to work for the good of all. The brokenness of others is relevant to individuals’ lives because we can only flourish in community, she said.

As reconcilers in the workplaces, compassion calls chaplains to “be in tune with the suffering, not just of patients and families, but of other caregivers,” to notice which caregivers are suffering, and to respond. In addition to compassionate presence and listening, this response may sometimes require speaking “truth to power.”

“Reconciliation involves more spirituality than strategy because it is first and foremost the work of God,”
Sr. deBlois pointed out. Reconciliation begins with what God does for us, and depends on the awareness of God’s grace active in our lives. The work of reconciliation must be based on an ongoing, developing relationship with Christ.

Reconciliation is about “creating communion among persons,” restoring right relationships. It requires the same skills that a good chaplain already uses. Perhaps what is most challenging about creating the caring community is assisting members of the caregiving team to want reconciliation and to see that it is possible. We cannot heal like Jesus did, Sister deBlois noted, if the community of caregivers itself is broken and divided, and refuses to be healed.

God’s work is not complete yet, Sister deBlois noted. Chaplains, she said, are called to assist God in the work of re-establishing right relations by being a reconciling presence in our workplace.

Mary Arnold is a chaplain with Wheaton Franciscan Healthcare-Iowa.
Father Dear: Develop a vision of heart, reconcile with everyone, live peace

By Laurie Hansen Cardona
Vision editor

The choice is no longer violence or non-violence; it is non-violence or non-existence, Jesuit Father John Dear told Catholic chaplains in a plenary address.

He called for a “vision of the heart” that “sees every person on the planet as our brother and sister.” With that vision, the task is to persist in reconciling “with everyone we meet for the rest of our lives,” he said in his plenary talk, which focused on the theme, “Blessed are the Peacemakers: Reconciliation Within Our Global Society.” It took place the last day of the May 19-22 NACC National Conference in Milwaukee.

Father Jack Crabb, SJ, who introduced Father Dear, called his fellow Jesuit “a prophet” and “an internationally known voice for peace and non-violence.” Father Dear also has run a homeless shelter in Washington, D.C., served as director of a center for disenfranchised women and children in Richmond, VA, and served as a Red Cross chaplain to families affected by the September 11 attacks on the World Trade Center. South African Archbishop Desmond Tutu nominated Father Dear for the Nobel Peace Prize in 2008.

Father Dear, in talking about his life, said he had been “a wild college kid at Duke (University),” until he was “knocked off the fraternity barstool, saw the light, knew I had to give my life to Jesus, and my next thought was I’m going to have to become a Jesuit.”

He explained what followed: “I go to my parents, and they’re utterly appalled and beg me not to, and say at least wait one year. I thought I could do that, but told them, ‘Mom, Dad, I’m packing up and going on a holy pilgrimage to hitchhike through Israel for three months by myself to see where Jesus lived….‘ My mother put her hands on her head and said, ‘Where did we go wrong? It’s worse than we thought.’ And that’s what I did, only the week I left, Israel invaded Lebanon.” All the Holy Week pilgrimages were cancelled, and the young man was soon one of a handful of foreign tourists left in the country.

After research, Father Dear learned that the Pentagon had orchestrated this 1982 invasion, which it had called “Operation Peace for Galilee.”

“That summer we killed 60,000 people in Lebanon. I was camping out illegally by the Sea of Galilee. It was so beautiful, blue sea, green hills, big, blue sky…. I’m visiting the Chapel of the Beatitudes. For the first time in my life, I’m really reading the Gospel because I have nothing with me. I’m reading ‘blessed are the peacemakers, hunger and thirst for justice, love your enemies, be as compassionate as God.’ I suddenly thought, ‘Oh my God, I think this guy is serious.’

“And it was just then that I saw these big, black, Israeli jets fall from the sky, breaking the sound barrier, setting off all these sonic booms. They swooped down over the Sea of Galilee dropping a whole bunch of bombs and killing people.

“It changed my life,” he said. “For a split second I opened my eyes to the reality of the world.”

When he returned to the United States, issues of peace and justice become his No. 1 priority. As a 21-year-old young man he spent time with pacifist brothers, Josephite Father Philip Berrigan and Jesuit Father Daniel Berrigan. “If you’re sitting at the feet of Daniel and Philip Berrigan, it’s just a matter of weeks before you’re arrested at the Pentagon,” noted Father Dear.

At current count, he’s been arrested about 80 times, Father Dear said. “I’m banned from all your favorite military bases. I’m an ex-con, and I can’t vote, and I can’t travel to half the nations of the world, I’m monitored by the government, and I’ve got a serious problem with recidivism.”
In 1985, at the height of the war in El Salvador, he went and lived and worked in El Salvador at the invitation of Jesuit priests at the Universidad Centroamericana José Simeón Cañas (UCA).

He recalled that rather than a welcome, Spanish Jesuit Father Ignacio Ellacuría, UCA rector, said to Father Dear upon his arrival, “The purpose of the Jesuit university in El Salvador is to promote the reign of God.”

“Wow! I had never heard anybody say that – because I had been working at Georgetown. I didn’t think the reign of God was, like, in their top 40,” he said to laughter.

He said Father Ellacuría went on to say, “We’ve learned in El Salvador, you can no longer say you’re for peace, unless you stand up publicly, actively against war. You can no longer say you’re doing good, unless you stand up publicly, actively against structured, systemic, institutionalized, global evil.”

Four years later, in 1989, the U.S.-backed Atlacatl Battalion summarily killed Father Ellacuría and five fellow Jesuit priests – Segundo Montes, Ignacio Martín Baró, Joaquín López y López, Juan Ramón Moreno, and Amado López – and their housekeepers (a mother and daughter, Elba Ramos and Celia Marisela Ramos). In the middle of the night, the six priests were dragged from their beds, then shot in the head.

Father Dear offered eight points for individuals hoping to reconcile the whole human race with day-to-day ministry:

1. Claim as core identity that “we are the beloved daughters and sons of the God of peace.”
2. Be mystics of peace, justice and non-violence. “There’s always somebody you hate. Let it all go. Give to the peace-making Jesus all your hurts, your bitterness. Radiate personally the peace we seek politically. Grant general amnesty and clemency in the hope that God will do the same with us,” Father Dear urged.
3. Be people of “meticulous personal and interpersonal non-violence.” In the peace movement, if “we’re angry, mean people for peace, it doesn’t work,” he said. Cultivate interior non-violence.
4. Have one foot in the global, grassroots movement for justice and peace.
5. Be students and teachers of non-violence. Study Gandhi and Dr. King and Dorothy Day.
7. Be visionaries of peace and non-violence. “One of the casualties of this culture of war is the loss of the imagination,” Father Dear said. Follow the example of the abolitionists, who raised a new, unexpected vision of equality, he urged.
8. We’re being sent on a journey. “Jesus is a movement organizer – a peace movement,” he said. “That’s our mission. Heal the sick and announce the Reign of God, of non-violence,” Father Dear said.
With music, words, Rev. Consiglio entertains, inspires, educates

By Laurie Hansen Cardona
Vision editor

“Now this is who you are,” sang out Rev. Cyprian Consiglio, a monk of the Camaldolese congregation who was “conference weaver” at the May 19-22 NACC National Conference in Milwaukee. The chaplain audience responded in song, “This is who I am.”

The song was a dialogue with God in which God reminded humans of their holiness. Written by the monk who makes his home in Santa Cruz, CA, it grew out of his chance discovery of a prayer card at a Trappist abbey.

Rev. Consiglio, who is musician, composer, writer and teacher, spoke before and after plenary addresses at the conference. He entertained, brought chaplain confreres to attentiveness, as well as inspired with his own philosophical and theological gems, often relating interfaith knowledge and passing along ideas for contemplation and meditation. He also presented his own music in a lively concert the evening of May 21.

A few of his gems follow:

- I was in Gethsemani, the Trappist abbey in Kentucky where Thomas Merton lived, and I was in their bookstore, about 17 years ago, and I found this little card and on it was this thing called “The Litany of the Person.” I sat down in the back of abbey church and immediately started singing it. And it turned into this song I’ve been using for a lot of things…. An idea that Dr. White and I agree about is this idea about the body as a temple of the Holy Spirit. I grew up hearing about it as a warning, “Don’t dance too close, you’re a temple of the Holy Spirit,” instead of hearing it as a compliment, instead of hearing it as a sign of my dignity.

   When finally someone told me, “You are a temple of the Holy Spirit” in a way that I heard it as a sign of my dignity, it turned everything around.”

Words on the card found at the Trappist abbey:

**The Litany of the Person**

Image of God
Born of God’s breath
Vessel of divine Love
After his likeness
Dwelling of God
Capacity for the infinite
Eternally known
Chosen of God
Home of Infinite Majesty
Abiding in the Son
Called from eternity
Life in the Lord
Temple of the Holy Spirit
Branch of Christ
Receptacle of the Most High
Wellspring of Living Water
Heir of the kingdom
The glory of God
Abode of the Trinity
God sings this litany
Eternally in his Word
This is who you are.

- When you travel as much as some of us do, it’s hard to find moments of silence, peace or meditation. You learn to meditate in a plane, sometimes standing in line at the Circle K or the 7-11, sometimes walking, (or) interacting with others. It’s always that breath that calls us back. For now, even when you’re home, find yourself standing on your own two feet, you could line up your ears with shoulders, and your hips and your ankles. Find yourself standing solid on Mother Earth, drawing energy from the ground, breathing deep in through your nose, air coming in cool, reminding you of the love of God pouring into your heart, the air going back out warm reminding you that you’re putting something back into the world. The standing posture can be a sign of our dignity as daughters and sons of God. We are grateful for being called worthy to stand in God’s presence, and serve the world.

Let’s call ourselves to attentiveness, to watchfulness. We start by talking about care of self and reconciliation within ourselves.... The second step is talk about our smaller circle of professionals, colleagues with whom we work who may or may not share our values, who may or may not share our faith. We are going to widen that circle of compassion a little bit more today and talk about the church as a reconciling presence.... Let’s find again that inner peace of our real self hidden with Christ in God, and let’s bring to mind that circle we talked about yesterday, of our colleagues and our competitors, our friends as well as our enemies, those we agree with and those we don’t agree with. Let’s call them here and reconcile them inside of ourselves with those conflicting parts of ourselves.

As you exhale, remind yourself that you are putting some of yourself back out into the world. Inhale grace; exhale charity. Inhale grace; exhale compassion. Inhale the love of God. Exhale the love of God.

- There’s this practice in the Buddhist tradition called the Metta practice. Perhaps after a period of meditation, you then would dedicate whatever merit you might have gained, out. You start out by dedicating the merit to yourself. You start out by saying: “May I be happy. May I be well. May I be at peace.” Next you think of all the people in the room you’re meditating with, and you dedicate your merit to them.... So I thought this was particularly important in this progress we’re making from self to professional community to ecclesial and then to global....

I got this practice from my 12-step friends that if you’re really annoyed with someone, you should pray for them. It’s really bothersome! I made it my practice before every liturgy I would stop at the Marian icon and pray for whatever brother monk was bothering me – the same guy for 10 years! I am sure I was bothering him just as much.

Let’s first wish ourselves well, find our own happiness, and wish that we would be prosperous.

Bring to this presence those who you work with. Think of them by face and name. May they be well. May they be happy. May they be at peace.

Now think of somebody who really, really irritates you. Bring them into this circle too. This may be the specific thing that Jesus brings to this whole discussion that other teachers don’t talk about as much – that we are to love our enemy and pray for those who persecute us.... Find a name and find a face. Nobody gets left out of the circle of compassion.

This is a version of “Metta Sutta” from Zen tradition.

May all beings be happy. May they be joyous and live in safety. All living beings, whether weak or
strong, in high or middle or low realms of existence, small or great, visible or invisible, near or far, born or to be born, may all beings be happy. May one not deceive another, nor despise any being in any state; let none by anger or hatred wish harm to another. Even as a mother at the risk of her own life, watches over and protects her only child, so with a boundless mind should one cherish all living things, suffusing love over the entire world, above, below, and all around, without limit, so that one cultivates an infinite good will toward the whole world. Standing or walking, sitting or lying down, during all one’s waking hours, let one practice the way with gratitude.

Related link:

Archbishop Coakley: Live in the present to achieve desired completeness, peace

By Laurie Hansen Cardona
Vision editor

Look to the future with a sense of hope, Archbishop Paul Coakley of Oklahoma City, OK, told chaplains in his homily during a celebration of the Eucharist and remembrance of deceased NACC Members.

“This (hope) is perhaps the best gift we can bring to those we are called to serve,” said the archbishop, who is episcopal liaison to the NACC. However, he said, there has to be a reconciling presence “deep within our hearts before we can share it with others.”

Archbishop Coakley told the chaplains that the readings of the day – from the Acts of the Apostles and from John’s Gospel – seem as though they are the final act of a play or the final argument to a jury.

St. Paul wrote this letter when he was winding up his ministry in Ephesus, the archbishop said. While he knew suffering awaited him, Paul looked back over his life with a profound sense of peace, the archbishop said. He had no regrets. He had proclaimed the Gospel and completed the work the Lord had asked of him, Archbishop Coakley said.

In John’s Gospel, there is a “beautiful exchange between Jesus and his beloved Abba,” he recalled. Jesus realized that his hour had come, and that he had completed the work his Father had given him. He had made his father known.

Archbishop Coakley pointed out that these readings offered prior to Pentecost recall the coming of the Holy Spirit “to energize the church to continue to carry on the work of Jesus’ healing and reconciling mission and ministry.” He noted that chaplains carry on this work as well by attending to the suffering of “the least of our brothers and sisters” and being with them “in their moments of vulnerability, helping them, ministering to them, allowing them to hear good news, perhaps helping them to come to their own sense of finality and fruition of life lived, bringing peace and hope.”

Chaplains themselves and those they serve, the prelate said, “may not experience the completeness we hear about in our readings today.”

“We are living our lives for tomorrow, for the future. Tomorrow I will seek reconciliation with my spouse, my co-workers, with my church, with whomever. Tomorrow I would like to start to pray. Tomorrow, I’m going to ... whatever. We know the script; it’s part of the running narrative in many of our lives,” he said.

Or sometimes, he declared, “we lack that completeness or wholeness or peace because we’re living in the past, we’re living in yesterday. We continue to rehearse unfinished business, perhaps nursing old hurts in our lives. Holding onto a past, living for a future.”

But, he said, “the Lord is present to us right here and right now.

“The Lord is present to us in this moment, today, here, now, in this place and every day as our life unfolds.... The love is offered to us now so that our hearts might be transformed and we might be more of a reconciling presence in the midst of our church, our world, our communities, our homes, our families.”

Learning to live in the present moment and to receive the grace the Lord desires for us in order to do so isn’t easy, he said.

“Learning to live with this kind of artfulness, this kind of gracefulness, allows us to come to a point in our
lives where, like St. Paul, like Jesus, we can look back and see it’s all of a piece, our past will be reconciled, our relationships will be healed, we will have no regrets,” he said. “If there are regrets in our hearts, then it is here and now we are called to bring those past hurts to Jesus to experience his healing and his reconciliation,” he said.
Bishop Sklba: Chaplains deliver Gospel message with grace, compassion

By Maria Benoit, BCC

Milwaukee Auxiliary Bishop Richard J. Sklba greeted the community with the theme of the conference: "Reconciling Journey: A Time to Mourn, A Time to Dance." He told the chaplains gathered that they were "cleansed by our baptism and reconciled in this baptism."

The bishop spoke during the missioning of 30 newly certified chaplains. Noting that it was the Feast of the Ascension, he commented, "The Ascension is perfect for chaplains." He spoke about the Ascension as a story that has periods, and is witness to what God is doing through the disciples, just as the disciples were witness to Jesus’ good works. Chaplains are witness to the work of Jesus as they care for the brokenness they encounter, he said.

Bishop Sklba, who is retired, said "that chaplains, like the Ascension, focus on a specific time, a time of healing in hospitals and hospice."

He continued: "Chaplains deal with the Gospel message with no frills or theological nuance; they say what needs to be said with gracious and compassionate words."

"You are inclusive of all creation," Bishop Sklba said. "Creation takes many forms for chaplains, just as in the Gospel readings." No matter what form creation takes, chaplains are witness. Speaking in new tongues is also part of the chaplain's role. Those tongues may be in words or simply in a chaplain's presence to those who have no words.

Chaplains focus on the next stage that is eventual restoration or reconciliation. Chaplains' progress from apprentices to partners in the Gospel message as did the disciples after the Ascension, he noted. Bishop Sklba went on to say that we should "savor the banquet that is the Paschal mystery and that, as chaplains, we should stretch this mystery through our ministry." The paschal mystery of Christ is the promise of life for Christians. This glory gives us hope and helps us face our fears.

The Gospel message of Mark, "Go forth into the world and preach the good news to all creation" is a theme that seemed to resonate throughout Bishop Sklba’s homily. The signs, as referenced in Mark’s Gospel by the placing of hands on the sick, certainly are part of the work of the healthcare chaplain – hands that help heal the spirit.

The bishop told the chaplains to "go forth and be mindful of the indwelling of the Holy Spirit." Just as the Lord worked through the disciples, and as the signs accompanied the disciples, so too would the same signs accompany the newly certified chaplains.

The missioning ceremony liturgy was a celebration of that indwelling of the spirit in each of the newly certified chaplains and supervisors. The assembled community welcomed the new chaplains and blessed them with outstretched arms, sending forth partners in the Gospel message to continue the compassionate care of Jesus Christ. The partnership with Jesus was witnessed by a community infused with the Holy Spirit.

Maria Benoit is manager of pastoral care/chaplain at D'Youville Senior Care in Lowell, MA.
Newly certified chaplains who participated in the 2012 “missioning” were:

Rev. Fr. Aloysius Abaneke
Edmund Aku
Deacon Thomas J. Berna
Angela R. Boggs
Andrew J. Burrrichter
Melissa Genine Casanta-Floryance
Monique Cerundolo
Susan C. Crowley
Patricia Hartsel Dennison
Lisa Floch Gilvary, M.A.
Ellen K. Heitman
Rev. Ikechukwu Ibe
Ruth Jandeska
Michael G. Jones
Sister Anastasia Joseph
Andrzej Kielkowski
Rev. Joseph Chandy Koyickal
Dianne H. Litynski
Frank J. Marshall
Elizabeth A. Meehan
Samuel Joseph Meo
Rev. Hippolytus C. Njoku
Sister Gale Pankowski, SCC
Joseph F. Rinderknecht, D.Min.
Allen Walter Siegel
Mary Theresa Tracy
Roger J. Vandervest
Elizabeth DeVine Wiseman
Barbara F. Zahner
Fr. Broccolo granted NACC 2012 Outstanding Colleague Award

By Nancy Cook, MDiv, MSW, BCC

Father Gerard T. Broccolo received the Outstanding Colleague Award at the 2012 NACC National Conference in Milwaukee.

NACC Board President Alan Bowman, who presented the award to Father Broccolo, described the priest as a true friend of the association and a person recognized nationally for his work in advancing the integration of spirituality in the workplace. Fr. Broccolo accepted the award in memory of his mentor, Father Dick Tessmer.

With the Outstanding Colleague Award, the NACC recognizes an individual or group whose work has proven complementary to, supportive of, or otherwise has contributed to the advancement of the profession of chaplaincy in a significant and lasting way.

For more than 40 years, Father Broccolo has served as a priest of the Archdiocese of Chicago. He held the position of vice president of spirituality for Catholic Health Initiatives (CHI) for eight years, retiring in 2005. He served NACC as a board member in 2004. In the early 1990s, Father Broccolo began his groundbreaking work on the development of integrating spirituality within the culture of organizations. In working with CHI’s 72 communities he employed both qualitative and quantitative measures in assessing core measures. Based on these methods and outcomes CHI was awarded the International Spirit at Work Award in 2005.

While at CHI, Father Broccolo captured the lived spirituality of employees as they documented and shared their faith stories from within the workplace, Mr. Bowman said. The sharing of these sacred stories has become a part of the culture of CHI. Focused on quality and excellence in patient care, Father Broccolo developed metrics to measure the lived reality of CHI’s core values and chaplain performance and productivity. Father Broccolo is a pioneer in spirituality and healthcare whose contributions have not only transformed CHI in a significant and lasting way, Mr. Bowman said, but have extended to other healthcare institutions.

Father Broccolo ended his acceptance speech with words that inspired his work:

“Maintain your inner compass and let it be a constant reminder of the healing presence of the living God who loves us and is with us always.”

Nancy Cook, of Phoenix, AZ, has served the Catholic Church in professional leadership for 20 years. Her experience includes the parish setting, higher education and acute care.
Serban, ‘a chaplain’s chaplain,’
granted NACC’s Distinguished Service Award

By Nancy Cook, MDiv, MSW, BCC

Timothy G. Serban, described as “a chaplain’s chaplain,” was granted the NACC’s Distinguished Service Award at the 2012 NACC National Conference in Milwaukee.

Those words were used by the award presenters, Rabbi Stephen Roberts and D.W. Donovan, who also described Mr. Serban as a mentor and a teacher. With the Distinguished Service Award, the NACC recognizes outstanding dedication and service to advancing the mission of NACC and the ministry of chaplaincy in a significant and lasting way.

Mr. Serban is the vice president of mission integration and spiritual care for Providence Regional Medical Center in Everett, WA, where he leads a team of 22 chaplains and music thanatologists who serve in both acute and home care. He also works actively with the Archdiocese of Seattle as a voice for chaplaincy. A board certified chaplain, he holds a master’s degree in theology and pastoral ministry in healthcare from Duquesne University in Pittsburgh, PA, and has served in ministry for over 22 years. Mr. Serban supports NACC as a certification interviewer, which he has been since 2003. He also is NACC’s liaison to the American Red Cross for the Spiritual Care Response Team Leadership Committee.

Mr. Serban is known nationally and internationally as an expert in spiritual care disaster response and in complicated grief. His passion for mission development is changing the face of how disaster response is handled through the American Red Cross. Mr. Serban accepted the Distinguished Service Award acknowledging his formation by the Dominican Sisters as his early teachers and the Sister of Mercy who first invited him into ministry to become a Eucharistic minister for the hospitalized and homebound.

Mr. Serban’s colleagues shared that he sees God’s grace in every moment, and in every person in the world. This gives people a sense of peace and hope, especially in life’s most difficult moments.

Nancy Cook, of Phoenix, AZ, has served the Catholic Church in professional leadership for 20 years. For the past 10 years Nancy has worked in acute care in both the hospice and hospital setting, most recently having served as the director of spiritual care for Dignity Health (formerly Catholic Healthcare West).
More than $3,100 collected for Dominican Center for Women

Participants in the 2012 NACC National Conference in Milwaukee donated $3183.75 to the Dominican Center for Women, Inc., the charity featured during the 2012 NACC National Conference in Milwaukee.

According to its website, the Dominican Center for Women, located in Milwaukee, partners with the community to maintain and enhance a beautiful, stable, healthy and safe neighborhood consisting of residents who are community-minded and striving to be meaningfully educated and employed.

The programs at the center are intimately linked together. They lead to, from and with each other, the website notes. Programs include: 1st Time Homeownership, Healthy Housing, Adult Education, and Senior Home Retention. All contribute to a single mission: to enhance the dignity, safety, security and economic self sufficiency of each of the Dominican Center participants.

For more information on the Dominican Center for Women, Inc., you can visit their website at www.dominican-center.org.
First-time conference-goer finds herself re-energized, affirmed, grateful

By Maria Benoit, BCC

As I landed in Milwaukee on Saturday morning, I could not help thinking that this was the first time I would be with so many chaplains, from all over the country, in one place. Although I have been at gatherings and conferences, these conferences have been regional. I wondered what kinds of spiritual gifts would be waiting to unfold.

Unfortunately I arrived too early to check into my room, but it is my nature to be early so I am not unaccustomed to wait for my room to be ready. Conference check-in and registration went smoothly and I was given my badge with a ribbon proclaiming my "first time" status. Ordinarily that would not be welcomed, this calling attention to myself, but I was feeling fortunate to be able to attend. It has struck me that I have been a board certified chaplain for five years. The blessings that have revealed themselves through my ministry have neither been lost nor have they somehow become ordinary since the first time I knocked on a patient’s door and introduced myself as chaplain. Instead, the joy has increased with time and the knowledge that I have matured in my calling.

I was eager to engage the conference theme and share ministry experiences with my colleagues. Reconciliation is a theme of many bedside stories told by families and patients as I sit and listen to the narrative of their lives together, especially at end of life.

The first speaker, Dr. Vanessa White, talked to us about the need to practice self-care and reconciliation within ourselves in order to help others with their brokenness. Sr. Jean deBlois spoke of chaplains as a reconciling presence within our caregiving communities. She used the term reconciliation as “re-establishing right relationships within our communities of care.” Sr. Jean’s lens was in terms of a moral, ethical and social teaching. She went on say that it is through a team of people that this endeavor can be accomplished. The third plenary speaker was Bishop Blase Cupich, who joined us on Monday and spoke to us about “A Reconciling Church: Recapturing Our Mission and Future.” He asked us to spend time in table conversation to discover what gifts and skills we can offer to refocus the Catholic mission. The last plenary speaker, Father John Dear, known for his work in peace and non-violence, gave a passionate call for chaplains to look at the big picture and get involved in global reconciliation issues.

The three days were filled with an infusion of education as well as compassionate sharing by and with other chaplains. The workshops allowed for new ways of interacting with those we serve. The plenary speakers helped to put into context what it means to be a reconciling presence.

As the conference came to a close and I reflect on the three days of workshops, plenary speakers, liturgies and table fellowship, I am re-energized and affirmed in ministry knowing that the challenges as well as joys that I experience are the same for my colleagues. I am also deeply grateful that there are so many grace-filled women and men engaged in the healing ministry of Jesus Christ with such a compassionate and selfless presence.

Maria Benoit is manager of pastoral care/chaplain at D'Youville Senior Care in Lowell, MA.
Being a reconciler can help reduce conflict during end-of-life discussions

By Laurie Hansen Cardona
Vision editor

Barb Malueg reminded her fellow chaplains that end-of-life decisions are often intergenerational and ripe for conflict, even in well-functioning families.

She noted that the danger is that end-of-life decisions made in the context of conflict may not be the best. The goal may become managing the conflict rather than the patient’s end-of-life wishes, she said.

Ms. Malueg, chaplain at St. Vincent Hospital in Green Bay, WI, made the comments May 20 during a workshop she led that was titled “Chaplain as Reconciler: Guiding Families through End-of-Life Conversations” at the NACC National Conference in Milwaukee.

She began the workshop by defining reconciliation, which she said St. Paul saw as “being put into friendship with God and each other” as well as “restoring harmony.”

She said that chaplains have “special skill sets” needed by reconcilers, and noted six models that reconcilers aim to emulate:

- Artisans of reconciliation, who learn to become skilled at relational bridge building. If the chaplain has a plan for end-of-life care and the discussion “doesn’t go that way,” Ms. Malueg commented, artisans of reconciliation are able to “pull some tricks out of their bag.”
- Visionary activists, who devise processes for “moving away from how things are and toward the way they should be.” Ms. Malueg said at hospitals chaplains asking about end-of-life discussions are sometimes told, “We don’t do those here.” As “visionary activists,” she said, chaplains need to ask “why not?”
- Serious empathics, who sense potential conflicts and are “earnest about healing brokenness.”
- Courageous prophets who “feel compelled to announce publicly that divisions exist.” They also speak “the truth in an attempt to promote unity” and “risk negative consequences of honesty.”
- Patient mediators, who “stand in the middle of chaos proclaiming a message of peace because they know that they cannot build bridges from afar.” Ms. Malueg said they “stay with families even when they’re not lovable and not reasonable.”
- Compassionate advocates, who dedicate themselves to mending broken relationships and working toward healing. As chaplains, “we’re pretty good at this,” Malueg commented.

To work with a patient and family to develop an end-of-life plan, Ms. Malueg said it is crucial to create safety. When people do not feel safe, she said, they respond with silence or violence.

Silence can mean:

- Masking (understating or selectively showing true opinions): “Mom has always recovered from every setback before. She’s a tough old bird.”
  “Are you people saying you don’t want to treat our mother and just give up on her?”
  “There is always the hope of a miracle.”
  “My sister-in-law’s uncle’s cousin has recovered from a head bleed when the MDs said he wouldn’t, so it is always possible.”

- Avoiding (steering completely away from sensitive subjects): “I think it is way too soon to talk about this stuff.”
  “I want to know what mom’s creatinine level is?”
  “I talked with the people at the assisted living and they will hold mom’s room for 30 days. Does everyone agree with that?”
“When we were growing up, Mom was always there for us.”

- Withdrawing (pulling out of the conversation, either by not speaking or by exiting the room): “I’m just here to listen. I’m the youngest and no one cares what I think anyway”
  “I need some fresh air (translated — I need a smoke)”

Violence can mean:

- Controlling (forcing your views on others or dominating the conversation): “I’m the one who has been caring for mom, taking her shopping and to MD appointments and such. I know what’s best for her.”
  “It’s nice that everyone could find the time to be here today. No one ever had time for mom before!”
  “Before you say anymore, I want my questions answered.”

- Labeling (putting a label on people or ideas so that we can dismiss them): “If you think mom would want to be lying in a nursing home not knowing who she is or where she is, you are just ignorant.”
  “I think we should move mom to ______ Hospital. They will know how to save her. You people are giving up on her.”

- Attacking (movement from winning the argument to making the person suffer): “I’m not surprised you would say that. You’ve always had to have your way since we were kids.”
  “I think if my mother had been treated correctly from the beginning we wouldn’t be in this situation. I contacted a lawyer yesterday.”
  “One MD tells me one thing and another tells me different. You people don’t know what you’re doing.”

When others move to silence or violence, a reconciler needs to step out and not engage. Ms. Malueg said that reconcilers need to establish mutual purpose by communicating the following messages:

- I care about your interests.
- My motives are to help you.
- I respect you.

She said steps to establishing mutual purpose include:

- Commit to seek mutual purpose, family, staff and reconciler.
- Recognize the “why” behind what each party wants.
- Invent a mutual purpose with compatible goals.
- Brainstorm new strategies.

Chaplains need to remember “this family is not your therapy to help you work out your issues,” Ms. Malueg said.

When people feel safe and commit to a mutual purpose they are in a position to tell their stories and hear others’ stories, she said. The family members have stories of how they perceive the events. The medical staff members have stories of how they perceive events. Social workers, chaplains and family clergy have stories of how they perceive events. In a safe environment all can share, Ms. Malueg said.

When it comes to end-of-life decision-making, it takes time and attention to come to consensus, she said.

End-of-life decisions are made in the context of family, she said. Family roles and patterns of behavior, communication styles and ways of handling conflict affect these decisions, she said.

Messages of love tend to create a sense of connectedness, Ms. Malueg believes.

- Messages about personal identity can affirm individuals’ positive qualities, she said. “Reassure her what a good mother she is. Reassure them what good children they are.”
- Discussion of spirituality validates the importance of faith, Ms. Malueg said.
- Acknowledging difficult relationship issues provides an opportunity for reconciliation, she stated.
She noted that for some families “doing something (for a dying loved one) often feels better than doing nothing.” One more surgery or extended time on a respirator can make families feel “we did everything we could for Mom,” she said. Families don’t usually look back and say, “we sure put Mom through the wringer those last few days.”

Unfortunately, in many cases, “pushing patients into further suffering” can “feel like we’re taking care of them,” she noted.
NACC Board of Directors approves 2012-2017 Strategic Plan

By David Lichter, DMin

The planning journey started for the NACC Board of Directors in spring 2011 as it determined the need to review the accomplishments of the 2007-2012 NACC Strategic Plan, and decide on a procedure for renewing a planning process. At its October 2011 Board meeting, the directors, with the facilitation of John Reid and Maureen Gallagher of The Reid Group, conducted internal and external environmental scans to ascertain key financial, membership, healthcare, professional, ecclesial, and cultural trends that will most impact NACC’s future direction. They affirmed NACC’s current Mission, Vision, and Values, believing these statements remain the bedrock and foundation for the future. Finally, they began to rough out goals with some objectives.

From November 2011 through February 2012, the directors held monthly conference calls to further refine the plans, goals and objectives. In March and April 2012, our members were invited to provide feedback on both Public Draft I and Public Draft II. More than 120 members provided helpful feedback on Draft I, and nearly 200 members gave further comments and suggested changes, as well as offered their degree of support, of Public Draft II. Based on this feedback, the Board refined and reviewed Draft III with the nearly 400 members at the May 19-22 NACC National Conference. Further feedback was provided that led to the Board revising, finalizing, and approving the 2012-2017 Strategic Plan. Planning teams will now work to develop and prioritize implementation strategies.

We are grateful to all who participated in this planning process. We need every member to now help us make it live!
Mary T. O’Neill to be 2013 NACC Board of Directors’ candidate for election

By David Lichter, DMin

The NACC Board of Directors is pleased to inform our NACC members that Mary T. O’Neill has been nominated for the 2013 open seat of the NACC Board of Directors. Her nomination concluded several months of Board, Nomination Panel, and Governance Committee work and discernment.

In October 2011, the NACC Board of Directors discerned its leadership needs during its board meeting. These needs were communicated to the NACC Nomination Panel, which spent November and December 2011 reviewing past candidates and current volunteer leaders within NACC. In January 2012, the panel announced in NACC Now the open position and invited nominees from our membership. No member either self-nominated or nominated another at that time. The Nomination Panel did invite some individuals to consider. The result of this discernment process resulted in the panel recommending Mary T. O’Neill to the Governance Committee. The Governance Committee endorsed this recommendation and sent the recommendation to the NACC Board for approval. The Board accepted this recommendation wholeheartedly.

Mary T. O’Neill currently serves as vice president for spiritual care and pastoral education for Catholic Health Services of Long Island, where she has ministered for the past 10 years. Prior to Catholic Health Services, Mary T. worked for 17 years in spiritual care at Calvary Hospital.

Ms. O’Neill, board certified as a chaplain with NACC in 1985 and then certified as a full CPE supervisor in 1988 with both the NACC and ACPE, has served within NACC in a variety of leadership roles including: Certification Commission, Standards Commission, and Regional Certification chair for New York state when regions were functioning, as well as served two different terms on the USCCB Commission on Certification and Accreditation Board of Directors, during her first term as Board chair. Within ACPE, Mary T. also served on its Certification, Accreditation, Nomination, and Finance Committees.

She has advanced the profession through presentations at numerous occasions for ethics conferences, mission retreats, NACC Conferences, Catholic Health Association, as well as teaching an annual course on Theology of Suffering, Grief, and Death at the Avila Institute of Gerontology in New York.

Mary T. seeks to serve the NACC as a Board member at this time in NACC’s history because of her long-standing and strong commitment to NACC, and to her ongoing professional development, support, and advocacy for chaplains. Her involvement with ACPE and her leadership with USCCB/CCA will be added gifts to the Board as it continues to foster relationships with other professional associations, as well as with the newly formed USCCB’s Sub-Committee on Certification for Ecclesial Ministry.

Members will be asked to vote during the time period of July 2-27, 2012. Voting again will be offered electronically. You may ask, “Why should I vote, since we have only one candidate?” Let me offer two points for your consideration.

1. Many associations that have put in place a leadership discernment process, such as the one NACC now uses, provide a “slate” rather than a pool of candidates. Last year we had two equally strong candidates that could have filled the one seat on the Board. Thus you voted for one of two candidates. Two years ago, we had two candidates for two seats. This year we have one candidate for the one seat.

2. Voting is a member privilege and responsibility. Your vote is an affirmation of the leadership discernment process that your peers have developed and now employ. Your vote says, “Thank you for your many hours of work on leadership development and discernment on behalf of the NACC. And thank you to the candidate for your willingness to serve the NACC in this capacity.”
Of coming full circle, gratitude and moving forward

Gratitude for five years

August 1, 2012, will mark my fifth anniversary with the National Association of Catholic Chaplains (NACC). I thank God daily for the gift of service and ministry with you and on your behalf. The other day, as I was sorting through some items for our recent home move, I came across my thesis for my Licentiate in Theology of 1977, only 35 years ago! The thesis was on Karl Rahner’s “Theology of Death as a Natural and Person Event.” It explored Rahner’s theological anthropology, his understanding of nature and grace, and how the human person throughout his or her life lives daily and practices the art of dying. With each “yes” to the moment, sometimes to small and great sacrifices and unknowns, we rehearse and prepare for the final “yes” as we in freedom and faith hand ourselves over to the greatest mystery, death itself. He called asceticism the anticipatory grasp of death, when we embrace freely limits to our human existence, whether in the form of the vows of poverty, chastity, and obedience, or in the form of daily demands our vocation in life brings to us.

I thought back to my studies, to my passion to read anything and everything about death, about ascetical practices, and how we as human beings seek the Mystery in everyday life, especially when we encounter and deal with suffering. Little did I know that three decades later, God would bring me full circle and remind me of and renew in me that passion, as I am now enriched daily by your ministries and your stories that live out what I hungered to learn so much about then.

My daily prayer is for you, for your ministry, and for the mission of NACC, that we may continue the healing ministry of Jesus in the name of the church.

Gratitude for your investment

When I arrived August 1, 2007, I was charged with leading the implementation of the new NACC 2007-2012 Strategic Plan. Great energy and life went into the creation of the plan by the board, staff, and the Vision and Action Team. What was clear from the plan and those who interviewed me is that member engagement and renewal in NACC was a top priority. I was grateful that, within the first three months I was with NACC, I was able to join more than 30 Spiritual Care Collaborative (SCC) planning team members to prepare for the 2009 SCC Summit, and more than 50 spiritual care leaders at the CHA/NACC Omaha Summit to dialogue on and create action plans around key issues of metrics, staffing, and marketing recruitment. However, I was and remain most grateful to so many of you who during the remainder of 2007 and 2008 invested yourselves in task forces, became state liaisons, planned and hosted more than 20 local events, and offered to be nominees for the NACC board, committees, commissions, panels, etc. Within the first 18 months of my tenure, there was a remarkable surge of member interest and investment to bring new life to NACC. That interest and investment has not waned. Thank you for your commitment to the mission and future of NACC! We need you now more than ever.

Let me offer two other examples of recent member investment. Since last spring the NACC Board of Directors has been discussing the review and revision of the 2007-2012 Strategic Plan. While the Board did its work over the summer, at the fall 2011 board meeting, and during subsequent conference calls, we were deeply appreciative of and helped by our member investment in reviewing and offering feedback on the three drafts of the plan. We received more than 120 responses to Public Draft I, nearly 200 responses to Draft II, and more than 300 members reviewed and gave feedback to Draft III at the 2012 business meeting. Nearly 50 members volunteered to assist with developing implementation strategies for the plan’s goals and objectives. This member investment in the plan development is a strong signal that we will be moving forward together into the future. Thank you for your investment in NACC!

Secondly, the NACC Board determined more than three years ago to establish a Nomination Panel that would assist the Governance Committee in identifying, qualifying, and recommending candidates for the
NACC board of directors, committees, commissions, and panels. If you recall, in fall 2007 we had no board candidates, other than the two board members who were eligible for a second term (www.nacc.org/vision/fm/backIssues/2007/NACC_Vision_July-Aug_2007.pdf). In spring 2008, we had five high quality candidates for one board seat (www.nacc.org/vision/fm/backIssues/2008/NACC_Vision_July-Aug_2008.pdf). While this was a good sign of member interest, it also left the board thinking about how to best engage members in leadership discernment, as we learned many candidates for one position was not always best use of talent. These candidates could serve the association in diverse ways. Thus, the Nomination Panel was set to begin its work. Over these next years, the Nomination Panel has sought to identify and learn more about our members who are in or might be called to volunteer leadership roles with NACC. The panel learns of all upcoming vacancies, reviews names and backgrounds of members who have provided them on application forms, invites our members to consider positions as they open up, and then assesses the position criteria and applicants’ backgrounds. The two “investments” here are: the significant investment of the Nomination Panel members in this process, and the investment of our members to share their interest in positions and their backgrounds on the application forms and open themselves to being involved in this discernment process. In 2009, the board had two candidates for one seat, in 2010, two candidates for two seats, and in 2011, two candidates for one seat. This year this investment process again took place and the Nomination Panel recommended to the Governance Committee one candidate for one open board seat.

Of course, our dream is to have in our database the professional background, interests, and prior leadership experience with NACC. This will help us immensely as we do leadership succession. In the coming weeks we will be asking you for this information, and I hope you will invest a few moments in providing this information so that we can better know about you and how you have interest in serving the NACC.

Again, I am grateful for your investment in the future of NACC. May we continue the healing ministry of Jesus in the name of the church!

Peace to you,
David A Lichter, DMin
Q&A with James Chingos, MD, CPE, FACP and Tenny Thomas, MD, FACEP

By Marika H. Hull, MDiv, BCC and Sandra Lucas MDiv, BCC

Two physicians who collaborate with chaplains in Fall River, MA, agreed to offer Vision readers their perspectives on the role chaplains play on interdisciplinary teams.

Dr. Tenny Thomas is attending physician, Emergency Services, at Saint Anne’s Hospital in Fall River and staff physician at the Center for Wound Healing at Saint Anne’s.

Dr. Thomas is a board-certified emergency medicine physician with a special interest in wound treatment and hyperbaric medicine, and has been a member of Saint Anne’s Hospital Emergency Services since 2003. He received his medical degree from Sultan Quaboos University Hospital, Muscat, Oman, and completed his residency at George Washington University Hospital in Washington, D.C.

Dr. James Chingos, most recently, has served as an oncologist in Medical Oncology and Hematology Services at Saint Anne’s Hospital in Fall River. Dr. Chingos has just assumed new duties as chief medical officer of an innovative program called “House Call Doctors” to bring primary care to patients at home. The program is under the umbrella of Hospice and Palliative Care of Cape Cod, where Dr. Chingos will also serve as medical director. Dr. Chingos will continue to work with interdisciplinary medical teams, which include chaplains. Dr. Chingos received his medical degree from Albany Medical College in New York. He completed his residency in internal medicine at Tufts New England Medical Center in Boston, and a fellowship in Medical Oncology at Memorial Sloan Kettering Cancer Center, New York, and at Tufts-New England Medical Center, in Boston, MA.

Q To what extent does spiritual care participate on the interdisciplinary team in your clinical setting? What role does the chaplain play?

A Dr. Chingos: Over the years and especially at Saint Anne’s, my personal experience has put me in closer contact with the chaplain function. In my work as medical director of hospice, both on the Cape and here (in Fall River) I’ve seen many different kinds of chaplains.

In my experience, even the full-time chaplains I have observed in other hospitals do not interface as much with the staff and patients as they do here.

The chaplain function draws out of people things that I don’t do. The chaplains bring a perspective of understanding of the challenges of life from a spiritual perspective. The chaplain can focus on the mysteries of life, birth and death. Since we started the regular floor rounds the function of the chaplain has assumed equal status to the other members of the team. The rounds keep everyone on the same page.

A Dr. Thomas: Chaplains are part of our team on a daily basis. Chaplains and spiritual care provide a crucial link for patients and their families. Our chaplains provide relief for patients by talking with them and offering prayer.

Q Can you give an example of how a chaplain’s involvement made a critical difference with a patient or family?

A Dr. Chingos: I’ve found the chaplain very useful when it’s time to help patients or families to “let go.”

Chaplains can be particularly helpful, also, when the patient’s code status is being reassessed. When the patient and family hear from a doctor the bad news that no further treatment is warranted, and you start the conversation about resuscitation status, then it’s good to have the chaplain there. The patients and
families look to the physician as a bastion of hope. They look to the doctor for miracles. Even when the doctor is clear, patients and families often don’t find it easy to consider being DNR and DNI. That is where the chaplain is helpful because they bring calm into the picture and address the spirituality of the patient.

**Q** Do you engage patients in conversations about their spirituality or faith? If yes, how do the patients/ families respond?

**A** Dr. Thomas: Chaplains are present in all our code situations, breaking bad news and supporting the families. Especially when I have to pull away to another patient, the chaplain can remain with the patient or patient’s family and provides a link and continuity.

**Q** What aspect of caring for patients is the most emotionally/spiritually challenging for you?

**A** Dr. Thomas: Because of the nature of my work in the ED, these discussions don’t have time to occur.

**A** Dr. Chingos: I don’t ask. I don’t really pursue the religious piece unless there is particular distress. At that point I might ask: “Are you a spiritual person. Do you have a priest or a minister?” This does not come up often. They view the doctor in a “scientific” role.

**Q** How do your physician colleagues look at spiritual care as part of interdisciplinary care? Is there discussion in professional circles about the value of spiritual care in the clinical setting?

**A** Dr. Chingos: In our unique setting I believe my colleagues are open to the input and guidance offered by our spiritual colleagues, particularly during the patient’s end of life.

**A** Dr. Thomas: We have overall discussions about patient care, but not too much about spiritual care per se. The value of spiritual care for me is that in spite of the craziness all around us in the Emergency Department we can still give personalized care to the person who needs it, and the chaplain is a significant part of this personalized care.

*Marika Hanushevsky Hull is a chaplain at Saint Anne’s Hospital and Saint Anne’s Regional Cancer Care in Fall River, MA, which are part of the Steward Family Hospital System. Sandra Lucas is the regional director of spiritual care, Humility of Mary Health Partners, Youngstown, OH. Both serve on the NACC Editorial Advisory Panel.*
Evidence-based spiritual care: No more randomized clinical trials

By Austine Duru, MDiv, MA, BCC

George Fitchett and Patricia Murphy, RSCJ, told chaplains that it is now important to “add research to what we already know” about chaplaincy, theology, the dynamics of disease, healthcare and spiritual care. Fitchett and Murphy made this case May 21 at the NACC National Conference in Milwaukee during a workshop session titled “Evidence-Based Spiritual Care For Chaplains: Update and Prospects.”

When chaplains talk about “evidence based,” Fitchett said, “there are three important components to keep in mind: we use the best evidence available, we use our individual judgment, and we modify these to address the uniqueness of the patient.”

Fitchett, a professor, CPE supervisor and director of research in the Department of Health, Religion and Human Services at Chicago-based Rush University Medical Center, and Murphy, associate professor and staff chaplain at Rush University Medical Center, noted that it has become important to address the issue of research in chaplaincy as more chaplains are involved in interdisciplinary care teams and are expected to demonstrate that their work is legitimate and can be held to the highest professional standards. Also if chaplains claim that pastoral care is integral to the mission and vision of their healthcare systems and institutions, it is critical to back up this claim with some evidence, they said.

They cited Thomas O’Connor’s (2002) definition of evidence-based spiritual care as “the use of scientific evidence on spirituality to inform the decisions and interventions in the spiritual care of persons.”

Fitchett and Murphy identified two schools of thought against evidence-based spiritual care. One school of thought argues that evidence-based spiritual care “can’t be done.” Among these are Don Stiger (Brooklyn, NY), who believes that the “things chaplains deal with such as God, the Spirit, presence, prayer, etc., are much too big and always will be mysteriously beyond our attempts to measure and quantify.” Harriet Mowat (social critic) holds that “at times the good outcome of chaplain care causes distress and anxiety.” She attributes this to the use of the wrong measurements. Tony Walter (United Kingdom – palliative care) argues, “routinization of spiritual care destroys its ethos, leads to vulnerability. The mutual vulnerability of the suffering is the heart of chaplaincy; we can destroy the core by introducing research.”

Another school of thought argues that evidence-based spiritual care “should not be done.” Among these are: Dr. Daniel Sulmasy (bioethicist, Chicago) who believes that “once pastoral care services succumb to the need to prove they can decrease the length of stay or improve patient satisfaction, all will be lost.” Also Ivan Illich, holds that “professionalized spiritual care robs people of the capacity to care for themselves and one another.”

In making the case for evidence-based chaplaincy, the presenters also gave examples of Thomas O’Connor and Elizabeth Meakes, who wrote, “Evidence from research needs to inform our pastoral care. To remove the evidence from pastoral care can create a ministry that is ineffective or possibly even harmful.” O’Connor and Meakes were the first to use the term “evidence-based” pastoral care in their 1998 article. Also in favor of evidence-based spiritual care is Daniel Grossoehme who makes the argument that “good stewardship of creation requires our best, evidence-based, care.”

Fitchett and Murphy who both hold a PhD and have more than 10 years of experience teaching research literacy to chaplains and CPE residents, acknowledged that evidence-based spiritual care is fraught with significant challenges, yet it holds great promise. They pointed workshop participants to Standard 12 of the Standards of Practice for Professional Chaplains in Acute Care Settings, which states in part, “The chaplain practices evidence-based care including ongoing evaluation of new practices and when appropriate, contributes to or conducts research.” This may be an indication that the interest within professional chaplaincy is shifting toward a focus on research as a core competency for every certified
chaplain.

The presenters made the case that chaplaincy is a research-informed profession, going back to its humble beginnings with Anton T. Boisen, who, in 1936, published his groundbreaking work titled, *Explorations of the Inner World: A Study of Mental Disorder and Religious Experience* (Willet, Clark and Company). Fitchett and Murphy acknowledge that advanced research is not for everyone. They do not encourage every chaplain to be involved in advanced research. However, they insist that all healthcare chaplains must be research literate. “A research literate chaplain has the ability to read, understand, and summarize a research study and to explain its relevance for his/her spiritual care.” Also some healthcare chaplains should be able to collaborate with other healthcare professionals/colleagues as co-investigators. And finally, some healthcare chaplains could lead research projects as principal investigators.

Fitchett asks the question, how do chaplains know that what they are doing is working? What is the basis of knowing? he asked. Research, he says, is one way to know. He shared some fascinating examples of chaplaincy-related research being done in the United States, citing the recent works of Katherine R. B. Jankowski, George F. Handzo, Paul S. Bay, Rhonda S. Cooper, Kevin J. Flannelly, Harriet Moet, and many others whose work covers a number of topics and issues ranging from what chaplains really do, to describing and assessing spiritual resources, assessing the impact of the chaplains’ care itself and the impact of chaplains’ care in a multidisciplinary setting.

The presenters noted that the next steps are crucial if individuals are thinking about developing an evidence-based approach to chaplaincy and spiritual care. Fitchett and Murphy offered some important next steps:

1. No more randomized critical trials. Existing randomized clinical trials in spiritual care are unhelpful because they do not tell us in a meaningful way the content of chaplains’ care.
2. Develop a clearer description of chaplains’ care to specific groups of patients through developing a fairly robust data of case studies.
3. Chaplains must be involved in multidisciplinary studies.
4. Chaplains must be more comfortable with the language of outcomes; it is okay to have an agenda, to be outcome oriented.
5. Require research literacy for chaplaincy certification.
6. Teach research literacy in CPE programs. Only three CPE centers in the United States offer strong research programs in their CPE centers.
7. Offer opportunities for continuing education for those who are already chaplains.
8. Create research journal clubs in chaplaincy departments.
9. Find mentors who are experienced researchers/research investigators.

On a positive note, the presenters agree that the quality of research in chaplaincy and spiritual care is constantly improving. A number of peer review resources are now available for those interested in publishing their research findings. Also, research in hospice care is among the robust areas in evidence-based care. All of these are causes for optimism, they indicated.

_Austine Duru, staff chaplain at Franciscan St. Margaret Health in Dyer, IN, is a member of the NACC’s Editorial Advisory Panel._

**Related links:**

- [www.rushu.rush.edu/rhhv](http://www.rushu.rush.edu/rhhv)
- [www.acperesearch.net](http://www.acperesearch.net)
Forgiveness as choice on the Behavioral Health Unit

By Mary Arnold, MAPT, BCC

There is plenty of brokenness among people. I have found that teaching about forgiveness can open the door to healing.

Many of the participants in a weekly Forgiveness Class on our Behavioral Health Unit admit that they deal with issues of anger and resentment toward people who have hurt them. Their wounds often stem from relationships. Patients may identify wounds from childhood. Participants describe alienation from self, due to their harmful actions or perceived failures. The patients can name their feelings and recognize the effects on themselves, from stress, poor sleep, increased blood pressure, headaches or other pain, to anxiety, lack of control and re-victimization. But they struggle with the idea of forgiveness.

“I will never forgive her for what she’s done!” “How can I forgive if he doesn’t stop doing it?” “I don’t think I can ever forgive myself.” “I won’t forgive myself for what I did, because if I do, I’ll forget about it, and then I’ll do it again.” “Forgiveness? I don’t go there.” Patients question whether forgiving an offender who shows no remorse is letting that person “off the hook,” and whether forgiveness in such a situation has meaning. NACC members discussing NACC’s chosen book for the 2012 “One Book, One Association,” program have raised similar questions. The book, titled “The Sunflower: On the Possibilities and Limits of Forgiveness,” is by Simon Wiesenthal.

As we talk about what it means to forgive and about the process of forgiving in our class, some patients show insight about the feelings and experiences and are able to help other class participants. Patients might identify a need to forgive or claim progress in the process of forgiving. There are patients who have experienced physical, emotional, or sexual abuse, who are leery of forgiving because they think forgiving requires reconciliation. At times, patients simply get up and leave the room when the discussion touches their deep hurts. The discussion leads some patients to at least question why they want to hold on to their anger and resentment. Others maintain they will never forgive.

I present forgiveness as an option, a choice that can lead the participants beyond the place where they are stuck. The ideas of Robert Enright, Fred Luskin, and Lewis Smedes and images about forgiveness have stimulated discussion about the patients’ experiences. Discussion has fallen flat after viewing segments of the films “The Power of Forgiveness” (Martin Doblmeier) or “Forgiveness” (Helen Whitney). It seems the patients have enough to do to deal with their own lives, and are not ready for the bigger picture. But reflection on their own lives proves worthwhile.

I see the class as releasing feelings, bringing insight and planting seeds about the potential for forgiveness as a means to deal with life’s hurts. At times, patients comment that this class was just what they needed, that it has really helped them, or that they need to think more about what we have discussed. Each week, I meet a new group of people, with varying abilities to enter into the discussion. If patients can begin to see that forgiveness is a way to let go of the burden of anger and resentment they carry, to experience some peace and to go on with life, the class serves its purpose.

Mary Arnold is a chaplain with Wheaton Franciscan Healthcare-Iowa.
‘Grounded,’ not a light read, but solid reference for chaplains


By Bruce Aguilar, BCC

This book surveys much terrain familiar to the chaplain, and it does so in considerable detail. Its format seems that of a school textbook, and required some discipline to complete for this review. Yet one chapter, “Pain, Grief and Lament,” with its themes from the very heart of spiritual care, is an apt beginning point for a chaplain to enter this book.

The two authors are both professors from Wesley Theological Seminary in Washington, DC. Denise Dombkowski Hopkins brings her expertise in biblical theology and Michael Koppel brings his in pastoral theology and congregational care. About Koppel’s area of expertise, “It has been a long, slow road back to theological dimensions for pastoral theology, which has been preoccupied principally with psychological matters,” writes Walter Brueggeman in the Foreword. About Hopkins’ field of knowledge, “by breaking away from both arid historicism and doctrinal reductionism, Hopkins shows the way in which biblical study is, from the ground up, relational and interactive,” Brueggeman adds.

Chapter Five, “Pain, Grief and Lament,” gives an example of the book’s methodology and layout. It begins with a personal story of someone who is grieving two deaths and finds himself in “the Pit.” “The Pit” stands for God’s apparent absence, for a deep sense of isolation with no relief in sight. Hopkins refers to this metaphor and reality of “the Pit” as she describes leading a memorial service after a suicide. Alzheimer’s disease is mentioned as another disease that illustrates the series of losses which can evoke “the Pit”; Sam Sligar calls Alzheimer’s “a funeral that never ends.” (p. 121)

The chapter then provides a series of titled sections, such as “Living Ourselves Out of the Pit,” “The Care Giver’s Dilemma,” “Fighting the Fear,” and “The Psalms of Lament.” Some of these sections within a chapter are followed by “Questions for Reflection” (e.g. “When did you over-identify with someone’s pain? Why? How did you express this over-identification?”) Another tool used to ask the reader to process the material with their own experiences is “group exercise” (e.g. Begin by reading the following poem, “The Guest House”, by Rumi ... How does your life feel like a “guest house”? Share your reactions to this poem.)

All the chapters have varying relationship to a chaplain’s ministry. One examines “Telling Our Stories and the Relational Aspects of Storytelling.” Another looks at images of God, something at the heart of the spiritual experience of patients (as well as family members and hospital staff). A different chapter focuses on life at its stage of old age contrasted with the stage of youth. “Conflicted Forgiveness” is another area taken up that can be crucial for spiritual healing for those who are seriously ill. Finally, the authors introduce “Covenant Care Community” – the Hebrew Bible presenting the way to live relationship in community, from the Ten Commandments to the Shema to more. All of the chapters draw from both personal stories and the marrow of the Hebrew Scriptures, from stories to commandments to psalms. This book, while not a light read, is a good reference for varied areas that a chaplain will face in her or his ministry.

_Bruce Aguilar works as a staff chaplain at Spaulding Hospital Cambridge (long-term acute care facility) and Spaulding West Roxbury (long-term nursing and therapy center) in Massachusetts. He lives in Belmont with his wife and 12-year-old son._
Author offers helpful advice, but makes too many ‘global assertions’

By John Gillman


The subtitle, “Pursuing Healthy Conversations in Illness Settings,” aptly names the focus of this work by Carson, who teaches communications at Cardinal Stritch University in Milwaukee. Her experience as a hospice volunteer provides her with windows into the world of the sick. Her purpose is to offer “talking strategies” for both patients and caregivers, mindful particularly of the former, who don’t know how to talk about their illnesses.

Carson utilizes “General Semantics,” the communication theory of Alfred Korzybski, introduced in the first chapter. She elaborates his three premises in chapters two-four: the word is not the thing, the map is not the territory, and the map reflects the mapmaker. Chapter five is about “the great return” to life before the illness, and chapter six focuses on pain. It would have been helpful had the author included a table of contents, thus providing the reader with a “map” of the territory she plans to cover.

The author offers much helpful advice, e.g., ways to reframe either/or, negative, and “is” statements. She points out the limitations of making inferences and judgments. She warns the readers about the pitfalls of making generalizations (e.g., always/never), yet ironically she seems to be unaware of several of her own global assertions. Many of those in our profession would undoubtedly disagree with her claim that “no one is really helping patients and their loved ones talk about their experiences in ways that can lead to shared meaning...” (p. 5, Carson’s emphasis). At times I found her pedantic tone to be overbearing, as illustrated by her frequent directives about what the readers “need to” be doing.

The chapter on pain provides a useful summary of the McGill Pain Questionnaire and the Missoula Pain Assessment Scale. Missing here was discussion of spiritual pain and its manifestations as discussed, e.g., by Richard Groves. The book is a quick read. I suspect it will meet with a mixed reception.

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

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