Ministry to Grief in troubled times

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Scripture offers further thoughts about how we handle grief

By David Lichter
Executive Director

We are deeply grateful to our members and colleagues who have written on grief in these pandemic times. I suspect you, like me, have been inundated with articles that have sought to articulate the many forms that grief is manifesting itself these days.

We are all familiar with, if not trained in, the classic definitions and understandings of grief. We are learning how anticipatory grief, complicated grief, and unresolved grief are manifesting themselves over these past months, with no end in sight. Perhaps in our own journaling and prayer we have been able to identify in ourselves the anxiety, sadness, hopelessness, anger, or despondency that might characterize our own grief.

Personally, it’s taken me time to name it and sit with it in my prayer, in God’s presence, and in my conversation with God. I have found certain scripture passages have taken on greater meaning for me, such as the post-Easter road (Luke 24:13-35), where the two disciples shared their loss of Jesus and their disillusionment – which first got in the way of their recognizing Jesus, and even in sense dismissing him: “Are you the only one not knowing what happened?” I could identify with their pent-up frustration. However, so often in our COVID-19 listening sessions did my heart burn with appreciation at what I heard, and my eyes were opened anew. Those sessions continue to be places where loss is shared, God is present, and mission is restored. Thank you to all those who are sharing this seven-month journey of loss!

Another passage for me has been the raising of Lazarus, especially John 11:21-24 where Martha confronts Jesus with her frustration: “Lord, if you had been here, my brother would not have died. But even now I know that whatever you ask of God, God will give you.” Martha combined her deep loss and grief with a trusting plea. I realize how much my prayer and cares in these days have to be real and raw with candor, yet also expressing a trusting request.

Finally, this passage of 2 Corinthians 1:3-4 always calls me to a higher purpose and identification when I recognize and name my losses. “Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our affliction, so that we may be able to comfort those who are in any affliction, with the comfort with which we ourselves are comforted by God.” It reminds me of God’s comfort for me, and if I am not grounded in God’s comfort, I really don’t have any reference point to be comfort for another. So I again am called to “to name it and sit with it in my prayer, in God’s presence, and in my conversation with God.”

I pray these articles will help you to come to the Lord in your loss and grief so that, in turn, you will be Jesus to many on their own road of loss and grief.
Grief: Our ally in ministry, our companion in loss

By Lisa Irish

My eyes open to the early morning sun blazing across our little lake. “A new day,” my mind registers, “and what will this day bring?” Then, the thought returns, as it does every morning, “Oh, I remember ... all of it.” COVID-19 – the unimaginable losses and the ongoing heartache. Our country’s systemic racism and the decades of denial, broken open. The respite of sleep is over, and my personal (and our collective) experience of loss and grief returns.

This morning ritual reminds me of the grief after a loved one dies. Memories are met with sadness; the empty chair is an icon of absence. Our return to consciousness includes a return to loss and the long, arduous journey of grieving. Morning after morning, as we let the painful truth seep in, we assent to a process of acceptance – but ultimately, a process of transformation.

I was fortunate to offer an online grief program recently for Mercy by the Sea in Madison, CT. “Conscious Grieving: Cultivating Hope in the Land of Loss” sought to offer healing for the many individuals that joined us. But my stories and explanations of grief could not be shared outside of our real-time collective experience of loss and grief from the pandemic and racial injustice.

This was a unique form of ministry, but ministry it was nonetheless. I brought my whole self to the moment, as we chaplains hope to do. I stayed attentive to the lessons of my story while I offered material to support healing. And our guests, some of whom I never really met, jumped in! They carried their broken hearts into a safe space that said, “You can be sad here.” Following our time together, participants spoke of the hope and presence they experienced. This is all we can ask for in ministry – that we might facilitate, or just be present to, another’s interior movements. The grace of that moment becomes our blessing, our healing, as well. Let us bring our whole hearts to ministry these days, and with conscious self-compassionate choices, let God’s loving arms include us, too.

That is my prayer, now, in the early morning hours. As my eyes squint in the light, may I receive the warmth of God’s love that holds all of it.

Lisa Irish, BCC, offers ministry through spiritual direction, writing, and retreat leadership. Her newest book is Grieving - the Sacred Art: Hope in the Land of Loss.
Now chaplains, and everyone, need to work through disillusionment

By Keith Bitner

I have always thought of myself as a positive person, not naively optimistic, but certainly not a pessimist. How then to explain to myself why I awoke several weeks ago with a dense, foreboding cloud slowly descending over me? As I dressed for work, I could feel its weight pressing on my shoulders. I told myself that maybe it was simply weariness from the intense efforts and heightened anxiety that my healthcare community was experiencing with the onset of a pandemic. Besides, the number of COVID patients were slowly dropping, we were well equipped with ventilators, things were slowly returning to normal.

Wait! Normal? I don’t feel like I’m returning to normal. I feel like the earth has shifted on its axis. I have this feeling that I’ve lost a lot lately, that we have lost a lot and it may not be coming back soon or ever.

And now, a second shock wave is rolling across the landscape, the continents and my own tired heart – the worldwide witness to a horrific murder, an old pandemic long hidden and often dismissed as just a rash on our global, social underbelly. Return to normal? I don’t think so, I hope not. Weariness? I don’t think my foreboding cloud is just weariness. Grief? Yes, but it feels like something else too. Disillusionment? I use the word rather tentatively, having only recently paid attention to it in an online article¹ published by The Collective Psychology Project on the subject of collective grieving. The article includes a graph published by the U. S. Department of Health and Human Services describing the emotional impact of catastrophic events.

My attention was drawn immediately to the deep valley of “disillusionment,” plunging lower on the graph than the period of impact. I suddenly felt identified, down there on that descending slope.
Bear with me. Remember I’m an optimist at heart. There is a reason we encourage people to grieve and to mourn. It is the portal through which healing and hope is found. As chaplains, we know that grief, and the actions and rituals of mourning, must come first. Most of us are doing this, and likely we have also been called upon in recent months to facilitate the process with others.

Maybe something like grief work needs to occur with disillusionment as well. Now that the “Heroes Work Here” signs seem to have served their purpose, and we have virtually high-fived one another for having survived the worst of this pandemic (we hope), perhaps we are now entering a new phase.

If there is an upside to the past few months, it might be the abrupt exposure to where we are as a species and what potentially lies ahead. We already knew about our ongoing global problems, but suddenly the hardened soil of “normal life” has been plowed up and overturned by the pandemic and the global unrest. “Disillusionment: Recognition of the limits of the response, feelings of abandonment, increased polarization.” Yes, I feel that.

No doubt some people want to pick up where they left off back in February or early March. However, like grief, maybe I have to go through my experience of disillusionment, not avoiding it but bearing it for a time. Maybe others in our workplaces are experiencing their own time of disillusionment as well. I know many chaplaincy departments have provided remarkable resources and hands-on support for their healthcare staff to date. What else might we need to attend to as the initial alarm and fear is subsiding and we enter the aftermath? How can we, as chaplains, help work the loosened soil brought on by our current crises? What are our tools to help staff give expression to where they are now?

Other generations have endured catastrophic times and told their stories. This is our time, and the narrative is already unfolding. What can we contribute to help make it explicit and healing? It will not be a one-and-done task. Every day, we will need to move beyond the longing to go back to normal and instead narrate our ascent to new beginnings.

Keith Bitner is a staff chaplain at Penn Medicine Lancaster General Health in Lancaster, PA.

Grieving for our pre-pandemic lives is normal

By Catherine Butler

Is there a formula for grief, I wondered? Is there some reliable counsel a chaplain can give that will work for almost anyone? Actually, my research revealed that it’s far more complicated. Grief is complex and confusing. There are so many variables surrounding grief, it is impossible to define it precisely. In its simplest form, grief is a result of loss.

Each individual experiences loss differently, plus there are different types of loss. Every loss has a meaning; that meaning is different to each person, but any loss triggers some kind of grief. The good news is that most people are resilient and come through the grief process safe and sound.

For a good read about grief, I recommend The Other Side of Sadness, What the New Science of Bereavement Tells Us About Life After Loss. Author George A. Bonanno offers a different perspective on the five stages of grief. His research suggests that human beings are more resilient than once believed to be, and that when faced with grief and loss, we are made to move on.

Together and separately, we all are experiencing grief in recent months – grieving the loss of life as we knew it. With the onset of the COVID-19 pandemic, I stay home more than I used to; my family thinks I am contagious because I work in healthcare. FaceTime and Zoom meetings were fun in April, but the feeling changed over May and June. We miss face-to-face communication. I have enjoyed making empathetic connections with staff over similar feelings of disconnection from their families; it helps to talk about it.

Individually, staff is connected because we belong to the same system. Separately, each of us try to manage the weight of each loss. Collectively, we stand together in one system of grief. I carry around a quote by St. Francis de Sales to share with staff and/or patients in anticipatory grief: “The same everlasting Father who cares for you today will care for you tomorrow and every day. Either he will shield you from suffering or give you unfailing strength to bear it. Be at peace then and put aside all anxious thoughts and imaginings.”

Even so, I sometimes feel a weight of dread thinking about how everything will turn out. I try and stay positively hopeful, but as I walk through the hospital hallways, I feel heaviness in the air. I see the stress in staff, patients, and families. And maybe some of you have convinced yourself that your headache or your fatigue is just stress. But the pandemic is more. Look deeper. You, my dear, are grieving. You will get through this. Grief is natural; it is perfectly normal to feel the way you are feeling. You are much stronger and more resilient than you realize, I tell the staffers at my workplace. Life feels out of balance and strange. You miss the old ways, but you won’t feel this way forever.

We are all experiencing a nagging internal cry over the way we used to live our lives, before the pandemic. Until we can name and claim those feelings, we may not be able to authentically pick ourselves back up and then encourage each other. It is important to collectively share our personal experiences and listen to one another talk about new routines and new realities.
I have suggested to staffers at my hospital to try the following spiritual exercise at home, which takes about fifteen minutes of quiet time. Begin by lighting a candle. Bring the Light of God into the room with you. No music, no phone. Quiet and candle only.

Imagine your losses as tangible items thrown into a closet at home. Refer to those losses as a Collection. Ask God for help in sorting through your personal Collection. Name each loss you have experienced, no matter what. Say it out loud. Even if you think it sounds silly, do it anyway. You are claiming it by saying it aloud. As you claim each loss, you might cry, laugh out loud, or react in a number of different ways. All normal; keep at it. During this part (naming/claiming) you might actually recall a similar past experience, and this is a good reminder that grief is transient; it will move on when it’s ready!

Embrace and let go. Talking about your Collection can be heavy, but it diminishes its power. It also encourages others to open up. Ask a friend: What’s in your Collection?

Keep your closet empty. When this is behind us, I hope you continue to find daily quiet time with God. Keep praying. Stay hopeful. We are innately born to keep moving.

Catherine Butler is a chaplain resident at Riverside Medical Center in Kankakee, IL.
Being present with no agenda helps in grief – and other situations

By Blair Holtey

Back in my college years, I was given a challenging assignment to write a paper on “grief.” I didn’t know what grief was, let alone know how to start the crazy thing. Coincidentally, a friend told me that a guest speaker would be talking about end of life the next day. I had nothing to lose, so I went.

So I finished my paper on grief. In the reference section, I wrote, “Interview with Elisabeth Kübler-Ross.”

My teacher wrote in red, “Must actually have been present to interview a person in order to write ‘interviewed.’” When I told my professor that I had met her backstage before her presentation, he couldn’t believe it. But I had it on tape. I had no clue who she was at the time. My teacher was still trying to wrap his head around how I got the interview. When I told him, “I just asked,” he still couldn’t believe it!

If I learned anything that day, in the presence of Elisabeth Kübler-Ross, it was that one must be present to get through grief. It is the most difficult of feelings I think I’ve ever, ever experienced, and yet so profound!

People often say, “What happens to me? What can I expect to happen when I die?” As if being a chaplain places me in a position of such knowledge. But it finally occurred to me, after thinking about it for years, that people really aren’t asking “what”; they just need to process. We all know we’re going to die, but most of us don’t get to interview with it, listen to it, talk about the “great it.”

My grandmother never got the opportunity to sit down and interview death. She didn’t get to read about it or study it; she just grieved through several deaths (mother, spouse and son) in a very short period of time. She talked about it once in a while and, perhaps, she dealt with grief in her own way, by lighting candles. I’ll never know because we didn’t talk too much about it. She had to pull herself together and move forward with her family.

I experienced grief, not knowing it was such, when my hamster died. Peaches was the first living thing that I remember caring about and lost to death. I even had a little funeral for him and placed his body in a shoe box, in terms I heard in an old Western, “To give’m a proper burial.”

I share these thoughts because it has occurred to me that there are at least two important aspects to getting through grief. When offering grief support to another person, visit with no preconceived notions. If they hurt, they hurt. In his book “Don’t Sing Songs to the Heavy Heart¹,” Dr. Kenneth Hauck emphasizes that “Planning ahead of time how your interaction with a hurting person ought to go is very unproductive.”

Secondly, don’t let yourself get in the way of helping someone get through their grief. Be comfortable with your discomfort. Otherwise, you may be a stumbling block in the potential progress of healing. Like the unsuspecting young lad that I was, I probably got an interview and inside information from Ms. Ross because I didn’t have an agenda and didn’t let anxiety (although I didn’t know I should have any) get in the way. One must be present!

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¹ www.stephenministries.org/books/default.cfm/753
We need new rituals to acknowledge our losses

By Dawn Mayer

We have been missing so many things these past months. In our family, my nephew’s wedding scheduled for March has been postponed. Another nephew’s graduation from college was done virtually with the diploma coming in the mail. Family vacations were scheduled, canceled, rescheduled and now permanently on hold. The rhythms and routines that make up our lives — we are missing them all.

But many more profound experiences have also shaped this time. In the past three months, two of my friends have died. Both of them had a few short weeks from diagnosis to death. There were no visits to the hospital, and the moments and rituals that usually accompany the death did not happen. One had a funeral “parade” drive by the family home; the other had a handful of people at a small chapel in the cemetery.

In our long-term care communities, these past months have been especially challenging. In addition to all the necessary restrictions and new protocols to keep people safe, the rhythms of everyday life have changed. As we have journeyed with our residents, they have been missing their visits with their loved ones. They have missed sitting and talking with their dinner companions. They have missed attending Mass and other opportunities to gather in prayer and fellowship. And, our residents have also known the pain of the loss of family members and friends.

In all these experiences, it has been especially disorienting to not know how to express our feelings of loss. When so many couples had to postpone wedding plans, when thousands of students did not hear their name called out at graduation, when we have all experienced the disappointment of plans not unfolding as anticipated … how do we acknowledge the loss? How can we express our grief?

I believe it is important to ritualize and acknowledge this time. On my nephew’s wedding day, our family gathered via Zoom to celebrate and honor their commitment, in hope that sometime in the near future we would all be gathered around them. The gift of technology has helped to fill in the voids of special moments. On Easter Sunday, I sat alone in my family room watching Andrea Bocelli sing *Amazing Grace* to an empty square at Duomo di Milano, which normally would be filled with people. I wept ... partly because of the beauty of that moment and partly because it so emphasized our aloneness. It was an important ritual on that Easter day.

Especially for those who have lost loved ones during this time, the grief and loss has even been more profound. The gatherings of family and friends, the rituals of the Church which seek to cover the bereaved in comfort and peace, need to be re-imagined for this time and this moment. Our communities have begun small rituals to help our staff and our residents acknowledge their grief and loss. Names of deceased loved ones are written on angels that are placed on a tree. This ritual, meant for an All Souls’ Day Mass, is now being used throughout the year.
Prayer boards were constructed so that staff could write their prayers for their own concerns or in remembrance of a resident or other loved one. These boards were placed in public areas, as a reminder that staff are not alone in their grief. Each community is making paper bands with the names of all the residents and staff on them. As they link them together, we are reminded that we are indeed, all in this together. At a time in the future, when this storm has passed, we hope to publically burn these chains and use the ashes as we plant a new tree, reminding us that life does indeed go on and it can and will be beautiful.

Our grandchildren’s grandchildren will read about this time. Our world is being radically reshaped. We are aware of all the challenges, but there are blessings from this time, new learnings that will be upon us to incorporate. As we move forward, we will intentionally need to develop new ways to acknowledge our losses, from the simple things we have missed to the profound loss of people we love. While grief and loss are a solitary journey, it is more important than ever to help one another know that we are not alone. Brighter days will be ahead, but at this moment, we need each other to point to the places of light and hope.

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Virtual chaplain circle offers support in time of loss

By Sr. Frances Smalkowski

My 13 years of collaborative ministry with Rev. Paul Francis Merry were incredibly memorable gifts. I can never thank God as I ought. But our work together came to an end when he died of cancer on July 15.

It was hard to witness Fr. Paul’s ongoing weakening from his illness, and to miss him in the ebb and flow of our pastoral ministry as the coronavirus took hold. But even as he was receiving chemotherapy, he tried to stay connected to our ministry through our telephone calls.

Through his last months, I tried to be present to him as he would want, but I struggled with letting him go from a distance. And distance was a similar problem for me at work, since I was only able to communicate with residents by phone, and many of them had no phone or were unable to use it.

But who could I talk with when Fr. Paul, my go-to person, was no longer available? Who to share my frustration with, besides with God in my daily prayer? I honestly did not even know I was asking myself this question when I found an answer. With the COVID-19 crisis, NACC initiated regular conference calls/Zoom meetings, and I felt drawn to participate. I found a place where I could share with other chaplains, be understood, and learn from them as this virus spread.

Though I joked about being addicted to the weekly calls, I did find them very meaningful and supportive. In no way did I feel alone from week to week as I tried to discern God’s will in all the confusion and regular changes of directives.

My chaplain colleagues were there for me not only through this coronavirus journey. They were present to me the very day of Fr. Paul’s death. I had hesitated to join the call on grief and self-care, but was grateful for the acceptance and caring that I received. If ever I had second thoughts about the value of virtual ministry, I certainly had a change of mind and heart through all the calls I was part of!

In the January 2007 issue of Vision, I reflected on the death and dying of Fr. Paul’s mentor, with whom I worked for 15 years. But those challenges were different – I was at least able to be involved with the residents as my priest-colleague was dying. Today, I can’t even visit on the units.

The change to virtual ministry to others, as well as to myself, is still in some ways mystifying to this old school chaplain. But I am grateful to Virginia Day and nurse-chaplain network for all their kind support; to Ramune Franitza for her sensitive and thoughtful messages; and to David Lichter for his shared memories of Fr. Paul Merry.

Sr. Frances Smalkowski, CSFN, BCC, PMHCNS-BC (retired) is currently director of pastoral care at St. John Paul II Center in Danbury, CT, where she has been ministering for 36 years in various positions.
Patients can reframe suffering as chance to make meaning

By Mary T. Tracy

“What all have I been missing? That is what I want to know.”

The 16-year-old sitting up in bed, only a couple of days away from being discharged to home, was finally feeling well enough to ponder the six weeks or so he had been struggling against COVID-19. A successful athlete, previously healthy and with no known underlying conditions, he struggled first to understand how he became sick at all, and then how he became sick enough to need weeks of life support and intensive care.

But I felt unprepared to respond to his question. We were out of the bare-knuckled praying phase, the N95-masked, covered from head to foot in PPE, shouting over the din of life-support machines phase. I had personally witnessed this young man rolled in a wheelchair, triumphantly, from the ICU to the step-down unit, staff lined up on all sides cheering. I had also watched him take his first steps with a walker while a therapist and nurse stood by with a chair if he stumbled. So many incremental steps marking progress. And yet, his question surprised me.

After a bit of a pause, I asked “Have you been in touch with friends recently?”

“Yes, my friends have been sending lots of stuff,” he said, gesturing to the impressive array of gifts, snacks, and colorful notes. “I haven’t had much energy for actual conversations, but I know lots of people are thinking of me, praying for me.”

I commended the young man for having such a great personal community, far greater than he could see at the moment. Then, after a moment of silent prayer to clarify my own thoughts, I asked if he was worried about having missed something in particular, like the Black Lives Matter protests. He waved this aside, briefly indicating that he understood the growing social awareness. In an instant, I was reminded of how the younger generations show such promise of chipping away at systemic injustices.

“That’s good,” I said aloud. “But do you know something? I think your friends might be just as interested in what you’ve been going through in the last six weeks.”

(I was thinking of the scene from a recent drama about the British royal family, in which Prince Philip meets with the U.S. astronauts who were the first to land on the moon. When he breathlessly asked the astronauts about their experience, they stumbled through laconic responses that clearly disappointed him. But then, with new enthusiasm, the astronauts asked the prince what it was like to be married to the Queen of England! Similarly, I thought, this young man might seem to his friends like an explorer who had been somewhere very few had ever been – and had fortunately escaped to tell the tale.)

“Spend some time thinking about what this experience has meant to you,” I said. “Even now, you can start considering how and with whom you would like to share it.”
He looked down, silent, as if considering a whole new perspective on his experience. “What do you remember?” I asked. “You might want to start writing it down, to help yourself identify and process it.”

This inspired me to ask various colleagues for interdisciplinary perspectives on how to advise a survivor of such a traumatic experience. A therapist recommended Viktor E. Frankl’s *Man’s Search for Meaning*, and in the months since then I have recommended it to countless patients, family members, friends and colleagues. It is a particularly relevant and inspiring book in this time of massive collective grief, outrage, despair, hope, and social change.

Frankl gives a brief account of his experience in the Nazi concentration camps, followed by a briefer analysis of the experience. He provides a generosity of spirit, an irrepressible hope – or “tragic optimism” as he puts it – grounded in the conviction that “if there is a meaning in life at all, then there must be a meaning in suffering.” He later expands: “The meaning of life always changes, but it never ceases to be. … We can discover this meaning in life in three different ways: (1) by creating a work or doing a deed; (2) by experiencing something [such as goodness, truth and beauty] or encountering [and loving] someone; and (3) by the attitude we take toward unavoidable suffering.” This third source of meaning is what he spends most of the book, describing by his words as well as by his very life and example.

Post-traumatic growth studies build on this notion of the meaning of life amidst suffering, adding the importance of storytelling and community to the process of meaning-making. It is a notion that continues to inspire me to follow my own advice, happily borrowed from Frankl, to the young man recovering from COVID-19 and a six-week hole in his conscious memory: May I keep paying attention to the meaning of my own life, small as it may be, and trust that God is working through all of it.

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Pandemic time is chrysalis stage to create something new

By Anne Millington

The coronavirus has destroyed our feelings of safety and security. We fear for our country, our work, our families, our health. We dream of life once we get “through this,” knowing full well that life has changed forever. Indeed, as Lawrence Wright recently noted in The New Yorker¹, the Black Death, the Spanish flu and other plagues and pandemics all ushered in profound social change. As we live through today’s coronavirus pandemic, we see similar profound changes unfolding around us.

But life is continuing, and it is transforming into something new. If we had been in a caterpillar stage before the virus hit, we are now chrysalises. Our insides have begun to dissolve and create the fluids that will become the wings and body of the butterfly. Indeed, our insides have become what Kathleen A. Brehony, author of Awakening at Midlife, calls “caterbutter stew.”

This place is unsettling, even downright scary. Life as we knew it has melted down and dissolved, and the future appears murky and uncertain. We grieve the life form we have left behind, and we fear for the future.

Perhaps more difficult, this place can also feel barren. As chaplains, we are called to live examined lives, to reflect theologically on life around us. Distracted and anxious, it may be hard to pray, let alone offer spiritual insight and direction for others. But we are not alone; fiction writers today are experiencing distraction and writer’s block. As Clea Simon wrote in The Boston Globe², “For many writers, the subconscious, where so much plotting and character-building happens, has been taken over by a silent screaming panic.” Poets, too, have difficulty during these distracted, nervous and fearful times. A colleague recently quoted William Wordsworth, “Poetry is the spontaneous overflow of powerful feelings: it takes its origin from emotion recollected in tranquility.”

And yet, as chaplains, we remain called to accompany others during this time, even as our insides are caterbutter stew. Those of us in hospitals put on our masks and our face shields and do our best to be present to the sick, the terrified and the dying. Those of us working from home faithfully make our phone calls, doing our best to offer messages of hope and healing to patients and their loved ones. We are needed more than ever, as behavioral health-related admissions are growing, stress-related cardiac situations are on the rise, and staff are more fatigued and worried.

Lately, I have been praying that God will hold me together on the outside when I feel shaky on the inside. That God will continue to give me the strength to serve and to comfort during this time when traditional spiritual supports and gatherings have been postponed or replaced by Zoom calls and webinars. When prayer may seem brittle and rote, when meditation feels mired in distraction, I pray that God will strengthen me from the outside in.
Indeed, I am choosing to trust in a God whose goodness does not depend on my efforts at all. I am choosing to trust in God’s strength rather than in my own. As I walk the corridors of both hospital and life, I seek to draw hope from Psalm 131: “My heart is not proud, Lord, my eyes are not haughty; I do not concern myself with great matters or things too wonderful for me. But I have calmed and quieted myself, I am like a weaned child with its mother, like a weaned child I am content. Israel, put your hope in the Lord both now and forevermore.”

All things pass, even pandemics, and someday we will emerge from our collective chrysalis into a new world with a new social order. Some things will be lost, some things will be found. I pray that I will bear witness to how God kept my outsides strong and my walk faithful, and I pray that we will all emerge with a deeper trust in God’s healing transformation.

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Notes

¹ www.newyorker.com/magazine/2020/07/20/how-pandemics-wreak-havoc-and-open-minds
² www.bostonglobe.com/2020/08/03/lifestyle/fiction-pandemic
Shared grief can help people and communities grow


**By Ruth Anne Friesen**

This is a book full of movement. The threads of wailing – grief, lament, solidarity, joy and justice – run throughout *When Tears Sing* as Blaine-Wallace speaks of the theology of lament in the Bible. Lament is seen through the sorrowful and suffering traumatized communities that pursue life beyond oppression. Salvation history remains a work in process, advancing toward more just communities where people are valued for who they are and were created to be.

The author, an Episcopal priest and counselor, listens deeply and respectfully to people’s experiences and gives both space for silence and attention to experiences that need words not yet found. Lament, he says, is relational; a testifier’s story needs both words to convey meaning and a witness as an active listener. Toward the end of the book, where the witnessing process happens in retreat style, I thought of sermons from my CPE experience at Rush Hospital, where the process of narrative reflection was very similar to what is described in this book. Such narratives can open a person’s life to relationship and become a transformative experience for everyone.

Although American society expects its citizens to be self-sufficient and climb the ladder of success, this book suggests that a spirituality of tears brings us to understand more about Jesus’ acceptance of the vulnerable caught in sorrow. The spirituality of tears and loss helps us to slow down, lets the stories and experiences be shared, and allows the caring to emerge. The solidarity becomes real so that persons from very different backgrounds and perspectives may find ways to be in relationship. Out of these lamentational conversations, perhaps everyone could claim their citizenship in an interconnected society of fragile and resilient persons who live life as it really is, and who can give prayerful attention to the wounded self and to the neighbor next door and far away.

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Autobiographical book serves as introduction to Ignatian spirituality


By John Gillman

*The Inner Chapel* is both an account of the author’s close relationship with her beloved grandfather and a multifaceted reflection on Ignatian spirituality. For almost 20 years, Eldredge has served as a spiritual director and a retreat leader. She is a married Roman Catholic layperson who has lived much of her life in Baton Rouge. In this largely autobiographical narrative she writes about her relationship with her husband and her two children, but most of her attention is on her 18-month journey with her dying grandfather.

The book fulfills a promise she made to her grandfather to tell others about God’s love and that they are never alone. Part I consists of six chapters under the heading “The Inner Chapel,” and Part 2, “Embracing the Promises of God,” includes nine chapters. At the end of each chapter, Eldredge invites the reader to “go to the inner chapel,” that interior personal space where God dwells, where one’s relationship with Jesus is nourished, and where life in the Spirit is embraced. In these personal invitations, the author offers several practical recommendations such as creating a spiritual autobiography, utilizing Ignatian contemplation, creating rituals of rest, and discovering God’s unique call to each person. Following these she provides a list of Scripture passages under the rubric “Embracing the Promises of God.”

Throughout the book Eldredge intersperses vignettes of her interaction with directees, examples from ordinary life such as how to make crawfish étouffée (a Cajun dish she learned from her grandmother), and references to some personal challenges. Without elaborating she notes that some of her “greatest angst … comes from shifts in a family system.”

I found it curious that while her grandparents figure prominently in the narrative, the author is almost completely silent about her parents. Observing that “one of life’s greatest agonies is the untold story,” she notes in passing that she has endured “seasons of suffering while desperately longing for someone to understand what I was going through.” For her own reasons, Eldredge has chosen, aside from an occasional reference, to let her seasons of suffering remain part of her untold story, at least for her readers.

The colloquial style makes this narrative easy to read. For those unfamiliar with Ignatian spirituality, Eldredge’s reflections serve as a helpful introduction.

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Patients who can’t communicate have spiritual needs, too


By Christina Mayer

As a younger chaplain, I wondered if my presence in a non-communicative patient’s room would even matter. Can patients who cannot speak, write, or share non-verbal cues even hear me? Would my time be better spent ministering to communicative patients? What if a nurse saw me sitting quietly with a non-communicative patient, or even talking or humming—would I be questioned or judged?

Consider these scenarios:

Scenario 1: Death was imminent. Although the patient, an elderly woman, was COVID-negative, the hospital had imposed a strict visitation policy. I escorted family members to the patient’s room one by one, informing them that their loved one was non-communicative, but could most likely hear us and feel our touch. Entering the room, I said, “Mrs. J., I am here with your granddaughter, Molly. Molly may want to talk to you, or hold your hand, pray with you, or even sit silently. She is sitting in a chair on your left side. I will leave you two alone for a few minutes.” I left the room, and the charge nurse called me over. She showed me a wall of monitors and pointed to lines on the screen. “When the patient was alone, the line was like this,” she said, making a horizontal sweep with her hand, “but when you and the visitor entered the room just now, the line went up. Her heart started beating again.”

Scenario 2: A homeless patient was very ill, greatly medicated, and probably asleep or even unconscious. But I knocked, called the patient’s name, and asked to enter. In my usual voice, I clearly said, “Mr. K., I am Chaplain Chris. Your nurse, Jess, who has been caring for you thought you might like a visit. I am sitting in a chair at the foot of your bed. I plan to be here for a few minutes, and I hope that’s all right with you.” I continued: “I want you to know that your nurse cares about you, and I do, too. I want you to know that you are a wonderful creation.” Before leaving the patient’s room, I thanked him and wished him peace.

In Scenario 1, would my younger self have merely ministered to the patient’s visitors, escorted them in, and brushed past the patient herself? In Scenario 2, would my younger self have even visited the patient? Because I read *Spiritual Care for Non-Communicative Patients: A Guidebook* by Linda S. Golding and Walter Dixon, I learned to respond to patients’ needs more effectively. I learned that a chaplain’s presence does indeed matter in these situations.

There is a reason this book is called a guidebook, for it kindly and gently guides chaplains to reflect on obstacles, fears, and concerns — before, during, and after working with non-communicative patients. Similar to CPE, this book encourages a pre-visit visualization/actual visit/post-visit reflection methodology.
Happily, this book also includes practical exercises, worksheets, small group activities and case studies. It encourages us to use all of our senses while in the patient’s room, as we hear the beeps and buzzes, smell the odors, and see the tubes and gowns and patient’s pallor. Cultivating presence and embracing stillness are also key. The book encourages shadowing nurses to see how they interact with non-communicative patients.

Because chaplaincy is becoming so research-driven, I would have enjoyed seeing research studies of non-communicative patients. And I would have enjoyed reading some verbatims or narratives that enact some of the suggestions.

And our new COVID era presents new obstacles in these situations, since in most systems we cannot enter the patients’ rooms, or if we do, it requires full PPE. In systems where those supplies are rationed, it may be harder to justify a visit to a non-communicative patient.

Even so, my ministry has benefited from this book. The one thought that stays with me is summed up in one chaplain’s post-visit reflection: “To spend regular time with a patient who does not respond ... is to trust, and even to quietly suggest to those witnessing, that there is always more going on than meets the eye.”

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