Holding Hope: Lessons from one year of pandemic

Through a year of quarantine, hope has remained constant – by David Lichter, Executive Director..............................2

How has a year of pandemic changed me? – by Rev. Alejandro De Jesus.................................................................4

Mutual listening sessions help nurses cope with heartache – by Jennifer Discher and Pam Oatis.................................6

Pandemic anniversary ceremonies offer chance to reflect – by Deanna M. Ford.......................................................8

Pandemic didn’t stop patient from making peace with his life – by Francine Poppo Rich.............................................10

VA works to build veterans’ resilience in pandemic – by Rev. Alejandro De Jesus....................................................12

Research Update
Resiliency practices: Evidence-based interventions that inspire hope – by Austine Duru...........................................14

Book Review
Biography of CPE pioneer Boisen draws on new material – by John Gillman..........................................................17
Through a year of quarantine, hope has remained constant

By David Lichter

Executive Director

This theme of this new issue of Vision is: “Holding Hope: Lessons Learned from one year of pandemic.” But right now, my thoughts go further back than one year ago, that week in March when every day brought word of new closures and disruptions to the world as we knew it.

Instead, “hope” reminds me of our 2013 national conference in Pittsburgh, and the plenary speech by Fr. Donald Goergen, OP, PhD. He took as an example the diverse stages of hope in the face of a potential serious illness or loss. One can start with, “I hope I hear good news.” After the difficult diagnosis, one then might move to, “I hope I can get well soon.” When the illness gets worse, one might think, “I hope I can receive the right treatment to finally conquer this illness.” When the illness is not curable, it becomes, “I hope I have some time yet to do the things I wanted to do.” As the end nears, “I hope I will not suffer and die alone.” And perhaps finally, “I hope God receives me with mercy and compassion.”

Fr. Goergen’s journey through the changing expressions of hope pointed out that we often visualize an end point to our hope, something not yet seen but imagined. Yet Hebrews 11:1 tells us, “Now faith is confidence in what we hope for and assurance about what we do not see.” Similarly, our theme, “Holding Hope,” does not rely on a desired imagined future but on something more that allows us to see what is before us with new eyes.

I was struck by the early reflection/poem “Lockdown” that the Capuchin Franciscan Brother Richard Hendrick wrote back on Friday, March 13, now just a year ago – and it went viral. It began with:

Yes there is fear.
Yes there is isolation.
Yes there is panic buying.
Yes there is sickness.
Yes there is even death.

But,

And he went on to point out life all around us in a myriad of ways, even in the most hard-hit countries. (A year ago, he was probably thinking of China and Italy, but the United States’ turn came.)

Br. Hendrick was “holding hope.” But I don’t think he meant a future spring that would come. Instead, what was happening all around him in that moment, because of his faith that “we are always encompassed by love,” gave him a new way of seeing.

The lessons learned in this past year seem to have everything to do with what we have seen because of the hope we share and hold together. Even though we enter year two, knowing that life will not return to the way it was in February 2020, we are grateful for the many, many signs of life and love that inspired us every day.

You, our NACC members, provided glimpses of grace and goodness to one another every time you shared with one another during this past year. I was struck deeply by so many of you who are living with extremely stressful situations, compounded by the complexities of balancing your profession and ministry with tending to your loved ones – whether they are sisters living in community with you, family members you have not been able to see or hug, deaths and goodbyes that had to be navigated from a distance, coworkers and friends scarred emotionally by isolation and disruption, unemployment, furloughs, or unexpected early retirements.

You have experienced holding hope in your holding one another with assurance and faith. In the lessons learned in the past year, hopefully one of them has been to sharpen our eyes of faith to see more about us with blessings and gratitude, and to echo the words that Br. Hendrick wrote a year ago:

Today, breathe.
Listen, behind the factory noises of your panic
The birds are singing again
The sky is clearing,
Spring is coming,
And we are always encompassed by Love.
Open the windows of your soul
And though you may not be able
to touch across the empty square,
Sing.
How has a year of pandemic changed me?

By Rev. Alejandro De Jesus

Being certified in mental health chaplaincy, I always considered myself the healer or provider. It’s always the “other” who has mental ill health. The pandemic changed all that. The best of me has helped me cope with the pandemic in ways I never imagined I could do, or even thought about doing. But even the best of me could not face all that the pandemic threw at me.

The GOOD

I knew that God is everywhere and we can encounter God in the parking lot as much as in the church. But this truth was not powerfully revealed until the pandemic locked me down. As a priest, my liturgical ministry is celebrated with people, in close proximity. When that activity was disallowed, I felt vanquished – like a singer without a tongue, like a sprinter without legs.

Then, Palm Sunday 2020 came. My families in Manila, Philippines, in Sydney, Australia, and in a few cities in California and New Jersey all asked me to stage a Facebook Live Mass. I never thought that could be done! (Remember, this was a year ago, before I mastered virtual meetings in Zoom and Google.) What about liturgical movements during Mass? Singing – where do I get a choir? I had two housemates, but were they enough to make up a congregation?

To make long story short, I celebrated Palm Sunday and Easter Sunday with my laptop in front of me, sitting down the whole time (Jesus was even reclining at the Last Supper, remember?), and blessing those who attended my virtual Mass with holy water. I even printed a “Prayer for Spiritual Communion” for those “attending” during Communion time. This year’s Easter Sunday Mass also marked one year of virtual Facebook live Mass celebrations. Friends of friends of friends continued to attend throughout the 12 months, covering all time zones in the U.S., the Philippines, two time zones in Australia, Spain, Italy and even the Cayman Islands. All in all, at the height of the pandemic, at an average of 3.5 persons per Facebook address, we probably reached some 700 people in “attendance.”

The BAD

Aside from canceling liturgical celebrations in the VA chapels, our local VA system did not allow Catholic chaplains to visit COVID-19 patients, not even to anoint and bless dying veterans. Now that was a real shocker to me! The very essence and sacramentality of anointing – the touching and anointing with oil, the prayers, the laying on of hands – all vanished with a stroke of the pen! Did leadership have the authority to limit our ministry? Could we find some way around it?

It didn’t help that we continue to read about heroic deeds by other Catholic priests¹ in their ministry to COVID-19 patients, how creative and valiant their efforts were, practically envious of the support they were getting. Helpless as one COVID patient after another died without the sacraments, and greatly saddened by the prohibition, I was joined by the other chaplains as we emotionally expressed
our powerlessness together. It wasn’t until the surge subsided, months later, that we were allowed to anoint again.

The UGLY

Before I received the vaccine in December, I lived in constant fear of being infected. Ministering in a medical center only made it worse. Everyone looked like a possible carrier. It’s similar to the concept of “guilty until proven innocent:” everyone is COVID-infected until they get negative test results.

Being a hugger myself, I valued that specific expression of care and support. That, too, has to go, sadly. In ministry, hugging and “abrazo” communicate a depth of affirmation that words can hardly start to describe. True, we have invented virtual hugs, which help communicate the message. But, then again, it isn’t the same.

The HOPEFUL

A comedian recently remarked, “Does God hear your prayers when you’re muted?” Even the language in our conversation about faith and religion has changed. But rather than impoverishing it, the pandemic has only enriched it, even with appropriate humor to match.

At the one-year mark of the pandemic, there’s no way John 12:24-25 can make sense to me again except from an awakened perspective: “Amen, amen, I say to you, unless a grain of wheat falls to the ground and dies, it remains just a grain of wheat. But if it dies, it produces much fruit. Whoever loves his life loses it, and whoever hates his life in this world will preserve it for eternal life.” This pandemic has ended many practices that I find meaningful and affirming, but they are some of the many deaths I have to live with from now on.

I feel a little more confident that the future is not all melancholic, miserable or pitiful. Lessons were learned, forcing us towards deeper reflections on life’s possibilities and dangers. I share other peoples’ thoughts about the pandemic as an ordeal that led to an awakening, on wondering how different our lives have become and embracing the difference.

Rev. Alejandro De Jesus, PhD, BCC, is certified in the NACC, NCVACC, and NAVAC and has specialty certification in hospice and palliative care and in mental health. He is the chaplain for hospice & palliative care and the Community Living Center at the South Texas VA Health Care System in San Antonio, TX.

Mutual listening sessions help nurses cope with heartache

By Jennifer Discher and Pam Oatis

The call came through on a wintry afternoon nine months into the pandemic. “Our nurses are still hurting. We need to find more ways to help. Can we offer some sort of stress first aid for our healthcare staff?”

Thus, a conversation began between a nurse educator, a unit manager, an ethicist, a chaplain, and a mission leader — who all agreed that something more was needed. In the words of the nurse educator, “Taking care of our own is very close to all of our hearts.”

Healthcare has been at the forefront throughout the COVID-19 pandemic. Acts of pure compassion across healthcare settings, from hospitals and physician offices, to long-term care facilities and hospices, are the fodder of Facebook and the mainstay of the human-interest segment of the nightly news. But patients, families, and members of the healthcare team experience the uncertainty and heartbreak of isolation and death. This has taken a toll on caregivers.

As a Bon Secours Mercy Health ministry, we are called to be good help, and our roots in mercy remind us that creating spaces of hospitality and kindness are fundamental for wellness. Out of those values, our group set out to address the need.

However tempting, we knew it wasn’t feasible, nor systemically helpful, for a rescue squad to swoop in and fix the heartache. Instead, we chose to introduce caregivers to tools and avenues to help take care of each other. Pragmatically, we wanted to encourage staff to notice their resources within and to be resources to each other. In other words, tap into and strengthen their own resilience.

Resilience includes vulnerability, stamina, gratitude, courage, thoughtfulness, reflection. A route to preventing and healing from burnout and stress fatigue is to teach and model resilience. Nurses are effective to themselves, each other and patients to the extent they live resiliently.

One intervention we piloted was to provide listening exchange sessions at shift change. We called these “Mini Mercy Rounds and Listening Partnerships.” We taught the process to the nurses on a unit, and then had them pair up and exchange listening time. Participants were asked to listen with respect, compassion, and confidentiality. It was not a time to judge, to offer solutions, or to fix.

The purpose is to build intentional community and to provide space where individuals find their own wisdom. As we offload, share our upsets, we think more clearly, care more deeply, respond more flexibly to every situation. We know that caregivers who learn to care for themselves are better caregivers. Teaching strategies for self-care to both pre-professional nurses and working nurses will result in better patient care.
New and veteran nurses on this pilot unit have been overwhelmed with the grief and suffering they have witnessed. They have lived days of tears and days of pure anxiety but always finding a way to move forward. On the first day of the pilot the energy was palpable. Many were surprised that this short opportunity to unload some hard emotions lightened their hearts. The first weeks beyond the pilot found them adapting the tool to the day and to their own circumstances.

When we checked in seven weeks later, the initial feedback was “oh yes, I thought that was great, I guess I forgot all about it.” However, asking deeper questions revealed a number of stories of being a listening partner to each other almost unknowingly. “I guess we’re doing this and don’t even realize we’re doing it,” said the charge nurse, smiling brightly. The best learning is incorporated to the point of not having to think about it. They have begun holding spaces for one another.

Jennifer Discher, PhD, is vice president of mission and Pam Oatis MD, is a medical ethics specialist at Mercy Health St Vincent’s Medical Center.
Pandemic anniversary ceremonies offer chance to reflect

By Deanna M. Ford

Wednesday, March 11, 2020 marked the date of Mercy Health – Youngstown’s first positive COVID-19 case. This news was shared locally on the same date that the COVID-19 virus was deemed a global pandemic.

While our leaders and associates were watching the world respond to the crisis of the pandemic, our spiritual care team was preparing as well. They felt the hospitals’ stress as admissions and critical patients increased, and they demonstrated unique agility to adapt to a new way of tending to our patients, families and staff. A Spiritual Care Hotline was developed for our associates who needed to speak with chaplains for their own spiritual care. Our chaplains had hundreds if not thousands of sacred encounters during this difficult year.

Since that day, our ministry has responded with God’s guidance and presence as we met our challenges with strength, tenacity and resilience. The pandemic extended past days and weeks into months, creating fear, but also adaptation and commitment to meet the needs before us.

And as the anniversary approached, we knew that a commemorative marker date to stop, pause and reflect was necessary for our ministry. Our planning team wanted to ensure we were offering different opportunities for our associates to recognize this solemn, but hopeful, day as we look back at the incredible work and strength of our Mercy Health – Youngstown associates over the past year.

We planned many events to commemorate the date of March 11. Closed Masses were offered at each of our hospital campuses. A virtual prayer service allowed an opportunity for all to pause and acknowledge the sacrifice of our caregivers yet promote the hope of our future. We observed a moment of silence at 1:57 p.m., the time when our first positive test was resulted in Youngstown.

Our chaplains were prepared to minister to our teams within our hospitals through rounding and were available to provide and lead prayer at unit and department huddles throughout our ministry. Meals were provided to our associates as a gesture of thanks. “Year in Review” slides were shown in various locations displaying pictures of our healthcare heroes. Our facility service teams illuminated our hospitals with purple lights to recognize all essential workers who continue to fight COVID-19. We provided leadership webinars on how to cope and identify others who may be having difficulty coping on anniversary events. Our well-being leadership offered self-care tips and affirmation cards for leaders to share with all associates across the ministry.

Lastly, our health system and our foundation announced plans for a permanent COVID-19 memorial at Mercy Health – St. Elizabeth Youngstown Hospital, representing a tribute to the loved
ones we lost and continue to lose. This sculpture and memorial will be funded by donations to the Mercy Health Foundation – Mahoning Valley and should be completed by fall 2021. There will be three plaques at the site: one honoring caregivers, one for those affected and who have lost their lives to COVID-19 and one serving as a permanent historical marker to recognize the healthcare workers among us who sacrificed greatly to care for the sick and dying in our community.

We plan to place time capsules at each of our hospitals, to be opened on March 11, 2121. These time capsules will contain memorable items from across our ministry to educate future generations about COVID-19 in the Youngstown market and what our associates, our care teams, and our front-line staff experienced in this global pandemic.

*Deanna M. Ford, RN, is director of mission at Mercy Health in Youngstown, OH.*
Pandemic didn’t stop patient from making peace with his life

By Francine Poppo Rich

From the moment Bob came to our nursing home in January 2020, he began to tell me stories of Jessica, his wife of 60-plus years, how she was the love of his life and how he believed it was his fault that she died.

On their anniversary the year before, he would say, Jessica had been reaching forward on the stairs to hand Bob a steak to cook on the grill. She fell forward, he couldn’t catch her, and she died about a week later. Each time Bob told me the story, he cried. As the chaplain, I would listen to Bob’s pain, hold his hand, and we would pray — often directly to Jessica — to help Bob feel at peace over Jessica’s death. But he was not at peace.

Bob was Catholic and loved receiving the Holy Eucharist. He felt closest to Jessica when he did. He would also tell me about his love for sailing and golf; the many lives he touched as a physical education teacher for 35 years; and his tryout in his youth to play major-league baseball.

But Bob was a simple man at heart. He never had children, so his life had been filled with Jessica. “I have to go to Jessica’s grave on June 25, which is our anniversary,” he told me, many times. “I have to bring her flowers, kneel at her grave, and I have to say I’m sorry for not catching her that day.” And then he would cry.

But of course, a few weeks later, our facility shut down. Then the country shut down. Then Bob contracted COVID-19. True to his strong character, he would tell me during our daily visits that he did not have this awful virus. He just had a little fever, he felt a little weak, and he would be fine. “Now, about that trip on June 25 to the cemetery,” he would say. “How will I get there? Will you come with me and say a prayer and help me find her grave?”

In his heart of hearts, Bob knew that this trip would now take a lot of careful planning. I continued to assure him that he was going, that June 25 was far away, that he just needed to focus on getting stronger, and that we needed to continue to pray.

And so we did. Because of strict isolation restrictions in New York, Bob was confined to his room well after he healed from COVID-19. Sometimes I struggled with his expectations. There were days when I had to pray for patience. If I visited him in the morning, he would request a visit at the end of the day. And every conversation ended in my assuring him that the trip to the cemetery was still happening.
Our leadership team worked together, as we always do, to make the arrangements. Bob invited a few family members and friends to meet us at the cemetery, he requested a favorite aide for the day, and he gave me money to buy roses for Jessica.

On June 25, we set out. It was sunny, extremely hot, and New York humid, but Bob did it. He wheeled up to Jessica’s grave, we joined in prayer with his friends, he told Jessica how much he loved her, and he said he was sorry. Then he placed the flowers on her grave, and he cried. Rivers of tears. But that night, Bob was so relieved that a beautiful peace came over him. He had finally forgiven himself. Over and over again, Bob thanked all those involved in making his trip happen.

With our nursing home still under strict visitation restrictions, Bob spent the next few months mostly in his room, watching baseball and football. He didn’t cry nearly as much anymore. Mostly, he would engage in a calm, content life review about trips he took with Jessica to the Bahamas, and he would look at their wedding photo and state how beautiful she was.

Shortly after his 85th birthday, Bob passed away suddenly. It was completely unexpected, and many of our staff members felt the loss, especially his favorite aide. I was called in to say prayers, and I prayed for his perfect reunion with Jessica. I realized in that moment that maybe Bob’s restlessness was all about this last item of unfinished business. That visit to Jessica’s grave was the final piece of a puzzle he had been putting together his entire life, and he just couldn’t go to her until it was complete. Once it was, he was ready.

As I prayed, the beauty of chaplaincy became so clear to me. If we really and truly listen to what our patients and residents are saying, what they’re not saying, what they’re doing, and what they’re not doing — if we can enter their worlds completely for just a second — their spiritual care needs will become clear. We don’t even have to understand those needs. We just have to provide the vehicle and maybe go on their unique trip with them. Then, and only then, can we truly say that we, as chaplains, are continuing Christ’s healing mission.

Francine Poppo Rich, BCC, is a chaplain at Good Samaritan Nursing and Rehabilitation in Sayville, NY.
VA works to build veterans’ resilience in pandemic

By Rev. Alejandro De Jesus


Military deployment and combat inflict visible injuries as well as unseen wounds on anyone coming home from the battlefield. While some adjust well to civilian life, many encounter serious mental health problems. In fact, one of five US veterans of the Iraq and Afghanistan wars experience mild to major depression.¹

When veterans were already coping with depression, alcohol and substance use, or unemployment, the lockdown at the height of the COVID-19 pandemic also forced them to face isolation, limitations, and anxiety. It could only spell disaster.

The US Census Bureau noted that rates of depression and anxiety increased sharply during the pandemic, compared with the same period the previous year. The VA immediately put forth programs to maintain services to veterans while at the same time making their workplaces safe.

Even before the pandemic, the VA provided numerous services in various mental health specialty clinics, nursing homes, residential facilities and medical centers. It treats veterans for anxiety, bipolar disorder, depression, PTSD, schizophrenia, substance use, suicide prevention, tobacco cessation, military sexual trauma and effects of traumatic brain injury.

Beyond that, however, the VA strives for a “coordinated care for the whole person, not just for the person’s mental illness.” This includes assistance for work and compensation, as well as extending help to spouses and family members. Such a well-coordinated program of care comes under the supervision of an interdisciplinary team called the Patient Aligned Care Teams. These teams are composed of medical doctors, psychiatrists, social workers, psychologists, chaplains, nurses and other support staff. This team approach proved invaluable during the pandemic, as VA staff worked to build resilience in their patients.

Resilience describes the ability to adjust to life’s misfortunes and setbacks, whether minor or very major indeed. The VA’s 250 medical centers and hundreds of community-based outpatient clinics and treatment centers throughout the nation employ mental health clinicians and support personnel to strengthen veterans in their journey.

Among the more noteworthy programs is Moving Forward, which helps veterans with challenges on managing stress, balancing school and family, relationships, coping with significant physical injuries, financial difficulties and adjustment issues. Activities can be performed through interactive media.
As an online educational program, Moving Forward basically uses problem-solving skills to better manage stumbling blocks and identify goals and obstacles towards an action plan. The program was very professionally done and garnered half a dozen national awards, both for content and for the modalities it uses to achieve its goals.

The program has also undergone significant improvements since its inception in 2013. Just before the pandemic hit, the Moving Forward mobile app became available for smartphones, making the stress-management and problem-solving tools even more convenient. As 2020 wore on, the easy-to-access worksheets and games made the program an instant hit among those bored by the lockdowns.

Fortunately, with the extensive and effective use of telehealth therapy, the limitations imposed by the pandemic were mostly overcome. Veterans expressed gratitude and satisfaction for these programs. A mental telehealth patient noted how “lucky” she was to have the chance to do her therapy with convenience and effectiveness. Another was awed at being able to remotely confer with his psychiatrist in another VA center. Still another marveled at how he could connect virtually with the numerous mental health and medical providers he was consulting, each with the specialty on his specific problems. He ended by saying, “It was THE best thing I did while I was pursuing my health.”

Alejandro De Jesus, PhD, BCC, is certified in the NACC, NCVACC, and NAVAC and has specialty certification in hospice and palliative care and in mental health.

¹ This article originally contained several links to online publications and videos. To see them, visit this article online at www.nacc.org/vision/march-april-2021/va-works-to-build-veterans-resilience-in-pandemic
Research Update

Resiliency practices: Evidence-based interventions that inspire hope

By Austine Duru

Research has shown that resiliency can be learned and cultivated. A recent publication¹ by Rakesh, G., Pier, K., & Costales, T.L. (2017), “A call for action: Cultivating resilience in healthcare providers,” in the *American Journal of Psychiatry Residents' Journal*, explores several aspects of resiliency practices and ways to inspire hope. Hope is a theological language that references, in broad terms, the confidence in God’s ability to improve one’s circumstances. At the heart of this is a desire and conviction that things will get better. This generally leads to a sense of resiliency. The authors define hope as “the ability to adapt successfully in the face of trauma, adversity, tragedy, or significant threat.” This does not come easy for most people, especially those who do not practice any religion, or those whose faith is shaken by life’s adversity. It is common knowledge that healthcare providers have one of the highest rates of burnout, including chaplains, who are often relied on to help address the moral distress of their colleagues, along with the spiritual care of patients and families.

The article uses a clinical vignette of “Dr. B,” a third-year internal medicine resident, to illustrate the problems of burnout among healthcare providers and the importance of action to address it. Although this article focuses on physician burnout, its practical ideas will be useful for chaplains who counsel peers and other healthcare professionals in time of crisis.

In times of crisis, chaplains understand the importance of attending to psychosocial and spiritual health. The COVID-19 pandemic is a health crisis unprecedented since the last century. How individuals and organizations respond to its toll will determine how quickly recovery might happen. For insights we turn to Heath, C., Sommerfield, A., & von Ungern-Sternberg, B. S. (2020), “Resilience strategies to manage psychological distress among healthcare workers during the COVID-19 pandemic: a narrative review” *Anaesthesia*, 75(10), 1364-1371. This article reviews available research literature on the impact of the COVID-19 pandemic on frontline workers, including clinicians. It highlights some best practices that are practical, proactive, and holistic in increasing healthcare workers’ resilience. An interesting discovery is that “organizational justice – workplace cultures that ensure fairness, respect and social justice in the workplace” can play a huge role. This article provides valuable just-in-time strategies for leaders to encourage resilience in the workplace during a major crisis. The list of the concerns of healthcare workers is a valuable information for any chaplain involved in staff support, ethics committees, or resilience programs.

Spiritual resilience is an essential antidote to spiritual exhaustion, which is often identified as an occupational hazard for chaplains. Spiritual resilience is therefore the ability to build physical and spiritual endurance in ministry (Torres-Chinea, J. M., 2020), as one adapts to the changes and challenges in one’s ministry that induces debilitating stress. An article by Pandya, S. P. (2019) in *Journal of health care chaplaincy*, 1-17 offers an interesting tool for chaplains in the form of a meditation smartphone app (M-App), which targets burnout and builds resilience among chaplains. The results of this one-year study piloted in a nursing home show a significant emotional and
A professional benefit for chaplains who utilized the M-App meditation tool frequently. Chaplains in the study cohort reported “lesser emotional exhaustion and depersonalization as burnout markers and higher personal achievement and resilience as compared to leisure app (L-App) users.” An important takeaway for chaplain leaders is that integrating new tools in the promotion of wellbeing for chaplains is essential for the emotional health of the team.

Practices that integrate body, mind, and spirit have been effective in combating caregiver fatigue and burnout. Integrative interventions have been trending during the worst emotional impacts of the COVID-19 pandemic. A recent study in International Journal of Environmental Research and Public Health 18(5), 2515, by Heeter, C., Allbritton, M., Lehto, R., Miller, P., McDaniel, P., & Paletta, M. (2021), investigates providing yoga-based meditation for healthcare professionals who still toil under the shadow of the pandemic. The results of this survey, which used the Professional Fulfillment Index for burnout and the Multidimensional Assessment of Interoceptive Awareness scales for mind-body integration, “showed that the yoga-based meditation intervention was feasible and acceptable and associated with higher interoceptive awareness. The results point to a role for interoceptive awareness in reducing the risk for burnout.” This is a meaningful article for anyone seeking creative, adaptable, cost-effective, and individually tailored resources for front-line workers experiencing COVID-19 fatigue and needing to strengthen resiliency. This is especially true in situations where religion or faith, for whatever reasons, are not options for strengthening hope.

When hope is in short supply and resources are limited, the ability to imagine a better future becomes an essential ingredient for renewed hope and religious coping. Understanding the mechanism for inspiring hope and mitigating the negative effects of a major health crisis on well-being was the focus of a recent study in The Journal of Positive Psychology, 1-12 by Counted, V., Pargament, K. I., Bechara, A. O., Joynt, S., & Cowden, R. G. (2020), titled Hope and well-being in vulnerable contexts during the COVID-19 pandemic: does religious coping matter? The authors suggest that while hope is essential, sometimes it is not enough. To be effective, hope requires positive religious coping. The study shows that higher levels of well-being are positively correlated with higher levels of religious coping and of hope. This study is insightful because it discusses the importance of introducing mechanisms that promote quicker recovery, especially in resource-challenged institutions or areas with notable social-structural limitations.

A similar study by Mosley, D. V., Neville, H. A., Chavez-Dueñas, N. Y., Adames, H. Y., Lewis, J. A., & French, B. H. (2020) titled Radical hope in revolting times: Proposing a culturally relevant psychological framework in Social and Personality Psychology Compass, 14(1), e12512 explores the relationship of psychological well-being and the concept of “radical hope” (collective memory, faith, and agency), from the racial and ethnic framework. Four pathways to radical hope include “(a) understanding the history of oppression along with the actions of resistance taken to transform these conditions, (b) embracing ancestral pride, (c) envisioning equitable possibilities, and (d) creating meaning and purpose in life by adopting an orientation to social justice.” Another study that explores the concept of hope and resilience from a family resilience framework was done by Walsh, F. (2020). Loss and resilience in the time of COVID-19: Meaning making, hope, and transcendence, Family process, 59(3), 898-911. This article highlights some of the benefits of applying the family resilience framework, which draws from shared belief systems and meaning-making, to the experience of a major pandemic.
The idea of a resiliency group program for healthcare staff might appeal to some chaplains. If this is true for you, the following study might be relevant. Park, E. R., Sylvia, L. G., Streck, J. M., Luberto, C. M., Stanton, A. M., Perez, G. K., … & Wilhelm, S. (2021). Launching a resiliency group program to assist frontline clinicians in meeting the challenges of the COVID-19 pandemic: Results of a hospital-based systems trial. General hospital psychiatry, 68, 111. This study focused on learning how facilitated relaxation response techniques, mindfulness, cognitive behavioral therapy might help decrease work-related stress during a pandemic. Across a large health system, this study showed decreased COVID-19-associated distress and improved resilience. The program is adaptable and easy to replicate. The Pre/Post treatment outcomes in Table 1 provide interesting visual summary.

We conclude with a review of a recent international survey that explores the impact of COVID-19 pandemic on chaplains during the first wave of the pandemic. Specifically, the study sought to understand how chaplaincy care has changed and the impact on chaplains, patients, staff, and the organizational culture. Vandenhoeck, A. (2021). The Impact of the First Wave of the Covid-19 Pandemic on Chaplaincy in Health Care: Introduction to an International Survey. Journal of Pastoral Care & Counseling, 75(1_suppl), 4-5. The study was first conceived by The European Research Institute for Chaplains in HealthCare and soon drew the interest of chaplain groups in the US, Australia, Belgium. 1,657 chaplains (including some NACC members) participated in the survey. The survey results shed some light on remarkable ways the pandemic impacted chaplaincy services across the globe, including the challenges around PPEs, furloughs, role confusion, learning gaps, increased responsibilities, staff support, emotional drain, and compassion fatigue. It also confirmed the creativity and resilience of chaplains in adapting to the situation and rising to the challenge. The authors took time to extend their gratitude to all chaplains for their dedication and care during a challenging time and honored those who lost their lives in the process.

Austine Duru, BCC, is vice president of mission with Bon Secours Mercy Health in Ohio.

¹ To access any of the articles and publications referenced in this article, please visit the original article at www.nacc.org/vision/march-april-2021/resiliency-practices-evidence-based-interventions-that-inspire-hope/
Book Review

Biography of CPE pioneer Boisen draws on new material


By John Gillman

Unanswered questions about the interplay of madness and mysticism within Anton Boisen continue to abound. Sean LaBat provides a penetrating analysis of this duality as well as other aspects of the life and work of Boisen, traditionally viewed as the founder of Clinical Pastoral Education. LaBat’s well-researched volume, with over 500 footnotes, relies heavily on primary source material from Chicago Theological Seminary (where Boisen taught); the University of St. Michael’s College (papers of Henri Nouwen, who interacted with Boisen); and Emory University (ACPE papers and special collections).

The author, a VA chaplain in Richmond, Virginia, makes the dubious claim that Boisen “died a forgotten man.” While LaBat refers to the omission of Boisen’s name in the ACPE program for 1975, ten years after his death, I would note that he figured prominently in ACPE News in January 1975, and is still known to many as one of the founders of CPE.

Throughout the book, LaBat uses the term “vilusion” (a neologism referring to the “delusion/vision” duality in Boisen). He takes the reader into Boisen’s mental breakdowns, which this pastoral care pioneer explored throughout his career. (That he reportedly put “insanity” on his résumé is astounding.) LaBat also explores Boisen’s long-term relationship with Alice Batchelder, whom he never married, his collaboration with Helen Dunbar, and the triangular relationship among them. Alice’s brother, Paul, once commented to Boisen, “with a normal married life you probably would have escaped your experience with mental illness,” adding, “and the world would have lost your unique contributions to science.” I wonder whether this was really an either/or alternative.

Boisen read his own life through the lens of Dante’s Divine Comedy, the topic of Dunbar’s Ph.D. thesis. Nouwen thought that Boisen’s infatuation with Batchelder resembled “what Beatrice was for Dante.” Boisen himself wrote, “It was necessary for me to pass through the purgatorial fires of a horrifying psychosis before I could set foot in the promised land of creative activity.” This reminded me of a student I had years ago whose mental illness sent her to the hospital but who went on to live a productive life, and wrote three unpublished volumes of poetry.

And indeed, Boisen’s illness often led to inspiration. His lifelong goal was to break through the wall dividing religion and medicine. As early as the 1920s, he worried that “the church has lost its hold” on many. How much greater might his concern be today with the decline in church affiliation and the growing ranks of the “Nones,” among whom are the self-identified “spiritual but not religious”? 
Thankfully, Boisen was not alone in his struggles. LaBat chronicles how much he depended on his friends, whom he referred to as “the fellowship of the best,” to support him in transforming his bouts with madness into beneficial insights. The reader is also reminded of Boisen’s belief that “there is no better laboratory than the mental hospital and no better library than ‘living human documents.’” In retirement, Boisen continued to research and write across several disciplines, including his largely autobiographical book, Out of the Depths (1960). Referring to Boisen as “the exiled patriarch,” LaBat makes the questionable remark that “in many ways, [William] Reich, not Boisen, is CPE’s true father.” Reich was an MD and psychoanalyst whose CPE focus was getting in touch with one’s feelings, whereas Boisen’s approach was more patient-centered.

LaBat describes Boisen’s diagnostic categories used for case studies as vague and subjective. Besides questioning his science, LaBat also calls his writing style “often tedious and repetitive.”

As a reviewer, I am impressed with LaBat’s extensive research into unpublished primary documents. But as a reader, I find that LaBat’s critique of Boisen’s writing style could also be applied to his own. Other glitches, such as missing words, typos, and irregular syntax, suggest lax editorial oversight. Aside from these distractions, many will benefit, as I have, from LaBat’s insights into one of the leading figures in, if not the founder of, CPE.

John Gillman, Ph.D., BCC, is an ACPE Certified Educator in San Diego, CA. His most recent publication is What Does the Bible Say About Angels and Demons? (New City Press, 2021).