

A black fountain pen with a silver-colored nib and clip is positioned diagonally across a piece of aged, cream-colored paper. The paper features handwritten text in a cursive script, which is slightly out of focus. The background is a deep, textured purple.

CHAPLAIN *Encounters*

Stories of Grace and Spiritual Healing from the
National Association of Catholic Chaplains

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*National Association of
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Introduction

| David Lichter |

NACC executive director

January 2016

“Continuing the healing ministry in the name of the Church” is the final phrase of the National Association of Catholic Chaplains’ mission statement. The members of the NACC have continued this healing ministry for half a century, since the end of the Second Vatican Council. The U.S. Catholic Bishops founded the NACC in 1965 to provide education and certification to those offering the chaplaincy ministry to the ill, the aging, and the dying — mainly in healthcare settings, but also in many other places where people face suffering.

NACC members provide a unique ministry, as they are with people in their most vulnerable and challenging circumstances, often considered the worst days of their lives. Yet in those moments, a skilled chaplain can listen and respond in a way that helps people discover their own personal and spiritual strength, religious resources, and new meaning.

Throughout 2015, the NACC’s Jubilee year, our members reflected on and shared some of their ministry moments with those they serve. Those reflections are now gathered in this collection of Chaplain Encounter stories. They reflect the broad variety, the highs and lows, of our members at work. In the pages that follow, you will meet them as they treat spiritual pain, just as their colleagues on the interdisciplinary team treat physical pain. You will see the solace they offer to bereaved parents, hurting children, and patients suffering under the weight of their own angers, fears, and regrets. You will see them minister to people of other religions and to people of no religion.

As ministry is also a journey of faith and professional development, we have included stories of chaplains in their own personal growth. Becoming a board-certified chaplain requires a prolonged, challenging look inside oneself, and the process never ends. Sometimes in the course of a visit with a patient or family, something flashes into focus, and life and ministry look different for the chaplain thereafter. And sometimes, something funny happens, too.

We hope that, as you read these stories, you might also be inspired by the human journeys captured here, be nudged in your own spiritual growth, be confirmed in your own ministry, be comforted by God's grace working through all these women and men who continue God's healing ministry, be called to consider becoming a chaplain yourself, be encouraged to support the NACC and its mission.

This project grew out of NACC's efforts to increase the awareness of the value of the chaplaincy profession. It was originally the brainchild of Jim Castello, who is now a retired NACC board-certified chaplain and former member of the Board of Directors. Many thanks to him for having a vision and for collecting the majority of the stories that appear here. David Lewellen, the editor of our newsletter, Vision, edited the stories as they appeared biweekly in our NACC Now email newsletter. We think that the end result gives a remarkable glimpse into this ministry that calls and claims our members.



Preface

| Mary Lou O’Gorman, BCC |

Chair, NACC Board of Directors

Executive director of pastoral care services,

St. Thomas Health, Nashville, TN

In 2015, members of the National Association of Catholic Chaplains celebrated 50 years of ministry. At our national conference, at regional and local gatherings, in print and in our conversations, the impact and gift of chaplains’ ministry was honored. In an article in our bimonthly newsletter, *Vision*, I reflected on my own 30 years in chaplaincy, many of which were spent in the ICUs of St. Thomas Hospital (now St. Thomas West) in Nashville.

My reflections focused on a recent walk through abandoned ICUs which awaited demolition, where I had ministered for decades. Some of the memories that flooded me as I made my way around this vacated space included Mrs. W, whose daughter worked hard to process her long-held anger before her mother’s death; Mr. C, whose adult children who had all moved back home with their own children, begging him to not to die, for he had assumed the role of their caretaker despite his failing health; Mrs. T, whose family surrounded her and draped a quilt with a cross over her before withdrawing the ventilator; the college student and athlete who lost her legs and parts of her hands to meningitis; the nursing student who died after a sudden cardiac event; the 16 children who surrounded their dad singing in rounds as he died; Dr. D, who asked me to pray at the bedside of a patient whose death he believed he could have prevented; Mrs. S, whose heart had been miraculously rebuilt on the operating room table; Mr. J, who spent six months in critical care waiting for a heart transplant before his death; Mrs. M, who received a heart transplant after

a similar wait but never recovered; Mrs. S, who stood outside the closed doors during a code pleading for her husband's life; the daughter who had found 99 messages on her voice mail from her mom who was now dying; the father with whom I connived to get his grade-school-age children in to visit their critically ill mom; and the faces of so many others, many of whom survived and thrived after devastating illnesses and enabled their caregivers to witness the amazing resilience of the human spirit.

For me, that day crystallized an intense sense of gratitude for our ministry as chaplains. Much has changed in the high-tech world of critical care, but the hallmarks endure: compassion; assessment of needs and family dynamics; presence, often in silence; listening to the story, and listening and listening; building relationships of trust; grief work and so much more.

As chaplains, we confront the mystery and fragility of human existence. We walk into experiences of tragedy and loss, joy and celebration, and meet people at their most vulnerable. We accompany another into the narrowest of spaces, to truly bear God's healing presence.

The following narratives of NACC members provide vivid and detailed examples of the amazing work that chaplains do. I am grateful for each of the stories, for the vulnerability and humility of those who shared the intimate experiences which so powerfully illustrate the sacred nature of our healing ministry. May these stories provide a renewed opportunity to reflect on this ministry and celebrate its gift.



Chaplain overboard!

| By Joseph G. Bozzelli |

There was hardly any wind at all the day that a friend and I decided to go sailing. In fact, the wind was so mild that we debated whether to sail at all. But our hearts were set on sailing, so off we went in my little boat.

Maybe I was preoccupied with helping my friend get situated, but for some reason, instead of untying the rope that allowed the main sail to move freely, I still had it secured. Did I tell you that there was hardly any wind that day? Anyway, shortly after we pushed off from the dock, a sudden gust of wind caught the main sail, causing us to shift our weight, which tossed my friend and me into the water and flipped my boat on its side.

After surfacing, we both checked to make sure we were OK. Besides being embarrassed and a bit stunned, we were both fine. The sails, designed to be filled with air, were now filling rapidly with water. They had so much water we were unable to right the boat. So there we were, treading water and trying to figure out what to do next.

Suddenly a pontoon boat pulled alongside our sinking vessel. "Need a little help?" the pontoon captain called. Desperately treading water because I neglected to wear a life jacket (remember, there wasn't much wind that day), I chokingly replied, "We sure could, thanks!"

"No problem," he replied, as he threw a rope for me to attach to the boat. Meanwhile, my friend made it safely aboard the pontoon boat. As I was treading water and trying to fasten the rope, the captain cried out, "Hey, I know you! Aren't you a chaplain at St. V's?"

"Yes," I said, sarcastically saying to myself, "maybe we can save the

introductions until after my catastrophe-at-sea ordeal is over.” He continued, “Yes, I remember, you were with me six months ago when my daughter died in the ICU unit.”

The memory suddenly came to me as the urgency of my crisis sank. I had been called to be with him when his 24-year-old daughter had died, unexpectedly. Earlier that day she was found unconscious at home, and despite everything that the doctors could do, she died. The sadness of that night came quickly back to me. I muttered something like, “Yes, Mr. Smith, I remember ... such a shock ... so very sad.”

I tied the rope to my boat and got aboard his. We talked briefly about that evening, his daughter’s death, and his subsequent healing. Drenched and shivering, it was difficult to offer much support. He towed my water-laden craft back to the dock. I thanked him for his help and said goodbye.

I’m not sure why this incident holds such meaning for me. Maybe it’s because it’s such an unusual moment. After all, what are the odds that of all the people to come to my rescue, it was the father of a patient I was with when his daughter died? Was this just a coincidence, or something more?

I’d like to believe that it was something more, like a “God thing.” It’s as if God used that moment to support this father in some way. By helping me, maybe the father was able to feel a sense of giving back, for the support that I hope I gave him when he was in need. Or maybe our chance encounter helped him in his grief, by just talking with someone who was there when his daughter died. Perhaps our meeting was more for my benefit. He helped to remind me of the important role that chaplains can have on a person’s life.

I imagine that there can be several ways to try to make sense of such a random encounter. It may not be necessary to try to find meaning in it at all. But I’d like to believe that for some reason, God brought this father and me together, again. This day, we shared in common how unexpected events can alter your life. Certainly, his daughter’s death had altered his life far more than a gust of wind had altered mine. But the lesson for me is to hold on to the belief that regardless of the events that happen in our lives, the winds of God’s grace and love are always with us to guide us on our journey. It just helps to make sure that we have our sails properly aligned.

Joseph G. Bozzelli, D.Min., BCC, is director of pastoral care services at St. Elizabeth Healthcare in Edgewood, KY.



“Is it OK to ask God to come and take me?”

| By Charles W. Sidoti |

It was 10 a.m. on Monday, and I was doing drop-in patient visits on the fifth floor. An alert and conversant 87-year-old woman responded to my introduction with, “I have a question for you.” I responded, “OK, may I sit down?” She replied, “Oh yes, please do.” When I was ready, the woman told me that she had not spoken to anyone about this ... but “is it OK for me to ask God to let me die, to come and get me?”

She continued, “I have lived a long and happy life. My children are all grown and doing fine. My husband went to be with God many years ago. I have been sick for a long time and I am ready to go. All of my friends are gone; I want to see my husband again.” She asked again, “Do you think it is OK to ask God to come and take me?”

I paused just for a moment and said, “There is nothing wrong with that at all.” My response felt completely natural. I spoke from my heart as I went on to say, “It is perfectly fine to tell God whatever you are feeling. If that is how you feel, then there is nothing wrong with asking God to take you home; the rest is up to God.” She pulled a paper from her nightstand and said excitedly, almost like a giddy child, “Look, I’ve written out everything! I planned my own funeral; the scripture I would like read and even the songs!” I was still holding the paper when I said, “I think this is beautiful. There is nothing wrong with telling God how you feel.”

Before leaving I asked the woman if she would like me to pray with her, and she said, “Yes, I would like that.” I held her hand and said a prayer. She thanked me, we said goodbye, and I left the room. I went on my way visiting with other patients and did not think anything more about it.

The next morning while I was waiting for an elevator, the patient's doctor noticed me. "Chuck, I know that you spoke with my patient yesterday," she said. "I'm curious what you might have talked about, because she died very unexpectedly yesterday evening. The family was shocked as well; no one expected it."

I remember feeling awkward. I didn't know how to respond; I was surprised, too. But I repeated the conversation I had with the patient. Although she said little, the doctor appeared confused, to say the least. But I walked away feeling honored to have taken part in this patient encounter and deeply affirmed in my vocation as a chaplain.

Charles W. Sidoti, BCC, is coordinator of spiritual care at South Pointe Hospital, Cleveland Clinic Health System, in Warrensville Heights, Ohio.



Learning to receive love

| By Connie May |

Back in 1979 when I was doing my residency in clinical pastoral education, a patient I will call Ben came on my neurology unit. He was in his middle 50s and from out of state, with a puzzling disease that his local doctors had not been able to diagnose.

After lots of tests, it was found to be a form of spinal cancer that was paralyzing him. We treated that with radiation and shrank the tumors, restoring his ability to move. He returned home, but eventually the tumors returned and he came back to my unit.

One cold winter night I got a page that Ben needed to see me. His wife had left for home earlier in the evening, and he was worrying about her safety. Now, Ben was well-known in his community for being willing and able to come to the aid of almost any person in need. He had a self-image of a strong person who helped others, but now he was hardly able to scratch his own nose. With tears in his eyes, he asked me one of the toughest questions I had confronted.

“Why does she do this?” he asked with pleading eyes.

“What do you mean?” I asked.

“I’m worried about my wife. Now she’s driving home alone, a six-hour drive, in the cold. She sits here with me, while I can’t be or do anything for her. And it looks like I won’t be able to do anything for anybody again.”

I found myself saying, “Ben, could it be that she just loves you?”

We sat together for what seemed like a long time as he let this reality sink

in. At the same time, a change was happening in me as well. I found the words that came out of my mouth from the Spirit were equally meant for me. In the following days, it transformed not only him but our unit. Those caring for him would go to his room and bask in the radiance of a person who knows without conditions he is loved, just because he is. When stuff on the unit got heavy, it was time to go get a dose of Ben.

Ben went home after more radiation, but returned again when needed. Word would go out that Ben was back, and people who had migrated to other units by now would hike over to get their dose of him. His awareness of unconditional love gave all of us an experience that we will never forget. Ben ultimately died peacefully back home, but he helped more in his helplessness than he ever did before becoming ill.

I later helped found a hospice program, and in 20 years of serving other people facing that same question, I told Ben's story many, many times. In fact, it is a rare month even now that Ben's story doesn't help someone. Thank you, Ben!

Connie May, BCC, is a chaplain emeritus in Marion, IA.



When “The Dying Child” realizes it, what do you do?

| By Margot Hover |

Way back in the first year of my supervisory education, I met Mary, a not particularly attractive or engaging 8-year-old osteosarcoma patient. Her parents were preoccupied with second marriages and new babies, and although well-intentioned, they were as frustrated as the staff with this introverted, private youngster, and so gradually left her alone in her darkened hospital room. But the periodic sentences that seemed to come straight out of the stump of her amputated leg, or her too-lonely heart, knit my soul to hers. I was content to sit next to her while she waited for physical therapy or for her dinner tray to arrive.

One day, I stopped in to say a quick hi on my way to do an in-service seminar on “The Dying Child” for the nursing staff. “Why do you have that book?” she asked, pointing to the armload of resources I planned to share with the staff.

Aghast, I realized that the book was facing Mary so that she could read the title. She was too smart to be easily put off by a polite lie or redirect. So I sat down on a chair, eye to eye and knee to stump with her. “I’m going to give a talk to the nurses on your unit about dying children, Mary. What do you think I should tell them?”

“You should say that it hurts a lot, and it’s lonely.”

At my very best as chaplain and CPE supervisor, I remember to wonder what lesson God has placed inside each situation. That day, I learned that there are very few real mistakes. That was a lesson that even now I probably relearn daily.

That day, I learned that there is rarely reason for secrets around children or adults, that naming the elephant in the room is generally redemptive. Granted, it scares those who are invested in maintaining the secrets, but generally, everyone relaxes when the truths are out. Children especially.

I learned that when I don't know how to reach patients or students, I should probably ask them. There's no sin in not knowing all the answers, even if I am the supervisor.

I learned that when I love a patient or student that much, there is something in myself that hasn't been loved enough. The converse is also true: When I dislike a student or argue endlessly, I have to look in the corners of my own heart and history for work I need to do there before I can be really effective.

I so wish that my pastoral relationship with Mary and her father had blossomed after that afternoon. But no. I don't remember that her father was ever better able to comfort her, or that she would allow herself to be comforted. When Mary died, her father felt he could not afford a formal burial, so I checked county legal procedures for him, blessed Mary's body as we placed it in the body bag and loaded it into his car, and sent him on his way with my prayers back to his rural home, where he interred her in his family's graveyard. I had to let him go.

Finally, I learned that I had to have a life outside the hospital. One day, Mary gave me a little safety pin with three colored beads that she made in the playroom. I still have it somewhere in my jewelry box. But I have my own children's assorted drawings, cards, plaster handprints, and other treasures. Leaving my students and patients at the office door every evening was healthy for them, for me, and for my children.

One night as I was driving my son home on my way from work, he said, "Mom, do you talk to yourself inside your head?" Embarrassed, I said, "Yes, but don't you sometimes think about things deeply in your head, too?"

"Yes," he replied, "but I don't shake my head and move my mouth when I'm doing that."

And that was God's lesson for that day: Go home! The hospital will be here when you arrive tomorrow. Enjoy your children tonight, no matter what! God will be here all along, wise and loving as always, no matter what, too!

Margot Hover is an ACPE/NACC supervisor emerita.



Judaism, Buddhism, and personal relationships

| By Linda Arnold |

I used to work at a hospital in an exceptionally diverse area, a diversity that was mirrored in the patient population, the nursing and support staff, and the medical staff. It included significant numbers of Hispanics, Africans, African-Americans, and Orthodox Jews.

One of the leaders of the local Orthodox Jewish community, a rabbi who was a frequent visitor to the hospital to see his own congregants, had a massive stroke and was brought to the ER. He was put on a ventilator, and his condition was grave. According to one stream of the Orthodox Jewish tradition, once life support is initiated, it cannot be withdrawn. The critical care doctor (a woman who had been raised as an Orthodox Jew) and I (a Catholic chaplain with good knowledge of that tradition) met with the patient's wife and other family members. It was understood that nothing would be withdrawn, but neither would anything be added.

The crucifix in the room could not be removed because it was glued to the wall, but I arranged for it to be covered. We offered a conference room to the family where they could eat the hospital's kosher food or their own. I commented to one of the nurses that modesty was an extremely important value, and without being asked, the nurse made certain that the patient was appropriately covered under his gown. After about 48 hours, I requested and the hospital arranged for the house officer to sign the death certificate so that, should the patient die during the night, his body could be removed immediately. On the whiteboard in the patient's room, in the space for "What do you want to be called?" a nurse had written "RABBI."

The patient died early in the morning on the fourth day. His funeral was

held in the community at noon. He was on his way to the airport shortly thereafter and was buried in Jerusalem by sundown the next day.

When I went to give my condolences to the rabbi's wife, she shared that writing "RABBI" on the whiteboard summed up the respectful way we had treated him and his family. Indeed, everyone involved had done their utmost to respect the family's traditions and needs.

At the same time that the important rabbi was dying on the unit, another patient was also dying — an elderly gentleman who had come here from China many years before, never learned to speak English or to drive while he worked in a Chinese restaurant, brought his entire family to the United States, and raised his children here. His daughter, the family spokesperson, was a research scientist. The patient was not an important person in the community, but he was important and beloved to his family, and their tradition of filial piety demanded that they do everything possible for as long as possible.

The critical care staff, the palliative care team, and I met several times with the family. They came along slowly, but when I suggested we would welcome a visit from the Buddhist monks at the wife's temple, something special seemed to happen.

The monks came and chanted, with the door to the ICU bay closed to avoid disturbing other patients. The patient was moved from the bed to a gurney so as not to disturb his body until eight hours after death, to honor the family's Buddhist belief about not causing pain. After he died, in the presence of monks and family, no tubes were removed, nor was the regular postmortem care done. After two hours in the room, the patient's body was covered with a yellow and red ceremonial cloth and processed, with monks, chimes, family, friends, and hospital security, to the viewing room in the morgue (at the opposite end of the hospital). They stayed there to complete the required eight hours. At 9 that night, the critical care unit sent a nurse to the morgue to remove the tubes and catheters and prepare the body. The family was tremendously grateful that their traditions and needs had been honored.

Spiritual care had prepared the way with extensive education on cultural and religious diversity, and in creating an atmosphere where diversity was not just tolerated or respected but valued and celebrated. The very different traditions and socioeconomic situations of the two families mattered not at all to the way in which they were respected and cared for.

Linda Arnold, BCC, retired as director of spiritual care at Holy Cross Hospital in Silver Spring, MD.



Ask the rock

| By Blair Holtey |

Have you ever found yourself visiting someone in the hospital who was unresponsive to your voice? Did you feel helpless and frustrated, and wonder what you were doing there in the first place? Well, that was me a number of years ago, prior to becoming a chaplain.

I had gone to see a friend whom I had known for a short while. I had been told that she was in a coma, a medical condition I knew little about. I walked into her room, said her name, stood at the foot of her bed, said “Hello,” stared for 30 seconds, and left the room with just a “Goodbye.” About three months later, she wanted to know why I only visited her for a short while, 30 seconds to be exact. My friend had words with me about the gift of presence!

Many years later, I used that lesson when I met a child sitting in front of her grandmother, who was in a coma. The little girl sat there for two days and said absolutely nothing. The child’s parents and the patient’s caregivers were concerned that the girl had gone into some kind of shock, so they called the pastoral care office to “get the girl to speak.”

My immediate response was to wonder why this was a pastoral care problem. But then I thought of the lesson I had learned long ago. Wasn’t this girl giving her grandmother the best gift ever? Wasn’t the grandmother receiving the gift of presence? So I sat in a chair next to the little girl for about an hour and uncomfortably stared at a little green rock that someone, incongruously, had placed on the grandmother’s chest. I prayed, stared, and repeated many times, hoping that I would not be the one to break the silence. Finally, I took a deep breath, while staring at the rock. Speaking to the rock, I said, “I wonder why you’re there?”

And the little girl spoke. She began to recall the great times that her grandmother had just sat with her, the times Grandma reminisced with family stories. The little girl was so fond of the gift of presence her grandmother gave her, of her time and love. And the rock, she explained, was the last thing her grandmother had given to her. She wanted to share it with her in that quiet room and recall that precious time where no one interrupted, just let them be alone together, like the days when Grandma babysat her.

The team members and parents watched. They could not hear through the glass, but they could see that their little girl was talking and smiling again. When I walked out of the room, the parents were tearful with joy. They wanted to know what I said, what I had done. I paused and told the truth: “I just asked the rock!”

Blair Holtey, BCC, is pastoral care coordinator at Mease Countryside Hospital in Safety Harbor, FL.



Companion on a journey to the end of life

| By Linda F. Piotrowski |

It was time for our weekly meeting at a large nursing home in Milwaukee. We cared for elderly, developmentally disabled, brain-damaged, and Alzheimer's patients, and had recently added a specialized oncology unit.

The oncologist described a new patient I will call Donny, whom he had met at a homeless clinic where he volunteered. He told us Donny was 61, born somewhere in the South, and had been alcoholic and homeless for most of his adult life, traveling from state to state. He was suspicious of anyone wanting to pry into his life. A slightly built man to begin with, he was now nearly skeletal from the cancer that had metastasized throughout his body.

At that time I had been a certified chaplain for three years. As I did my rounds, I sought out Donny. In the bed I saw a slight African-American man with huge eyes in a thin face. I could see patches of his scalp. He had long, narrow fingers. I said hello, introduced myself, and asked if I might visit another day. He barely acknowledged me but didn't say no.

Subsequent visits didn't get much further. I tried everything I could think of to engage him in conversation, to no avail. I could only imagine the prejudice he most likely experienced from white people when he was growing up in the South. I decided to tackle it head-on. I wondered aloud if being surrounded by white people when he was sick and vulnerable was hard for him. I asked him if do-gooders like me drove him crazy.

To my surprise, he chuckled. Then he began to laugh. He told me that I was the first white lady to care about what he thought. He said he liked

that I didn't give up when he ignored me. He asked me why I cared.

I told him that from the time I was a little girl, I had been taught to love and respect everyone. I told Donny that I could see that he was very sick and possibly dying, and I wanted to be with him as he faced this hard time in his life. He expressed surprise that anyone would care about him. He spoke just a little bit that day. But it was a breakthrough.

On my next visit I took along a Bible. Like a typical Northerner, I thought that being from the South meant he went to a Bible-based church. I asked if he had favorite passages he could remember from his childhood, and he mentioned a couple and asked me to read them.

As time went by I was able to report a developing relationship with Donny at our weekly care meetings. He never shared about his recent or distant past. He did not want to explore where he had been or what his life had been like. I could only report that I cared for Donny and hoped that he was experiencing God's love and care through my presence and caring.

Meanwhile, Donny became weaker and suffered more pain. After about seven weeks, I went into his room and discovered he was in the dying process. I sat by his bedside and asked what I might do for him. He asked me to read the Bible. He especially loved Isaiah 43:4: "You are precious to me and honored and I love you."

The next day, Donny was struggling to breathe. I sat at his bedside and read his favorite Scripture passages. He grabbed my hand. He turned his head toward me and kept pleading, "Linda, come with me. I'm afraid. Come with me."

Within myself I began to panic. I said, "Donny, I can't come with you. When we die, it is something each one of us has to do by ourselves. You are brave. You've been by yourself for many years. I wish I could come with you, but I can't." He continued to hold tightly to my hand and repeatedly begged, "Please, please, come with me."

Desperately, I prayed. I asked God to help me comfort this man I had come to love. Suddenly I heard something deep within me. Still holding his hand, I said aloud, "Donny, remember what Jesus said? 'I am the way, the truth and the life. No one comes to the Father except through me. When I have a place ready I will come and take you with me. Do not be afraid.'"

“Remember, Donny? I’m here with you now, but when the time comes, Jesus will take your hand and lead you into heaven. You won’t be alone and you don’t have to be afraid.” I kept repeating this to him.

The next morning I went to Donny’s room. He had lapsed into a coma during the night and looked peaceful. I sat, held his hand, softly sang some hymns, read his favorite psalms to him, and repeated the Scripture verse. After about an hour and a half, his breathing began to slow. I knew from experience that it wouldn’t be long. As I sat there silently praying I looked at his face. He had a slight smile. He dropped my hand. He reached up. He reached out. He grasped for a hand I could not see. Donny died shortly after that.

I have no scientific proof that Jesus was there in Donny’s room grasping his hand as he took his final breath. Yet I believe with every fiber of my being that at the moment of his death, Donny saw the face of God and grasped the hand of Christ. It comforts me to this day to know that this man who had been alone and homeless most of his adult life at the end had the comfort and companionship of the One who loves and comforts each one of us.

Linda F. Piotrowski, BCC, is retired from Dartmouth-Hitchcock Medical Center in Lebanon, NH, where she was the pastoral care coordinator for the Palliative Care Service.



The power of presence in a darkened room

| By Lori Kaufmann |

An extended unit of clinical pastoral education was my first attempt at pastoral care. To be frank, sick people frightened me. I was, therefore, not real effective as a chaplain. We had mid-unit evaluations that day, and I realized that I needed to deal with my fears or give up doing pastoral care. I had two visits before I could leave; one patient had gone home, and the other was sleeping. In my heart, I thought, “Yeah, I don’t need to meet with them.”

However, every place I stopped during the 30 minutes I was on the floor, I was asked, “Have you seen Marge? She has been crying all day.” “You need to see Marge. She has been crying all day.” “Stop in and see Marge. She has been crying all day.” I was overwhelmed. But ... what could I do but go in and see Marge?

The room was barely lit and had no windows. A big air bed provided a constant backdrop of noise. On this cold December day, the room was warm and toasty. And there was Marge, a large woman in a big bed in a small, dark room, all alone and crying. I sat next to her and said, “Marge, I hear you have been having a tough day.”

She said, “Yes” and continued to cry. I wanted to run out of the room, because what could I do for her? Instead, I calmed myself and slowly mustered up my courage. “Can you tell me what is going on?”

Tearfully, Marge said, “I had part of my leg amputated. They told me that tomorrow they are going to get me up to walk. I am so afraid. I don’t think I can do it.” Knowing the great fear that enveloped me in the

moment, I said “Wow, I can imagine how frightening that might be.” As Marge’s tears continued, she said, “And next week is Christmas and I won’t be home. I will be here and will be all alone.” With tears in my eyes, I softly said, “All alone for Christmas. That would make me so sad.”

As Marge’s tears moved into sobs, she shared, “I have been in the hospital for over three months. I don’t think that I will ever leave.” Taking those words in, hearing her sobs and feeling her fears, I said, “Oh Marge, I would cry too.” And I did. And we did. The two of us just cried for some time, and I didn’t know what else to do. Was there ever a time that I couldn’t stop crying? Yes ... when I was a child and my mom would hold me and rock me. She couldn’t always fix the problem, but she could love me through the problem. Who does that for us now? “God,” I thought.

“Marge,” I said, “I would like to try something if you are open to it.” She nodded, and I continued. “Marge, I want you to just close your eyes. As you lie there, imagine yourself climbing into God’s lap. Tell God about your fears and your worries. Just sit in God’s lap and cry. Imagine that God will wrap you in love and hold all your fears and your worries. I will sit with you so that you are not alone.”

So Marge closed her eyes. I sat next to her, holding her hand. We sat like this in the dimly lit, toasty room with the constant sound of the air bed. We sat. After about 10 minutes, I could see her face relaxing and I realized she had stopped crying. Inside, I shouted, “Oh my God, there might really be a God, and that God listens and is there, and I may be part of this. Wooooow!”

After another five minutes, Marge opened her eyes. With no tears, she said, “I’m OK now. Thank you for being here.”

“Marge, can I ask, did you and God have a good talk?” I asked.

Marge smiled and said, “Oh, I didn’t talk to God. I talked with my mother. She let me know that I’m going to be OK. Thanks for reminding me that I could talk with her.” I smiled back and said, “You are welcome.”

I left the hospital that day with the budding awareness that I could do pastoral care. I could show up with empathy, with compassion, with offering some ideas. The patient would do what she needed to do. I realized that there is a God who cares deeply, who can work through me, and that people will know this God in the ways they need. On

the calendar, it was a week before Christmas. I, however, experienced Christmas, the incarnation, in this moment in this day.

Marge asked to see me when I returned to CPE after Christmas break. She shared how much my visit had meant to her, and I told her the same thing. I tell her story whenever I can, to honor Marge and to remember that she taught me the essence of pastoral care.

Lori Kaufmann, BCC, is an ACPE supervisor and CPE manager at Gundersen Health System in La Crosse, WI.



Comforting a prodigal son

| By Evelyn Steiner Sanchez |

One of my favorite chaplain visits actually began as one of my least favorites.

On a night when I was on call, a nurse phoned to tell me that a Catholic patient with Stage IV cancer was requesting a visit from a Catholic chaplain — but not a priest, which I found unusual. I arrived at the hospital not knowing what to expect. Upon walking into the room, I introduced myself to the patient, who was awake in bed, and his wife. “I understood you requested a Catholic chaplain,” I said. “What are you feeling at this moment?”

“I’m not sure what to believe about death,” he said. “If there is an afterlife, God would not want me because of the horrible things I’ve done.”

I was surprised. I wondered what was going on in his mind and heart, but he didn’t respond to my reflective statements. The prodigal son parable came to my mind, and I asked him if he knew the story. When he indicated that he was not sure, I shared the story, emphasizing our nonjudgmental, forgiving, and loving God who never turns away from us no matter what we have done.

After a few moments of silence, the man said that his daughter had died two years ago from cancer, and his mother-in-law died two weeks later. I could tell that he was still grieving their losses and commented on it, but once again, I was met with silence. After several minutes, during which time he dozed off and reawakened, I asked him how I could support him. “There’s nothing you can do,” he said. “But I’m glad you came.”

He fell asleep again, and my attention shifted to his wife. She told me how difficult the past two years had been, and the change she had seen in her husband after their daughter’s death. She said she was not Catholic, and that her husband’s first wife divorced him while he was in the military in Vietnam. She thought that his divorce and remarriage to her could partly explain the

“horrible things” he had done.

Though he was raised as a Catholic, all the years they were married, he did not practice his faith, she said. He never talked about his experience in Vietnam or his marriage to his first wife. Never, even after their daughter’s death, did they discuss their beliefs about death and life after death. She assumed that he believed in God and heaven, but was surprised by his questions about death and his feelings of unworthiness.

“What do you need most at this time to help with the journey ahead?” I asked. She answered, “I just want my husband to be at peace with his life and his death.”

We concluded our visit with a prayer in which I asked the Lord to visit his peace, the peace that passes all understanding, upon the patient. I prayed that in these final moments, husband and wife could open their hearts and receive the love they felt for each other and for their daughter.

The next day I reflected upon my visit and wondered if it was more for the wife than for the husband, as I felt I had not really made any progress with him. In fact, I severely questioned my ability to be an effective chaplain. Perhaps I was losing my touch?

But about five weeks later, the wife called me, quite unexpectedly. “I wanted to let you know the impact your visit had,” she said. “It turned out to be an opportunity for us to converse. When he woke up, we talked about some of the questions you asked, off and on for several hours. It was the most we ever talked about serious issues.”

When she returned the next day, she said, her husband was not in the mood to talk and remained silent up to the moment of his death. But that chance to unburden himself allowed him to die peacefully while looking forward to his joyous reunion with their daughter in heaven. Their conversation also allowed her to better understand her husband. “I’m grateful for your visit,” she said, “and the gift of this opportunity to talk.”

I thanked her as I choked back my tears. After we ended the call, I prayed in gratitude, thanking the Lord for answering the prayer of weeks ago. Needless to say, the Holy Spirit worked through my feeble attempts to bring peace to a man filled with guilt and unworthiness so that he could leave this life and embrace the new life to come. The postscript reminded me that I am a vessel for God’s sacred work. I never need doubt that again.

Evelyn Steiner Sanchez, BBC, is a volunteer spiritual care provider at Banner Baywood Medical Center in Mesa, AZ.



Finding nourishment at the seminary

| By Bridget Deegan-Krause |

My friend Jim Letourneau and I have agreed to help the local seminary pull together an evening of renewal for chaplains. It's the Easter season, and Jim and I, with our trusty liturgical sense, will do this right. Luke's Road to Emmaus will do nicely. Pick the right Magnificat. Construct some solid reflection questions. Toss it all into an Evening Prayer template document. Jim grabs his guitar. We've got this covered.

It helps that Jim knows me well and thus knows that archdiocesan structures are hard places for me to feel at home. So as I walk through the elegant doors of these hallowed halls on a Tuesday evening, rather nervous, my friend reminds me: We're in this together. We've got a guitar and a Bible and two fine presiders. Dinner will be good.

A group of Catholic chaplains has gathered in the lovely and surprisingly intimate room. Each has had a long day of good work and is tremendously appreciative that someone else made dinner. After a delightfully tasty meal, the dishes are cleared and the table reset. Jim and I lay out the white cloth, light the white candle and pull out the worship aids. It's almost time to pray.

I take a quick break for the restroom. I am grateful for a space where I can take a deep breath and don my presider's lipstick. As I look in the mirror I become mindful of the women who regularly use this seminary "ladies" room, who graciously tend day by day to those in formation for ministry in my archdiocese. At once I feel joy — deep joy — that tonight I get to hang out with my wonderful chaplain colleagues.

This is a good place to be.

As I run back toward the room, I am stopped short.

The voices. Jim's guitar. It hits me as I approach the doorway:

This is it.

I walk back into the room. A hodgepodge of singing chaplains sit around the table, and behold, I see some of the finest ministers the Church of Detroit has ever known. I know at that moment the Reign is really close at hand. And as I join the table at Jim's side, I feel others gather close: my beloved Sts. Benedict, Catherine, Kenneth, Bridget, Thomas — the whole communion joins together in Jim's song. A massive picture of John Dearden smiles down upon us all.

I see the faces of my colleagues. These folks are hungry for this. And Jim and I know how to do it right. Shoulder to shoulder with my beloved friend, I realize that I, too, hunger for this. The chance to sit in a group that knows me, to explore questions that matter, to savor the word of God, to remember who we are.

I thank God for my precious dinner companions and especially Jim, whose friendship is an extraordinary benefit that has come with being part of the NACC these 20 years. Jim knows me. He's witnessed my tears and joys and knows my struggles, including those with the Church. He's heard me complain, "Why can't the Church figure out how to really feed us?"

Not tonight, Bridget. We're here. We're in this together. We've got a guitar and a Bible and two fine presiders. Dinner will be good.

And I then I remember. How often the Church has fed me through the loving gestures of my NACC colleagues: Joe's invitations, Mary's knowing nod, David's tears, John's joke, Richard's warmth, Matt's well-timed challenge, Theresa's candor, Karen's beautiful loaves of bread, Bonnie's breakfasts. This is good food for a chaplain.

And I laugh, because what else can I do, but let myself be broken open a little bit more to become part of this good meal. With my knowing, beloved friend, with a guitar and Bible close at hand, with my Church and its chaplains gathered close, I recognize how well fed I am.

Bridget Deegan-Krause, BCC, is managing partner at Leadership Formation Partners in Ferndale, MI.



Anger, reconciliation, and conversion

| By Anne Wasserstrom |

Some years ago I worked as a chaplain in an oncology unit at a medical center in upstate New York. Before starting my rounds, I often visited our interfaith chapel to ask God's help in bringing his presence to the patients I would encounter that evening.

One night I entered a room with two patients, Bob and Antonio. Bob was the closest to the door, and I noted that the curtain separating him from Antonio was fully drawn. Bob was a handsome man who looked younger than his 70 years. He was sitting straight up in bed with his arms tightly drawn across his chest. His brown eyes were red as though he had been crying.

I smiled, introduced myself, and asked how he was feeling. "Get out!" he shouted. "I don't need a chaplain, or whatever you call yourself." He'd been told on Saturday that his cancer was inoperable, he said, and he only had weeks to live. Before I could say anything, Bob raised his fist at me and repeated, "Get out!"

"OK," I said quietly. As a relatively new chaplain, I was feeling very helpless and sad. I had never before encountered this level of anger in a patient. I desperately wanted to respond to this lonely, hurting man, but I knew my presence would only continue to agitate and further upset him.

With that, I left Bob's bedside and went to Antonio. He was a very old Hispanic man, and with his white curly hair and ruddy complexion, he reminded me of Santa Claus. He enthusiastically told me of his family who visited often — children, grandchildren, and now even a great-grandson named Tonio after him. Antonio was serene and peaceful, and we had a joyful visit.

I had visited Antonio twice before, and knew that he would ask for Communion. I always carried a few hosts with me for those Catholic patients who wished to receive the sacrament. After Communion, Antonio always wanted to say those “old-fashioned” prayers, and since I was of a certain age, I knew them too.

As we prayed, we suddenly heard loud sobs coming from Bob. I said “Excuse me” to Antonio and rushed to Bob’s bedside. “What’s wrong?” I asked. “What are you feeling? Should I get a nurse?”

Bob shook his head and continued to cry, but now more softly. I held his hand and waited. Finally, he said that when he heard those prayers, he started to think of his mother. “She came from Ireland and was very devout,” Bob said. “She went to Mass every day and said the rosary. She was so proud of me the day the sister chose me to be an altar boy.” He took a deep breath. “She died when I was 14, and after her funeral I never set foot in a church again. I worked overseas and did bad things. I made a mess of my life. And now it’s too late.” He stopped for a minute. “I have no wife, no children — only money, and what good is that now?”

I wondered if I was about to witness a miracle of reconciliation. “God has already forgiven your mess,” I said. “God loves you so much. And I know right now your mother is as proud of you as she was that day.”

Bob looked emotionally spent and was very quiet. He apologized for his rudeness toward me, and to my astonishment, asked if I would give him Communion. Yes, of course I gave him Communion. Both of us had tears in our eyes, for it had been a long journey home. I did a joyful service, said spontaneous prayers of thanksgiving, and even said a few of those “old-fashioned” prayers that had so moved Bob.

For some time, I quietly sat in a chair next to Bob. I thanked God for the privilege of being his instrument in this overwhelming experience. I marveled at God’s mercy and grace. Before leaving, I asked Bob if he wanted to see our priest chaplain, since I would not return for another week, and he nodded.

I later learned that he had received the sacrament of Reconciliation and the priest had also anointed him. I never saw Bob again but often prayed that he’d had a peaceful death.

Anne Wasserstrom is a retired hospice chaplain in Philadelphia.



Watch what you promise

| By Frances Smalkowski, CFSN |

“So,” you ask, “how did you get to pass Pastoral Care 101 and not learn that making promises is a no-no?”

“I suppose I knew that,” says the wise woman, “but sometimes the lighthearted and foolhardy act differently.”

I had known Dano’s father, Danny, since he was a young boy. You might even say that we fell for each other from the time he broke his arm. He was 3; I was 30. Fast-forward four decades, and now Danny’s son, Dano, was struggling to live, let alone even think about ever walking again. At 18, Dano was in a serious motorcycle accident and left with little hope.

During my first visit with him in an out-of-state hospital, I hardly knew what to say. Though I had seen him previously as a much younger child, I had no real chance to get to know him. Also, it felt awkward with so many family members around his bed. Having traveled a good distance to visit him, the only words I could find were that my prayers and love were with him. My heart hurt not only for him, but also his loving family.

Time passed. Then, much to my surprise, during a second visit I saw he was attempting painfully to walk on the hospital corridor. When done, he settled quite sadly in his bed to watch a video. You would have thought I could leave well enough alone, but no.

I noticed that the video he was watching was of someone flying in the air in a squirrel suit. I glibly said, “When you recover, Dano, we will go skydiving together.” He looked up and smiled. Needless to say, his smile was a gift, since again I was feeling quite helpless. (In retrospect, I wonder if his smile held some kind of secret.)

Several months later, he came to my convent home for his great-aunt's golden jubilee celebration. During the festive meal, I felt a gentle tap on my shoulder. Dano said, "Sr. Frances, did you really mean what you said, that we would go skydiving together when I got better?"

And so it was on June 21, 2014! That gorgeous day I earned my tandem skydiving certificate, bumper sticker, pictures, DVD, and lots of pastoral care lessons about promise making and promise keeping, which I hope I'll remember FOREVER!

Frances Smalkowski, BCC, CSFN, is director of pastoral care at St. John Paul II Center in Danbury, CT.



Hope springs eternal: The rest of the story

| By James J. Castello |

My absolute favorite chaplaincy story began in my favorite medical center unit: pediatric intensive care in a major trauma center in New Jersey. The incoming gurney held a beautiful 4-year-old-boy with curly blond hair, pale skin, and blue eyes. He looked like he was merely asleep that night, but after three days of testing, doctors learned that Sean (all names have been changed) had a rare, virulent infection that was aggressively attacking his brain. He might live two weeks more.

Of course, the beautiful parents were devastated by this terrible news but always remained gracious to the hospital staff. The situation didn't seem to bother the patient's 9-year-old sister, Rebecca, as she put on a daily entertainment show for us. About a week later, the father called an Ethics Review Committee meeting, which had the staff more than a little worried. But once the team was gathered in an unused patient room, the father thanked all of us for the tremendous care we had given his little boy and their whole family. I could hardly believe it.

When Sean died, I was privileged to sing/play guitar softly to him, his family and our staff as his mother held him in her arms. This is what makes working in the PICU so hard. Since the family was unchurched, they asked me to conduct a short religious service for the family at the funeral home. The entire PICU staff who served this patient and family attended. The small Styrofoam casket was very difficult to look at. I did not think we would see the family again, but two weeks later, the father called and invited the PICU team to lunch. He told us he had taken Sean's cremated remains back to their country of origin and spread them over a

lake where they had just vacationed two months earlier.

The family moved to Virginia, as the father had a new job. I thought that would be the end of the story for us, but it was not. About six months later, Sean's mother called the PICU nurse she knew best and said she had told her daughter that she was going to the OB/GYN. Rebecca said, "Why, are you sick?" Mom said, "No, I am going to see the doctor to see if you might have a baby brother or sister."

Rebecca answered, "I know. I am going to have both a brother and sister." Mom was surprised by her confidence and asked, "How do you know that?" And Rebecca said, "Well, Sean comes to see me every night before I go to sleep, and he told me I am going to have a brother and a sister!" In due course, the sonogram revealed that the mom was pregnant with twins — a girl and a boy who were born a few months later and are very healthy! God is good!

James J. Castello, BCC, is a retired chaplain in Kennett Square, PA.



The parable of the rescued mouse

| By Georgia Gojmerac-Leiner |

I first met MC, a medical professional and now a patient, when she was recovering from hip replacement surgery on the postoperative unit. Though relatively young, her hip was bone on bone, her orthopedic surgeon had told her. And MC, a critical-care nurse, found that she had difficulty rushing from patient to patient.

MC was Catholic, with a wonderful relationship to her church, to her God, and to her spiritual director. On the hospital units she had the reputation as a very spiritual person. There was innocence about her, utterly trusting in God. The same vulnerability predisposed her to having wonderful, helpful religious experiences.

Shortly after I arrived at her bedside, she began to talk. My role as MC's chaplain was mainly to listen to her. She would find what she needed from hearing herself tell the story.

"It was early morning on the day before my surgery," she began, "and I was sitting in the backyard by the pool thinking about it, still in my nightgown. As I looked around, I saw a little mouse run toward the pool and fall in. Then I saw it paddling, paddling for dear life, its little ears and face barely staying above the water level. It would turn this way and that way, and often it swam toward the edge of the pool, but instead of trying to climb out, it hit the side and then turned around and swam back to the deepest part of the pool.

"I watched it and then walked over to the edge of the pool. I pulled it out of the water by its tail and set it on dry land. It shook to spray the water off its fur, pointing its little nose into the air, and then wanted to get back

in. As often as I shooed it away, it wanted to go back toward the pool as if to avoid a worse fate. Finally it got the idea and went back into the field.

“Afterwards I felt that I would be OK going for surgery, and that He would take care of me as I took care of the mouse.”

When she stopped, I reflected, “What I heard in the story is that you derive meaning from the Scriptures. I think your experience serves as a parable.” This elevation of her humble story touched her, and she became teary-eyed.

“Does that resonate with you?” I asked.

“Yes,” she replied. “I’ve been feeling vulnerable and helpless about this surgery. But God has sent me a message in which I see myself rescued. God will work through the staff, and I can trust that they’ll take good care of me. I’ll be OK.”

“What does OK mean?”

“That I won’t die. And even if I resist help, as the mouse did, people won’t give up on me.” She told me that a medication caused her to behave in a contrary way with some of the caregivers, but that they were patient with her and worked with her until she found her comfort – just as she had been patient and compassionate with the mouse.

Her parable prepared her for allowing others to take care of her. “Like Jesus asking Peter to allow him to wash his feet,” I offered. In my case, she allowed me to minister to her.

“You are the first person who understood my story,” MC said.

I do not know how many people heard this story, but I imagine that her husband was one of them and her spiritual director another. She had received communication from God in response to her fears around her surgery. It was a special gift ahead of the procedure, as her trust was deeply established now in God and in the caregivers. And it was a special gift to me to receive and to reflect back to MC her own wonderful story.

Georgia Gojmerac-Leiner, D. Min., BCC, is a former chaplain at Emerson Hospital in Concord, MA. She is currently on a sabbatical working on a book of spiritual poems.



Seed of ministry blooms years later

| By Judith LoGerfo |

How does God plant a desire in someone to be present to others in times of illness or loss? Well ... when I was 5, my first experience of sickness was sitting in a corridor of a cancer unit in a Catholic hospital. My aunt was dying of breast cancer, and since I was too young to go into a hospital room, I waited outside. In those days people were not as in tune with the impact of family illness on children, perhaps in a well-intentioned but misguided effort to “protect” them. But I was very aware of the great sadness hanging over our family. The sisters who ran the hospital were the Labouré community, known for their amazing habits that resembled angels’ wings! A sister approached me quietly and kindly, and in my hand she placed a small sweet. I can still feel and taste the smooth and creamy peppermint, and more importantly, recall the feeling of comfort and safety that this small pastoral gesture evoked. In the midst of an impending loss was a glimmer of grace, care, and compassion. A seed had been planted.

Many years later, as I pursued nursing education and then turned to theology and pastoral care to become a board-certified chaplain, that small memory influenced my ministry. As I served primarily in acute-care community hospitals, many of my patient and family interactions were one-time events. But I was always on the lookout for the family member on the sidelines in a crisis — a child, an elderly relative, a faithful friend. How would they remember a life-changing event or loss — as a time of isolation and fear, or as a time when, despite their loss, they felt safe and cared for?

One day I was called to the ER to be with a family facing an unexpected and sudden death. In the waiting room were relatives, including a little boy. As a team of chaplain, nurses, physicians, and desk staff, we were focused and aware of tending to everyone's needs, but even as trained professionals we were not immune to feeling helpless. It seemed like such a small gesture for me to bring the boy some juice and crackers as we waited for news. As a mother myself, I went home wondering how he would recall this day, this place, our attempts to save, care, and comfort.

Many times when we minister to others in acute situations, we prayerfully hope our efforts were a source of grace. Our patients and families in crisis would most likely not even remember our names. Like the healing Jesus, we are called to the next village and leave them to go on their way.

But this time, affirmation came quickly. A day or so later, this same child had a minor health issue, and once again the family came through our door, sat in the waiting room, and put their trust in us. As a team still reeling from the impact of that lost life in our ER, we were consoled by the knowledge that we had indeed provided a safe atmosphere, a caring presence, and a place that this family and this child could count on.

No pastoral effort, prayer, or kindness is ever wasted. For me so many years ago, that nameless sister with the "angel wings" planted a seed. How many other seeds might we have quietly planted in others as we anonymously passed their way in the midst of illness or loss? What a source of humble gratitude!

Judith LoGerfo served in the Archdiocese of Boston in healthcare, campus, and parish ministry for over 20 years. She now works in spiritual direction and retreat ministry.



Holding my Lord in my arms

| By Susan Crowley |

Today I held my Lord in my arms, for the creator of all life was present in the spirit of this girl born too early, just shy of 23 weeks gestation. After I was paged to the “fetal demise,” I learned that her parents had been informed that their baby would not survive, due to maternal complications and extreme prematurity.

The baby’s mother was still in the operating room, while the father, of a different culture from mine, sat outside, choosing not to see his daughter but asking for a blessing. The child lay in an open isolette under a warming light in the corner of the recovery room. The nurse was across the room, entering data into the electronic medical record. My heart immediately went out to this little one as I saw she was still alive, taking a breath now and again. I asked the nurse if I could hold her and I tenderly wrapped her in a blanket and cradled her in my arms, welcoming her into the world. As I began the prayers of blessing and baptism, the nurse came over to join me; together we were witnesses to the sacredness of the moment.

The nurse’s eyes filled with tears as the ritual concluded. She checked and told me that the heart was still beating. It was then that I decided to remain, holding this precious life until she was ready to say goodbye. Her father did not know what name his wife had decided upon, so I called her Michelle, after St. Michael the Archangel, because I felt the strength and courage in this heart that went on beating. Later, Mom arrived in the recovery room, but emotionally, she was unable to hold her little one; she could only briefly look at her. While Mom slept, baby and I sat quietly in the corner of the room. I looked upon her tiny face, a face so perfect, so

beautiful. We sat together, one soul touching another, one heart beating in tandem with the other.

Since my spiritual grounding undergirds my ministry as a pediatric chaplain, I understood that I was holding far more than a dying infant; I was holding Emmanuel, “God is with us.” The words from Luke’s gospel rang in my ears: “Whoever receives this child in my name receives me, and whoever receives me receives the one who sent me. For the one who is least among all of you is the one who is the greatest.” This little soul far greater than mine who came from God would soon return to him. I spoke tender words and softly sang to her, but mostly I sat holding her quietly. During her remaining two hours of life, I knew I stood on holy ground. My emotions were high, sitting there in the mystery of life and death.

My heart was breaking for the parents, for this would be their third loss. Thoughts passed through my mind: Did I really need to stay? Was I intruding? Yet I stayed, knowing that I was doing God’s work in providing human touch, comfort, and expression of love. I honored the sanctity of this precious life, bearing witness to the value of this child of God. Today I was gifted, gifted indeed, for I held my Lord in my arms!

Susan Crowley, BCC, is a chaplain at Golisano Children’s Hospital of Southwest Florida in Fort Myers, FL.



The chaplain in the wheelchair

| By Sandra Lucas |

Several years ago, on a snowy day in Maine, I was hit head-on by a pickup truck that slid into my lane of traffic. The car buckled like an accordion, and the airbag deployed. When I regained consciousness, I sensed a circle of protection around me. I suffered a broken arm, shattered knees, and multiple contusions. In those first weeks of painkillers and physical therapy, I learned that I did not handle pain well. I also learned how difficult it is to rely on others for all my needs.

After being off work for several weeks, I returned via cab to my position as a chaplain in a long-term care facility. I could walk with a cane, but only for short distances. The institution supplied an electric wheelchair, dubbed “the Cadillac.” It was golden yellow, styled like a riding lawnmower, and came with a basket and a horn.

I made pastoral visits in residents’ rooms, maneuvering the Cadillac around nightstands and wheelchairs. I zipped down hallways, giving a warning toot on the horn. I went to daily Mass and sat in the wheelchair section.

Dorothy, a resident who had been an artist until a stroke and failing eyesight put an end to her creative endeavors, asked me, “Sandy, what are you going through?” And even though we learn as chaplains not to turn a pastoral visit back toward us, I understood that she needed to express her compassion. I remembered a version of the Holy Grail story told by Simone Weil in her book “Waiting for God.” According to the legend, no one could approach the holy chalice until the seeker asked the crippled king guarding the vessel, “What are you going

through?” That question recognized the king’s suffering and their shared humanity. It allowed entry to that protected, private, sacred place.

Dorothy and I had enjoyed many visits before the accident. Widowed three times, her last marriage had been to a nursing home resident when she was 82 years old. “You’re never too old to fall in love!” she declared. We talked about her times of strong faith and her times of wavering faith. We read literature and poetry and *Biography* magazine. Now she wanted to hear my story.

I told her how frightened I had been and how grateful I was. It could have been much worse. I shared how humbling it was to visit residents in a wheelchair. I told her how I had this sense of a protective shield around me at the time of the accident.

“It’s like that psalm, the one where God hems you in,” she said. Together, we read Psalm 139.

I did not share my personal story with the other residents, except to assure them I was OK. But those visits were different as well. They wanted the chaplain-in-the-wheelchair to know what they were going through. I was on their level now, eye level, without stooping or bending. Like them, I was experiencing what it was like to have my physical body unable to do the things it once did.

One day, I hobbled to my closet to put my red L.L.Bean coat in the trash. It had been a Christmas gift, and I was reluctant to part with it. But it was splattered with blood and had been slit down the arm by an EMT in order to administer fluids in the ambulance. I checked the pockets. Inside the right pocket was a golden pyx. Inside the pyx was one consecrated host.

Until that moment, I had not remembered that I stopped at the hospital on the morning of my accident to bring Holy Communion to a hospitalized resident. She was out of the room, and I did not see her. I had put the pyx in my pocket to bring back to the tabernacle at work, but then the accident happened. In gratitude and with reverence, I consumed the consecrated host.

I shared my discovery with Dorothy. “You had Jesus in your pocket!” she exclaimed.

“Yes,” I said. “It was Jesus who protected me.”

“He hemmed you in,” she said.

Eventually I could do rounds without a cane. I parked the Cadillac. Then came the day I could drive again. The only thing I could not do was kneel. Years later, I still cannot pray on a kneeler at Mass. The needle-like pain in my knees reminds me of God’s protection, hemming me in. It reminds me of my friend, Dorothy, now gone to her eternal rest. It reminds me that life is fragile and precious and fleeting. It reminds me to ask, “What are you going through?” and then listen for the response.

Sandra Lucas, BCC, is regional director of spiritual care at Mercy Health in Youngstown, OH.



The story of a crown

| By Georgia Gojmerac-Leiner |

Mrs. JP was 77 when she came to the hospital with an advanced-stage cancer. She was a Catholic woman of deep faith and felt relieved once she had made her confession, received the Sacrament of the Sick and the Eucharist. I continued to see her to help her process her thoughts and feelings about the sudden discovery of her illness.

She was a single parent during a time when it was harder for a woman to be on her own, but her grown son was a source of pride for her. She lived alone in a supportive community while her son moved across the country. Now that she was nearing the end of her life, the son came to stay with her.

Mrs. JP seemed to handle the big events of life better than the little things. She worried about the appointments that needed to be canceled, the bills that needed to be paid at the bank, and at which gas station her son could fill his car at a good price.

Up to the time of her admission to the hospital, she had been a nanny to three young children. She told me how she read to them and showed a wonderful imagination with the children. That inspired me to ask her to be a princess and not worry about doing anything. As a princess, she could ask to have something done, and it would be done! Mrs. JP's son immediately used the idea to encourage his mother to let go of her worries. Gradually she relaxed, and accepted that she was dying. She agreed to go home with hospice. But she had grown so fond of the idea of being a princess at the hospital that she asked for a crown to wear when she left. This was done for her.

I went to see her at home on the very day that she passed, but I was too late; the undertakers had already taken her away. I joined the circle of hospice workers and Mrs. JP's friends as they reminisced about her. As I got ready to leave, I hugged the son.

"There is just one more thing before you go," he said. He handed me the crown and said, "I want you to have this."

"How could I ever forget meeting you and your mom?" I asked rhetorically.

"You won't," he said. "I don't know how you came up with the idea of the crown, whether unintentionally or on purpose, but it worked."

I did suggest the idea of a princess on purpose, but I did not answer. All I said was, "The Holy Spirit." I did not want to take away from his wonder, nor from his grieving. He seemed like a little boy who let go of his mother's hand in a mall and got lost.

I went away carrying the crown as a precious object, feeling fulfilled, thanking God for the healing power of imagination. I felt gratitude for my ministry, for Mrs. JP, and for her son. I thought of the words from the Prayer of St. Francis: "It is in giving that we receive and in dying we are born to eternal life."

Georgia Gojmerac-Leiner, D. Min., BCC, is a former chaplain at Emerson Hospital in Concord, MA. She is currently on a sabbatical working on a book of spiritual poems.



Teaching the power of silence

| By Davlyn Duesterhaus |

Richard (not his real name) came from a local hospital to the hospice inpatient unit where I serve as chaplain. He was in his late 70s, and the nurse told me that Richard seemed anxious and possibly could benefit from a chaplain.

When I came to his room, he talked nonstop about everything. He hardly took a breath and did not give me much wiggle room to respond. During his stream of words, he said he had asked God why God didn't hear his prayers, but he went on talking, and I didn't get a chance to even explore his question. When he was tired, he stopped abruptly and asked for a prayer. I began to pray, but he interrupted and prayed over me. Finally, he let me give him a hug before he took a nap.

The following day's visit began the same way with the incessant talking, repeating some of what he had said, and asking the same question about God not hearing his prayers. Mentally, I was trying to process whether he was afraid he would hear God. Was he avoiding giving God a chance? Finally, I decided to put my hands up, motioning him to stop talking. He did, briefly. But then he started up again. I put my hands up a second time.

We had to repeat this several times before he gave me a chance to help him learn to be quiet within. I explained a one-minute exercise of silence, using the forceful phrase "shut up" so he could hear God speak to him. It was hard for him as I counted the seconds. But we did the exercise a second time, and I asked Richard to let God tell him something that God

felt about him. He was quiet, and a tear came to an eye. Enough said. I felt he needed to cherish the moment with God, and the visit ended with a hug.

At the final inpatient visit, he reported that he had tried that exercise a few more times after I left. We did it again together, and I wrote him a spiritual prescription on my business card: “3 x daily for 1 minute of silence to listen to God.” Since he was going home the next day, I said, “Richard, in this form of prayer, you give God a chance to tell you something, instead of always asking or telling God what you want or need.”

I followed up at his home a couple of weeks later, and met his wife, who was fixing a roast. The house was full of a great aroma. Richard talked about her cooking, and then spoke with excitement about how the spiritual prescription had helped him be less anxious and more peaceful. For the first time ever, we had a conversation and not a monologue.

After that, I had a few more visits where I learned more about his life, and I sensed he was more peaceful. In a bereavement call after he died, his wife talked about how calm he was when he took his last breath. Later, I reached out to her in her grief journey. Both Richard and his wife remain in my heart and have reminded me how God uses us chaplains in a multitude of ways.

Davlyn Duesterhaus, BCC, is a chaplain at BSA Hospice in Amarillo, TX.



Meagan's story

| By Carey Landry |

She was 16 years old when she was first admitted to our hospital in 1997. She was a vibrant teenager, a cheerleader, a member of her high school basketball team, and popular with her classmates. I met Meagan (not her real name) when she had just been diagnosed with rhabdomyosarcoma, a form of cancer that causes malignant tumors to form in muscles throughout the body.

When I met her, her first words to me were: “I am going to fight this, and God will help me get through this.” Thus began the most beautiful journey I have ever experienced with a young person at our hospital. I visited with Meagan almost every day after that. Her faith was so strong, and her outlook was always positive. Sometimes I had difficulty getting in because she had so many visitors. Many people in our local community became concerned about her, were praying for her, and supported her family. I began visiting with her early in the morning before her family and others would come. We always ended our visits with prayer, and at the end of every visit, Meagan would call out to me as I was leaving the room: “I love you, Chaplain Landry,” and I would turn and say, “I love you too, Meagan.”

Of course, I wasn't the only one who heard that beautiful sentiment. Members of our staff, physicians, and nurses alike were often greeted as warmly and became very fond of this young woman, who was the same age as many of their own daughters. As a chaplain, I am part of an interdisciplinary team and participate in weekly patient care conferences. We all worked closely together to bring her the best care, while not neglecting any of our other patients.

Chaplains must support family members as well as patients, but Meagan's

parents were divorced, and her father lived in a neighboring state. Her mother and younger sister were well-supported by friends and members of the local evangelical church to which they belonged. Her father, who could not visit as often, seemed more isolated and told me once that he felt like a stranger at times, except to Meagan herself. While maintaining a good relationship with Meagan's mom, I paid close attention to him and advocated for him at times, making sure that he was included in all decisions about Meagan's care. We became very close over the span of more than a year as Meagan was in and out of our hospital. Since then he has sent me a card every Christmas, and I have kept in touch with him.

When Meagan went into remission, her family and friends arranged for her to receive a wish from the Make-A-Wish Foundation. Rather than choosing Disney World, as so many do, Meagan wished to visit Mother Teresa's community in India. Her wish was granted, and she flew to India, spent time with Mother Teresa, and was able to participate in the compassionate ministry of the sisters.

Alas, the cancer returned, and Meagan was readmitted. This time she would not leave our hospital, and turned 17 while she was still here. Our visits became more serious, and she confided in me that she was not afraid of dying. She realized herself that her time was drawing near, but was concerned that her parents would think she was giving up if she refused more aggressive treatment.

I supported her decision, and after several meetings with our staff and me, her family accepted it too. She died peacefully with her family at her bedside, and we sang her favorite hymn, "Here I Am, Lord," through our tears that morning. I was privileged to share her favorite reading from Scripture, I Corinthians 13, at her funeral service. "(Love) bears all things, believes all things, hopes all things, endures all things. ... Love never ends" is a fitting tribute to Meagan.

Carey Landry, BCC, is a chaplain at St. Vincent Carmel Hospital in Carmel, IN.



Finally ready for baptism

| By Mary Jo Zacher |

During my incredible ministry as a hospice director of pastoral care, I met two very special people I will call Dick and Kay. Dick was a hospice patient being cared for by his loving wife, Kay, in their own home. Dick had a stroke sometime before and had great difficulty speaking.

During my initial spiritual assessment, his wife told me (in his presence) that he was Catholic as a little boy, but his entire family stopped practicing their faith when he was about 8 years old. Dick's grandfather's hobby was to make wine, and he generously provided all of the altar wine to the local Catholic church. One Sunday, the priest apparently preached about sins of drunkenness and excess. Dick's grandfather felt that the priest was talking specifically about him, and from that day forward, none of the family ever went back to church.

After listening carefully to Dick's story, I paused for a while, and very reverently responded, "Oh, my ... that must have been so painful." After another pause, I asked, "You know, Dick, you are 86 years old and you are in hospice. It seems like you will be meeting God within the next few months. Do you suppose it would be a good time to make peace with Him?" Dick, who had difficulty speaking, answered very clearly, "NO."

"OK," I said. "Is it OK if I keep you in my prayers?" And he and his wife agreed. Interestingly enough, they loved my visits, and I saw them weekly for many months. About every six weeks I would say, "Dick, do you think it's time to make peace with God yet?" And he would again respond, "NO."

Fast-forward about eight months, and one day I arrived at their home and Kay had a huge smile on her face. "Dick is waiting to see you," she said.

When I went into Dick's room, he was also smiling and said very clearly, "I'm ready."

"Ready for what, Dick?" I asked. And he chuckled and said, "I'm ready to make peace with God." I rejoiced! Kay said, "He doesn't know for sure if he was ever baptized." So I told him that I could take care of that immediately! Kay and I went to the kitchen and got a little dish of water. I prayed with Dick and went through the Apostles' Creed line by line. To each question, Dick responded emphatically, "YES." I then had the privilege of baptizing Dick.

As I left their home, I asked if I could contact the local priest to come and celebrate the other sacraments, and they agreed. From that day forward, Dick had no more anxiety or fear regarding death. Two months later, he died peacefully. One year later, I received a phone call from Kay inviting me to Easter Vigil; she had entered the Church. May God be praised!

Mary Jo Zacher, BCC, is director of pastoral care at OSF Home Care and Hospice in Peoria, IL.



Ashes and grace

| By Patricia Regan |

It was Ash Wednesday, and I was in my second unit of clinical pastoral education at a local hospital. The priest asked me if I would help him by distributing ashes. It was something so different, so sacred, that I didn't feel that I was worthy. Then a message came requesting the priest to come to the doctors' lounge and give ashes to the doctors. Father felt overwhelmed already and he asked me go. I thought it was so wonderful that the Catholic doctors would wish to have the sign of their faith so visible as they did rounds.

People throughout the hospital were so appreciative when I approached them and asked them if they wanted to receive ashes. My assignment that unit had been the women's section of the hospital and the NICU. I had visited several women often as they lay in bed trying to prolong their pregnancies and allow their babies' lungs to develop as fully as possible.

As I walked down one hallway, a young woman recognized me and asked me if I could give ashes to her and her daughter. I made the sign of the cross on the woman and said the prayer. Then she led me to the NICU. Her daughter had been born weighing less than 2 pounds and was in an isolette, hooked to all kinds of tubes and machines. "I don't think the staff will allow me to put ashes on her," I said. But the mother quickly asked the charge nurse, who consulted the doctor, and they said I could.

I will never forget the feeling of putting my hand into that special circular entrance and tracing the cross on the baby's forehead. "What is your daughter's name?" I asked the mother.

"Grace," she answered.

This was a graced moment I will always remember. It was truly an amazing grace.

Patricia Regan is a retired chaplain who previously worked at Winthrop Hospital in Mineola, NY.



“Do you believe God is love?”

| By Georgia Gojmerac-Leiner |

David was a man in his 50s who was admitted to the psychiatry unit of the hospital with a major depressive disorder and was strongly considering suicide. Although he had requested to see the chaplain, he was reluctant to talk about religion and spirituality, explaining that he was a fundamentalist and an evangelical. I told him that was fine, but he still hesitated to talk to me.

We sat at a round table near the window in the kitchen area of the psychiatric wing. He pulled his chair away from the table and looked down or away from me as he spoke. He asked about the nature of a chaplain's work and about my religious background. When I told him that I was a board-certified healthcare chaplain and open to seeing everyone, he became at ease and began to open up more.

Little by little, David drew his chair to the table and leaned on his elbows very close to my black binder, containing patient information and an assortment of prayers and blessings. This made me nervous, but as soon as I became aware of my fear, I relaxed and continued to listen. David explained that he no longer practiced his religion very much, and had not been praying either.

“Could you consider praying in a new way?” I asked. “For instance, you could bring the reason you're hospitalized to your prayer.”

“How would that go?” he asked.

“It would depend on your image of God,” I said. “Since prayer is addressed to someone, it is good to know who.”

He paused and thought. “It’s hard to think in a new way after having been brainwashed into believing in a certain way,” he said. I agreed with him and asked him to tell me more. “I see God as a disciplinarian,” he said. “I failed God, and now he has cast me aside for failing to obey.” David believed that he disobeyed God, he said, by disobeying his former minister’s edicts.

“Do you believe God is love?” David asked.

“Yes,” I answered. “It is important to have a personal relationship with God.”

“Why?”

“In a personal relationship with God, you don’t have to rely on someone else to mediate between you and God,” I said. “Your minister either imposed his own image of God on your mind, or you perceived it that way.” In any case, I continued, the experience had hurt David’s faith in God and his prayer life. David shared that he felt cast out for his disobedience and believed that his very illness was punishment for it.

Pastoral care and spiritual guidance, along with David’s medications and psychotherapy, had the potential to create behavioral changes in the long run. The chaplain’s role was to help him grow spiritually by creating a surprising image of God, a God who can make things new, like streams flowing in the desert.

Georgia Gojmerac-Leiner, D. Min., BCC, is a former chaplain at Emerson Hospital in Concord, MA. She is currently on a sabbatical working on a book of spiritual poems.



The compassion of a suffering child

| By Anne M. Windholz |

Today a child screamed and cried in agony as his mother tried to help him go to the bathroom. Out in the hallway, the child life specialist looked at me.

“I’d wait about 15 minutes. He’s been having a hard time.”

A hard time. That’s an understatement.

Diagnosed with lymphoma; undergoing surgery and recovering with bright hopes of going home for his birthday (his 10th!); and then the Sunday before that milestone, curling up on his hospital bed with crushing pain. Kidney stones. And then mouth sores. From the cancer treatments.

He can’t go home. He refuses to eat. He won’t talk. He hardly opens his mouth, because every touch of the lip, every turn of the tongue, is torture. Everything within cracked and ulcerated. I had thought he looked as sad as he could last week.

Until I saw him today. Skinnier. Paler. He sipped two spoons of broth from his mother’s hand before pushing it away. His eyes shone like brittle ice, braced against the pressure of pain.

The intensity of his resistance seemed both instinctive and calculated. He was measuring steps across an icy pond. One wrong move and it would all break apart. If that happened, he might be sucked under and never come up again.

Panic sometimes cries loudest in silence.

His actual screams were terrible, however. Maybe because they were forced from him violently, as much against his will as the relentless emptying of his bowels. The screams of a creature in fear and pain. It struck me as I stood beside his door. I've heard those screams before, in the dusk: In South Dakota, when our cat caught and toyed cruelly with a baby bunny. We couldn't catch the cat quickly enough to save the bunny.

I spent time alone with the boy's mother. She told me about how her son never laughs any more. About how he doesn't want to move. And about how he made her cry.

"How?" I asked.

"He wouldn't talk at all yesterday. He would only whisper. I couldn't understand him — that felt so awful, forcing him to repeat what he'd said."

"What was he saying?"

"He told me to get his big sister a present."

"A present?"

"Yeah, he said she deserved one because she was suffering, too."

I used to be an English professor. When my own children were quite small, I researched representations of children and child abuse in Victorian children's literature. Two things struck me as I read evangelical religious tracts and morality tales in which "bad" children suffered horrible, horrible deaths.

The first was that at a time when childhood mortality was ubiquitous and pain relief was hit or miss, a great many children and their parents must have felt that God hated them.

The second was that all those sickeningly sweet childhood deaths in literature, which Dickens probably made most famous with Little Nell, were gross romanticism, offered up as a well-meaning but sentimental sop to comfort bereaved parents — which was practically everyone.

Call me a cynic. I had toddlers with tantrums pooping all over at the time. Plus I was a postmodern academic, and sentiment doesn't go far with that crowd. So I thought saintly child deaths were all pretty much fiction. Bad fiction.

Fast-forward 20 years and I'm sitting in the pediatric family lounge with a mom who burst into tears yesterday at the wisdom coming from the wounded mouth of her boy, and I'm crying too. Crying partly because nothing I can do will stop the chill night from coming for this mother, but mostly because the reality is so amazing: Children, so fast at learning languages compared with adults, can equally outstrip adults in learning from suffering. In learning compassion for others.

Somewhere under the sentiment and the claptrap, the idealized Victorian child really was what children have always been: our wisest and best teachers. If we listen. If we are willing to bend down literally and metaphorically and be with them in their pain. Bear it with them. And respect what the poet Wordsworth observed: that these most vulnerable souls come into this world from God, "trailing clouds of glory."

What I bring to chaplaincy among the children I'm sometimes at a loss to say. But what it brings to me?

The pearl of great price. A millennium of lifetimes would not be enough to repay such a gift.

Anne M. Windholz is a chaplain resident at Advocate Lutheran General Hospital in Park Ridge, IL.



That moment you wish you had back

| By Kathy Ponce |

When I was doing my clinical pastoral education, I had a patient who had been admitted to our hospital for total dental extractions related to an oral infection. He was in a horrible frame of mind, anticipating the pain of the procedure, continuing antibiotics, and the eventual ordeal of fittings and adjustments of his new dentures. We chatted for a bit, and he seemed open to some support as he wallowed in unhappy imagining of what he would go through in the next few days. But when he talked about his recovery time, he mentioned that he enjoyed philosophy and was probably going to read a few books he had set aside for a little mental stimulation during his recuperation. My reply (an expression I had never used in my entire life!) was, “Well, that’ll give you something to chew on.”

I never did go back to his room for a repeat visit after receiving a stare that would have frozen a kettle of steaming corn on the cob. The spoken word can never be recalled.

Kathy Ponce, BCC, is a chaplain at Community First Medical Center in Chicago.



A listening ear

| By Carole R. DiZeo |

While I was going for my master's degree in pastoral studies, I was also ministering as a registry chaplain at a hospital in Illinois. During one of my internships, I was paged to a unit that had a gentleman who was very angry and upset with "life in general." Several nurses and aides tried to talk with Mr. Golden, but he wouldn't talk to anyone, and said so in unpleasant language.

I told the nurse I would try to see if he would talk with me. I knocked and said, "May I come in? I'm Chaplain Carole."

"If you came here to talk about God or try and convert me, I'm not interested," the patient shouted. Maybe that was my clue to leave, but my training stepped in, and I said calmly, "I am not here to evangelize or convert you or even talk about religion."

"All right. Come in," Mr. Golden answered. Thinking of a colleague's description of patients' rooms as their sanctuaries, I asked, "May I please sit down?" He said, "Yes."

As I began to talk to Mr. Golden, I asked what made him happy, and he talked about his dog and his daughter. He said the dog was his "best buddy," and that he missed him, but his daughter was taking care of the dog while he was in the hospital. I listened, wholeheartedly, to his story. I could see the love and devotion in his eyes as he talked about his dog. As he continued to talk, I asked him if there was anyone else he was missing. "My daughter," he said. "She's the only person who comes to visit me."

"Do you have a wife?" I asked. "Yes!" he said, with anger in his voice. "My wife is on drugs! I've tried helping her, but she always goes back to using." Mr. Golden told me that he, too, was a user, but that he was trying to get

clean. His frustrations came out as he talked about his drug habit and how he felt, at times, that no one cared. He no longer wanted to use drugs, he continued, but he was very anxious to go home.

“I feel safe at home, because my dog is there and he is waiting for me,” Mr. Golden said. “Plus, my daughter will continue to visit with my dog and me once I get home.” When it was time for me to go, Mr. Golden thanked me and asked if I could come back. I told him that I would try to return, if possible. I thanked him for sharing his story with me.

I learned a lot from this spiritual care visit. Sometimes people just want someone to hear their story, in a nonjudgmental way, with a heart filled with compassion and understanding, and with ears that listen intently and deeply. You don’t even have to mention God, yet God is ever present.

Carole R. DiZeo is director of spiritual care for Presence Heritage Village in Kankakee, IL.



Honoring a doomed pregnancy

| By Beringia Zen |

We were sitting outside the chapel, and he quietly asked me a question. “What does the church teach about this?”

My first response was silence as my mind sorted through the possible answers. What does the church teach about extrauterine pregnancies? I knew the Ethical and Religious Directives for Catholic Health Care Services, which did not apply to my non-Catholic hospital. I had read essays about the delicate moral balance between honoring the life of the mother and ending the life of a pregnancy. Yet, in his question, I heard the deeper wondering: What does a family do with such a terrible choice? As we stumbled through the ethical dilemma, the father often got stuck on what to call the life growing inside his wife.

“The doctors use the word fetus,” he told me. “That just doesn’t seem to fit.”

“What does fit?” I asked.

“Baby.”

And so began our journey together of how to honor the baby whose life was soon to end.

The parents wanted a ceremony to bless and name their child once the mother’s fallopian tube had been removed, and the baby had died. “Can we do this?” they asked.

I quickly answered in the affirmative, while at the same time having no

idea how it make it possible. I began in our labor and delivery unit with the nurse who oversees grief support for families whose babies die before, during, or soon after delivery.

“The fetus will be about the size of a walnut,” she said, making a small cup with her hands. “Do they know this?”

I nodded.

“Also, you’ll need to make sure that surgery knows the wishes of the family.”

In the surgical wing of the hospital, I met with a nurse who would be present. We discussed in detail how to prepare the baby for the family. She brought out a number of different tubs and tubes. We scrutinized them for their size, color, and appropriateness. A group of nurses gathered around as we worked through the steps and timing of when to do the blessing.

“She’ll be out for a while,” one told me. “Plan to be here about an hour or so after her surgery.”

“We usually do not allow family in post-op,” another nurse informed me. “But in this case we can make an exception.”

I returned to the Spiritual Wellness office and began to personalize our preprinted service: “An Order for Naming and Blessing at the Death of an Infant.” The phone rang, and it was the father.

“We’ve decided on a name,” he told me. “We’ve chosen it because it could work for a boy or a girl.”

I added the baby’s name to the order of service.

I met the family and the surgeon in pre-op. After the surgeon had explained the surgery to the parents, I informed him about our plans to name and bless the baby.

He stared at me incredulously. “You want to do what?”

I explained again.

“I don’t see why ...,” he began to say.

A nurse interrupted, “This is for the soul of their child!”

Something drastically shifted in the surgeon's demeanor. He held the hand of the mother and assured her that he would help in any way that he could.

During the surgery, I sat with the father in the waiting room. There was nothing to say; we simply waited. A nurse came out and brought us to the mother, who was still a bit groggy from the anesthesia. On the table, next to her bed, was the small, clear container we had chosen for the baby. The father held the tub in his hands, lifted it up to his face, and peered inside.

"She's beautiful," he said.

"Or he," his wife responded.

He handed her the baby, and she placed the child on her chest. Together they cried. We started the liturgy. We named the child, and each signed the baby with the sign of the cross. I read from the Gospel of Mark where Jesus says, "Let the children come to me." We prayed that angels would lead him or her to a place of light and peace. We ended with the Lord's Prayer.

We remained in silence until the father spoke: "This has given beautiful closure to a bad situation."

Beringia Zen, CSJA, PhD, is a chaplain and Catholic coordinator at St. Luke's Hospital in Kansas City, MO.



A wish for natural death

| By Ilse Wefers |

When I encounter families and patients facing end-of-life issues due to the final stages of illness, accident, or advanced age, I am profoundly aware that they are already in the midst of the grieving process.

Lauren, age 30, is experiencing this grief. Her mother, Marge, 64, has been on life support for three years. They belong to a very conservative evangelical community. Marge and her first husband were missionaries in Africa, where Lauren was born. Marge is now at home, bedridden on life support, and unable to move, and Lauren and her stepfather, Mike, share her daily care. The costs are not covered by her minimal insurance. It is a loving, supportive family, under extreme duress.

Lauren and the community are concerned for the soul of her mother. Marge wants to stop the pain medication and terminate her life support. Lauren believes that doing so will condemn her mother to hell. Earlier, Lauren told me that she and her congregation understand Marge's present condition as punishment by God for possible sins. However, Lauren, after talking with me, indicates that she would like to offer other perspectives to everyone. She suggests I visit with her mother and members of the community.

As I arrive at the house, a man greets me politely, serious and a bit uneasy: Pastor Dan. Mike, Lauren, and another older couple are present. Marge is a gentle, beautiful woman, and in spite of the illness or perhaps because of it, she radiates peace and kindness. Her eyes rest on you, and you are aware you are in the presence of a holy woman. Her mind is clear and is able to communicate without restriction of any kind. I start the conversation by placing us all — Marge, the family, the congregation, and the pastor — in the presence of the divine.

I invite Marge to share with us her missionary work and what it has meant to her. She shares a life of joyful, loving dedication, generosity, abnegation, prayer, song, and faith based on Jesus Christ and the Holy Scriptures. She finds that aside from some failures, for which she has asked forgiveness, provided proper restitution, and felt forgiven, she has truly tried to live up to the high standards that she set for herself at her born-again conversion. The others in the room share their own perception of her loving, joyful, fruitful, and grace-filled life.

Marge then says, “My medications keep alive a body that is not functioning anymore.” Her prescriptions are degrading her capacity to die in full control of her mind. “I want myself, even in pain, to die surrounded by my loved ones,” she says, “and the blessings of my community, and in the presence of Jesus Christ.” Why, she asks, would God punish her desire to forego a senseless, incapacitated, temporary artificial life, without the blessings of the dignity owed to her as a human being? Why can’t she enjoy the blessing of dying when her body is unable to function any longer as intended by God?

“How will Jesus Christ look at Marge’s life, when she is called to his presence?” I ask. The others share their own perception of her fruitful and grace-filled life as a missionary and as a member of the community. “We know that her missionary work was wonderful between her home, the school, and the clinic.” “She is prayerful.” “She provides good guidance to the Marriage Support Group.” “She is always ready to help.” “She is a good sister-friend to me.” “Yes, she has fulfilled her mission.”

Then I ask if Marge will be sent to hell for letting nature take over the function of her body. After some silent consideration and group sharing, the older man says, “Marge does not need to fear death. She can encounter Jesus Christ and hope and trust in his mercy.” Furthermore, Marge discerns that perhaps it is even a sin to allow technology to interfere with her obligation to a natural life and death experience as intended by God.

After this encounter, Lauren continued to attend grief sessions. She also shared with her own congregation and Pastor Dan her journey, and they came to recognize that there was no sense in blaming her mother’s painful condition on punishment for possible sins.

Marge died in peace, a natural death, in the presence and the blessing of Pastor Dan and members of her congregation, and she was surrounded by her husband, her children, and her grandchildren.

Ilse Wefers, BCC, OSB Oblate, is a chaplain in Seattle.



A cup of tea and friendship

| By Maggie Jones |

After knocking, I gently opened the door to the patient's room and said, "It's the chaplain, may I come in?"

I heard the patient reply in a familiar Australian voice, "I am an atheist. I don't need a chaplain."

"That's all right," I replied, "but may I ask if that is an Oklahoma accent I hear?"

"Come in here," he said. I entered smiling.

The patient was smiling too and said, "You visited me the last time I was in the hospital and asked me about my Oklahoma accent."

After a brief lighthearted moment, I asked if there was anything he needed. "Well, it is tea time," he said. "I would like a cup of hot tea."

"I can do that," I said, and prepared the tea with lemon and sugar, the way he had requested.

"Where's yours?" he asked. I took that as an invitation to stay and made a similar cup for myself. We began to speak of general topics and eventually made our way to the subject of his illness. He said he had Stage IV cancer and although he had many, many friends around the world, no one knew of it except his wife.

"Why haven't you told anyone?" I asked.

“Because I don’t want anyone feeling sorry for me.”

“You told me, and I’m not feeling sorry for you. I just want to support you in any way I can,” I said, “like getting you a cup of hot tea.”

The conversation continued, never touching the subject of religion or religious beliefs, only friendship. Wanting to leave him with a reminder of the pastoral visit, I asked if I might give him something. I gave him one of our brightly colored prayer scarves, renaming it a “friendship scarf.” He put it next to his pillow and thanked me.

The next morning when I arrived at the hospital, I discovered my friend had been moved to the intensive care unit and was unresponsive. The ICU physician informed me that he was near death and that his wife was on her way. The doctor also said the spouse had declined any need for spiritual care.

I quietly walked into the room and told my friend goodbye.

Maggie Jones, BCC, ACHPC, is a chaplain at Christus Santa Rosa-New Braunfels near San Antonio, TX.



Called to minister in the NICU

| By Karen Pugliese |

Pastor Wendy stood outside the curtain of the little nook sheltering the stunned and grieving parents and grandparents, who were cradling the infant child scheduled to be born by C-section the very next morning. Found to be without movement or fetal heartbeat, she was delivered emergently instead.

I performed the ancient Ritual of Blessing along with Wendy, the pastor of the family's church, as the parents held their infant in their arms. Grief so raw it was unspeakable yet palpable — no words, no sound, no form yet of expression. Wendy sighed deeply with the helplessness one feels in the eye of the storm of such a tragedy. Perhaps to distract herself from the profound weight of grief stretched like a tent over the little room, she looked around the NICU and began to realize how large it was. Dozens of curtained cubicles, each with a tiny person whose first earthly home was a far cry from the dream of his or her parents. Wendy's eyes widened as she began to realize the breadth and depth of the care, and the paradox of the ecstasy of new life and the agony of premature death.

"How many babies are here?" she asked — partly to make conversation, yet tentatively, as if she already had a premonition that she was going to be shocked at the answer. I answered, "Twenty-four down here, and another smaller overflow unit upstairs."

"Twenty-four! There are twenty-four babies here — sick babies, like Grace — some more babies are as sick as Grace ... was? Twenty-four?"

Her face, whiter than the lab coats silently whisking in and out of the curtained cubicles, registered shock and disbelief. The mask of her

carefully crafted pastoral identity crumpled. “I can’t hold that; I just can’t take that in — I am overwhelmed. It just doesn’t seem possible to grasp the extent of this much suffering ... for the babies, for parents and families — for everyone who works here ...”

Wiping tears from her eyes, she asked, “How do you do this? I can’t imagine how you do this. Doesn’t this just do you in?”

How do I answer a question like that? How do I say that this is where I am home; that like Mother Teresa of Calcutta or Damien with the lepers of Molokai or the youth minister on the streets of Chicago this very night — I am home when I am here. I am called to be here — just as Wendy was called to the people of God she pastors in her suburban church. Sent here years ago, even before I recognized the call, before I was equipped for the journey. From the time I first went back to school to pursue a degree in theology without knowing the road map, much less the destination of my journey.

How do I explain that the sound of whirring machines and ear-splitting monitor alarms, and the shadows formed by soft lights blanketing the tiny incubators with their tinier inhabitants, are my companions? How do I describe the astonishing gift it is to ask parents what name they have given their child, and then pronounce that for all eternity this child shall be known by it? How do I communicate what it means to recite the words of the prophet Isaiah: “I have called you by name; you are mine”? And of the prophet Jeremiah: “You are my beloved. You are precious in my eyes, and I love you.”

How do I communicate the community I have found here — the blessing it is to stand beside physicians and nurses and respiratory therapists and pharmacists, this confident and composed army of medical miracle workers, when they have done all they can do — and it isn’t enough?

Then I do what only the chaplain can do: Nothing. I simply hold them. Sometimes literally in my arms; sometimes just in the eyes that hold one another’s sorrow. The families and the staff. And sometimes too, our partners in ministry who discover new landscapes of pain and anguish, and see sorrow with new eyes. I hold their grief and loss, helplessness and powerlessness, inadequacy and impotence. Along with mine.

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Prayer for Caregivers

| By Anne M. Windholz |

Gift us, Lord, with the humility
of those who care beyond knowing
and being known;
who give their time ungrudgingly
with simple and wordless presence;
who listen like the patient dawn
holding its breath,
anticipating birdsong even
from a dark and starless sky.

Teach us, Lord, the humility
of healing that seeks no cure
but peace, that knows no power
but hope. Grant our service
the self-forgetfulness that sees
only the other; grant our hearts
that wisdom which discerns
the riches in poverty, the strength
in weakness, the life in death.

Hold us, Lord, in the mercy
that is as ready to share tears
as to dry them; as willing to carry
the cross as to roll away the stone.

Guide us in our walk
across waves of suffering too rough to bear,
that we, like you, may have the courage
to extend our hand to our sinking neighbor,
and so together reach the still harbor of grace.



*National Association of
Catholic Chaplains*