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Professional Practice

Chaplain George Burn on building bridges from within

Chaplaincy: Also Caring for the Spirit of the Organization

A recent remarkable occurrence at my hospital reminded me of the need for us to care for the entire Spirit of the organization we serve, as well as the patients and family members.

One of our employees, who is dearly loved by the staff of the hospital, was in surgery when her husband, who was in the waiting room, collapsed in front of their special needs adult child. The son got help and the father was temporarily resuscitated, but died soon after being taken to the emergency room.

While one of our staff members stayed with the son, a group of us gathered, wondering how we would tell our employee when she woke up. The head of our lab called me and said, "Her son asked that the rabbi be present when she is told." Our employee was not actively involved in the local synagogue and had not met the rabbi. However, because of my long-time relationship with the clergy in the community, I had developed a friendship with this rabbi and so I called him and explained the situation. He immediately came over.

The operating surgeon said that when she came out of anesthesia, he would tell her. The rabbi, I, and other staff members stood by. After her initial grief reaction, she looked at the rabbi and said, "I want him buried in Philadelphia with my parents." The rabbi's presence had given her direction immediately. We then brought the body into the recovery room area for her to see her husband. The special needs son was also informed by his mother there.

The next day we began to sort through our options for a service, since Jewish burial is within twenty-four hours. Unfortunately, our employee would be unable to attend any services held in the near future. Then we hit upon the idea of having the service at our hospital. The entire next day I worked on plans for them to have the service in our conference rooms. I explained to the staff, who were staggered by the events of the week, that this was our way of helping her to recover and to provide an opportunity for her friends to be with her. The rabbi told us that Jewish law allows for these special circumstance and delays in burials, so we went ahead with plans to have the funeral at the hospital.

On Sunday morning, five days after the death, we had one hundred people attend his funeral. The body was present, and the hospital staff did amazing things...food and beverages were provided, environmental services set up the room according to the layout we had requested, and my secretary made signs directing people into the conference rooms from outside. Security made certain that the back doors were open.

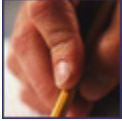
Nursing made arrangements for the widow's hair to be done up nicely and helped dress her in a beautiful dress. Our nursing supervisor and I had been concerned about the florescent lighting and the harshness of it, so the two of us, along with some men from maintenance, scouted out some incandescent lighting for the front of the room (including a floor lamp from my office). The rabbi did a wonderful job of leading the service, inviting family and friends to share their remembrances. And, amazingly, the patient's other son, who serves on the police force in Virginia, had an honor guard drive three-and-a half hours to stand outside the room.

This tragedy provided an opportunity for the hospital family to give to our employee and to build a bridge back to her faith tradition and her rabbi. The end result was that the hospital felt good about what we pulled together to provide. And, the CEO threw in flowers.

The family was overwhelmed by the love and support they had received, and the hospital family gave one of their own a very special gift of appreciation.

Our work takes us in many directions and sometimes requires us to be creative, while at the same time, honoring faith traditions and family needs, whether they are related family or hospital family. Working to provide the best care for a patient or family member enables us to care for the spirit of our organization in ways that we sometimes cannot even imagine.

Chaplain George A. Burn, BCC, has been the Director of Pastoral Care at Mount Nittany Medical Center in State College, PA, for 15 years. He has served as the State Certification Chair and the State Representative for the Association of Professional Chaplains in Pennsylvania. Currently he is a CPE equivalency reviewer for that organization. He is an ordained American Baptist, holds a BA from Eastern College and an M. Div. from Princeton Theological Seminary with a major in Ethics. He has written articles for The Caregiver, PlainViews, and the Consortium Ethics Program at the University of Pittsburgh.



Advocacy

Rev. Kirsti Aalto on Finnish Chaplaincy

With You – Hospital Chaplaincy in Finland

Chaplaincy in health care settings in Finland is organized by the Evangelical Lutheran Church of Finland. This is because 84 percent of the Finnish population are members of the Lutheran Church. It is borne out of the Christian understanding of human life: a person is a holistic entity. Pastoral care is one part of all round health care allowing for the physical, mental, social and spiritual needs. We humans are living beings created by God, cast in His image, for dialogue and cooperation with Him. Lack of harmony, sickness, suffering and guilt are among the realities of life. Redemption, forgiveness and a chance to begin a new life are all part of being human.

The church sends chaplains to people who are sick, suffering or dying. It is the job of each chaplain to help all those in need of spiritual assistance. The challenges facing pastoral care have grown as a result of the changes in society. The Evangelical Lutheran Church has, since the Second World War, established various special services in answer to these challenges. Hospital chaplaincy has also been singled out as a complementary branch of health care requiring its own specialist training. The first hospital chaplains were preachers whose most important task was to preach the Gospel to the sick, to perform the sacraments and to comfort the dying. The first full time hospital chaplain in Helsinki began his work in 1925. Nowadays the pastoral work in hospitals involves the joint encounter of the nursing staff, relatives and the hospital chaplain.

Qualifications of a hospital chaplain

A hospital chaplain is a pastor of the Lutheran church with a degree in theology. Before being appointed as a hospital chaplain, candidates undergo an aptitude test assessing their suitability for pastoral work in hospitals, their motivation for helping others, and their ability to use their own personality as a working tool.

Chaplains are selected by the church council of one or more congregations following the aptitude test and interviews. Successful candidates can then begin the specialist training in hospital chaplaincy.

Specialist training

The training usually takes two-and-a-half years and includes theory, practical placements in hospitals and study of the professional literature. More than half of the hospital chaplains have also received the church training in supervision lasting a good two years. In addition to theoretical seminars this includes a supervised trainee period. The hospital chaplains provide supervision for church workers and health care personnel.

Principles

The Principles of Hospital Chaplaincy in the Evangelical Lutheran Church of Finland are as follows:

1. POSITION OF HOSPITAL CHAPLAINCY

The foundations of the hospital chaplaincy maintained by the Evangelical Lutheran Church of Finland lie on one hand on the fundamental mission of the Church and, on the other and, in the joint decisions and recommendations [1] of the Church and the health care system. Hospital chaplains are employees of parishes working in a health care setting.

2. MISSION OF HOSPITAL CHAPLAINS

Hospital chaplains are employees of the Evangelical Lutheran Church ordained pastors whose duty is to serve patients, their families and the health care staff as experts in questions concerning the values and view of life stirred by illness. Hospital chaplains promote holistic care by supporting the whole care community, and serve as a link between the parish and the health care system. Hospital chaplains' duties also involve the non-institutional care setting, as well as supervision and training for both parish and health care staff. Hospital chaplains also participate in the deliberation of ethical questions in health care.

3. PROFESSIONAL SKILLS

In order to work as a hospital chaplain, one must pass an aptitude test and complete a specialisation programme approved by the Church. Continuing education and supervision help hospital chaplains to develop their ability to understand human illness and crises and to enhance their self-knowledge and interpersonal skills.

4. CONFIDENTIALITY

Legislation concerning the Church and health care system lays down in detail the obligation for hospital chaplains to maintain confidentiality.

5. PATIENT RELATIONSHIP

At the core of hospital chaplaincy is the confidential pastoral care relationship between the hospital chaplain and patient, in which the patient can address all issues of his/her life and illness and receive spiritual support and consoling. The contact between the chaplain and the patient is usually initiated by the patient or his/her family. Discussions with a doctor or nurses may also motivate the initial contact. In the interest of maintaining the autonomy of the patient, the chaplain first ensures that the contact is indeed the will of the patient him/herself, and then agrees on the goals and principles of the cooperation. The chaplain respects the human dignity, beliefs and integrity of the patient, regardless of his/her background or outlook on life. The chaplain will, if necessary, be in contact with other Churches or religious groups in order to secure the pastoral care that the patient wishes for.

6. CARE TEAM

Treating a patient is a cooperative effort involving several professional groups in the health care system. The hospital chaplain can, if given permission by the patient, act in an advisory capacity in his/her own area of expertise regarding matters concerning the patient. The hospital chaplain is responsible both to the care team and parish administration.

At the European Network of Health Care Chaplaincy (ENHCC) 7th Consultation, Turku, Finland in 2002, Standards for Health Care Chaplaincy in Europe were adopted. The Evangelical Lutheran Church of Finland also complies with these standards. For the ENHCC standards, go to:
http://www.eurochaplains.org/turku_standards.htm

Hospital Chaplaincy at the Office of the Church Council

The Center for Hospital Chaplaincy is an expert and cooperative body which plans and develops pastoral care in hospitals, institutions and care for outpatients. The Center maintains contact with the health care field. It belongs to the Department for Parish Services at the Office of the Church Council. The Center maintains contact with hospital chaplains by providing material on pastoral care and arranging conferences, training and special seminars. The Center conducts the aptitude tests for chaplain candidates and contributes to the resulting statements. The Evangelical Lutheran Church of Finland has 120 full-time and 17 part-time hospital chaplains. More than half of them are women. More than half of hospital chaplains also act as supervisors.

Footnote:

[1] *Sairaalaliiton yleiskirje no 8/1965* (Directions from the Hospital Association No.8/1965) *Suositus sielunhoidosta sairaaloissa, terveyskeskuksissa ja sosiaalitoimessa.*

Kirkkohallitus: Ohjeita ja tiedotuksia 13/1983 (Recommendation for pastoral care in hospitals, health centres and social services. Central Church Board: Instructions and Communications 13/1983) and *Lääkintöhallitus Dno 2013/101/83* (National Board of Health, registration number 2013/101/83).

Kehittyvän avohoidon haaste seurakunnan sielunhoitotehtävälle. Suomen evankelis-luterilaisen kirkon piispainkokous, kirjelmä no 6, 12.9.1989 (The challenge of the developing outpatient care to the parish pastoral care givers. The Bishops' Conference of the Evangelical Lutheran Church of Finland, letter No. 6, 12 September, 1989).

Adopted by the Central Church Board in the plenary session on 16 September, 2003.

For more information on chaplaincy in Finland, visit: www.evl.fi

Rev. Kirsti Aalto is the director of the Center of Hospital Chaplaincy, at the Office of the Church Council of Lutheran Church of Finland. She has been a chaplain for 36 years. She did her CPE training at the University of Virginia Medical Center in 1977 - 78. She has been a supervisor and psychotherapist since 1976. She is a member of the Steering Committee of the European Council for Pastoral Care and Counselling (ECPCC). www.ecpcc.info and is a member of the Working Group on Bioethics and Biotechnology of the Church and Society Commission (CSC) of the Conference of European Churches(CEC), 2004 - 2009.



Education & Research

Rabbi Charles Sheer on serving Jewish patients on the High Holy Days

“L’Chaim” – To Life!

[Before reading this, please read “May It Be a Good Year,” by Rabbis Bonita Taylor and David Zucker (<http://www.plainviews.org/AR/c/v1n16/er.html>). It reviews the rituals and themes of the Jewish High Holy Days.]

Chaplains face unique challenges attending Jewish patients who are hospitalized on the High Holy Days. In addition to the obvious sources of patient malaise—being away from family, home, synagogue and the “normal” holiday routines—the principal rituals of these days are almost impossible to observe in most hospital settings. Chaplains can arrange for a *Hanukkah* Menorah lighting, Passover *seder*, or the giving of *Purim* treats in the hospital. *Rosh Ha-Shannah* and *Yom Kippur* entail the sounding of the *Shofar*, full days at prayer in synagogue, and fasting. All are impossible or inappropriate in the hospital.

But the larger burden on the sick is the impact of the concepts that underlie these Days of Awe. These are not days of national memory or celebration; they are Days of Judgment, dedicated to self-examination, reflection, and repentance. Some of the medieval liturgical poems in the prayer book are petitions for life, health and survival in the coming year. One of the motives repeated throughout the liturgy is the petition that “God will inscribe us in the Book of Life!” What patient needs to be reminded to pray for life, and that God “might enable us to reach the coming year”?

Despite the optimistic tones of many prayers, liturgical melodies and the grand *Yom Kippur* finale, which concludes—“Next Year in Jerusalem”—a sensitive chaplain will readily understand that the flip side of “L’Chaim” is the most dreaded possibility that accompanies all who are ill. There are no dark sides to Passover or Hanukkah that could depress and dispirit the sick like these Days of Awe.

There is one delightful custom which, although folkloric, has endeared itself to Jewish observance and might be just what the doctor ordered for hospital use. On the evening of *Rosh Ha-Shannah*, Jews eat an apple which is dipped in honey and, together with the usual “*B’racha*” (blessing) for the fruit of the trees, one states: “May it be Your will that the coming year be a good and sweet one.” Before the somber tones of the day-time service introduces awe, penitence and other serious themes, Jewish custom initiates the New Year with sweetness and physical pleasure.

In the hospital setting one could distribute to patients either small apples or pre-cut slices with small jars of honey or, when glass could not be distributed (as in some psychiatric wards), in honey packets, with a card with good wishes, “From your chaplain.” If it is not appropriate for a patient to receive the food items, then a card with a cheerful picture of an apple, honey, and the good wishes convey the same hopeful theme.

Chaplains should be attentive to the fact that some, especially those who are quite knowledgeable and/or devout, might find it difficult to contemplate the theme of “judgment” at this time. The sick do not need High Holy Days to introduce the theme of one’s mortality. However, Jewish wisdom has cast these Days of Judgment as a helpful and necessary undertaking, not a death sentence. In pastoral conversation, it is appropriate for chaplains to remind their Jewish patients that these holy days open with apples and honey, and conclude with a prayer for “Next Year.”

We are on solid Jewish ground when we urge our patients to reflect upon the sweet parts of their lives, and thank the Giver of Life for what they have...and what they will encounter...in the coming New Year.

Rabbi Charles Sheer is the Director of the Department of Studies in Jewish Pastoral Care at the HealthCare Chaplaincy. In this role he develops educational programs for Jewish seminarians, including hospital rotations and a multi-denominational seminar, Compassionate Jewish Leadership, as well as seminars for rabbis and cantors to enhance their pastoral skills within their congregational settings. He has special interest in the interface between Jewish law and thought and medical ethics; he has been lecturing

on organ donation, end-of-life issues, and the Jewish concept of Bikkur Holim (the sick visit). He served for 34 years as the Jewish Chaplain at Columbia University, where he chaired the multifaith campus ministry group and was extensively involved in pastoral issues on campus. He has an M.A. in Talmudic Literature and Ordination from Yeshiva University..



Spiritual Development

Chaplain Judy Seicho Fleischman on not pushing back

Stopping

8 A.M. I'm riding. New York City rush hour, packed subway train. I'm sitting, crouched, Chinese style, beside a pole. My way of dealing with the situation, taking care of myself while trying to be attentive to reality of no seats and yet, it's too hard for me to stand the whole way downtown.

I've been doing this for some time. Some think it's strange but pretty much, folks seem to swing with it.

175th Street. Someone gets on saying, "Don't push me." A voice responds loudly, "How can I not push you?! Someone's pushing me. We're all pushing. It's rush hour, the train is packed. What do you expect?" A muffled reply, then a loud response, "You don't want to be pushed, why don't you ride your own private car with a chauffeur!"

This back and forth volley continues, growing more heated. Then, a woman's voice, "Okay, we get it. We got it. Now can you stop?" and another voice says, "Please" in an exasperated tone. Of course, the result of this is more: "Whatchu mean stop? Tell him to stop? Not push me. Be serious. How can I not push you...." and it's off to the races again. Now more folks chime in, and anger is building, "Come on, just a few more stops, first thing in the morning. Can't you stop?" and so on.

Then silence, dead silence, the kind that kills spirit, kills dialogue.

We ride, slowly to 59th Street, a long ride from 125th.

I sit in silence, listening, attuning, recognizing I cannot speak without my heart being aligned with speech, so silence and presence must suffice for now. I breathe, feel.

We get to 59th. Lots of space opens as folks get off. Then it comes to me. I say loudly, "Whoever was pushing, feeling pushed, are you on the train?" and a woman replies, "I'm here." I say, "There's a free seat here. Would you like to sit down?"

She comes over my way, I finally see her face. She is somewhere between middle age and elderly, shorter than I imagined and looks tired and determined to survive. I meet her gaze; I smile. She says, "No, I don't need to sit. I'm okay." I say, "Okay, well if you don't sit, I will. You sure you don't want to sit?" She says, "Yeah, I'm sure." So I sit. A few breaths, then she begins, "How can I not push? It's impossible." I hear the collective sighs from all around, then a voice, "Oh, not again." I say to her so folks can hear, "It's tough. It's a tough thing." She nods. Then, I say loudly so everyone on the train can hear, "My dear friends. We survived 9/11. We did it with a lot of kindness. We found a way and it was tough. So I'm making an appeal to you. Just because someone's having a tough time, we don't have to make them into an enemy, because tomorrow, it could be you."

A woman calls out loudly from the other end of the train, "Amen!"

I hear the tension shifting. Then I say, "I'm asking you, whatever helps you to feel kindness and compassion right now, to tap that so we can do this together, get through together. It would really make my day if we could do this. Thank you."

When I got off the train one stop later, I touched a woman on the shoulder and said, "God bless you." She and her friend smiled and said, "You, too."

Chaplain Judy Seicho Fleischman, BCC, is Staff Chaplain at Housing Works' West 13th Street Adult Day Treatment Center in New York City. She is a Zen Buddhist priest with Village Zendo and coordinator of the New York City Chapter of Buddhist Peace Fellowship. She is a member of The Buddhist Council of New York and of Congregation Rodeph Shalom.



BioethicsWalk

BioethicsWalk addresses bioethical issues that chaplains face in their day-to-day work. *PlainViews* invites our readers to share their responses to each *BioethicsWalk* column, which will be published in the following issue. We also invite our readers to submit areas of concern/interest about which they would like Nancy to write.

If you'd like to respond to *BioethicsWalk*, please send a comment of no more than 100 words. You can use the e-form below (click on "hearing from you," link) or submit your commentary to the editors in the body of an e-mail (or as a Microsoft Word attachment) sent to Info@PlainViews.org. Please put the phrase "*BioethicsWalk*" in your subject line. Comments that are too late for the previous issue can be viewed in TalkBack.

We look forward to [hearing from you.](#)

Responses to Telling Secrets (see article below)

Regarding Nancy Berlinger's request for 'best kept secrets' of a chaplain ... one of which I can say that definitely saves the hospitals and/or institutions a great deal of money. Despite the fact that the Pastoral Care Departments of the world are considered a non revenue department that does not bring in capital...we prevent the possibilities of the hospitals/institutions from monies going out by being sued via the discontent of some patients. Though many patients may not have grounds (and some may) to sue the hospital, physicians, institutions...there still will be lawyer's fees etc that would have to be paid out. This is not to say what may be problematic to the reputation(s) of those involved.

The best kept secret? Is a chaplain with a listening ear, a calming presence and making the right connections for the patient to resolve their issue(s) at hand. This pastoral care to patients can dispel the anxiety they are already experiencing...we (chaplains) redirect the patient(s) to the root cause of their frustrations, anger and most importantly their fears.

Many times throughout my years of ministry have I heard a patient say they "will call their lawyer" or "I am going to sue"...however, when they are allowed to express with any emotion(s) their upset(s) most often...not always...but often times they connect their anger to the fear of not being in control and of the unknown. Therefore, I do my best to get the information they need...and what information is not available...! let them know why and possibly when they will be informed.

Respectfully,
Dr. Sharon Barcham, D. Min., BCC
University of Chicago Medical Center
Chicago, Illinois

Here's a reaction from one who shares your alma mater. I am an oncology nurse. I now work as a hospice nurse. I hold both certifications. These two fields have secrets but at least are known entities. My last field is not well noticed.

I am also a Faith Community Nurse--formerly known as Parish Nursing. I run a nursing service in my community for three synagogues: Reform, Conservative and Orthodox. We started ten years ago with a one-time grant from the local Federation. The program is doing well. The synagogues support us to a degree. We are way under-funded. Telling our story is a problem, the same type of problem you relate.

Faith Community Nursing (FCN) has a secrets problem. I think there are at least 15,000 nurses nationally who work in denominational fields and have these same secrets.

Faith Community Nursing is easier to document than chaplaincy because sometimes there are specific technical skills involved. FCN is a non-invasive practice. The practice involves trying to prevent needed health care from falling through the cracks. In my suburban community everyone has doctors. Sometimes five or six doctors. Often five or six or ten medications and more than one pharmacy. There are many cracks. The coordination we are involved in often is confidential. It is hard to fund raise based on confidentiality.

Our population still does not call us soon enough or often enough and certainly does not begin to enable real per hour salaries for nurses.

I have moved from my first profession of teaching English. I have had other professions and degrees. It is interesting that the most useful direction was the one obtained at my first institution: getting things done with others and expressing myself in writing.

Thank you for your work at the Hastings Center.

Jaclyn M. Herzlinger, RN

Telling Secrets

I've never liked the phrase "best-kept secrets," when used to connote exclusivity, insider access: come to this restaurant or shop, and you get that special service we don't tell everyone about. It's our little secret.

Now, some secrets are essential in health care, in the form of patient privacy, confidentiality of records, anonymity of research subjects, and so on. Yet other secrets cause a lot of trouble in health care, if an institution makes a practice of concealing the truth against patients' interests. Not disclosing mistakes, papering over known problems, and promoting "working the system" rather making it clear how the system works, are examples of secrets that don't help patients, and may harm them. As philosopher Sissela Bok points out, secrets may be essential at times – but secrets are always part of corruption. So as a matter of ethics, we always have to be clear about whose interests are being served by keeping something secret.

I've sometimes thought that chaplaincy has a "secrets" problem, not the kind that leads to corruption, but the "best-kept secrets" kind, where value is associated with concealment. We know that patients and families appreciate this service – but are sometimes surprised that it exists. Among themselves, chaplains can tell wonderful stories about what they do – but then comes the familiar refrain: "Nobody knows we do this." Granted, chaplains may not have access to the official storytelling channels in their institutions, and the news on a hospital's home page probably isn't about the latest advances in spiritual care. But when a chaplain tells me an amazing story about the care provided by her department – sometimes in response to an institutional or community trauma, sometimes as a clinical innovation to improve everyday care – my response is always the same: Please write about this. If nobody knows about this, nobody can learn from it. (And if nobody knows about this, you won't get proper credit for what you did.)

So I invite you to help me compile the Top Ten Underreported Stories in Health Care Chaplaincy. What are chaplaincy's best-kept secrets, the situations in which the involvement of chaplains makes a difference in patient care, or in the functioning of a health care team – but that aren't what comes to mind when an administrator or physician hears the words "chaplain," "spiritual care," or "pastoral care"?

One item that might be on this list: chaplains' involvement with organ transplantation teams, and with donors, recipients, and their families. Chaplains know they do this – but it's a best-kept secret.

A resource to help you tell your stories inside your institutions: a summary of The Hastings Center-HealthCare Chaplaincy research project, "Professional Chaplaincy and Health Care Quality Improvement." This is an edited version of our final report to the Arthur Vining Davis Foundations, and describes all project activities and forthcoming publications. You can download a PDF of the summary by going to the project webpage, <http://www.thehastingscenter.org/Research/Detail.aspx?id=1212>, then clicking on "Summary of Activities" (right below the link to the funder's website).

*Nancy Berlinger is Deputy Director and Research Scholar at The Hastings Center, an independent, nonprofit, nonpartisan bioethics research institute located in Garrison, New York. Her research interests focus on clinical ethics and include end of life care; ethics in health care chaplaincy; ethics in cancer care; conscientious objection and moral distress in health care; patient safety and the resolution of medical harm; and ethics education for pandemic planners. Broader interests include narrative ethics and medical humanities. Currently, she directs a research project that is revising the influential Hastings Center guidelines on end of life care. This project is funded by the Patrick and Catherine Weldon Donaghue Medical Research Foundation and the Albert Sussman Charitable Remainder Annuity Trust. She recently completed a research project, funded by the Arthur Vining Davis Foundations, which examined how professional chaplains define "quality" within their own practice and profession, and how these definitions correspond to how chaplaincy is represented in the health care "QI" movement and in efforts to advance patient-centered care. As Deputy Director, she manages the Center's organizational capacity-building initiative, Bioethics and the Public Interest, which has received major support from the Ford Foundation. Berlinger is the author of *After Harm: Medical Error and the Ethics of Forgiveness* (Johns Hopkins, 2005, paperback 2007) and is currently developing a book project on cancer "survivorship" and the future of cancer care. She serves on the ethics research group of the Joint Commission; the ethics faculty of the American Society of Healthcare Risk Managers (ASHRM); the bioethics committees at Montefiore Medical Center, Bronx, New York and at Richmond of New York, a longterm care facility; and the editorial board of Medical Ethics Advisor. She teaches health care ethics at the Yale School of Nursing, and is a frequent presenter at grand rounds and other ethics education programs for health care professionals. She volunteers on the Chaplaincy Service at Memorial Sloan-Kettering Cancer Center in New York City.*

She is a graduate of Smith College and holds the Ph.D. in English Literature from the University of Glasgow and the M.Div. in Christian Ethics from Union Theological Seminary.



Rev. Penelope Thoms on a chaplain re-called

Looking Back to Laramie

Almost ten years ago on October 6, 2000, a young man named Matthew Shepard was beaten and left for dead on a wooden fence on the outskirts of Laramie, Wyoming. The young perpetrators who murdered him because he was small, rich and gay are serving life sentences in Rawlins, Wyoming. They will never know freedom; they have been allowed to live because of the mercy of Judy and Dennis Shepard, Matthew's parents. It is not a kind facility to young boys, not yet men. Perhaps there are some days that they wish they had been given the death penalty. Anyone who has read the book, seen the movie or the play, *The Laramie Project*, knows the events.

My husband and I were intimately involved with Laramie, Wyoming, the Shepards, and Poudre Valley Hospital in Fort Collins, Colorado, where Matthew died six days after arriving in the ICU. I was the chaplain for Matthew; my husband, Steve, was the minister for the Unitarian Church in Laramie that provided refuge to the Gay, Lesbian, Bisexual and Transgendered (GLBT) community. Ten years later, we are still contacted by schools and theatre groups asking what was it like to be there; to know those characters described in the story. It shaped our lives and continues to affect our ministries.

I was on call in Fort Collins when I heard about the attempted murder of the young man in Laramie. My husband had just accepted a new ministry at the tiny Unitarian church in the University town. That morning he was officiating at the wedding of an old friend in Northern California and had planned to stay the weekend. I called him and said, "There is something happening that I think is important. Can you come home early?" It was homecoming weekend in Laramie; of course there would be a parade and celebrations. We agreed that the congregation needed to be represented in some fashion in support of the GLBT population and so Steve contacted the Unitarian Universalist President, Jeff Lockwood, who organized a support contingent that apparently grew as word spread of the horrific circumstances surrounding the crime.

Meanwhile, Matthew had been airlifted to Poudre Valley Hospital in Fort Collins, Colorado, where there was a more sophisticated ICU. Matthew's aunt and uncle were the first to arrive as Matthew's parents were out of the country. They did not acknowledge that this had been a hate crime and refused to discuss Matthew's admitted homosexuality. As chaplain, it was my job to support the family – he was a brother, a son, a nephew and a member of the Episcopal Congregation in Laramie, Wyoming. But as soon as the press arrived, he became a martyr. The grace of Dennis and Judy Shepard is that when they arrived at Matthew's bedside, they did not close the hospital doors. A regular updated message was released to the greater community who, by this time, had become national.

Matthew's priest was out of town and the priest in charge, a small, reserved older woman who only wanted to retire, was placed in the public eye much against her will. I became her spiritual director and chaplain as well when the cameras and reporters closed in on her. Together we formulated a press statement and she promised that she would not close the church doors on Sunday morning although she was afraid of what "lunatics might show up."

Steve arrived late that afternoon and went directly to Laramie where he opened his small church to anyone needing sanctuary and a safe place to be. The people came in droves, filling the small space. Farmers, ranchers, professionals, and academics – all needing a place to be who they were: Gay, Lesbian, Bisexual, Transgendered; to feel God's loving presence and to be surrounded by Spirit.

Matthew never woke, his brain crushed. We later heard that when the sheriff arrived she thought he was a child because he was so tiny "and that there was blood on only one side of his face because the tears had washed the other side." I thought of the shortest sentence in the Bible: "And Jesus wept." Another statement the sheriff made in the trial was that a doe was laying down at Matthew's feet when she arrived. "She looked at me and at Matthew and seemed to hand her responsibility over in the brief space, that brief eye contact." I like to think that Matthew was not alone during that long dark cold night under the stars and

sky.

The towns of Laramie and Fort Collins were shaken by the event. Elton John held a concert in support of the Matthew Shepard Foundation that Steve had started. The money went to educate young children about the power of words or defamation towards people of color, infirmity, sexuality....the Other, of which we harbor fear and ignorance. The concert sold out. Conservative nurses sat next to lesbian and homosexual couples. People hugged one another in ways that expressed their common humanity.

During this time, I was earning a Master's in Anglican studies while completing an internship at a small conservative Episcopal church in Fort Collins after completing seminary in Berkeley. The church had moved farther to the right since I had joined it the prior year and I was becoming increasingly uncomfortable with their theology of intolerance; but I was committed and had been through a year-long discernment committee process which affirmed my call.

The week after Matthew's murder, I stood up in the Wednesday morning service during the public time for joys and concerns and told the story of standing at the fence and knowing Jesus was with Matthew that long night; of bringing people to the fence who felt the presence of the Holy and experiencing the all powerful sense of peace and reconciliation experienced by hundreds of people in Steve's Unitarian church. I talked about the young gay man who came to me with tears and asked if God loved him; of telling that same man that not only did God love him, God wept with him as God wept with Matthew during his suffering.

That week I was to meet with the Bishop before proceeding with my process toward ordination. The night before I was to go to Denver I got a call from my priest. The vestry had stopped my process. According to them, I did not accept the veracity of Biblical pronouncements against homosexuality and would be a detriment and liability to the Episcopal priesthood. No one from my congregation called to see how I was handling this devastating news. Not one person. No one emulated Jesus in His compassion and love. No one behaved like a Good Samaritan; no one stood at the well. I was left alone with my tears and my belief in God's embracing love, intact and strong.

Shortly after that Steve and I moved to Northern Virginia where I continued my work as hospice chaplain. Steve commuted to New York and Laramie where Moshe Kauffman was interviewing him for the "Steve Johnson" character in *The Laramie Project*. On Samhain 2000, we moved to the west of Ireland where I wrote my book about living and dying within Celtic Spirituality, *Thin the Veil*. Six years later we were contacted by Trinity College Dublin: Would we be their guests at the opening night of the Irish Theatre Company's Production of *The Laramie Project*? Would we available for Q & A after the final curtain? Yes and Yes. We talked to the audience, the players, and the greater Irish community until 2 in the morning. The theme of fear and hate of the Other is universal. *The Laramie Project* continues to be the most produced contemporary play in the world. The Matthew Shepard Foundation continues to educate young children about the power of their words.

Today, I am ordained in the Ecumenical Catholic Church and provide sacramental and spiritual comfort to all God's creatures as wedding, funeral, and communion officiant. My patients and their families feed my soul and I am affirmed in my ministry. I recently "googled" my old church in Fort Collins. The name has been changed; the congregation removed and the priest no longer serving a congregation on this continent.

I think of the doe lying at Matthew's feet and know that God is smiling.

For more information on the Matthew Shepard Foundation, go to:
<http://www.matthewshepard.org/site/PageServer>

For more information on *The Laramie Project*, go to: <http://www.time.com/time/classroom/laramie/>

Rev. Penelope Thoms, ordained in the Ecumenical Catholic Church, attended Skidmore College and the Graduate Theological Union in Berkeley, California where she received an M.Div. and an M.A. Before becoming a board certified chaplain and spiritual director, Penelope worked in publishing and journalism in

New York and San Francisco. She is an international award winning poet and short story writer. Her play, A New Year's Tale, a dark monologic work based in early 20th century Ireland, will be produced in Reston, Virginia. After living in an old cottage by the sea in the west of Ireland for six years where she wrote, traveled and offered spiritual direction, Penelope moved back to the U.S. in 2006 with her husband and border collie, to the small agricultural community of Lovettsville in northwest Virginia. They share their old farm house with a rabbit (a contemplative!), a guinea pig, two dogs, fish and all God's critters - deer, birds, badgers, gophers, squirrels and beavers. She is employed as a chaplain at Capital Hospice in Leesburg, Virginia. She continues to write and offer spiritual direction.



MyPractice

As professional chaplains we need to be in dialogue with each other about what we do, how we do it, and why we do it a certain way and how these practices benefit our patients. The ultimate goal of **MyPractice** is to build a consensus about what constitutes “good practice” and eventually establish “Standards of Practice” for chaplains. As with quality improvements in our institutions, this is an ongoing process in order to improve our practice.

To have a description of a practice that you use in your setting considered for inclusion here, write it up and send it to *PlainViews* for consideration. The Association of Professional Chaplain's Quality Commission's Best Practice Committee will work with the Managing Editor of *PlainViews* to review submissions and select articles for publication. Your submission does not necessarily need to be cutting edge (although that's okay, too). We want to identify “good practices” that could be recognized as standard practice.

PlainViews will highlight one article in the second issue of each month. **Readers are invited to respond to the featured practice.** Responses will be posted as they are received. This is a great opportunity to start a process that will move us forward in professional chaplaincy.

If you'd like to respond to **MyPractice**, please send a comment of no more than 400 words. You can use the e-form below (click on "hearing from you," link) or submit your commentary to the editor in the body of an e-mail (or as a Microsoft Word attachment) sent to Info@PlainViews.org. Please put the phrase “MyPractice” in your subject line.

We look forward to **hearing from you.**

Creating Sacred Space

Editor's Note: We received two articles on sacred spaces and so decided to include both of them here.

From Chaplain Eric Guthrie

A hospital contains many sacred places, where the Divine and human interact and we get a glimpse of creation at work. There are the neonate units where new life is born. There are the operating rooms where technological miracles are only surpassed by the marvel of surgical skills performed. There are the intensive care units where life and death whisper to each other, each working to stake its claim.

Family and friends of the patient, who wait and worry, often seek solace and comfort in the hospital chapel, if only for a few minutes. It is here that they seek to connect with God in a way that brings peace and eases anxiety by placing their trust in a higher power.

These days, hospitals are usually short on space. The accountant's sharpened pencil demands that every square foot contribute financial viability. It is difficult to measure the spiritual revenue of a hospital chapel or its real estate value because many of the benefits/blessings are intrinsically intangible and subtle.

From the beginning of time humanity has needed something more than auditors can calculate. How else could we explain the fact that in every time and every culture people have created time and place they call “sacred” to pray, dance, sing, cry and celebrate as worship?

The sacred space of a hospital chapel is a sacrifice and an extravagance for God and our hospital congregations. The chapel is largess. It is a gift given out of love and a deeper understanding that the body is more than the sum of its parts – cells, tissues and organs. As a human being has a soul, so also the hospital organism needs a soul. Our souls would languish if there were only walking and no dancing, talking and no singing, speaking and no praying. Stained glass windows and frescos speak to us in a way

that ordinary walls do not.

The chapel holds a very important place in the hospital setting. It is a purposeful and powerful “waste” of space. The chapel is a gift of time and space. Like a poem instead of prose, a chapel is a place where we will take some time out of time to reflect, meditate, center down, pray, be still in order to hear God speak to our soul.

The chapel is a place where people can wrestle with God; a place of refuge from the storm and chaos of life; a place to sort out difficult decisions. Often the chapel is simply a sanctuary where one finds a moment of quiet peace from inner turmoil.

Buddhists speak of the importance of the hole (space) at the center of a wheel. That space is important. The Hebrews believed that God was most present in the empty space just above the Ark of the Covenant. Christians understand the importance of wombs, rooms and empty tombs for good things to come about.

So we shape a sacred place from the space we set aside for a chapel. We can fill the place with activity that meets the spiritual needs of people, which in turn sanctifies the space. It is made holy by what happens there. The hospital chapel is a blessing beyond value for those who find themselves there.

From Rev. Jill Bowden

Serenity Chapel is “a place of hope and healing.” This expresses the highest aspiration we have for the desired effect of our new chapel. It is new only in its physical presence; it is much older if we include the visioning, planning and building of the beautiful rainbow-lit space carved out behind the central lobby on the main floor of Winthrop University Hospital. Building our chapel took seven years, five Directors of Pastoral Care, one dedicated Vice President, an administration committed to the importance of wholeness in healing; it also required a Pastoral Care Committee deeply invested in spiritual and religious traditions rich with healing, and a willing community of supporters who provided the means to make the vision a reality. This space, located at “the heart of the hospital.” is unlike other spaces that existed previously. Our Hospital’s President, Dan Walsh, said, “the Meditation Room located far from the main lobby was not the sanctuary for spiritual reflection that we felt the entire Winthrop family deserved.”

Serenity Chapel contains two Family Meeting Rooms for physicians to speak privately with patients and their families about the results of surgery, the outcome of medical testing, treatment planning, and diagnosis. Previously, doctors stood in the lobby in full view – and hearing – of others who were waiting to speak with their own doctors. The Family Meeting Rooms offer a quiet and personal retreat, created to convey the Winthrop Hospital’s central tenet: Care Without Compromise.

The central space is furnished only with an oval worship table that can become altar or bema; it can even be moved (it has concealed wheels) to the side to create other types of worship spaces. The center of the focal wall is an arrangement of artfully hung lights framed by a rainbow of back-list stained-glass panels designed by a local artist. A generic wooden lectern faces softly colored armchairs that link together in three curving rows to seat twenty-three people, with more chairs available in the Family Meeting Rooms that can be brought in when needed. The soft gold and brown of the upholstery and carpeting highlights the beautiful glass, while controlled lighting and multiple speakers that play meditative music throughout the day keep the atmosphere peaceful and mask the sounds of the hospital outside its doors. There is still plenty of open space, room for wheelchairs to be brought in, and for prayer rugs to be laid down. The worship table has storage space that holds the elements of worship for Roman Catholic mass.

To one side, a built-in credenza conceals a sophisticated sound system, storage space for religious reading materials, prayer rugs, and a directional indicator toward Mecca for Muslim worshippers. The credenza also contains a menorah, chalices, pitchers, bowls, candles (flameless – battery operated) and candle holders. Religious symbols are only in evidence during a service specifically for that faith tradition; these symbols are put away when not in use.

At the dedication of *Serenity Chapel*, seven local religious leaders participated, gifting the hospital with the elements of worship for many different faith traditions. Community clergy have an open invitation to lead interfaith worship services, held each Wednesday.

Besides Interfaith Wednesdays, a Muslim *Jumah* prayer service is offered on Fridays, and Roman Catholic mass is offered each Saturday evening. A 9/11 Day of Memory was observed, and in November there will be a recognition of veterans and a "community table" Thanksgiving observance. In this first year, building a culture of spiritual and religious community life has been enthusiastically supported by the hospital administration.

During Nurse Recognition week, chaplains blessed the hands of the nurses who serve the hospital and held a special service recognizing the nursing staff. In the coming year, Pastoral Care Volunteers will be celebrated, deceased staff members will be memorialized, and countless persons will share their pain, joy, and the cries of their hearts in the book, "The Prayers of the People," which is always open and always present on a lectern near the door of the chapel.

Serenity Chapel is becoming a part of the cultural life of the hospital. Staff stop chaplains in the hall to say that they noticed the beautiful fresh flowers, the soft music that plays continuously, and the instant feeling of peace and quiet they find when entering the chapel. *Serenity Chapel* is accessible to all persons at all times; it is meant to be a place of hope and healing to all who come through its doors.

Chaplain Eric Guthrie has been a minister for twenty plus years and has been a staff chaplain at Carolina Medical Center Mercy, in Charlotte, NC, for three years. He just completed his work for board certification and will be receiving his certification at the Orlando SCC Summit. He is endorsed by the International Council of Community Churches. He and his wife have a nine years old son.

Rev. Jill Bowden, BCC, MPA, is Director of Pastoral Care and Education at Winthrop University Hospital in Mineola, NY. She is a Unitarian Universalist community minister affiliated with The Fourth Universalist Society in the City of New York.

Send your comments about **MyPractice** to info@PlainViews.org.



Review

Sarah Masters reviews the film

Four Seasons Lodge

In 2005, Andrew Jacobs, a *New York Times* reporter, wrote a series of articles about a summer place in the Catskills called Four Seasons Lodge. Jacobs grew frustrated that newspaper articles could not possibly capture the soul and the context of the place, a Catskills summer bungalow colony where close to 100 Polish, Russian and Hungarian Jews, all of whom survived the Holocaust, had bought 44 acres back in 1979.

Four Seasons Lodge is a counterintuitive and spiritually uplifting film about these remarkable individuals. They created this colony by building communal structures and a synagogue for Friday night services. Members dug out an Olympic-sized pool, paved two tennis courts and constructed a social hall. They cooked, swam, raised children, prayed together and swapped stories about the war years.

Their inspirational dedication to living righteous and full lives was, as they saw it, the best revenge. As one member put it: "To live this long, to live this well, is a victory." And another said: "We live with the past, and hope for a good future. When you compare the good times to the bad, we came out winners."

Completed: 2008
Running Time: 95 Minutes
Director: Andrew Jacobs
Producer: Matt Lavine

Four Seasons Lodge had its World Premiere this past June at the SilverDocs Film Festival in Silver Springs, Maryland. For information on when this film will be available on DVD, please contact at info@fourseasonsmovie.org.

Now available for purchase!

Questioning Faith: Confessions of A Seminarian, the subject of a film review in *PlainViews* July 15th issue, will be available beginning September 23rd, on DVD for \$26.95!

In *Questioning Faith*, seminary professor Dr. James Cone asks how seminary students in his class can develop a theology "that is credible in the face of 16 million dead" from AIDS. Dr. Cone challenges the classroom with the question: "What kind of sermon are you going to preach?"

Macky Alston, seminary student and award-winning filmmaker, cannot answer that question. So he sets out to discover how everyone and anyone, from atheists to Buddhists to Orthodox Jews, find meaning in a life that can seem so senseless. Macky's search takes the form of this feature documentary and, while completing a graduate degree in theology and working as a hospital chaplain, he tackles the big questions. Why do some find religion and others lose it? And how can anyone believe in a loving and powerful God in the face of so much suffering?

You can purchase *Questioning Faith* on DVD at www.docurama.com, www.amazon.com or www.barnesandnoble.com.

Sarah Masters is the Managing Director of the Hartley Film Foundation, a non-profit organization dedicated to production, cultivation, support and distribution of the best documentaries on world religions and spirituality.

Do you have thoughts about this review you'd like to share with your colleagues? Send an e-mail to info@PlainViews.org.