



# ARCAPPE Newsletter

Alberta Region of  
CAPPE/ACPEP

Volume 5 Issue 2

## And Now, A Few Words From Your Co-Chairs...

No, this is not Bob and Doug M reporting from the Great White North. We are André and Paul reporting in from Edmonton in our capacity as Co-chairs of ARCAPPE. It has been more than a year since that auspicious AGM gathering in Sylvan Lake at which the two of us agreed to serve you as part of the Executive committee. During the intervening year we have had the benefit of great leadership and mentoring by Janet Greidanus and wonderful working relationships with the rest of the Executive.

As we are relatively new to the organization, brief introductions are in order. My name is Paul Bergen and I am a staff chap-



*Bob and Doug from the Great White North*

lain at the University of Alberta Hospital where the focus of my clinical work is on organ transplant recipients. I began at the UAH as a CPE Resident in 1999 following thirteen years of pastoral ministry in a Mennonite congregation here in Edmonton. I am working on my Specialist documentation at what seems to me like a glacial pace, finding unexpected and surprisingly regular encounters with the 'Little Engine that Could' to be very encouraging. My wife Heather is a violinist with the Edmonton Symphony Orchestra and the Alberta Baroque Ensemble. We have two school-age children.

My name is André Vincelette and I also work as a staff chaplain at the University of Alberta Hospital. Since April, I have started a new position as a chaplain in the surgery department. Still, this was not my first ex-

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## Traveling in India *John C. Carr*

I spent a month in India during July and August. The original plan was to attend an International Conference on Pastoral Care & Counselling in Bangalore from 10 to 17 August, preceded by a three-week tour. The conference was postponed to August 2004 because of the SARS scare and the Iraq situation. However, by the time the postponement was announced, we had already bought our tickets, which were non-refundable.

Five of us (Ted Hodge of ACPE/AAPC, Jan deJong of ACPE, Marta Green of AAPC, Brian Grant of AAPC & AAMFT and myself) arrived in (New) Delhi on the 20th of July. From there, we travelled (mostly by train) across the north to Darjeeling, then flew down to Calcutta, across to Mumbai (Bombay), back to Pune, and thence to Cochin (Kochi) in the SW. Then we travelled (mostly by van, but also by boat through the

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### On Line at...

<http://www.cappe.org/Region/Alberta/newsletters.htm>

- *Journal of Pastoral Care Publications Inc. Report* — John Carr
- *Regional Admitting Committee of the Alberta Region of CAPPE/ACPEP* — Margaret Clark, Adele Roy

## ARCAPPE Association Days 2003

On October 17th & 18th, ARCAPPE members and friends from throughout the Alberta Region gathered in Banff, AB for education, celebration and retreat. Friday, fifty-seven registrants participated in a well-prepared presentation “*Towards a Definition of Spirituality*” by Case Vink of the Royal Alexandra Hospital, Edmonton (journal edition printed below). Later that day following supper, thirty-three stayed to take in the retreat portion of the event, “Art as Therapy” led by Chester Lees of Calgary. Both events were well received



*ARCAPPE AGM & Retreat Moved to the Mountains in 2003*

by all and the new venue in Banff this year was considered a refreshing and inspiring change by many.

The ARCAPPE Association Days Planning Committee is already making plans for next year's event. We will keep you posted as dates and details are confirmed.

If you would like to view or download Case Vink's powerpoint presentation *Towards a Definition of Spirituality*, or download a copy of the participant's *Group Definitions of Spirituality*, go to the ARCAPPE website at:

<http://www.cappe.org/Region/Alberta/other.htm>

## Towards a Definition of Spirituality – Journal Edition *Case Vink*

### ***Needing to define the term***

I am awaiting the birth of my fifth grandchild. My children are still trying to decide what to call “it”. They can't find a name to agree on. In contrast our society has come up with a name for something: spirituality. It is giving that name to every baby born, from out of body experiences, to angels, to the birth of the white buffalo, to UFO sightings and even natural investing. It makes it hard to know what spirituality actually is when applied to our professional practice. C. Sherlock, said that spirituality is “whatever is left over when the doctor, social worker, psychologist, community education officer or psychiatrist have had a go”, (*The Doctrine of Humanity*, Leicester: IVP, 1996; 222).

Complicating things even more, spirituality and religion are often muddled together. Definition of spirituality must first of all unravel these terms. Religion is from the Latin *religare*, meaning to “bind together”. It is the collective spiritual experience of a group of people into a system of beliefs and practices. Spirituality comes from the Latin *spiritualitas* meaning “breath”. It is understandable that given the vagueness of the term spirituality, it often gets bound to the term religion. However, the problem with blending the two terms is that we lose the ability to speak to society as a whole, which includes the non-religious one third of people. It is also not possible to expect the government to establish a discipline based on religion. Many of our Health Centres are already using the word spiritual or spirituality in their titles or their description of what they do. Therefore our profession must begin to define the concept.

### ***Exploring a societal shift***

A tour of the culture we live in provides some pointers to-

wards a definition. A license number on the back of a pickup truck says “Spirited cars – Spirited drivers”. On the anniversary of September 11<sup>th</sup>, *People* magazine tells stories that “celebrate the American spirit”. “We have chosen to tell the stories of people who have shown courage, selflessness and hope”. An urban Mental Health agency began a Healthy Heart group for the mentally ill in the inner city. They discovered that besides heart concerns people also had spiritual concerns such as fear of death, meaning in life, the purpose of their experience, and hope and hopelessness.

(*New Dimensions in Health Services*, 1998), the *Canadian Journal of Psychiatry* (April 2003) for the first time proposes a curriculum for psychiatric residents which includes religion and spirituality. That article quoted from King & Bushwick, a study which showed that 94% of inpatients believe spiritual help to be as important as physical health, and 77% wanted spiritual issues to be considered in their care. In a novel by Kathy Reichs called “*Death Du Jour*”, the main character's sister is attending a workshop on spirituality. She says, “I'm learning self-identity. I'm undergoing empowerment through spiritual awakening. I'm gaining internal peace through holistic health and heal-

ing”. (p.113)

The drive for our society's search for that something called spirituality appears to be connected to a sense of lifelessness. Dorothy Soelle in her book entitled “*Suffering*” talks about the post Christian world as being a world of apathy or non-suffering. She believes that society has repressed its pain and buried its suffering through medication, denial, desensing and desensitizing behaviour and therefore has lost its sense of vitality. “In the equilibrium of a suffering-free state the life curve flattens out completely so that even

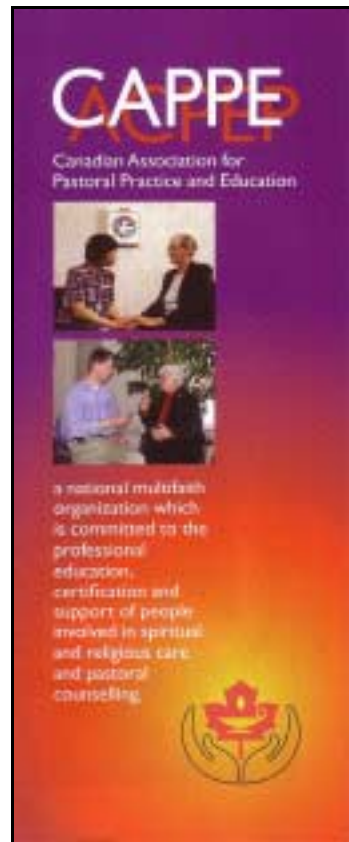


## Healing and Hope Campaign

Paul Benke

Exciting things have been happening in Pastoral Care at Red Deer Regional Hospital Centre. For the past two years the third floor, which had been undeveloped since the building was erected 22 years ago, has been completely finished and is now almost fully occupied. Included in this development is a new chapel and pastoral care offices. The funds for this part of the third floor came from "Healing and Hope", an intensive 20 month fund raising campaign initiated by the hospital foundation. Groups, businesses and individuals have very generously donated to help reach the goal of \$1.5 million which has almost been attained. Some of the funds raised will go towards the hiring of additional chaplains for the region.

The beautiful and peaceful chapel is a spot where patients, family members and staff from all faiths can go for services, sing-a-longs or to have some quiet moments. It is open all day, every day and since its opening many folks have spent time there in meditation and prayer. In addition to the chapel a meditative garden is now in the process of becoming a reality. Here patients and their families can find a place to get away from the hospital within the hospital. They can sit in one of several treed alcoves and visit or just relax and rejuvenate in this natural park-like area. The Meditative Peace Garden will be the first of its kind in Canada.



*The National CAPPE office has produced a new brochure that introduces readers to our organization's vision, membership services, professional practice, and educational programs. They can be ordered on-line through the office at: [www.cappe.org](http://www.cappe.org)*

## Waiting in the Wings: New Student Chaplains Joining the Ranks

*Condensed from the Daily Herald Tribune, Grande Prairie, October 24, 2003*

Peace Country Health's pastoral care team is growing again.

With its 13<sup>th</sup> annual Hospital Pastoral Care training Course now under way at the QEII Hospital, 10 new graduates will soon join ranks with the over 100 lay and clergy ministers who share on-call duties to provide spiritual care to hospital patients and their families through the health region (Health Region 8)

Lead by Peace Country Health's regional pastoral care director, Pastor Vern Begalke, the 10-week accredited course give student chaplains a solid foundation of knowledge and skill to help them meet the spiritual needs of sick and dying hospital patients and continuing care centre residents.

"Almost all the graduates who have taken the course are still active even after 13 years. Each new graduate goes out and amplifies the visits and pastoral care we are able to provide," Begalke says.

Student chaplains this year come from throughout the Peace Country.

"Most of our volunteers are already active in their communities with youth groups or Bible studies, but most trainees don't have much experience in a hospital setting. I help them find ways to be an insider in our hospital settings, rather than an outsider," says Begalke.

After becoming the first resident chaplain at the QEII Hospital in 1985, Begalke took on a new role as regional pastoral care director in 1995. Since

then, pastoral care has become a part of health care in PCH Hospitals throughout the region.

The Queen Elizabeth II Hospital has been certified as a Seminary Extension Centre and the Director as the Clinical Instructor by the Seminary Extension Department of the South Baptist Convention, Nashville, Tennessee.

The basic objective of this course is to increase the competency of lay and clergy visitors in providing pastoral care to hospitalized patients and to family members. It can be taken for credit or audited. Videotaped presentations have been prepared by the Seminary Extension Department under the direction of Dr. G. Wade Rowatt, Supervisor of Clinical Pastoral Education and Professor in Psychology of Religion.

## Leadership in Spiritual Care with Accountability *Neil Elford, Past President, CAPPE*

Leadership in spiritual care with accountability is the focused vision for CAPPE/ACPEP in the next 3 years. The Board adopted a 5-point implementation plan to help us realize this vision:

- ◆ creation of provincial colleges or associations in 3 provinces
- ◆ development of admission criteria and curriculum in S.P.E. programs
- ◆ champion soul care with an inter-faith dimension
- ◆ develop partnerships locally, regionally, nationally and internationally
- ◆ intentional investment policy – where do we place out resources of time, money and energy

At the historic EPIC conference in Toronto last January CAPPE/ACPEP entered a Council of Collaboration with 5 American Associations: the American Association of Pastoral Counselors, the Association of Professional Chaplains, the National Association of Jewish Chaplains, the National Association of Catholic Chaplains, and the Association for Clinical Pastoral Education for the purpose of developing a common Code of Ethics, Practice Standards and Education Standards. CAPPE/ACPEP members are involved in the 4 working groups and welcome your support:

**Education Standards Working Group - Tom Powell (ESC Chair), Teresa Murphy & Michael Chow (Certification Co-chairs)**

**Practice Standards Working Group** – Bill James-Abra (PPC Chair), Mary Dodge-Bovaird (Specialists Chair), Warren Litt (Professional Practice Standards Lead)

**Ethics Working Group** - Peter Barnes (Ethics Chair), Martin Rovers (Past Chair, Ethics), Toni Delabbio (Ethics, OCR)

**Leadership Support Working**

**Group** - Catherine Cornutt (President), Jody Clarke (Treasurer), Dale Johnson (President Elect)

The first draft of the common standards is expected by July 2004 and a final draft for November 2004.

Initiatives to begin the establishment of Provincial Colleges across the country started in September with CAPPE/ACPEP Nova Scotia registering as an association with the government. A provincially-based group is supported by the National Board in moving this agenda forward. Discussions are being held with the Board about a variety of levels of certification and the scope of practice that would be defined for each level of certification.

These are important decisions that enable pastoral care and counselling clinicians and educators across the country to be recognized as registered health professions, and certified to practice within a defined scope of practice. Thanks to all of our members who have submitted comments about the Standards of Practice that will be submitted to the AGM at Convention 2004 - "Discovering Soul in Our Organization", February 5-7, 2004 at Château Cartier, Gatineau (Near Ottawa). Registrations are now in members hands and available on the CAPPE/ACPEP web site.

There have been no changes in Membership Fees since 1999, with the exception of the Specialists fees with the restructuring of membership categories. To remain fiscally responsible (have had 4 years of balanced budgets, a change from 7 previous years of deficit budgets), to cover the increase in costs to the *Journal of Pastoral Care and Counseling* and to cover the costs of leadership in public arenas (e.g. nego-

tiations with provincial and federal governments bodies) membership fees will increase in 2004 by \$20.00 (\$10.00 for retired members). The Financial Statements and Budget of National CAPPE/ACPEP are posted on the web site, and regional statements will be posted starting in 2004.

Nominations are currently being received for positions on the National Board and Commissions: Secretary, Professional Practice Commission Chair & Vice Chair, Education Standards Commission Chair, National Ethics Committee Vice Chair and for the Verda Rochon Award for Distinguished Service. Please submit names to Neil Elford, Past President.



So what is CAPPE/ACPEP doing for me as a member? Take a look:

- ◆ Representing me in public arenas
- ◆ International professional standards of practice, education & ethics - professional certifying association
- ◆ Providing leadership in spiritual care in Canada from an interfaith perspective
- ◆ Professional credibility in interdisciplinary discussions
- ◆ Mutually accountable network of professionals in the fields of pastoral care & pastoral counseling

Much is happening for the betterment of professionalism in Pastoral Care and Pastoral Counseling in Canada. Keep your eye on the web site for developments and feel free to provide suggestions and encouragement to our colleagues who are providing leadership in these exciting times!!

## And Now, A Few Words From Your Co-Chairs cont...

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perience at the UAH. I did my CPE residency in 1998 and following this I was mandated by the Archdiocese of Edmonton to serve the Roman Catholic population in the hospital. After responding to the pager for the last 2 ½ years, it was a pleasure to become a member of the pastoral care team again. Then I also have the pleasure of sitting on the executive of the leadership team for the local community of the Missionary Oblates of Mary Immaculate, on a board managing Placid Foundation and to minister to the French community at Saint Joachim's parish. After all this, I still seem to find some time to enjoy a nice meal with my friends and even go to the occasional movie. So let me know if you want to go out one evening we'll see when we can go out and get to know each other a little more.



André Vincelette

As Paul was not able to attend AGM in Banff due to denominational commitments, André presented on behalf of both of us. He highlighted three goals for our time as Co-chairs. First, we'd appreciate opportunities to get to know you, the members of ARCAPPE, better. What is it like for you to be a spiritual/pastoral caregiver/chaplain/counselor/supervisor/student where you are? What are the professional issues that are important to you or are significant in your particular region of the province? Do you have ideas or suggestions about how ARCAPPE could better be a

resource for you? We'd be glad to hear from you, to meet with you, even to visit you in your workplace.

Second, both of us acknowledge a vested interest in the evolving status of spiritual caregiving/counseling as a profession in Alberta, particularly in health-care. Explorations in this area are already underway in other regions across the country (see the most recent issue of *Communique* for an update) and have begun here, as well. Case Vink, our Professional Practice Chair, is spearheading the Alberta initiative after your motion of support at the AGM. Contact him or either of us if you want to help or if you have ideas, questions or comments.

Paul Bergun



The third goal is tied to both the others. Spiritual/pastoral care is becoming more visible in the media, even getting to the front page with news of Bibles in hospitals. The soon-to-be-opened provincial health web-page will include a section on spiritual care and health. We are interested in exploring how ARCAPPE can become one of the voices that is regularly consulted when information and issues concerning our profession are brought into the public domain by the media. How exactly we can do that is not clear to either of us, but perhaps you have ideas.

We consider it a privilege to be able to work with and for you in the coming year. Please don't hesitate to contact us – email, voice-mail, snail mail, whatever works best for you. We'd love to hear from you.

André & Paul

## Masters of Arts in Pastoral Psychology Program Update, *St. Stephen's College*

*Kristine Lund*

In 1998 St. Stephen's College in Edmonton, began offering the Masters of Arts in Pastoral Psychology and Counselling. This degree was developed in response to a widely felt need in the community for a formal graduate counselling program that integrates psychology and spirituality. The degree has been designed for those who see counselling as ministry. The intent of the program is to graduate students who are well rounded academically, who have achieved a significant degree of experiential, personal, and spiritual integration and who are able to translate this into effective clinical practise.

On October 20, 2003 at the 79th Convocation of St. Stephen's College the following persons were granted the MAPPCC degree:

**GARTH BOGART** is a United Church Minister, serving a three-point rural pastoral charge at Big Valley, Erskine, Botha, in co-ministry with his wife, also a United Church Minister. His Thesis is entitled *What Do Clergy Need to Do to Counsel?*

**JEANNETTE BOULET** is a member of St. Michael-Resurrection Roman Catholic parish in Edmonton, Alberta. Her thesis is a convergence of an assumption of need for a ministry of pastoral counselling in parishes, theological and psychological support for

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## Masters of Arts in Pastoral Psychology Program Update, cont...

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this assumption, and a field study with pastors and front-line parish workers in the Archdiocese of Edmonton, and is entitled *Pastoral Counselling in Catholic Parish Communities*.

**ORLANDO FARIAS** came to Canada from Chile twenty-seven years ago. He is currently maintaining a practice out of the Redemptorist Centre for Growth specializing in counselling with people who have immigrated to Canada. His Thesis is entitled *The Power of Forgiveness in the Personal Healing Process for Victims of Violent Traumatic Events: A Qualitative Study*.

**NICOLE IMGRUND** is a candidate for Ordained Ministry in The United Church of Canada. She is currently completing an internship at Mill Woods United Church, and is also in the process of completing the Master of Divinity program at St. Andrew's College. Her Thesis is entitled *Abortion: The Journey Towards Healing*.

**KATHLEEN JOHNSTON** operates KJ Consulting Services (Training, Coaching, and Counselling) in Edmonton, Alberta. Her Thesis is entitled *Ordinary Women - Extraordinary Lives: The Experience of Being a High Achieving Professional Woman*.

**CARMEN PERSON** currently works at Augustana University College in Camrose as an Academic Advisor. She also facilitates a support group for women who are victims of violence, and is a Research Assistant in the faculty of Nursing at the University of Alberta. Her Thesis is entitled *Terminal Cancer and the Reconciliation Experience*.

**FAYE SCHWAB** is deeply committed to working with psychologically wounded people in an effort to restore them to their own souls. She works as a Family Wellness Worker in the town of Bashaw, where she has recently moved. Her Thesis is entitled *How am I Able to Love You? A Qualitative Study on the Impact of Early, Female, Childhood Sexual Abuse on Adult Couple Relationships*.

**KAREN TAYLOR'S** Thesis, *Connection and Wholeness*, is a qualitative research project that explores the phenomenon of healing experiences of connectivity in grieving persons. She stands within the Roman Catholic tradition, and currently resides in Leduc, Alberta.

**PAUL WISHART** is President of Spirituality Research Institute (Sri) Inc., and works as a Grounded Theory researcher and systemic narrative therapist. He is a member of The United Church of Canada. His Thesis is entitled *Spirituality and Exploratory Grounded Theory Research: A Match Made in Heaven*.



## Fred James 1936–2003

forwarded by John Carr

Fred was Director of Training at the Pastoral Institute of Edmonton from Fall 1976 through Spring 1989.

Fredrick James was born on November 29 1936 in Chatham Ontario. He died on August 20, 2003 in Burnaby B.C. Fred was surrounded by those he loved as he passed peacefully from this life on a beautiful afternoon. His fellow musicians will remember his passion for organ music and his joy in sharing it with others. Fred lived a rich, spiritual life and we



This picture is from a CD that Fred completed a few months prior to his death.

are very grateful to the caring staff at the Burnaby General Hospital Palliative Care Unit for their physical and pastoral support. Fred will be deeply missed by friends and family on Galiano Island, in New Westminster, Alberta and Ontario. He is survived by Mavis Clark, Mary Lobsinger, his children Jan and Tim, and his brothers Edward and Howard.



3rd North American Multidisciplinary Conference

**SPIRITUALITY AND HEALTH**

**May 27-29, 2004**

For more information visit their Website at:

<http://www.cme.ucalgary.ca/courses/8100343.html>



## Traveling in India cont...

(Continued from page 1)

backwaters) around the southern tip (although we didn't go down to the very southern tip), and back up to Madurai and Madras, thence across the middle (mostly by train) through Vellore, Bangalore, and Hopset and back to Mumbai. We left Mumbai for home early in the morning on 19 August.

During our journey --

- We saw ancient temples and mosques (some in active use, some not), ancient palaces, the Taj Mahal, and historic Christian churches.
- We experienced the major cities teeming with people crowded in together and saw the primitive way of life in the villages.
- We saw Mother Teresa's work with the abandoned elderly/infirm and the children in Calcutta and also visited the mother house where she is entombed.
- We visited a psychiatric hospital, a couple of Christian hospitals, and a hospital funded by a Hindu guru named Sri Sai Baba.
- We visited three Christian counselling centres and a Christian social service agency.
- We also visited two church-sponsored de-addiction (addiction rehabilitation) centres.
- And we visited two seminars and experienced some Christian worship services.

I was somewhat disappointed that counselling services are still so very primitive. Transactional Analysis seemed to be the primary theoretical base, although there is some influence of the British Object Relations school. I did not experience an integration into the fabric of the Indian culture, although my experience was quite limited. In some instances, it seemed to me that people were confusing evangelism and therapy/social service (a heritage of the 19<sup>th</sup> and 20<sup>th</sup> century Christian Missionary movement and the British occupation).

It was really interesting to explore the ancient religions of India (Mar Thoma Christianity, Hinduism, Buddhism, Jainism, Parseeism, Islam, Sikhism, although not so much the last two). The guides who showed us the temples and other historic sites were mostly very knowledgeable. One had a Ph.D. in Hindu Studies.

I was really touched quite deeply by the experience of see-

ing the work begun by Mother Teresa -- a mixture of anger (that so much of the caring for the "least of these" was being done by non-Indians, some short-term volunteers and some who have committed their lives to caring for the abandoned elderly/infirm and the children) and admiration (for the dedication of the Indian and non-Indian volunteers and staff).

At Vellore, there is a Christian Medical Centre and College that was founded to serve the needs of women's health. It now serves people from all over India. Even there, funding is so limited that some people cannot be treated because the cost is so great (e.g. 100,000 rupees for chemotherapy), and the best that can be offered is palliative care. An American Lutheran pastor who is also a nurse (with some CPE) has been charged with the task of developing the palliative care program. As many as 40,000 people are on the hospital/college campus on weekdays.

A few Indians have been trained as CPE Supervisors (and several North American Supervisors

have gone to India on short-term contracts to do units) and one Pastoral Counsellor has begun working out some kind of certification equivalency with AAPC.

Nevertheless, there is very little coherence among those who promote pastoral clinical service and learning. At the moment, there is no full-fledged CPE, although we found 3 programs that make use of some of the principles of CPE. These are characterized as counsellor training programs, i.e. using "counsellor" in a very generic sense.



I am still not certain quite what to make of Sri Sai Baba's institution (in the Bangalore suburbs). It purports to provide world-class cardio and neurological diagnosis and treatment free of charge to whoever shows up. Its is built in the style of a temple, with pictures of Sai Baba everywhere. Obviously, it is rendering a very important service. But that service is offered in a very different way than the care offered in Mother Teresa's centres in Calcutta.

Gandhi House in Bombay was a highlight. It was quite moving to see his things still in place in his bedroom, and to wander through the other rooms and experience the display of archival and reconstructed material.

Adjustment to the constant travel and heat, and to the highly spiced food was difficult. I could not tolerate the latter, but there was usually something Western available, except on

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## *Towards a Definition of Spirituality cont...*

*(Continued from page 2)*

joy and happiness can no longer be experienced intensely.” (Dorothy Soelle, Suffering; Philadelphia: Fortress Press; p. 39). The editor of a Christian magazine called “The Banner”, traveled throughout the United States into every type of Christian community in order to discover what the greatest spiritual challenge is for people. The answer he came to was complacency, a need to breathe more life into the hard questions of faith (The Banner, April 2003). Rush Limbaugh's addiction to pain killers is not an anomaly. Use of pain medication is up 500% in the last five years. The CTV program, W5, ran a special program on the growing devastation of depression (October 4<sup>th</sup>, 2003). Depression was described as “not an illness of mood but of sensory deprivation”. “The tuning fork of your heart doesn't resonate any more”. It appears then that there is a growing sense of lifelessness in our world, an inner flatness, and apathy.

This has resulted in an increasing search for stimulation, a drive to feel alive again. That W5 special on depression reported that there has been a 60% increase in the use of anti depression medication in the last five years. An ad in Canadian Living (October 2002) for the Dominican Republic is selling the gift of life. “Here you will get the feel of life and peace, a land of sensations.” Reality TV tries to sell us more real life stimulation. People actually eat bugs yet the viewer never tastes them. Michelle Conlin, editor for culture and workplace issues for Business Week (Michelle Conlin “America's Reality-TV Addiction”; BW Online, January 30, 2003) reports that critics of reality TV call the shows “weapons of mass distraction” causing us to become dumber, fatter and more disengaged from ourselves and society. She believes that we are substituting an obsession with a contrived reality for attention to the all too scary global one. Spokane Television News reported on May 9<sup>th</sup>, 2003 that student fight clubs were being formed in Spo-

kane. Teens could pay admission to see two or more of their peers fight each other in someone's home. A New level of reality experience. What kind of stimulation do we need to feel alive? One of the more recent recreational drugs is called “Ecstasy”. On TV we watch people eat real bugs in a test of courage and endurance. Perhaps it is in our search for life, that many to seek out CPE or Clinical Pastoral Education and Pastoral Counseling Education programs after “successful” careers. Are we the world of the walking dead? Is the search for spirituality a quest to recapture what it means to really live?

### **The Search to be Alive**

General Motors ran an Ad campaign called “Born to be Alive”. An SUV racing through beautiful mountain roads is followed by the tantalizing question “What if it can make you feel alive?”. You can now hire a life coach to help you move forward with the intention to live the life of your dreams and to claim your power in living a life with meaning ([www.coachpotatoes.ca](http://www.coachpotatoes.ca)). In the James Bond movie “The World is not Enough”, the female protagonist, Electra, has James Bond tied up. She explains to him that she lives on the edge because “what's the point of living if you can't feel alive?” But are these ways really ways to truly feel alive?

Ruth Tanyi, did a concept analysis study of the term spirituality spanning the past thirty years. She discovered the universality of the phenomenon of spirituality and identified a number of key aspects. They included “search for meaning, wholeness, peace, individuality, harmony, a way of being, an energizing force for actualization, and a meaningful and extensive way of knowing the world”. She then defined spirituality as “a personal search for meaning and purpose in life, which may or may not be related to religion. It entails connection to self-chosen or religious beliefs, values and practices that give meaning to life, thereby inspiring and motivating individuals to achieve their optimal being. This connection brings faith, hope, peace

and empowerment. There is also our joy, forgiveness of oneself and others, awareness and acceptance of hardships and mortality, a heightened sense of physical and emotional well being, and the ability to transcend beyond the infirmities of existence”. Ruth A. Tanyi, Journal of Advanced Nursing, (39; 5; Pg. 500-509). A research article in the Journal of Holistic Nursing (March 1999) studied the spirituality of patients recovering from an acute M.I. It describes spirituality as a life-giving force, which is involved in developing faith, discovering meaning and purpose, and giving the gift of self. It provided inner strength, comfort, peace, wellness, wholeness, and enhanced coping. My own Doctoral research aimed to discover how patients facing hospitalization for surgery experienced the care of Pastoral/Spiritual care givers. They spoke with excitement about such things as companionship, soothing or calming, authentic interest, hope, joy, intimacy in connection, and the power of simple conversation.

My ongoing reflection on my Doctoral work combined with input from many different places have given me my own sense of some of the things that the human spirit is about. These include joy and sorrow, hope and despair, courage and fear, faith/trust and distrust, peace and turmoil, intimacy (being known) and misunderstanding, connection (belonging) and isolation, acceptance and rejection, the ideal/the good and the evil, meaning/purpose and meaninglessness/chaos. I believe that living some of these to the fullest can make us feel truly alive in our living. Do they resonate with what it means to you to be truly alive?

I do not claim that my sense of the essence of life is complete. For in my Christian theology, the Spirit of God is breath. The breath of God is the life of the world. It animates us and yet it remains mysterious. It remains a vibrant secret of the Divine that I can only glimpse at for the spirit is free to

*(Continued on page 9)*

## Breathing New Life into Faith-based Health Care

*Spirituality in the Organization*

**2004 Conference**  
*Banff Park Lodge, Banff, Alberta*

**January 14-16, 2003**

*Lutheran Health Care Association of  
Canada*

For more information go to:  
[www.christlutheranchurch.mb.ca/  
annual\\_conference.htm](http://www.christlutheranchurch.mb.ca/annual_conference.htm)

ALBERTA REGION OF  
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Please send any news items or articles you would like to have included in the next newsletter to the editor:

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### *Traveling in India cont...*

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the trains. Alberta Health's Edmonton Travel Centre had provided me with good information about staying healthy, along with appropriate inoculations and prescriptions for Cipro (to deal with dysentery) and antimalarial medication. Mostly, my 65-year-old body was able to tolerate the physical stress of the travel -- although I had to forgo visiting a couple of archaeological sites one very hot afternoon (the van in which we were travelling was parked in the shade, and I just had a good solid nap).

The trip was not a vacation -- certainly not a rest -- but it was a remarkable opportunity both to get outside of myself and inside myself. Doing it with colleagues committed to care and experienced in pastoral care, counselling/psychotherapy, and education was a huge bonus. I encourage anyone who has any inkling that India calls to allow that message to percolate through their being and, when the time is right and the opportunity offers itself, to grab it.

### *Towards a Definition of Spirituality cont...*

*(Continued from page 8)*

move and to energize. As the voices of my patients wash over me there is a profound simplicity that is revealed about life and the human spirit. How ordinary to hear about caring, showing interest, laughing, being sensitive, taking the time, just being there, calming, being believed, having someone know what you are going through, having hope to keep going, being treated as a person, just a hand reaching out, connecting with the Divine. And yet as I hear them, I also hear these things warm my own heart. Having these things, I feel alive. Losing them leaves me longing.

Perhaps in being Spiritual care-givers, we bring some of these life's essentials. You will find no simple definition of spirituality here. But perhaps, by taking you to these many places, you have been able to ponder about the spirit within you and what it means to be truly alive.