

June 2007

Spiritual Care

“Spiritual Care and Children”

Just Practising
Page 4

Sites for Sore Eyes
Page 6

In This Moment
Page 7

Standing on Holy Ground
Page 14

A Service of Blessing
Page 17

Child Life Specialists
Page 19

Grace Comes in
Her Own Time
Page 25

CAPPE News
Page 35

Spiritual Care
in The RHAs
Page 38

Directory
Page 40

And Much More!

A Little Child Shall Lead Them

by Laure Salo

The chubby 14 month old toddler was lurching toward the huge old willow tree, when he suddenly stopped, and stood, unsteadily, his bright eyes gazing intently at the enormous, aged tree trunk in front of him. He seemed to be in awe of the huge size, the rounded shape, and the deep, dark grooves carved into the gnarled, brownish grey wood. His tiny fat hand, dwarfed by the trunk, reached out gently, tentatively, carefully testing the rough surface. More bravely curious now, he placed his little rosebud mouth on to it, as if to kiss, or perhaps to taste, or maybe, to smell his new discovery. He stayed still there, in wonder and awe. He seemed to just *be with* the tree. Witnessing that sacred time in his life, caused me to become more reverently aware of my own surroundings; being still, really seeing each tree, each plant, each individual flower, with a renewed sense of wonder, curiosity, awe, and reverence. *“Unless you become as a little child...”*

When I was preparing for school spring concerts with kindergarten to grade six pupils, we decided to compose our own songs about what *The Teacher* meant when teaching the beatitudes, and the ten commandments. I marveled at the direct simplicity, the natural, unaffected, uncomplicated ideas the children expressed. Without guile, and no "learned" theology, (though perhaps some of their thoughts were somewhat naive) they seemed to honestly get to the plain, practical applications of the teaching. They were aware that they weren't always able to "fix" situations, however. For example, they knew when a tongue was stuck - frozen to a metal flag pole...

*“I’m so small; what can I do?
I can care enough to cry with you;
Care enough to sigh with you;
Care enough to be with you;
And give you a great big hug”.**

** Refrain from the musical “The Beatitudes”, composed by Laure Salo.*

Continued on Page 3

Spiritual Care Newsletter

Welcome to Spiritual Care, a newsletter for Spiritual Care Providers across Manitoba.

The Newsletter Editorial Committee always welcomes your feedback. Comments on this issue, reflective responses to any of the articles or contents, letters to the editor, etc, will be gladly received and may be printed in the next edition.

This time, we particularly invite reflections on spiritual care and children from the viewpoint of persons, perspectives, groups, or communities not represented in the current edition. We will be glad to keep the dialogue and learning going !

Send comments to Erica Block at eblock@sogh.mb.ca

The Spiritual Care Newsletter is developed by a committee of advisors working in the field of spiritual care:

Ina Baas-Penner
Joanne Biggs
Erica Block
Brenda Brand
Timothy Fenlon
Larry Hirst
Doug Longstaffe
Norman Meade
Helen Mikolajewski
Laure Salo
Joel Simpson

If you have comments on this newsletter, please contact:

Erica Block
Seven Oaks General Hospital
2300 McPhillips Street
Winnipeg, MB R2V 3M3
Phone: (204) 623-3431
Email: eblock@sogh.mb.ca

Mailing List

To add or remove your name, contact:

Laure Salo
Phone: (204) 254-7958
Email: billaure@shaw.ca

Please type "Spiritual Care Newsletter" in the email subject line.

To access past editions of the Spiritual Care Newsletter:

Go to www.cappe.org and follow the links:

Resources >
Newsletters >
Manitoba

We are keenly aware that the old proverb is true:

"Wherever there is no vision the people perish."

Herein is our intention to spell out a renewed vision of Spiritual Care, and to offer some ways of fulfilling that vision.

Mission Statement

"The Spiritual Care Newsletter is a vehicle to promote intentional spiritual dialogue contributing to our communal search for holistic health and healing."

Intention

This mission is carried out by providing information, fostering collegiality within and amongst disciplines, affirming the provision of professional care, and connecting persons in all regions of Manitoba.

The content of articles in Spiritual Care newsletter does not necessarily reflect the views of the Editorial Committee or Manitoba Health.

Vision

The Newsletter will:

- Offer a format that is fluid, organically relevant, and open
- Provide a format for the exploration of issues of access and barriers to care for marginalized people and communities
- Promote and reclaim the spirituality of wholeness and healing
- Include all disciplines
- Encourage diverse and complementary approaches
- Dialogue with other fields of Spiritual Care: prisons, schools, etc.

A Little Child

Continued from Page 1

Isn't that Spiritual Care in a very ordinary, pragmatic sense? We offer spiritual care to children all the while reminded to become more full of wonder, more simple, natural, unpretentious, unaffected, appreciative, curious, awed, reverent, authentic, spontaneous.

While we think our offspring should remain undefiled, innocent and protected, we see and hear the heart-breaking stories of many afflicted, distressed children: *"He said it was ok to go ahead and try it." "I just took meth once." "How else could I make the money I needed?" "I just had to get away from home."* How do we, as spiritual care givers presume to approach these unthinkable, horrendous challenges facing our vulnerable, precious young people?

We know the offerings in this newsletter, written by these brave, esteemed, care givers, whose passion and call it is to *"care enough to cry with... sigh with ...be with ... and hold"* our treasured children, will examine/explore some of the experiences and learning situations the writers have had, and some of the discoveries made, about spiritual care and children. We trust you will benefit from the experiences described in these articles.

Perhaps you have some experiences you might like to offer to all of us too - some wisdom that has been gifted to you through your experience with children. Your responses are welcomed and appreciated.

Laure Salo, is one of the chaplains at St. Boniface General Hospital. Musicals, appropriate for elementary school children, composed by Laure and the children, are available from billaure@shaw.ca.

When A Child...

by Karen E. Toole

I was paged to come and offer baptism for a family who had just lost their baby. The little boy was full-term, but shortly after birth he began to experience breathing difficulties. I rushed to the room.

When I entered, the room was full. Both sets of grandparents were there, along with the mother and father of the baby. With them was a little girl who looked to be about four years old. She obviously would have been this little boy's older sister.

Obviously the family was in great emotional distress. We proceeded with the baptism, offering what care was possible through the words and ritual.

After the baptism, each person took a turn holding this perfectly formed, but now life-less little body in their arms. One of the grandmothers gently called the little girl up on Mom's bed, and she placed the little boy in the big sister's arms.

As the girl cradled her little brother she smiled into his face, and gently began to touch his closed eyes. The grandmother spoke softly to her saying, "He can't open them sweet heart."

The little girl smiled up into her grandmother's face and said strongly and yet gently "I know he can't open them here. But he will be able to open them when he gets to where he is going."

In that moment the entire room was in tears and in that moment the real baptism of love occurred.

Karen Toole is a Spiritual Care Specialist at Health Sciences Centre in Winnipeg. In addition to providing patient care, she coordinates the educational program offered through the Spiritual Care Department at HSC: "Spiritual Diversity: Hope and Healing". She can be reached at ktoole@hsc.mb.ca.

A group of professionals posed this questions to a number of 4-8 year olds, "What does love mean?"

"Love is when you kiss all the time. Then when you get tired of kissing, you still want to be together and you talk more. My Mommy and Daddy are like that . They look gross when they kiss."

Emily-age 8

"When my grandmother got arthritis, she couldn't bend over and paint her toenails anymore. So my grandfather does it for her all the time, even when his hands got arthritis too. That's love."

Rebecca-age 8

The column focuses on matters of practical interest to Spiritual Care Practitioners, with reference to either their clinical practice, or systemic factors in the workplace. It approaches this quarter's theme of providing spiritual care to children, from the perspective of age appropriate intervention.

The writer, Doug Longstaffe, M.Div. S.T.M. is a CAPPE Specialist and Provisional Supervisor in Institutional Ministry. Doug is the Director of Spiritual Care for Seven Oaks General Hospital in Winnipeg, Manitoba, and also operates a part time private counseling practice. He may be reached at dlongstaffe@sogh.mb.ca

Redirecting Magical Thinking

The younger a child is, the greater his/her degree of magical thinking. It is important for Spiritual Care Practitioners to be familiar with this concept. We can explore this through the example of a Sam a 7 year old whose 14 and 17 year old brothers died in a tragic car accident (details altered to preserve anonymity).

Sam is left as the only child and after a few months his parents, who have separated since the accident, notice that he does not seem like the same child. Although formerly very interactive, he has become more withdrawn and exceedingly serious. He does not openly blame himself for the deaths as children have been known to do, but he is obviously anxious.

Sam is aware of a strong need inside himself to protect the members of his family who are still alive. Secretly he is developing thoughts of how he can protect them. When he was first told that his brother had been in a car accident and was in hospital, Sam's response was that they should let him go down to the hospital and he would "fight the germs out".

A week before the accident, Sam did not have the need to protect his family. He thought like most 7 year olds that his parents could keep everyone safe. However, after the accident this belief was sorely challenged by the deaths and the separation. It was just too terribly frightening for Sam to contemplate a random event world, where no one including his parents, had any control over death. If the world was not within the control of his parents, then such loss could

occur again without warning. Sam needed a way to believe such a tragedy would not strike again. After all, next time it could be him or one of his parents. A child cannot stand the thought that the world is so out of control. Better to believe that through magical thinking somehow you yourself can protect your own family even if such a belief comes at the price of bearing the responsibility. But how do you protect them?

Protection comes through magical thinking. Some children like Sam develop small compulsive rituals. Sam's particular compulsion was turning light switches on and off multiple times. For example, he would turn his bedroom light on and off multiple times until he felt he had just the right thought of his family being safe before going to sleep. This was how he protected them. In this way, Sam had at least the illusion of control.

We see cultural examples of similar thinking in superstitious songs that children may sing. For example, do you remember chanting "don't step on a crack or you'll break your mother's back". Or as an adult, how often have you received an email threatening you with some terrible bad luck if you do not pass on a certain prayer or poem etc. Magical thinking is actually quite prevalent to some degree with many adults.

The thing is, while we hope adults will outgrow magical thinking, we cannot in all fairness have the same expectation of children, for whom it is age appropriate. So how can a spiritual care practitioner help? The answer is to be found at the core of our clinical education. That is to work within the world view of the patient or client to help them move towards a healthier understanding of that which is appropriate for them.

In this case, the question is; what is appropriate for this stage of development? If we do not consider this adequately, we may find ourselves actually doing some harm. For example, it is wise not to seek to extinguish a compulsive behavior if we have nothing better to put in its place. Trying to "argue some sense" into little Sam would not be wise. Magical thinking is not a problem for a seven year old but how the child uses such magical thinking can be problematic.

Continued on next page

Continued from previous page

We need to address the issue underlying the compulsive repetitive behaviors, but in a way that empowers the child and addresses his need for control.

We do this, by entering into a spiritual/ religious interpretation of the events, in a manner that frees the child from unreasonable responsibility, while maintaining his sense that he can still do something to help protect his family.

Sam has an intense need to feel safe. Because he is from a nominally Christian home we may be able to address his need for security by assuring him that there is someone in control of those things beyond his parents' power. We may be able to emphasize that God is called our father or our parent. In this way we redirect the responsibility he is shouldering back onto God.

Sam also has a need to protect. We may be able to suggest prayer as a replacement for his compulsive ritual behavior so that he can still feel that he can participate in his family's protection by expressing his desires to God. Such an approach is not in opposition to Sam's magical thinking. It is simply redirecting it in a healthier way.

Through the above redirections, Sam develops an age appropriate version of the world view held by his parents and the family's spiritual community. As a result of this shift, Sam is no longer isolated. If another tragedy does occur, he can now share openly. In this way, he can ask his parents how such a thing could happen if God is in control. This is much better than dealing with it in isolation and potentially blaming himself.

Finally, we cannot answer all Sam's questions any more than we can answer all our own. But in ministering to him in this way, we have placed him in a much better position from which to cope. If we had not addressed issues of control with him on terms with which he could relate we would not have been nearly as helpful and we might have made things worse. Of course there are many other needs that one could explore with Sam with respect to grieving, and possibly feelings of guilt but space will not permit.

Anyone who has ever received a gift is aware of the importance of both the giver and the receiver. The gift is often selected after careful consideration of the one who shall receive it. The one who receives the gift is affected by the love of the one who has given and receives in an attitude of thankfulness.

In the Aboriginal tradition, children are seen as gifts of the Creator, to be treated with respect and care and love. All of who that child is to become is wrapped within. It is the responsibility of the nuclear and extended family to nurture the child and help him or her grow in a positive way.

In its Manual, "*In the Spirit of the Family*," the National Native Association of Treatment Directors explains there are four stages of family development in the Aboriginal tradition—infancy/childhood, young adulthood, adulthood and old age. Traditionally, these stages form the Circle of Life. Children were given freedom to experience the full realm of childhood and were highly valued. Infancy was considered the most important time in a person's life, as this is the time when the values and identity are shaped.

In the tradition, Aboriginal parents were counselled about their role as parents by the Elders and spiritual leaders in the community. Many Aboriginal people believed infants and children were so close to the Creator that they walked with one foot in the spirit world.

It was the responsibility of all adults and older siblings as extended family to act as teachers for younger children. Traditionally, grandparents took a more active role at this stage of a child's life. Elders were seen as role models for all those younger than themselves and were directly responsible for passing on traditional teachings (values, cultural and spiritual) through storytelling and ritual. Teaching was very informal.

Practical survival skills on the land were taught at this age and were learned by role modelling. Language was believed to have a certain power and the child was given an Aboriginal name, as it was believed names carried a certain power.

Continued on next page

Continued from previous page

Among the life teachings and application was the learning of respect—respect for Mother Earth, respect for Elders and those around you and respect especially for those who are different from yourself, such as other races, white, yellow and black.

Traditionally, there were three tasks for childhood—to utilize play to become a facilitator of joy and provider of humour for the family unit and to take on more responsibility. By caring for younger siblings, for example, the child learned the very basics of parenting skills needed later in life. Role modelling in the community was important in the formation of young children. If the traditional way of viewing the child as gift of the Creator happened, the child grew with a sense of love and respect and self-confidence. The child learned through rituals and ceremony about the importance of the relationship with the Creator and the Creation, Mother Earth. The child who grew up in this manner became a leader and role model for others.

The Aboriginal way of life was disrupted through the process of colonization. The Government of Canada and various churches cooperated in operating Residential Schools that were designed to assimilate Aboriginal people into mainstream European values. Children were removed, sometimes forcibly, from their homes on reserves and placed in the schools, some of which were great distances away. At the schools, Aboriginal children were not allowed to speak their language or associate with siblings in many cases. No Aboriginal spirituality was tolerated. In many of the schools, children were abused, sexually, physically, emotionally and spiritually.

As a result, Aboriginal children grew up without their extended community, and without the teaching and role modelling of Elders and extended family. A sense of deep loss and confusion took root, and alcoholism and drug abuse took their toll. Today, many Aboriginal adults are lost.

Healing comes when we encourage Aboriginal people to re-learn their language and the teachings of their traditions. Healing comes when children are once again treated with respect and seen as gifts of the Creator. Healing comes when all cultures learn to respect each other.

The Rev. Canon Murray Still serves as Executive Director and Aboriginal Mission Developer (AMD) for the Rupert's Land Circle and Rupert's Land Wechetowin Incorporated (RLWI). The RLWI, an Anglican-based agency, provides spiritual care and advocacy to transient Aboriginal people who come to Winnipeg from rural reserves and communities for health care, education etc. The AMD and volunteers visit hospitals, PCHs, boarding and receiving homes and provide a wide range of services, including a restorative justice circle. A weekly sharing circle is offered at Riverview Health Centre weekly.

*Canon Still has served as Anglican priest for 17 years and is located at St. John's Anglican Cathedral, 135 Anderson Ave. He would love to hear from you. To refer or contact AMD call 582-1030 or 803-4715 (cell).
Email: stjohscamd@mtsm.net*

A group of professionals posed this question to a number of 4-8 year olds, "What does love mean?"

"During my piano recital, I was on the stage and I was scared. I looked at all the people watching me and saw my daddy waving and smiling. He was the only one doing that. I wasn't scared anymore."

Cindy- age 8

Sites for Sore Eyes

When Clergy or Chaplain Might be Called by a Medical Personnel

<http://jco.ascopubs.org/cgi/content/full/22/23/4856>

An Abstract of a Death of a Child in Emergency

<http://pediatrics.aappublications.org/cgi/content/full/115/5/1432>

Hospital Chaplains Help Patients of All Persuasions Muster Their Spiritual Resources

<http://www.mmaonline.net/publications/MNMed2002/December/Maas.html>

Parenting Strategies for a Peaceful Death

http://www.pbs.org/opb/childrenshospital/parents/pop/pop-ts_peaceful.htm?500

- compiled by Timothy Fenlon

A Meditation On The Presence of the Therapeutic Clown

*When the heart is open
And the mind is still,
When our attention is
Fully in this moment,
The world becomes
Undivided for us
And we know
What to do.*

Frank Ostaseski

*"I would say you are
child whisperers,"*

Jan Henderson, Clown
and Clown Educator after hearing a description of the
work of therapeutic clowns.

The six- year old girl has just been told that there is no further treatment for her, that the illness will not be cured. A half an hour later, the unit child life specialist brings Hubert, the therapeutic clown, to her room. The girl has known the clown since her initial diagnosis and has had many visits and play times with him. Upon first seeing her old friend she declares: "Oh Hubert, I'm going to die!" The clown is genuinely saddened by this news. Hubert moves towards her, she opens her arms and they hug. They hug for sometime until the girl slowly relaxes her hold and says, "Let's play!" Hubert gestures to his props and she says "Bubbles. Let's do bubbles." The bubbles come out and they spent the next forty-five minutes in child directed play.

In the above interaction, the therapeutic clown meets the child in their emotional and spiritual state. As a fellow pilgrim on the journey of life, the therapeutic clown resists the temptation to fix the child's broken spirit/heart (to make them happy or distract them from their circumstances) instead choosing to validate the child's feelings by acknowledging them and entering into that emotional state with her. Hubert empowers the child by following the child's lead and entering into the spirit of play when and as directed by the child.

The therapeutic clown program, and in fact therapeutic clowning in Canada itself, began at Winnipeg Children's Hospital in May of 1986 when Karen Ridd a professional clown brought her idea to the Child Life Department.

The idea was to unleash a clown with therapeutic intent into a children's hospital. With the help of Ruth Kettner and Renee Ethans, the idea was developed into a child life program serving the department's objective of providing relief for the stress and anxiety of hospitalization for children and their families. A pilot program was launched and it was deemed so successful that appropriate funding was found and the program has continued uninterrupted since 1986.



Historically clowns have been connected with healers both of the body and the spirit. From the clowns of the Hopi of South Western America to the Medieval court jester on through to the grand cinematic clowns of the depression era, the clown has used the intense physicality of their work to reach the internal landscape of individuals and indeed entire cultures alike.

The therapeutic clown is an individual possessing not only the talents and expertise of the professional clown but also the knowledge and intent of a health care worker. S/he is an exquisitely balanced practitioner that walks in two worlds, that of the child and that of the medical world. The therapeutic clown modulates the volume, tempo and intensity of their work according to the needs and leads of those present. S/he lays down the egotistically centered agenda of the "Performer" and takes up the yoke of servant. S/he commits their gifts and talents to the service and the empowerment the other. In this way, the therapeutic clown takes on the internal sack cloth of low status and follow the child. In fact, metaphorically speaking the therapeutic clown has followed the child into the hospital and would have no reason to be in that institution other than to serve and celebrate the child.

The young girl has suffered a traumatic amputation of her right arm below the elbow. Hubert the Clown visits her, her brother and mother. They enjoy a wonderful time of deep belly laughter. After twenty plus minutes of hilarity, Hubert uses mime to ask the girl if she would like him to play his accordion. "Yes" she says nodding her head in excitement.

Continued on next page

Continued from previous page

So Hubert complies and begins to play but as he completes the first verse of a popular song the girl's smile vanishes. Her mother sees the change. The therapeutic clown practitioner is thinking along the lines of, "Damn, this was a mistake. She is thinking she can never play the accordion. I've made her think of her loss."

The (practitioner's) temptation is to put the accordion away and move on to something else. Instead, Hubert offers the keyboard side of the accordion to the girl to play with her left hand. She begins to press the keys as the clown pumps the bellows. She begins to smile and look at her mother. There are tears in both their eyes. After a few minutes the clown begins to press the chord buttons on the other side of the accordion and now they are making music together. This continues until the girl stops playing the keyboard. There is a long exit (ten minutes of buffoonery) to lighten the atmosphere of the room.

In this instance the therapeutic clown moves beyond the hesitation and cerebral filtering of the clown practitioner to the needs and leads of the child. In less than a half hour they came to a deep intimate place, which had a profound effect upon all in the room. This would not have been possible had the clown not been there to serve the child and risk all for their wellbeing. In both cases the therapeutic clown's focus upon having no personal agenda and remaining in the present moment with the child has led to significant supportive interventions.

*"When the heart is open
And the mind is still,
When our attention is
Fully in this moment,
The world becomes
Undivided for us
And we know
What to do."*



David Langdon has been the Child Life Specialist/Therapeutic Clown at Children's Hospital Winnipeg since 1989. He uses two different styles and therapeutic clown characters Hubert and Onri in his work. He is the current chair of The Canadian Association of Therapeutic Clowns/L'Association canadienne des clowns therapeutiques.

He is father and husband, and a published writer, clown/actor and musician.

Email: clangdon@hsc.mb.ca

Suggested reading:

Gryski, Camilla. (220). "Creating the Magic Circle: The Child and the Clown in the Pediatric Care Setting". Master's Research Paper

submitted to University of Toronto.

Hooson, Paul. (1996) "Doc Willikers: The Funny Bone Doctor". The Hospital Clown Newsletter. 2(4). 4 & 5.

Langdon David. (1998). "The Gentle Art of Hubert The Clown ... Celebrating the Child". Hospital Clown Newsletter, 3(4)1, 4-8 <http://www.hospitalclown.com/Past%20Issues/Vol%201-6FinalNew.htm>

Langdon David. (2005). "I'm in Heaven When You Smile – Some Thoughts on the Creative Use of Clowning." The Art & Joy of Hospital Clowning. Brookline Village, MA. Jeannie Lindheim's Clown Troupe Inc.

Langdon David (2005) "Banana Nirvana! Therapeutic Clowning With Two Separate Characters In Two Separate Styles" The Hospital Clown Newsletter, 9(4), 12 – 17

Ridd, Karen. (1998). "Robo's Legacy". The Hospital Clown Newsletter. 3(2). 1,4,5 & 6. <http://www.hospitalclown.com/Past%20Issues/Vol%201-6FinalNew.htm>

Ridd, Karen. (1987) "There Ought To Be Clowns ... Child Life Therapy Through The Medium of a Clown" To be published fall of 2007 by CATC/ACCT.

Simonds, Caroline and Warren, Bernie. *The Clown Doctor Chronicles*. Amsterdam, New York; Rodopi. (2004).

Documentary film about altruistic clowning: "I Clown For You-Hoo!/ Je clowne pour toi!" Red Letter Films. Vancouver. (2004)

Hearing a story is like listening to music, the words falling off the teller's tongue, onto our ears, and into our heart, setting thoughts and memories in motion. Stories are heard in the deep heart's core and answer the burning questions that we all have. Who are we? Where did we come from? Who do we love? What have we forgotten that is important to remember? Why is there goodness and evil in the world? Why is there something rather than nothing? The answers which are the most meaningful, come, in the end, from deep within our own selves.

There is a snippet of a story in the Grimm's collection about a boy who finds a golden key, and a mysterious casket which belongs with the key, but we are never told what is inside the casket. The tale ends with these enigmatic words,

...and now we must wait until he unlocks the casket completely and lifts the cover. That's when we'll learn what wonderful things he found.

What a marvelous tale, initially frustrating yet so full of sleeping images! In my mind's eye I could see that boy and feel the rush of excitement and curiosity which propelled him to look further for the casket, and work to open it and reveal it's contents. What would others find inside the casket? In my work as a storyteller, I am always searching for stories that give my listeners their own golden key and invite them to look deep into the richness of their inner lives, into their imagination. These riches are not material things and at first may be as fleeting as a passing thought, or as elusive as a daydream. Children especially need the experience of listening to stories and discovering connections with their own lives. This can strengthen their spirits for when they meet hard times, such as illness or death, or any kind of sadness or disappointment.

It has been my experience that children can deal with hard times far better than we may think. Telling them a story may be the best decision you make. Let me tell you about a time when I told a group of young children a story about death.

The story of the Seal Wife is a favourite in my repertoire for all ages of listener. When I first came across it, I was intrigued by a story about meeting and marrying someone from another world. I was struck by the situation created when two different worlds or

existences meet and collide. How are the differences accommodated, and what has to be given up? Who has to compromise? In my own life I had already experienced divorce and remarriage, and children who had to adjust to altered life circumstances. The Seal Wife is such a stark tale, full of squandered possibilities and enduring love that struck a chord for me.

As I continued telling the story, I could hear the seal wife singing on the rocks at the shore, out at sea, and at her children's bedside each night. But I didn't know any seal songs, so for a while I hummed "Farewell to Tarwathie" as it seemed suitably poignant, and beautiful, and was a traditional song of the sea.

Once I spent a week with a grade one class in a small town north of Winnipeg. I met with them for an hour each day. They came into the art room and settled themselves on the floor around me while I told them a story. Then we would talk for a little while. With minimal prompting, the children would tell me about the time they felt just the same way as someone in the story. On the first day, I told a story about a dream that Spider Anansi had, and for some reason the subject of death came up, although no death occurs in the story itself. Two children in the class had lost fathers, while others remembered when an uncle or a grandfather died. One boy told me his mother was at that moment very sick in the hospital. His teacher told me later that she was not expected to live. This child couldn't keep still.... touching everything, opening drawers, hiding, turning on taps...at the end of the session, I went up behind him and put my arms around him and teased him about touching everything, saying I would tickle him. He calmed down and smiled at me and made no move to disengage. I know I was taking a chance doing this, but when I caught their teacher's eye, he was smiling at me.

When we moved to the art tables, I asked the children to cover their paper with large shapes of all their favourite colours, making sure that each colour lay close to the next, until all the white of the page was gone. We had shared such deep feelings that I wanted them to be able to express them in colour as well as words. As the children painted, they lost track of time, and even though their teacher and I reminded them that the session was nearly over, they found it very difficult to stop.

Continued on next page

Continued from previous page

Each day proceeded in much the same way until we came to our last session together. On this day I had decided to tell them the story of the Seal Woman. It deals with loss on several levels and seemed an appropriate tale to leave with them. As always, I hummed "Farewell to Tarwathie" several times during my telling. It comes for the first time when the fisherman hears the distant singing of the seals. I sing it next when the children find the hidden sealskin, and then again at night when the seal mother tells her children stories about the sea. After she has gone, both father and children hear it whenever they are near the sea. I never teach the "seal song", as it is not a sing - along type of melody.

I was stunned when these grade one children just opened their mouths as if they couldn't help themselves, and hummed along whenever I sang. Their notes were in perfect harmony with my song and their voices gradually faded away each time mine did. One child whistled softly. I felt that I was hearing echoes from angels. I glanced at the children whom I knew were experiencing death and illness in their families, and saw that they were singing too. When the story ended we all sat there in silence, hardly breathing. Then we all let out one great sigh in unison. I still treasure the memory of that moment and the immense sense of well being that was present in that room.

The Seal Wife is found in story collections from Iceland, Scotland, and is told in many variations all over the Northern hemisphere wherever seals and humans share the same sea and shore. The Seal Wife is the story of a being from another realm who is constrained to marry, keep house for, and bear children to a mortal man because he retains her animal covering. Without it she cannot return to her world. When she regains her prized belongings, she flees her husband and children. The story ends with the loss of the wife once she finds her special garment or skin and escapes.

Mary Louise Chown combines stories and music, old myths and folktales for a mesmerizing performance. She has worked as a visiting artist in Winnipeg hospitals and she currently directs the Magic of One storytelling and music concert series in Winnipeg. E-mail: michown@shaw.ca Website: www.marylouisechown.com

What I believe : Kids Talk About Faith
Debbie Holsclaw Birdseye and Tom Birdseye;
photographs by Robert Crum.
J 200.8 BIR

Believers : Spiritual Leaders of the World
Elizabeth Goldman.
J 200.92 GOL

Many Ways : How Families Practice Their Beliefs and Religions
Shelley Rotner and Sheila Kelly; photographs by Shelley Rotner.
J 200 ROT 2006

Let There Be Light : Poems and Prayers for Repairing the World
Compiled and illustrated by Jane Breskin Zalben.
J 204.33 LET

Why I Believe in God : and Other Reflections by Children
Compiled by Dandi Daley Mackall.
J 212.083 WHY

On Morning Wings
Adapted from Psalm 139 by Reeve Lindbergh ;
illustrated by Holly Meade.
J 223.209505 LIN

To Everything There is a Season
Jude Daly.
J 223.8052034 BIBLE 2006

The Golden Deer
Retold by Margaret Hodges ; pictures by Daniel San Souci.
J 294.382 HOD

The Sacred Tree : Reflections on Native American Spirituality
Produced collaboratively by Judie Bopp et al;
illustrations by Patricia Morris].
J 299.7 SAC 2004

Giving Thanks : a Native American Good Morning Message
Chief Jake Swamp; illustrated by Erwin Printup, Jr.
J 299.74 SWA

See list of Fiction books on Page 20

In our society children and teens are often referred to as the “forgotten mourners”. In fact, for teens, their grief experience is even more unique because they are already dealing with a challenging life phase. If not given the opportunity to cope with grief, children and teens may experience low self esteem, depression, academic failure, deterioration in relationships with family and friends and may act out in a variety of ways including fighting, inappropriate risk taking, and drug and alcohol abuse.

A grieving teen needs us to “companion” them as they journey through grief. This means we need to be present to them and attentive to their needs and communication. It means allowing them to teach us what their unique grief journeys are like, instead of us telling them what they should or should not do. It means honouring and bearing witness to their pain without trying to take the pain away or protecting them from the truth.

If children and youth are to heal, it is important to provide a safe, accepting atmosphere in which they can share and express their grief. Handled with warmth, understanding, and support, a child or teen’s experience with death can be an opportunity to learn about life, living and death, as well as to help develop coping skills they will use for the rest of their lives. Camp Bridges sponsored by the Assiniboine, Brandon and Central Regional Health Authorities palliative care programs, provides a safe, accepting atmosphere to children aged 7-17 who are grieving. The main goal of the Camp is to help address the gap in bereavement services for children and teens and this can be achieved through activities designed to help share grief, and honour memories in a caring community environment.

This camp provides a safe, supportive and fun environment where grieving children and teens learn that they are not alone in their grief and feel free to share their thoughts and feelings with peers who have also experienced the death of someone they loved.

Children and teens learn that grief is a natural reaction to the loss of a loved one, and that within each individual there is a natural capacity to heal oneself. Although the duration and intensity of grief is unique for each individual, caring, acceptance and support assist in the healing process.

This is the second year for Camp Bridges. It is a weekend camp and last year was held at Circle Square Ranch, Austin. Due to the success of last year’s camp the decision was made to host another camp this year. It will be held at Camp Wanakumbac at Clear Lake on June 1, 2 and 3rd. Volunteers are recruited and trained and they facilitate the camp. There is no cost to the campers as we do significant fundraising in the three regions. We are able to provide spots for 50 children. Numerous activities are planned for the weekend.

Building bridges is about staying connected to the grief, to the loved one who has died, to other children and encourages bereaved children and youth to realize their connection to the future. In love we can build bridges where there are none.

Building Bridges will present at the Provincial Hospice Palliative Care Conference in Winnipeg in September, 2007.

Paulette Goossen RN, BSN is the Regional Practice Leader Palliative Care for the Central Regional Health Authority and has responsibility for the palliative programs delivered to the residents of Central Region. Paulette works out of the Emerson Health Centre and also has the position of Community Integrated Health Services Leader.

Radiant Power—A prayer for those who are on a healing journey

*Bearer of Light,
You penetrate the darkness.
You enfold me in ribbons of light.*

*Radiant Power,
You bring me strength when I feel weak.
You bring me courage when I am afraid.*

*Radiant Energy,
You bring me healing,
You ease my pain.*

*Radiant Wisdom,
You give me direction when I am lost.
You guide me on my healing journey,
You bring me abundance,
beauty, harmony, and peace.*

“Once upon a time...” four treasured, and at the same time, powerful words. When I hear them, a part of me wants to settle down into a cosy chair and prepare to listen to whatever words inevitably follow. I say ‘inevitably’ because these four words are renowned for their ability to invite the listener to stop, pay attention and listen. For many of us as children, it was here that we were invited to safely stretch out the legs of our imagination, and prepare to step across a castle moat full of alligators, or enter the castle to dance with the prince, or embark on a journey across the seas as a pirate. And when we stepped over the threshold of the everyday world and into the world of story, anything became possible.

Perhaps it was in this land of “the possible” that we first found a way to glean meaning out of story, including the stories that made up our own lives in the “real” world. The world of story, myth, fairytale and fable, carries in it a treasure chest full of subtle and insightful glimpses of the very real world we live in, not only as children, but as adults as well. In the world of story, we come across archetypes and symbols and snippets and volumes of wisdom that are passed down through traditions, and through the ages. These glimpses are of course intentional, and while they are fanciful, and even at times frightening, the message they suggest to the young (or adult!) ear is interpreted according to individual needs and imagination.

Take for example, Hans Christian Anderson’s “The Little Match Girl,” which was written in the 1800’s. The motivation behind Anderson’s writing this stemmed from his hope of giving European society a wake-up call regarding the abuse and exploitation of children on the city streets. It is a story ultimately about the unstoppable hope that resides in the human spirit, and how the spirit continues to seek out warmth and hope even under the most grim circumstances. This story still serves as a harsh wake-up call today, in those places where children still suffer the very real nightmare of living on the streets, often amidst prosperity and at times, indifference. For children hearing this story, although it has a tearful ending, it sends the message that not only is the child *entitled* to love and care, but also that she is, in the end, loved and ultimately, not alone.

But if you take this same story from an adult’s potential point of view, as does Jungian psychoanalyst,

poet and storyteller Clarissa Pinkola Estes, in her book *Women Who Run With the Wolves*, the reader will likely take away - and it is fully intended she take away - a quite different meaning all together (the giving of one’s “light” for all the wrong reasons to the wrong people). This is a classic example of how the “life” of the story continues to live, as long as it is told.

On a more contemporary note, there are always the original and adapted stories of Winnie the Pooh by A. A. Milne, They are enchanting stories that capture the meaning and importance of relationship - and what better way to do that than in *The Hundred Acre Wood*, where a Bear of Very Little Brain and his loyal friends encounter adventures that are borne of ordinary circumstances combined with very active imaginations (complete with Hefalumps and Woozles). Through tales of good intentions often (perceived as) gone awry, Winnie the Pooh and his friends learn about the importance of friendship from one another and how life has a way of nudging us into discerning how to be in relationship. In the end, the intentionally “simple” and endearing Pooh inspires, in young and old alike, the profound question of what is most important to us, and if we make this choice over that one, how will we feel at the end of the day...and how will our neighbour feel?

The significance and impact of story can never be underestimated. The German poet Schiller maintained that “Deeper meaning resides in the fairy tales told to me in my childhood than in the truth that is taught by life.” Estes refers to story as “a medicine which strengthens and arights the individual and the community.” Regardless of how we define or describe them, the gifts of story are meant for everyone. Stories can provide safe journeys into the realm of possibility, and in this realm of possibility, there is meaning; and out of meaning, there is born an inherent hope, which is every child’s right. So pull up a chair, and let’s begin, for “Once upon a time...” is a story we all share.

Ruth Ross is Spiritual Care Specialist in the Spiritual Care Department Health Sciences Centre, Winnipeg MB. She works as part of the health care team and her responsibilities focus on support throughout the Children’s Hospital and also General Hospital’s medical oncology and BMT units. E-Mail: rross2@hsc.mb.ca

Compassionate Care for Children and Young People

Children are born good (i.e. not in sin, needing religious cleansing) but needing care and guidance to nurture that goodness. Growing up in a loving, helpful, and hopeful environment with careful nutrition, nurturing, and constructive role models favours the development of a good human being. Respect for others grows from being respected just as love, compassion, and capability may develop from growing up with love and compassion. Access to and encouragement to creative play builds confidence and expand horizons. Exposure to books, the reading of stories, and opportunities to participate in music helps to model a healthy self-concept and a realistic and resilient view of the world. A healthy basis for hope will develop in an atmosphere of helpful, loving, and dependable friendship and collegiality.

Children, and young people in general, sometimes make mistakes as they journey towards adulthood. While Humanism teaches taking responsibility for one's actions, children should be able to experience forgiveness for their misdeeds from their families and supporting adults. Being given that second chance will best be accompanied by direction or counselling as to the course of action that might work better the next time. Forgiveness recognizes that negative actions do take place, and those who are harmed often respond best to remedies which provide security, hope, and positive growth.

There are, unfortunately, too many children who, though they start out on the same trail, suffer the ravages of abusive parenting, militarism and war, or distorted nutrition. Some may have problems that put them into hospital or other situations where compassionate care may be needed. Children are however amazingly resilient and may find hope through being able to pursue the positive paths themselves of becoming helpers for others, for instance, other children in parallel situations in hospital. Providers of compassionate care will also likely succeed if they include, in conjunction with the offering of that care, the facets of a good upbringing outlined earlier – provisions for creative play, respect and trust,

War-affected children come quickly to realize that

killing does not increase security, hope, or growth of character. While this war experience is destructive, it may do immeasurable damage to youngsters. But the healing process, where possible, is likely to be easier if such early experiences can be put aside and replaced with worthwhile accomplishments.

Fairy stories and fantasy are part of a healthy developing imagination, but children need to learn the distinction between reality and fiction as they mature. Reversion to a supernatural authority runs counter to this developing logic in a child's mind; hence, the development of hope in the face of adversity is best based on a combination of loving care, warmth, and explanation, coupled with education, rather than on unrealistic reliance on an imaginary supernatural authority. The objective ought to be, from a Humanist point of view, to develop a secure, caring, healthy youngster who can take initiatives in a mature fashion when needed. One would rather have a child who would be able to save a friend from danger, rather than a fearful or indifferent one who avoids getting involved.

All of this writing so far has involved a model of bringing up children, something we hold as an ideal and strive to follow as individual parents and adult members of society.

Barrie Webster and Barry Hammond are members of the Humanist Association of Manitoba.

A group of professionals posed this questions to a number of 4-8 year olds, "What does love mean?"

"When someone loves you they say your name different. You just know your name is safe in their mouth."

Billy-age 4

"Love is when a girl puts on perfume and a boy puts on shaving cologne and they go out and smell each other."

Karl-age 6

"Love is when you go out to eat and give somebody most of your french fries without making them give you any of theirs."

Krissy- age 6

Standing on Holy Ground: Lessons Learned from a Child in Crisis

There she was, lying in her bed, her head wrapped in a surgical towel like a turban. She matter-of-factly said, “They asked me whether I wanted my head shaved completely or just the place where they need to cut for the operation. I said shave it all off. I don’t want to have a patchwork head.” She looked so frail lying in her bed -- so vulnerable. Paradoxically, at the same time, she looked strong, almost regal. Her name was Miriam. She was 9 years-old.

I did the last minute pre-op things we nurses do, meticulously going down my pre-op checklist, ensuring nothing was missed. She calmly watched as I did these things, these efficient nurse activities. I prepared to leave the room and go to my next patient. My teacher had assigned me another patient as there wouldn’t be much “to do” for Miriam because she would be in the OR most of the day.

I told Miriam I was finished and I prepared to leave the room. I stood in the doorway and told her to call if she needed anything. Very calmly, she replied, “There is something you can do for me.” As I mentally chastised myself for forgetting something, I asked Miriam what she needed. Her reply: “Please, please look after my parents for me if something happens and I don’t come back from the operating room. I know the operation is risky. Please tell them I wanted to come back and be with them. If I do come back but I can’t talk, please tell them how much I love them. The doctors told me – us, my parents and I – that I might not be able to speak after the operation. Please, can you do this for me, please?” All the while she spoke, Miriam maintained her calm exterior and composure while she spoke.

No one had prepared me for this. My main goal in nursing school was to “do” things for my patients – take vital signs, change dressings, give medications, make beds. We students were always kept busy “doing” something physical. Our hands were never idle. We were taught the nurse’s skill lay in her hands. It is the hands that do the healing.

So there I stood with this monumental request from the child in the bed with the surgical towel wrapped elegantly around her head.

She continued: “You know this is my second brain tumor. They thought they got it all the first time but it’s back. This has been very hard on my parents. That’s why they’re not here today. They don’t want me to see them cry. They want to be strong for me.” At that point, I thought I was going to cry. Again she implored “Please, will you do this for me.”

I went back to her bedside and sat on the bed beside her. Sitting on a patient’s bed was something we were never supposed to do, according to our teachers – something about infection control. But I didn’t feel comfortable standing and hovering over her. She was vulnerable enough and I wanted to be at her level. So I sat beside her and took her tiny hand in mine and said, “I will do what I can. Would it be okay with you if I say a prayer for you and your parents while you’re in the operating room?” Her response: “Yes, I would like that.” Soon afterwards, as Miriam was wheeled off the ward to the OR, my teacher approached me, saying: “Good, she’s gone now. So you need to move on to the next patient.”

What I wanted to do was leave the ward and go to a holy place, the hospital chapel, and say prayers for Miriam. I wanted to ask God to guide the hands of her surgeons, to make the OR a place of peace, with the surgical team working in unison and harmony. I wanted to ask God to please let them get the whole tumor and keep her speech intact. I wished I could be in the OR for her, just there. I wanted just to *be* there, not necessarily “doing” something. Instead, I stood in the doorway of her room and said these prayers in silence.

The next day when I returned, I found her sleeping, her anxious-looking parents at her bedside. I introduced myself. Her mother said: “They think they got it all and they didn’t damage the speech center.” “So she can talk?” I asked. Then Miriam woke up, smiled her beautiful smile, and weakly said “Hi.” I took her hands in mine and she squeezed them tightly. “Thank you.”

My teacher came along and asked how my morning was going, was I doing my crani checks, an important part of the assessment of a patient after brain surgery. “Everything is fine, just fine” I replied. When she left, I turned to Miriam’s parents and said: “You know you have a very special daughter.”

Continued on next page

Continued from previous page

This experience occurred over 20 years ago when I was a young nursing student. I will never forget Miriam and her family. I often wonder what happened to her. I wonder if she remained tumor-free and grew into adulthood, if the tumor re-asserted itself and took her life. She had an astrocytoma, one of the most aggressive brain tumors.

I learned so much from this young girl with a maturity well beyond her years. What I learned from her changed me forever. It changed the way I view my practice and my patients. It changed the way I view healing and nursing.

Miriam was my greatest teacher. This child in the crisis of dealing with a life-threatening, life-altering illness taught me so much. My experience with Miriam reminds me of another Miriam, the sister of Moses, in the Book of Exodus. The Biblical Miriam is said to have led the Israelite women in song and dance as they passed through the opening in the Red Sea when they left Egypt. The Hebrew word for Egypt is “mitzrayim.” It also means “constriction, narrowness.” Like the Biblical Miriam, my Miriam led me from a place of constriction. With her dignity and a maturity way beyond her years, she led me from a place of narrowness to a place of holiness.

From Miriam, I learned that nursing is about much more than task performance. Nursing is also about presence, being there. She taught me that nursing is not only the product of our hands – or minds – but of our hearts, mostly of our hearts. From her, I learned that there are the teachers of anatomy and physiology and nursing skills and then there are the teachers of the soul.

She taught me that I don’t need a church or synagogue to stand on holy ground.

She taught me that the hospital room and the OR are holy places too. She taught me the meaning of the Biblical text in which Jacob struggles with an angel and declares: “Surely God was in this place and I, did not know it” (Genesis 28:16). Like Jacob, I stood on holy ground, and did not know it. And, like Jacob, my meeting with this angel, this messenger from God, changed me forever.

K. Ariel Lee is a practising registered nurse. Her extensive nursing career encompasses a diversity of roles – clinician, manager, and educator. She also holds a Master’s degree in medical law and bioethics and has taken courses in pastoral care and theology. She is a lay leader at Temple Shalom and has written and published poems, prayers, and rituals within the Judaic faith tradition.

On Holy Ground

*When I walked through the doors,
I sensed his presence
and I knew that was a place
where love abounds,
for this is a temple,
The God we love abides here.
Oh we are standing in His presence
On holy ground.
I know there are angels all around
Let us praise, praise God now
For we are standing in His sweet presence, we are
standing in His presence, On holy ground.*

Adapted from Geron Davis (composer).

For Healers: Healing Light Meditation for Healers

Light two candles.

Hold your hands in front of you with the palms up like cupped hands. As you look at the candle flames, imagine that they form ribbons of light and imagine that these ribbons of light are flowing into your body through your cupped hands. These ribbons of light come from God. They represent God’s light of healing and love. Feel this light go into your body, into all of your cells, into your mind, and into your soul.

Now imagine that you are a vessel of light, made in the Divine image. Bring the light into yourself, hold it there and take it out when you need it in your healing work. View yourself as an overflowing cup, as in the 23rd. Psalm. Imagine you are overflowing with God’s healing light. This is the light of peace and wholeness. When you do healing work, imagine that you are transmitting the light to others in the same way that it came to you, in ribbons of light flowing from your body, mind and soul to theirs.

Continued on next page

Continued from previous page

Hold this light within you and know that it is there for you when you do your healing work, and you need only reach within to find it to help calm you and guide you as you bring healing, wholeness, and peace to your patients.

For Those Who are Healing:

Emerging from Illness

*I emerge from the centre of my illness,
like emerging from the centre of a storm.
I emerge and find You there,
Waiting to embrace me
with Your light.
You walk beside me
from the centre of the storm.
You walk beside me
from turbulence to quiet calm
You walk beside me
from darkness into light.*

You Journeyed With Me

*You journeyed with me
through the depths of illness,
and now You deliver abundance upon me,
You bring healing and hope
You bring health, well-being,
nourishment and sustenance.*

*You bring quiet
to my storm-tossed soul.
and now I feel alive once more,
and now I thank You for the gifts You bring –
the gift of healing,
the gift of spiritual renewal,
the gift of life.*

Healing Light of Chanukah

First night:

For the blessing of well-being and transformation that flows from this season, we light this candle for the health and wellness of our bodies.

Second night:

For the blessing of well-being and transformation that flows from this season, we light this

candle for the health and wellness of our minds.

Third night:

For the blessing of well-being and transformation that flows from this season, we light this candle for the health and wellness of our souls.

Fourth night:

For the blessing of well-being and transformation that flows from this season, we light this candle for the health and wellness of our children.

Fifth night:

For the blessing of well-being and transformation that flows from this season, we light this candle for the health and wellness of our parents.

Sixth night:

For the blessing of well-being and transformation that flows from this season, we light this candle for the health and wellness of our communities.

Seventh night:

For the blessing of well-being and transformation that flows from this season, we light this candle for the restoration of health and wellness to those who are ill, suffering, or grieving.

Eighth night:

For the blessing of well-being and transformation that flows from this season, we light this candle for the health and wellness of our world.

Shamash:

For the blessing of well-being and transformation that flows through the Shekinah, the Source of Healing Wisdom and Inner Light.

A group of professionals posed this question to a number of 4-8 year olds, "What does love mean?"

"Love is what's in the room with you at Christmas if you stop opening the presents and listen."

Bobby-age 7

"If you want to learn to love better, you should begin with a friend that you hate."

Nikka- age 6

A Service of Blessing

Reflections and Readings

to mark the life and death of (name)
child of (name)
facilitated by (name)

Words of Gathering

Friends we are gathered into this time and place to honour this sacred life.

Life begins in such a fragile, tiny form, and we ponder it's meaning. We ask questions, seek meaning, and search for a source of care and compassion. So it is that we come to this time of sharing.

So it is that we gather in meditation and reflection:

We are called in times like these to hear our deep longings and listen to our questions. There is an energy that leads us to come to believe in all life. We are loved by this spiritual source of life, just as we are loved in this life by parents, family and friends.

This is how we come to know that we are beloved creations.

So we come in this time of sorrow and pain, Searching for this source of love and life. So we turn to this truth looking for help, for care and for consolation.

As we gather here in this place today we ask that this divine creative source might comfort us in our sorrow and help us to accept what we feel as loss.

Giver of life and love, mercy and grace, hear now the longings and seeking of this family that has faith in life's meaning, and life's worth,

In this time of change, and transition may they find hope in the hallowing of this life. We ask this trusting always that we are not alone. We ask this trusting in a strong and enduring love. Amen.

So it is we gather as a family, a community of faith and longing. In this time of profound and deep sorrow we feel the pain and the confusion, and we come to this time of ritual and remembering seeking hope,

searching for comfort, trusting in our capacity to give and receive care. This is a celebration of life, and yet it is also a time of asking why this life has been so brief. This is the way of the soul, the way of courage, the way of finding meaning in all that we experience together.

In all our sacred traditions, there are words of teaching that speak of the infinite worth of every human life.

New life is welcomed joyously as that promise of new beginning for which we all long. Children are blessed with honey upon their tongues promising that life will indeed be sweet. Children are sung into the world with songs that their mother's have created especially for them. Children are lifted to the light of the sun seeking that warmth of healing and light.

We are told in sacred writing that we are known by a divine and holy source of life even before we leave the womb. The words of the prophets tells us that even before we are born we are blessed and consecrated to the wonder of life's purpose.

Throughout these writings children are held as special messengers of those who know by heart the meaning of holy love, and we are called to receive them into our midst. They show us this way of life and loving.

So it is we come to this blessing in gratitude and awe.

(Name), you are a beloved child of a creative holy source, known and loved by this creator even while you were yet in the womb.

Now may this source of life who has loved you from your conception, bless and keep you forever in this eternal love. Amen

We gather in reflection, meditation and prayer, Spirit of all life, source of all love, come into our midst as spirit of life and love, in thought, and word, in mystery and meaning. Come to comfort us in this time of questioning, sorrow and loss.

Surround us now with your holy essence, comfort these parents and help them to find the strength within themselves to mourn the loss, and express the sorrow of their child's death.

Continued on next page

Continued from previous page

Hear the words of the Welsh hymn and lullaby
"Sleep my babe, and peace attend thee,
All through the night.
Guardian angels, God will lend thee,
All through the night.
Soft the drowsy hours are creeping,
Hill and vale in slumber sleeping,
Mother dear her watch is keeping,
All through the night."

May we find strength and comfort in those who have
sought to express an eternal love in verse, in song,
and tender touch,
May we listen to the lulla-bye of our hearts and be
gently rocked in this time
Of loss and mourning.

Hear now this litany of contradictory things,
As we struggle together with this contradiction life
and death coming so closely together that we can
hardly comprehend what to feel, say and do...

"Wheat and weeds let them grow together,
Rich and poor let them grow together,
Winter, spring, summer, fall, let them grow together
All the season of one's life, let them grow together.
Joy and sorrow, laughter, tears,
Let them grow together.
Strength and weakness, let them grow together
Doubt and faith, let them grow together,
Giving and receiving let them grow together,
All the differences that confound us,
All the opposites of life and death,
Let them grow together
And find their healing, hope and wholeness in love.
(based on the words of Michael Moynahan)

And now we offer these words of commendation that
help us to let go of this body and hold onto eternal
love,

Source of all our strength, giver of compassion,
We entrust (name) to your embrace,
Confident that there is a love that will hold this child
forever.

Even in the womb this life was held as unique,
awesome and precious. And now in this time of
letting go, we hold onto that unique story of this one

life and how we have been changed forever by this
one tiny being.

Here is the miracle of why we come to be and why
we are never lost. Here is peace, and hope, comfort
and care always. Amen

In the words of those who trust in all creation, we are
called in times like these to:

Hold on to what is good even, if it is a handful of
earth,
Hold on to what we believe even
If it is tree which stands by itself
Hold onto what we must do,
Even if it seems to be a long way from here,
Hold onto life, even when it is easier letting go,
And hold on to my hand even when I have gone away
from you.

Now may we trust the words and image that give us
comfort and blessing in this time. May we open our
hearts to receive the hugs, open our minds to new
vision, open our hands to feel the touch of life, and
open our spirit to a comforting and lasting source of
eternal love.

In times like these we seek words of blessing , and
strength,
So that we may know that however long the night, the
dawn will break.

May you trust that this your child is forever with you,
May you know a creative source of life and love deep
within your being,
And may you find healing in body, mind and soul.
May you never turn away from that beauty in all crea-
tion. Amen

*Author Leo Buscaglia once talked about a contest he
was asked to judge. The contest was to find the most
caring child. The winner was a four year old child
whose next door neighbour was an elderly gentleman
who had recently lost his wife.*

*Upon seeing the man cry, the little boy went into the
gentleman's yard, climbed onto his lap and just sat
there. When his mother asked what he had said the
the neighbour, the little boy said, "Nothing, I just
helped him cry."*

Child Life Specialists: Encouraging Hope and Healing in Pediatric Health Care

Children and adolescents in health care are faced with many challenges, ranging from unfamiliar environments and people to invasive and sometimes painful medical procedures. They often feel as if they have very little control and few choices in what goes on around them. Parents are also faced with fears and may feel unprepared in supporting their sick child as well as their healthy children.

Child Life Specialists are members of a comprehensive health care team. Our aim is to alleviate some of the stress and anxiety associated with illness, treatment and hospitalization.

We utilize a family centered care approach in assessing the individual needs of patients, siblings and parents and promoting effective coping behaviors through the provision of developmental, educational and therapeutic interventions. We work on inpatient units, in outpatient clinics, in playrooms and in the community.

Our services include a continuum of care through coordinated inpatient and outpatient services from diagnosis to long term follow-up.

Child Life Specialists embrace the value of play as a healing modality. Emma Plank, a pioneer in the field of Child Life, first referred to playrooms as 'sanctuaries' for children (Working with Children in Hospitals, 1962). These playrooms and waiting rooms are designated 'safe havens' where children and families are free from invasive medical procedures and have ample opportunities to engage in normalizing activities, make choices and gain a sense of mastery and control over their new experience.

CancerCare Manitoba offers a 'state of the art' treatment facility. The playroom/waiting room considers the basic psychological needs of children, adolescents and parents; the need for comfort, for control and purposeful activity. Families are provided with comfortable surroundings that simulate a home-like environment including ample natural lighting and live plants. Besides the inviting atrium tree house, individuals can choose private seating, semi-private seating, or

congregate in a central play/waiting area with other patients, siblings and parents. The environment creates opportunities for a 'community' of people with similar health care experiences to support each other.

Educational opportunities allow for increased understanding of medical experiences. For example, children may take their own blood to the hematology lab to learn why it is needed and what is done with it.



Children are guided through medical play and rehearse medical procedures with actual equipment, including real needles. Medical play also allows children to experience the role of being a caregiver (on a patient puppet) versus being a patient. The Child Life Specialist continues to support them by teaching and modeling a variety of coping strategies the children can choose to employ during stressful situations.

For many, the cancer clinic becomes a "home away from home". It is a place where families will visit for many years. When a treatment day is over, often, children just don't want to leave. As a child is reassured by a parent that her cancer treatment won't last forever, she responds, "But I'll still be able to go to clinic and play won't I?" Another parent shares, "Our favourite place to be is cancer clinic."

When children feel supported and safe in their treatment environment and develop trusting relationships, they can express themselves freely. Five year old Amy (not real name) was on palliative care and loved the clinic playroom. Her mother requested a play session in clinic. Amy's mother met with medical staff while Amy met with the Child Life Specialist (CLS) to explore creative art materials. The choice of making a cast of her hand was offered. Amy was receptive to this activity which would allow her an opportunity to create something special for her Mom and Dad. While working we listened to 'Hot 103 FM'.

Amy: "What does she (the singer) mean, her life is over?"

CLS: "What do you mean?"

Continued on next page

Continued from previous page

Amy: "Well, your life isn't over until you die. We watched the movie *Ice Age 2: The Meltdown* and the squirrel died."

CLS: "What happened to the squirrel?"

Amy: "He went to Heaven."

CLS: "What was Heaven like?"

Amy laughed: "All that was there was nuts!" When I go to Heaven there will be more than nuts!"

The CLS agreed that there must be more in Heaven than just nuts.

The child continued to work on the lasting piece of art, which was an opportunity for legacy making. The interaction provided Amy with a normal play experience and allowed her the occasion for self expression and giving.



In another case, an adolescent, newly diagnosed with leukemia, arrived in clinic for her second visit. In the waiting room, slumped over in a wheel chair, she complained that her body hurt and was certain that she couldn't walk. She confided in the CLS a number of recent losses. All of her body hair had fallen out and she had cried in the early morning when she looked in the mirror and saw acne for the first time (another side effect of the chemotherapy). She was also experiencing anticipatory anxiety towards a pending needle insertion.

Supportive dialogue validated her feelings and soon she was able to walk with little assistance to the treatment room. A short while later, this young teenager called the CLS over to where she was receiving her treatment. The conversation included, "You were right, some of my feelings were anxiety related. The ache in my stomach has gone away. I watched a three year old have her needle put in and she just kept talking while it was being done! By the way, it didn't hurt at all and I do have hope."

Child Life Specialists recognize the impact that our supportive relationships have on assisting families in their ability to cope with adversity. As health care providers, through our every day interactions, we all strive to inspire and instill a sense of hope and healing.

Dawn Kidder (CCLS) has been working as a Child Life Specialist at Winnipeg Children's Hospital and CancerCare Manitoba for more than twenty years. Certified Child Life Specialists (CCLS) are certified by a program administered by the Child Life Council (CLC). Dawn may be reached at 787-1736 or dkidder@hsc.mb.ca

Fiction Books on Spirituality

The Keeper of Wisdom

Laura Berkeley ; illustrated by Alison Dexter.
X BER

Mr and Mrs God in the Creation Kitchen

Nancy Wood ; illustrated by Timothy Basil Ering.
X WOOD

A Ring of Endless Light

Madeleine L'Engle.
J FICTION LEN

The Waterstone

Rebecca Rupp.
J FICTION RUP

Moses: When Harriet Tubman Led Her People to Freedom

Carole Boston Weatherford and Kadir Nelson.
J FICTION WHEATHERFORD

Teen Spirit : One World, Many Paths : Your Guide to Spirituality & Religion

Paul B. Raushenbush.
YA 200.835 RAU

The Complete Idiot's Guide to Spirituality for Teens

William R. Grimbol.
YA 204.40835 GRI

Incantation

Alice Hoffman.
YA FICTION HOFFMAN

See list of Non-Fiction books on Page 10

Listening to Youth and Children at Risk of being unheard, unwanted, and un-forgiven.

Currently I serve the community of youth and children at Marymount. Marymount is a treatment facility in Winnipeg consisting of 2 locked 8 female bed residential units, 1 female crisis stabilization unit, one school (40-50 males and females) for ages 8 to 17, 5 group homes (4 for girls and one for boys), and close to 100 foster care families.

Overall Marymount is a very busy place meeting the needs of young people in care who have been traumatized by sexual, physical or mental abuse, and or, behaviors that arise from FAS (Fetal Alcohol Syndrome), ADD (Attention Deficit Disorder), or one of several neurological conditions.

In other words these young people face soul pain not just due to one cause, but wounds as a result of many parents who are unable to parent due to their own trauma, or wounds from damage committed by themselves through drugs and sex in hopes of numbing their own pain.

Any spiritual care provider would be overwhelmed with the depth of sorrow in many of these young people's lives. However the phrase "Finding the Good" (Marymount's key mission statement) echoes within my heart and serves to empower me to know I can find the good through listening, from being present by spending one on one time in the Chapel doing art, or having coffee, or just joking around.

"Finding the Good" can be frustrating at times when some of the young people run away and continue to damage their bodies and spirit.

"Finding the Good" is challenging when you read and hear how many in our society find the real one answer would be to forget about these young people, lock them up, and judge them as useless to society.

"Finding the Good" is challenging when you weep with these young people when they tell you stories of neglect, abandonment, abuse, etc. and yet they can laugh and create in the most surprising ways.

Throughout my 3 years at Marymount I have at times struggled to "Find the Good" but have learned to see it through the eyes of young people and staff. I realize that these young people need to continue healing after they leave Marymount and some of them have connected and discovered their Aboriginal heritage and spirituality through the Marymount Cultural Center and Cultural staff.

Also I recognize that many of our young have been victims of spiritual abuse which led them to a sense of fatalism. This is a fatalism brought about that due to their behavior they will go to hell and so why bother trying? Finally spiritual care with the young people at Marymount means being attentive to their tremendous and multiple losses of family, community, friends, identity, control, innocence, and culture.

What does work?

In the end spiritual care to the young at Marymount means living in the moment and knowing that you are just a part of a healing process, you are at times a surrogate parent, and finally you are advocate and called to testify to a society that these young people are valuable and worth the time and money.

Note: I would like to dedicate this article to the memory of Chris Serby. Chris attended Marymount School for years and sadly was murdered in May 2005. He was 17 and was no longer eligible for 24 hour supervision, went out one night, was stabbed, and his last words were "I don't want to die".

Helen Mikolajewski is Spiritual Care Coordinator at Marymount.

Finding Their Tears – Pink Tights and Yellow Roses

As we were walking along the sidewalk about to begin the viewing at my mother-in-laws funeral, my children started to run. “Be careful,” I said, “I don’t want you to fall down.” Moments later, my eight year old tripped, fell, and burst into tears. She cried and cried – a little because of a skinned knee, more because of a raw hole in her new, pretty pink tights, but mostly, I think, because she really needed to cry. She had kept her emotions under control for the most part, but unexpectedly she had fallen, was crying, and had found a “safe time” and a “safe way” to find her tears. At this moment, suddenly, her sadness and fear rose quickly to the surface as she sobbed.

I was sad too – a little for her pink tights, more for her skinned knee, but mostly because I could see that the depth of her weeping far outweighed these two things. At the same time, I was relieved. I was relieved because this little girl had found a way to grieve, a time to cry, and an opportunity to find her tears.

As the death of their grandma was nearing, we had worked very hard at relieving the anxiety of our daughters. We chose a cemetery plot together and gently talked there with them about what would happen on “that day”. We took them to the casket maker’s woodshop, where they ate his brownies, and drew pictures on the underside of the coffin lid with bright markers. We talked there with them about grandma later on being inside of it. We explained much to them, and included them as much as we could, to try to take away some of the fear and mystery of “that day”.

At some level, the girls were also dealing with some understanding that “what grandma had” could also happen to them. Their grandma had Huntington’s disease – a very difficult disease to live with – and as other family arrived, some also in the advanced stages of this disease, they began to see how Huntington’s impacts a family. “Daddy might have it,” they said. “We might get it too”. Those words and that understanding was heartbreaking to hear from my daughters – ages four and seven. Their grieving was complicated, even at this young age.

We talked a lot, we tried to answer questions, and we

tried to encourage their feelings to come to the surface. One of my basic understandings of helping children grieve is to share our own grief with our children. To model to them that it is good to cry – that it is safe to cry – that crying helps when we are feeling sad. Letting our tears and sadness show says to our children that we don’t have to “bottle up everything inside, that we don’t have to “be strong”. I so strongly believe that this is key to helping children grieve...and yet...

And yet...I found this difficult. Both my husband and I talked with the girls about our feelings of sadness and grief, but sharing our own tears with them was difficult. The journey of supporting a loved one with Huntington’s was hard, and perhaps we were hardened by this long journey.

At the end of the day, we gathered at the graveside. The hand-made coffin (with the girl’s pictures drawn inside) was ready to be lowered into the earth. Each person present received a yellow rose, and was invited to place the rose on the casket with a silent memory. My daughters too held roses, and placed them on the coffin. Dozens of yellow roses graced the top of the casket, providing some beauty to a bleak scene. The casket was lowered into the earth, and shovels full of dirt were thrown on top.

My four year old daughter was undone. “It’s getting ruined”, she cried. “All the pretty roses! They’re throwing dirt on them!” She too had been filled with anxiety and fear. She too had been unable to let her sadness out. For her, this shocking destruction of what she had felt was beautiful was too much. She cried and cried – a little because the yellow roses were ruined, more because of the experience of watching her grandma’s casket being lowered into the earth, but mostly because she too really needed to cry. She too, at four years of age, had been confused and uncertain.

Again, I was sad – a little because of the destruction of her beauty, more because of her distress at trying to make sense of what was happening before her, and mostly because of the depth of her weeping. Again, at the same time I was relieved. I was relieved because this little girl also found a time and a way to grieve, to cry, to let out her emotion. She found her tears.

Continued on page 24

Precipitating Growth: Ministry with Children on the Margins

I suspect that many readers of this newsletter would be hard pressed to think of the young people at the Manitoba Youth Centre as children. Most range in age from 12 – 17 and a few have stayed in the “system” long enough to turn 18, a very arbitrary and artificial measure of adulthood. Many of them have become adults physically but because of the social and domestic realities out of which they come, they are far from mature when it comes to managing the emotional and interpersonal dimensions of their lives. Our difficulty in seeing them as children is reinforced by the unfortunate labeling that takes place once they have entered the criminal justice system. Dr. Diana Medlicott, a member of the Restorative Justice Consortium in the UK, wrote this comment after researching a Juvenile Arbitration program in South Carolina: “In official criminal justice documentation, it is unusual to find the word children: they are usually referred to by the more depersonalizing labels such as delinquent, juvenile or offender. This may make it easier to forget their vulnerability. Unfortunately, this makes it easier to lock them up and think of them as evil. But the real evil is the incarceration of vulnerable children. Incarceration is not just an exclusion from an inclusive community: it is a denial of the child, as a child, and it will only reinforce a child’s feelings of exclusion and make reoffending more likely.”

I believe that effective spiritual care in a youth correctional setting begins with the premise that most of the residents are, in fact, vulnerable children and that the institution within which spiritual care takes place is a “fallen” institution, a “principality” which by its very nature dehumanizes both staff and residents. The most important gift the spiritual gift provider brings to that setting is the gift of her/his humanity. In some Christian traditions the clergyperson is referred to as The Parson which really means, The Person, in other words, the one whose role it is to be simply human. In providing spiritual care to children there may be nothing more important than providing an authentic “human” encounter. This requires that the spiritual care provider relinquish his/her inaccessible aura of professionalism so that, as Jesus prescribed, he or she might become a child and offer his/her own playfulness, honesty, simplicity and vulnerability. J.C. Chambers, a member of the Board of Directors for

Reclaiming Youth International, has this to say about youth who intentionally distance themselves from adults: “I believe youth do this as they have encountered adults who relate from three positions. The first position that provokes adult distance is feeling misunderstood or worse, disregarded by adults in their lives. Youth begin to distance when they perceive that their reality is odd, unfathomable and/or beyond consideration. Secondly, youth distance themselves from adults who connect conditionally. If adults are only available when life or interactions with kids are clear, it is experienced as an unsecured connection, therefore greeted ambivalently or simply avoided. Thirdly, youth back away from adults who deepen or add to the frustrations they’ve already experienced.” Dr. Bill Glasser (Control Theory/Reality Therapy) states that when youth take adults out of their ‘quality world’ there are three guaranteed results. There will be a rise in addiction, violence, inappropriate sexuality. J.C. Chambers would hasten to add that there’s an increase in suicidal thinking and attempts.

In a practical sense this means that ministry to children in a correctional setting begins with establishing a connection that is respectful, unconditional, safe and secure. It is primarily a ministry of presence in an ambiguous and frightening context. It is not about “fixing” kids, it’s about enabling them to experience a sense of worth, unconditional love and genuine acceptance. It’s so easy to embrace the dominant agenda of a correctional facility and to see myself as just one more staff member engaged in some form of cognitive restructuring. I have to keep reminding myself that I’m not there primarily to fix, to lecture or to chastise. I’m there to be an instrument of Christ’s compassion, to be a non-judgmental source of grace, to offer hospitality, humour and playfulness. Sadly, the operational paradigm of most youth correctional facilities is a punitive one. A good deal of energy is spent “punishing” youth for errant behaviour without giving significant attention to the underlying causes. We treat the symptoms but not the disease. I’m reminded of this comment of Erik Erikson from *Childhood and Society*, “But they knew from short and intensely painful experiment that to react to the child’s tyranny with angry methods would only make things worse. For say what you wish, these children loved and wanted to be loved and they very much preferred the joy of accomplishment to the triumph of hateful failure.

Continued on next page

Continued from previous page

Do not mistake a child for his symptoms.” Once again we see how the dehumanizing impact of labeling impairs the effectiveness of our good-intentioned therapeutic interventions. A retired chaplain, with whom I meet on a regular basis, put it well when he said, “Instead of talking about trying to help kids change we should be talking about helping them grow.” I like that image because it reminds me that growth is a gradual process and, in the plant world, growth is only possible when external conditions are right - when there’s enough light and water and food. It is my responsibility as chaplain and our responsibility as a society to ensure that young offenders are provided with what they need to grow.

J.C. Chambers states it this way, “Building connections with adult-wary youth requires three conditions within a context of a dynamic flexible relationship: (a) sympathy, (b) confidence, and (c) access to strength. Sympathy is the first condition all kids look for in adults. We must demonstrate the ability to understand life from the youth’s perspective while at the same time challenging that perspective. Secondly, youth must come to experience adults as supportive. This support must endure the test of time. Young people must develop confidence in the adult support which translates to security. Thirdly, the connection between youth and adult has to be encouraging. Encouragement is a kind of strength given that helps youth persevere through frustrating circumstances.”

One image that gives shape and meaning to my role as chaplain is the image Jesus Christ gives us in Matthew 25:36 when he declares, “I was in prison and you visited me.” As chaplain I’m engaged in the business of bearing witness to the “Christ” that I find in God’s “little ones”. And it may well be that the Christ I find there is the mocked and beaten Christ, victimized by the authorities and destined for some kind of crucifixion. Even so, it requires, on my part, a celebration of that which is holy in them. It requires an affirmation of their humanity, their creativity, their sense of humour, their broken hearts, their dreams both shattered and intact, their hunger and capacity for love and, of course, their resilient and persistent hope.

That image from Matthew 25 also reminds me that it is my responsibility to provide a place of refuge

within the lonely walls of the prison. A few years ago, one of the residents with whom I worked was asked by a teacher to draw a picture of the one place in the world where she felt most safe. I was humbled and moved when the teacher showed me the picture. She had drawn a picture of my office. I gave thanks for the privilege of being able to offer a place within the prison where she felt safe and protected. It was a very vivid image of what correctional chaplaincy is all about.

Rev. Colin Peterson, BFA M.Div. S.T.M. is Chaplain at the Manitoba Youth Centre, a youth correctional facility located in Winnipeg. His primary work is on site but the nature of the role may require ongoing contact with youth once they have returned to the community. Most of his work is one-on-one spiritual care and counselling but advocacy, relationship counselling, addiction therapy and family therapy may be included from time to time. Email: Colin.Peterson@gov.mb.ca

Tears...

by Beth Sawatsky

Continued from page 22

I see these two events – a hole in the pink tights and dirt on the yellow roses, as very significant in both my daughter’s grief journeys. They were important moments where each could bring their grief to the surface, and each could be supported and held as they cried. They found their tears and expressed them in a place of safety and love. The fear, anxiety, turmoil and questions built up in them, despite our best intentions, and it was good for each of them to find moments of tears.

In retrospect, I wish their parents had been able to do the same.

Beth Sawatsky is a mother to two small girls with a lot of theological questions and wife to a partner who works hard to help try to answer them. She has written a “Helping Children Grieve” brochure published by Riverview Health Centre, but has since learned that it can be hard to put the written word (even those you write yourself) into practice. She is continually learning how to find her own tears, and to express them. Beth is also employed as a Spiritual Care Specialist at the Health Sciences Centre.

When I submit this article it will have been 16 years, five months and 14 days since our son Caillin died at age five from neuroblastoma, a rare, aggressive cancer which we battled for almost two years. Yet my tears flowed freely as I revisited that time.

During the period July 1988 to December 1990 our family experienced the loss through death of our three middle children. Our sons Matthew John Hansen and Caillin Ross Logan were born in 1982 and 1985 respectively. With considerable joy, my husband Ross Bond and I welcomed our first daughter, Lauren Deborah Leonora, on June 7, 1988. My mother had died from breast cancer when I was 20, so for me Lauren represented not only the joy of parenting a child, but also the lost potential for a close mother/adult daughter relationship which had been denied to me with my mother. She was a beautiful, blonde, moon-faced baby from the start, glowingly healthy and a little fussy; trying to keep her brothers relatively quiet as she napped was a difficult task.

By July 21 Lauren had been smiling at us in a responsive, sociable way for a few days. She fell asleep in her chair that afternoon and looked so beautiful I just had to take several photos. That evening she napped again, for quite awhile, such that I checked her from a few feet away around 10:30 p.m. She seemed to be sleeping peacefully. When I was ready for bed at 11:45 I decide to wake and feed her, hoping she wouldn't stay up much of the night.

There are no words to describe the horror of finding one's child dead in her crib. I screamed for my husband and we both began sobbing. Clearly she was beyond help, with blood pooled into a bruise on her face. My husband - bless him! - immediately said, "It's not your fault", and we stood there helplessly cradling her in our arms, wondering what to do.

My husband hit on the idea of calling the R.C.M.P., who arrived soon thereafter, followed by the doctor who would pronounce her dead. All were very sympathetic and unblaming, and the police actually refused to leave until we called our minister. By now it was about 2:30 a.m., and we discouraged him from coming to visit until the morning; at about 6:00 a.m. we heard his car pull up. My husband hadn't really been able to sleep, while I sought sleep as an escape from the terrible tragedy.

Exactly a week after I had found Lauren dead, we were lying in bed, praying that God would take good care of her spirit. Suddenly we each heard a loud CRACKing sound in the vicinity of her crib at the foot of our bed. We looked at each other and said, "Did you hear that, or am I going crazy?" Fortunately we both had heard the sound, though its source and meaning remain a mystery. It felt like a rebuke from God - something like, "Of course I'm looking after her. Don't you have faith?"

The grief was devastating. We took great comfort in memories of Lauren's sociable smiles and the photos I had taken that afternoon before she died. We had few "souvenirs" of her brief life other than memories, a couple of sleepers and a receiving blanket being the other tangibles we kept. In preparation for her cremation, I took a large silk scarf to wrap around her body, and placed a beautiful shell in the box, along with notes and pictures from her brothers and dad. Somehow her face had been restored to an unbruised state, and she looked beautiful. My husband, a furniture and cabinetmaker, made a small box for her ashes.

We tried to carry on as normally as possible. Matthew was in swimming lessons five days a week in Portage. I struggled with the predictable pain of seeing babies, as well as the unanticipated pain of seeing girls aged about 10 riding around on their bicycles, images of a future time together now gone. Other bereaved parents in the area came out of the woodwork to offer support, some only casual acquaintances.

On December 30, three year old Caillin started limping. The next day he was crawling, not walking at all, dragging one leg behind him, with no explanation of why it should hurt. We took him to Children's Hospital and began 1989 with three weeks of intravenous antibiotic treatment for a presumed infection in his hip. He was discovered to be anemic and put on oral iron supplements. When we got home, he wasn't up and running the way I expected. I raise my concerns with the pediatric orthopedic doctor, who took an x-ray and blood test, and said to stay in Winnipeg until he could get these results and review the original x-rays.

We were admitted to Children's again, and that week was a blur of tests and consultations with pediatric oncology and pediatric rheumatology specialists.

Continued on next page

Continued from previous page

By Thursday it was clear that Caillin had either neuroblastoma (survival rate: 10-12%) or leukemia (survival rate: 88-90%). We found ourselves in the bizarre position of praying that our child had leukemia, even though neither of us believes that God “does that”. We prayed he would survive the disease and wouldn’t suffer too much in the process.

On Saturday we got the worst news. Surgery to install what we then called a “central line”, through which blood tests, transfusions, and chemotherapy would be delivered, would follow on Monday, with aggressive chemotherapy to begin immediately. The next day was Transfiguration Sunday, and I went to the church I had grown up in, Fort Garry United, feeling as if our life path had turned towards Calvary and crucifixion. Unrecognized by any of the longtimers whom I recognized, I sat near the back and cried all through the service. After the service, the concerned minister who had noticed my tears asked me if I would like to talk and took me to his office for a lengthy pastoral visit.

That night my husband suggested I pray not just for Caillin, but for us and our ability to cope with whatever lay ahead. What followed was the most mystical and miraculous experience of my life. I awoke and heard a voice in the night saying, “Today is a day of hope, not a day of despair.” I interpreted this as a message from God, as I didn’t believe that my devastated, hopeless mind could have found that message anywhere in its depths. This became my covenant with God - to journey in hope, wherever our path might lead. It is this more than anything which convinced me that we are never separated from God’s love, that God wills only the best for us, and is our suffering companion during these tragic times. Mentally, emotionally and spiritually I was able to “pull myself up by my bootstraps” and carry on.

From February 1989 to April 1990 we embarked on a lifestyle of six days in hospital and three weeks at home. Caillin always had one parent there, and we were lucky to be able to alternate days as my husband is self-employed and we live a commutable distance away. Ross and I spent about two hours together with Caillin at the hospital each day, and Matthew was able to see each of us every second day. In between treatments, I took blood tests at home through the central line and delivered them to Portage Hospital,

and Caillin usually needed one or more blood component transfusions at the cancer clinic in Winnipeg. Other than that, he lived a quite normal life, missing Sunday School, nursery and creative music/dance classes on only one “out” week when his white cell count was precariously low. The other parents were very good about keeping their sick children home from classes so that Caillin only needed to miss when he was particularly vulnerable to infection. If he “spiked” a fever we were to take him to Children’s emergency right away. We had fudged on this once, after which the oncology nurse made it clear that such a situation is LIFE THREATENING; somehow we had not grasped the life-threatening part while in shock over the diagnosis.

We adopted an attitude of hoping to be on the “good” side of the statistics - why not? Someone had to be! We sought medical-related humour and found three jokes suitable for children, e.g. “What do you give a sick bird? - Tweetment.” We tried to figure out ways to turn unpleasant procedures into a game; “counting cocktail” involved seeing how high we could count on each sip as Caillin drank a vile pre-scan concoction. For awhile at least he would try to take longer and longer sips to get that number way up, feeling quite proud of himself. I remember singing and dancing around as he lay still being scanned.

My husband took on the treatment day with the worst vomiting, otherwise there would have been two of us throwing up for hours. We tried to keep his diet healthy, but as Caillin became very skinny, we would let him eat anything he would take during the chemo. An information package on Therapeutic Touch arrived with no return address; it seemed “meant to be”, so I took the workshop and began reading about visualization and healing imagery. The social worker gave us a beautiful “rainbow waterfall” meditation, which I adapted to include all the “re” words I could - restore, revive, refresh, re-energize, etc. When I practised sending healing energy to Caillin during the worst day of treatment, he vomited only 15 times, as opposed to the usual 25. I drove to and from the hospital with uplifting music blaring - Waltz of the Flowers being an energizing favourite which washed unpleasant realities away temporarily.

In June Caillin had a successful surgery to remove the primary tumour, losing only an adrenal gland, not a kidney as well.

Continued on next page

Continued from previous page

In July I remember writing a ballistic letter to a friend, frustrated and furious that his doctors didn't seem to know or be on top of a time frame which we thought was important. Some years later I concluded that this was a bit of an overreaction, no doubt the result of months of being caught in the grip of a situation in which we could exercise so little choice or control - a disease only being controlled by extreme chemo, no choice of oncology doctor (people are assigned to the doctor on call when they are admitted the first time), our lives taken over by the disease, and seemingly little way to influence or change what happens at hospital level. I realized that whether or not Therapeutic Touch or visualization accomplished anything for Caillin, they at least empowered me to feel I was doing something to heal his disease. I see myself as a "Seven" on the enneagram, and am a real "doer"; this was something I could do. Perhaps it was my way of living with the fear that was kept mostly at arm's length as the treatment seemed to be progressing well.

Our family life had become "provisional". Any commitment or social plan we made would have to be able to be cancelled if Caillin's treatment needs, low white cell count, or the illness of someone at the event made it risky. Life-threatening disease certainly fosters a sense of valuing every happy moment one has in the present, but this situation meant that any plans for the future might be cancelled when the moment arrived to enjoy them.

Fortunately Caillin endured all this with remarkably good spirits. He was a very active, exuberant, "world-beater" of a kid who looked beautiful as a "baldy". Except when nauseated or undergoing a painful procedure, his demeanour at clinic or hospital was generally happy and outgoing. When unhooked from a red cell transfusion, he was so energized he would take off down the halls, "freaking freely" (the best description I've ever come up with) while I hastily gathered our belongings and trailed after him calling, "Don't go outside without Mommy!".

In the summer of 1989 I became pregnant with a baby we decided to name "Jordan" regardless of gender. Our friends were quick to assess this event as a sign that our lives would turn around: Caillin would be cured and we would have a welcome new addition to

the family. That was such an enticing idea that we fell into it hook, line and sinker! Sadly, a prenatal test revealed a lethal chromosome defect, and he was dead at seventeen weeks gestation. We had known we had put our grief over Lauren's death on hold in order to muster the energy to deal with Caillin's illness, and this too we just had to try to leave behind us for the time being.

And so 1989 passed. We were exhausted from the emotional strain and 100 days spent in hospital, not to mention numerous trips to the cancer clinic. Caillin finished his treatment in April 1990, and was readmitted to hospital in early July with chickenpox. That month included a series of tests to discern the status of his disease, and he was officially declared in remission in early August. Within a couple of weeks, however, we were anxious about pains in his legs and mild sleep disturbances. His new oncology doctor, a resident, attributed them to "growing pains".

In September Caillin managed to attend kindergarten a couple of times, mostly reclining on a cushion with me at his side massaging his legs when they hurt. In the grip of fear, I took him to our family physician, who quickly affirmed that his symptoms were "consistent with an inflammation of the meninges". He phoned the cancer clinic and ensured that we would be admitted to hospital. The first morning in hospital Caillin awoke having seizures and was rushed to intensive care. Soon five tubes protruded from his body. My husband remembers with great appreciation the support he received from chaplain Anne Goodwin. Caillin was stabilized, and tests revealed his cancer had spread to his brain. This was unheard-of with neuroblastoma at that time. I was pregnant again, and the prognosis was that Caillin would live four to five months, his death projected to coincide pretty much with the baby's due date on February 8.

Caillin was put on prednisone, and radiation treatments soon followed. He woke several times in the night demanding food (a side-effect of prednisone) and several times more due to the brain tumours. His face and body became puffy, and for the first time Caillin didn't like the way he looked. He could no longer walk, but was able to ride around the house on a trike. At his birthday party in early October, Caillin was uncharacteristically "flat" and uninvolved; even his presents evoked only mild interest.

Continued on next page

Continued from previous page

It remains exceedingly painful to recall this period or to look at photos from this time.

I had a half-day of respite care for him each week, during which I taught a creative dance class and did grocery shopping and other errands in Portage la Prairie. I had resigned from my many volunteer commitments, and life truly revolved around caring for Caillin. I treasured our endtime together despite the emotional exhaustion. Caillin received one round of chemo in October to knock back the disease enough for a family wish trip to Disney World.

Our memories of this are mostly painful. The night we arrived Caillin had pains in the back of his neck, and we debated whether to take him to a hospital. We took him around in a stroller which he could barely fit into; neither he nor we wanted a wheelchair. Somehow we didn't figure out until near the end that we should line up in the handicapped area, and I can remember holding him for 20 minutes in a lineup once we passed the point where strollers were allowed. I do think he enjoyed Disney World much more than we did, though much less than he would have had he been healthy.

We were home a little over a week when a tumour half the size of my fist appeared on Caillin's shoulder within 24 hours since his previous bath. We took him to the cancer clinic where his morphine dose was deemed inadequate and doubled. The next day he was sleepy, the day after we could only rouse him to give him his morphine. The following day, Friday, December 7, we couldn't rouse him. We started rushing to get to the hospital, then realized that rushing was futile, phoned close family members, and drove to Winnipeg at a reasonable pace. Desperately, I cast around mentally for what to say or do. The best I could think of was to name all the people who loved Caillin in random order, including God. Over and over again, this became my mantra.

We were barely settled in a hospital room when our beloved previous minister arrived. In the hospital to visit a parishioner from his new charge, Jim Scott thought he would just check to see if we happened to be in the hospital. That day and the next many friends and relatives stopped by for awhile. I think they soon realized that we were coping, and were settling in for

however long death took. I left the room once on Saturday for a walk, at the urging of my family. When I returned, Caillin sat up and stretched his arms toward me, calling in a garbled way. It was the only action and attempt at speaking he made in those last days, and I told my family I wouldn't be leaving the room again - don't even suggest it!

By Sunday afternoon, Caillin had lost the ability to blink involuntarily. Until about 20 minutes before his death he was able to respond to our reminders to blink. In this way we knew he could hear us, and were careful about what we said. Spots the colour of dried blood appeared in his eyes, and shortly thereafter he died, hands held by four family members. The day, indeed the world, seemed empty on that clear, starry night. I took some comfort in the day of his death, 'Peace Sunday' for a boy whose name meant "peacemaker", and even more comfort that he hadn't suffered prolonged physical pain.

We held two services for Caillin, one in our tiny Popular Point United Church, filled to overflowing, and another in the chapel at Health Sciences Centre to more readily accommodate our Winnipeg friends and Caillin's hospital caregivers. We displayed many photos of happy times and supplied coloured paper for an offering of written memories from participants. Then we set about to "make" Christmas for Matthew. Really, it was the year we faked Christmas.

We remain enduringly, out-of-all-proportion grateful to those who cared for us and Caillin during that time. Dawn Kidder from Child Life tops the list for her ongoing, sensitive, and wise conversations and presence. The support of friends and community was unbelievable in both the "doing" and "being present" aspects. Although I did most of my grieving in private or when driving on the highway with one or more kids in the back seat, I always knew there were many ears and hearts available to listen.

After the repeated telling and retelling of our story in the early days, I lost my desire to talk about it or my feelings. Friends called often to ask how I was, and I would reply, "Oh, about as well as you could expect." For the pain was deep and relentless, and talking about it didn't ease it at all, so what was the point? I allowed my friends to host a 40th birthday party for me in January so they could feel better by doing something.

Continued on next page

Continued from previous page

They then organized a blessing way in which I was pampered and gifted; each described her feelings for me, and they sang sustaining songs to welcome in advance the soon-to-be-born Meriel Logan Leonora. This was reassuring, as I no longer took for granted the safe arrival of a baby.

I attribute most of my healing to sharing vicariously in the experiences of other bereaved parents through the newsletters of The Compassionate Friends in Winnipeg and in Portage Plains, and to participating in T.C.F. Christmas candlelight memorial services. I read many related books, and found the most healing insights in books by Stephen Levine, drawn primarily from a Buddhist perspective: *Healing into Life and Death*, *Meetings at the Edge*, and *Who Dies?* One of the gifts of these writings was the idea that the heart still has and knows its connection with the dead person, even though rational thought perceives only the harsh reality of physical separation. I can't express strongly enough to a profession revolving around feelings that ideas can be incredibly helpful in healing!

I found that during Caillin's illness our very capable ministers did not seem able to address the unspoken - and admittedly unanswerable - question "Why us?". After Lauren died we no doubt felt that somehow we had paid our cosmic "dues", and it seemed even more unfair to have Caillin diagnosed with a life-threatening illness. It is hard not to feel "punished" when one is undergoing such brutally punishing experiences. Eventually I concluded two things, the simplest being "Why not us? Why should this happen to someone else rather than us?" Secondly, I thought about all the good aspects of our lives and noticed that we had never asked "Why us?" in relation to having been born into nurturing middle class homes in a country with many abundances available to us, as opposed to being born in, say, sub-Saharan Africa.

Like most bereaved people, I struggled for a year or two with guilt. For me, that revolved around not talking to Caillin about his impending death. Perhaps the only good I can attribute to Lauren's death was that Matthew and Caillin and I often talked about our beliefs about the afterlife as we lay together on my bed while they fell asleep. We had often discussed what we believed had happened to Lauren, emphasizing

God's loving care and a hope that we will meet again in a form whereby we can recognize each other. I always assumed Caillin would ask about his death at the point when he started to wonder if this might happen. Several years later I would read about Kubler-Ross's conviction that children try to protect their parents from their pain, but I had no idea about that then.

We had gone to a few family counselling sessions that last fall, and I overheard Caillin playing with some super-hero figurines, saying, "Is Batman going to die? ... Is Superman going to die? ... Am I going to die?" Yet I persisted in the belief that he would talk about it directly if he wanted to, or, if not, that we would have enough time to decide to do it when death seemed close. There seems to be a real avoidance and denial in that, and perhaps an important place for spiritual caregivers to address what is so painful for a parent to talk about. Caregivers could get a sense of the parents' views about afterlife, talk with the child and parent(s) separately, and try to foster the beginnings of a joint conversation. Eventually I forgave myself, believing that Caillin would not want me to continue feeling guilty, and concluding that I did the best I could at that time.

Lest you believe healing was a quick process, I must add that it took me six years of effort, as an upbeat, healthy person surrounded with support, to arrive at a significant sense of peace in relation to my children's deaths. Reclaiming the happy memories had been a sign of the beginnings of healing; for six to nine months after Caillin's death all I could recall were the painful images of his decline. Every so often I am still struck with a sense of unreality about it all - how could all these tragic things have happened to me?

As parents we have lost any sense of safety or security; we know bad things happen to good people, sometimes repeatedly. One of my challenges has been to avoid being overly-protective of our children, to avoid instilling my darkest fears into their psyches, to avoid quashing their eagerness to meet and explore the wider world. So far I've succeeded. When my daughter gets her driver's license later this year, though, this will become a more challenging task.

I believe Caillin's and Lauren's deaths have had profound effects on our surviving children.

Continued on next page

Continued from previous page

Matthew, a bright boy who loved books and was read to a lot, slipped into the lowest reading group in grade 2 while Caillin was on treatment. He isolated himself from his classmates at recess and lunch breaks for over a year after Caillin's death, and didn't seem to regain a focus at school until grade 5. In middle school he seemed to struggle to catch up in some subjects after years of distraction. He didn't talk about Caillin much, and in grade 11 confided that he didn't have many happy memories of his brother's life. We got out the old photo albums and went through them, describing and re-memorizing the fun and funniness of their times together.

Curiously Meriel, who never knew these brothers and sister, would often say, "I miss Caillin. I miss Lauren." What she really missed was having siblings close to her age. Her childhood and youth have been similar to that of an only child, with Matthew being eight and a half years older, and never in the same school at the same time. We live fifteen to twenty miles from her schools and most friends, in a rural area with a severely dwindled young family population, so her life has been relatively isolated and centered around adults. I have been her main playmate. I think she felt her loss most keenly in about grade 8 when some girls began social bullying, and it would have been really helpful to seek advice and consolation from a sister three years older. Although she and Matthew have always had a strong emotional bond, their common interests are increasing now that she is a mature 16.

It adds significantly to parents' "grief load" to watch the surviving siblings suffer. Yet I believe our family's experiences with death have cultivated in them a greater sense of compassion and a focus on what is truly important in life. Both seem mature beyond their years.

I have come to understand in the heart - though probably still not in the head -- how joy truly is inextricably linked with sorrow, two sides of the same coin. I believe I can now feel both joy and sorrow much more deeply than "before". Not to mention compassion. From my experiences of healing through grief has come the call to train as a spiritual care specialist. As Rumi wrote in "*The Guest House*": Be grateful for whoever comes, because each guest has

been sent as a guide from beyond."

Brenda Brand's background is in social work and elementary education; she is currently working on an M.A. in Theology and has taken two basic C.P.E. units in Central Region R.H.A., as well as the practicum course at Health Sciences Centre with Karen Toole and Patricia Frain. She is a mother of five (two living), Chapter Leader and Newsletter Editor for The Compassionate Friends of Portage Plains, and member of the Central Region R.H.A. Spiritual Care Advisory Committee.

Resources

These children's books can foster a comforting sense of God's enduring love and presence in children's lives, or of death as part of the natural cycle of life.

My "Bestest" Favourite:

On Morning Wings by Reeve Lindbergh puts Psalm 139 into beautifully-rhymed couplets such as "Once when I was lost you found me. Then I felt your arms around me. ... When I'm afraid and want to hide, You are always by my side." Beautiful illustrations by Holly Meade show children at play.

Seeds of Heaven by Kim M. Henry, illustrated by Mary Anne Lard, depicts a boy on a walk with his father and juxtaposes their discoveries with quotations from the Bible about heaven and God's love, finishing with prayer of thanks for the wonder of God's creation.

Does God Know How to Tie Shoes? by Nancy White Carlstrom (of Jesse Bear fame), illustrated by Lori McElrath - Eslick. A child's varied questions about God are answered wisely in a way which show God's love and presence, followed by the child's here-and-now experience.

The Cherry Blossom Tree - A Grandfather Talks About Life and Death by Jan Godfrey and Jane Cope. A grandfather says that everything is new and different where God is "We call it heaven." Plants, animals and trees serve as examples of how God makes all things new. Grandfather reassures Harriet that in heaven "we'll be different too. But you'll know me and I'll know you. And we'll have new bodies that won't hurt or creak or wear out..."

Continued on next page

Continued from previous page

Water Bugs and Dragon Flies by Doris Stickney, offers a unique metaphor of life after death. Water bugs climb up the water lily stalks and are never seen again. Finally the remaining bugs promise that whoever climbs up next will return to tell the others where s/he went. One climbs up and is transformed into a dragonfly. He tries to keep the promise, but is unable to return to the water in his new form.

Grandpa's Garden by Shea Darian, illustrated by Karlyn Holman. A girl works with her Grandpa in his garden each weekend. One day he has a heart attack. She continues to work in his garden on her own until he gets out of the hospital. The garden is the source of wisdom about the seasons of life, death, growth and changes.

Old Turtle by Douglas Wood, watercolours by Cheng-Khee Chee. Various creatures and land forms (e.g. mountains, islands) imagine God in their own image until Old Turtle intervenes. People arrive on the scene and argue about what God is like, and then the creatures and land forms describe God as being like creatures or land forms different from themselves. Provides a wide variety of beautiful, nature-oriented images for God.

To Everything There is a Season combines the text from Ecclesiastes with beautiful art based on a range of multicultural images from Australian aborigine to Thai to Pueblo to classic Greek to Japanese to ... and so on!

The Circle of Days, based on St. Francis of Assisi, by Reeve Lindbergh, illustrated by Cathie Felstead celebrates all of life, including death, in beautiful simple verse.

The Mountains of Tibet by Mordecai Gerstein. An old man dies and is given the choice of "Becoming part of the endless universe some call heaven" or of reincarnation. Seeking the latter, he makes many choices of who and where he'll be reborn.

What is God? (This book is in the HSC library, and I don't have the author's name.) The author sets out to describe God in universal ways, with reference to what some particular faith traditions (Christian, Jewish, Muslim primarily) believe.

Secular/ Psychosocial Resources:

My favourite children's book about death:

Badger's Parting Gifts by Susan Varley. After old Badger dies, his friends remember all the things he taught them to do. When he dies, Badger is sleeping in his rocker having a beautiful dream - a wonderful description of death when the body has become incapacitated - in which he can run without his cane down a long passageway "until his paws no longer touched the earth. He felt himself turning head over paws, falling and tumbling, but nothing hurt. He felt free. It was as if he had fallen out of his body."

After the Funeral by Jane Loretta Winsch, illustrated by Pam Keating, describes some common feelings experienced by children after the death of various loved ones, emphasizing that it takes time to heal these hurts.

I Love You the Purplest by Barbara M. Joosse, illustrated by Mary Whyte. A mother takes her two very-different sons fishing. She responds to their questions about who is or does the best by acknowledging something special about each one, delivering a strong message that we are all wonderfully, uniquely gifted and lovable. (Quoted from a United Church Resources Brochure)

A Birthday Present for Daniel - A Child's Story of Loss by Juliet Rothman, illustrated by Louise Gish. Daniel has died. When his next birthday comes around, Mom says the family should have a special kind of birthday party for him. They do, and the reader gets the sense that the healing is going to begin.

On the Wings of a Butterfly - A Story About Life and Death by Marilyn Maple, Ph.D., illustrated by Sandy Haight. The gentle, honest story of Lisa, a child dying of cancer, who finds comfort and support in her friendship with a caterpillar preparing for transformation into a Monarch butterfly. The two share their quiet fears and questions, and embrace the unknown together. This story will provide a generous and uplifting start for the delicate task of talking with children - and listening to them talk - about death and dying.

Continued on next page

Continued from previous page

The Compassionate Friends (TCF) is a voluntary, non-denominational, nonprofit, self-help organization offering friendship, understanding, grief education, and hope for the future for families who experience the death of a child of any age. Our purpose is to aid in the positive resolution of grief, and foster the physical and emotional health of bereaved parents and their surviving children. There are no dues or membership fees. The Winnipeg, Portage Plains and Southwestern Manitoba Chapters offer free newsletters, as well as other programs such as memorial rituals, sharing meetings, video and print resources (including pamphlets), and telephone friends.

TCF/Southwestern Manitoba, Inc.
204 - 727-1823 (727-1TCF)
tcfswmb@mb.sympatico.ca
website: www.compassionatefriends.ca

TCF of Portage Plains, Inc.
204 - 252-2124 to receive newsletter
204-243-2169 - Brenda - other enquiries
bbrand@whpcn.net

TCF of Winnipeg
685 William Avenue (across from Health Sciences Centre)
(204) 787-4896
coffice@TCFWinnipeg.org

The Compassionate Friends of Canada
Toll Free: 1-866-823-0141
NationalOffice@TCFCanada.net
TCF of Canada has published a collection of writings by bereaved parents entitled Reflections from the Heart.

The Compassionate Friends, Inc.(U.S.A.)
Toll-free: 877-969-0010
FAX: 630-990-0246
TCF, Inc. has published a collection of writings by bereaved parents entitled We Need Not Walk Alone - After The Death of a Child

Websites I have encountered in preparing Compassionate Friends Newsletters:

The national (Canadian) TCF web site. - www.tcfcanada.net

Bereaved Parents of the U.S.A. - www.bereavedparentsusa.org

Kids Growth - www.kidsgrowth.com

Sudden Infant Death Syndrome (crib death) - www.sidsalliance.org

Survivors After Suicide - www.heartbeatsurvivorsaftersuicide.org

Teen Health - www.teenhealthcentre.com

TCF Atlanta online - An interactive site whose readers contribute their stories, in addition to articles chosen by the site "editor". There is also an archival listing of the main article/topic of the day for the previous year. - www.tcfatlanta.org/dailyonlinemessages.html

The Compassionate Friends, Inc.(U.S.A.)
www.compassionatefriends.org/

Sibling Resources - www.compassionatefriends.org/.../Sibling_Entrance.html

Older addresses, referenced in 1996:

Death & Dying Resources ~ www.cyberspy.com/~webster/death.html

Hygeia: an Online Journal for Pregnancy and Neonatal Loss
~ www.connix.com/~hygeia/

Miscarriage FAQ (Frequently Asked Questions)
~ www.internet-is.com/misckids/miscarriage/index.html

Parents of Murdered Children - <http://metroguide.com/pomc>

Pen-Parents is an international nonprofit organization providing a "pen pal" type service by connecting parents based on loss types and other special circumstances (i.e. single parents) ~ <http://pages.prodigy.com/NV/fgck08a/PenParents.html>

Continued on next page

Continued from previous page

Social Worker Tom Golden has an EXCELLENT website on grief
~ www2.dgsys.com/~tgolden/1grief.html

Poems:

Poems shared below have been drawn from Compassionate Friends Newsletters which have an understood tradition of “lovingly lifting” from each other. The writers understand that their work may be reprinted in other TCF nonprofit newsletters to help with healing.

Memoir

*I have been rich with love
I have owned it.
I did not forget it
the ten thousand tears
that grief owned me.*

*I have been to the edge of my world
a thousand times
in these ten years.
Love pulled me back.
I am rich with love.*

*After the ravages of grief
I am still rich.*

- Fay Harden, TCF / Tuscaloosa, AL
from Songs From The Edge

Writer’s note: During our sharing times, grieving parents often talk about feeling incredibly hurt and abandoned by friends and family who expect them to stop grieving and “spoiling” special occasions with their obvious pain soon after the death of their children. The pain of others’ judgments and lack of support seems to cut almost as deeply as the deaths of their children. I dedicate this poem to all bereaved parents who have experienced what it describes.

Yet, as the writer, I feel a need for a disclaimer. My own friends and circle of acquaintances have never treated me in this way, but rather have offered support and empathy over the short and long term. This is the one poem where I, as witness, take off the gloves, “get down and get brutal” about this

phenomenon, trying to shake the shoulders of a death-denying culture. It sure ain’t pretty!

*I
who have watched the ground
slip away from beneath me,
who have seen the dunes swell up to swallow me,*

*I
who have faced the abyss and spiraled into the
chasm,
who have been pulled by the quicksand’s relentless
grip,*

*I
am asked to bear false witness
to the firm footing of other people’s lives
to maintain the “it’ll never happen to me” doctrine
of our technologically advanced world*

*I
am asked to wear a false face
which doesn’t disturb the comfort of those around me
doesn’t alert them to the possibility
that they might one day be devastated and broken
as I am now*

a false face that doesn’t shout out

*that lives lost
can never be replaced...*

...I am asked to be predictable, reliable, steady

*to get over it and get on with it
to shake it or fake it*

to deny the presence of a hurricane

*in my storm-tossed life and
vouch for the possibility of quick passage
to a safe harbour.*

*doctrines...illusions... conventions... masks...
each one a counterfeit mirage
These are the public shams of a private hell...
enforced denial of our screaming, aching selves.*

- Brenda Brand
TCF/Portage Plains, MB

Continued on next page

Continued from previous page

At First

*At first
my very name was grief,
my thoughts were grief.
And everything I touched
was turned to grief.*

*But now
I own the light of memories.
My eyes can see you,
and my thoughts can know you
for what you really are:
more than a young life lost,
more than a radiance
gone into night.*

*Today you have become
a gift beyond my grief
a treasure to my world --
though you have left
my world and me behind.*

by Sascha Wagner from Wintersun
(L.A.R.G.O. Inc. 1996)

Sascha is considered the “poet laureate” of TCF. She was the founder of Life After Repeated Loss: Options (L.A.R.G.O.), and survived the deaths of a baby and an adult daughter who died by suicide.

For Lindsay

*One small life,
still casting its graceful light
into this world of large shadows.*

*One small life,
bright as a candle at dusk -
shared, in remembrance,
with sisters and brothers born still.*

*One small life,
giving to your heart and mine
a courage to find the morning.*

*One small life --
Today and tomorrow, a promise
of tenderness deeper than grief,*

of hopefulness stronger than death.

*Still casting its graceful light
into this world of large shadows,
one small life.*

- Sascha

Dedicated to Lindsay Nicole Gensler
and her sisters and brothers, born too soon,
children of Dana and Phil Gensler

To Our Surviving Children

*And you were with us
when the darkness came.
You stood and grieved
and kept yourself alive.*

We Thank You Now.

*We have not always
honored who you are
and often did not tend
your hidden sorrows.*

Forgive Us Now.

*Because you loved us
well enough to wait
until we could
return to you and know
with joy and hope and love:
you are tomorrow,*

We Celebrate Your Life.

*and while we will remember always,
always
the one, the many souls who did not live,
we see you once again
for what you are
the wealth you are:
the comfort
and the promise*

WE THANK YOU NOW.

Sascha,
TCF/Des Moines, Iowa

Continued on page 36

The University of Winnipeg has sent out the brochures for units planned in the coming year. SPE appears to be alive and well in Manitoba!

Retirements and Changes

Retirement is happening for Supervisors Ron Long and Glen Horst (see next pages for tributes). Congratulations to Tim Frymire on his new employment at Riverview Health Centre. We wish Tim every success in this new venture. We wish Joanne Biggs well in her new position at Brandon General Hospital

Annual General Meeting

The new executive for 2007-2008 is...

Chair: John Friesen

Secretary : Helen Mikalajewski

Accreditation Committee: Mary Holmen

Admitting: Harry Ritchie

Ethics: Ron Long

Education: Greg Dunwoody

Ethics News

The following is from Glen Horst, D. Min, who teaches the course.

The CAPPE Online Education program on Professional Ethics based on the CAPPE/ACPEP Code of Ethics ran from April 10 to May 18. Thirteen people from seven different regions of CAPPE/ACPEP were registered in it. The six week course provided registrants with an opportunity to reflect on what the Code of Ethics means for them in their work as spiritual care practitioners and educators. The registrants created a thoughtful and lively discourse in their response to the discussion questions and case studies on boundaries and power, confidentiality, competence, and respect and honesty.

CAPPE members interested in completing the CAPPE Ethics Training Module should contact their regional Ethics chairperson.

On the National Front

The CAPPE web site, www.cappe.org, has an update on the college development project, giving a summary of issues and challenges addressed.

Spiritual Care Continuing Education Event

Tentative Theme: Revisioning The Living Human Document And Applying This To Narrative Approaches In Pastoral Care

Presenter: Peter L. Vankatwyk, Ph.D.

Peter is involved in clinical education programs and the pastoral counseling program at Waterloo Lutheran Seminary, Wilfrid Laurier University, Waterloo, Ontario. He is a CAPPE supervisor in both Clinical Pastoral Education (CPE) and Pastoral Counselling Education (PCE). Peter has authored a number of books including *Spiritual Care and Therapy: An Integration* and co-edited *The Challenge of Forgiveness*.

Wednesday, November 14, 2007

Bethel Mennonite Church,
465 Stafford Street, Winnipeg

Registration: \$45.00 (payable to CAPPE) including lunch, refreshment breaks.

Sponsored by CAPPE.

For more information contact:

Registrar: Michele Sala Pastora at
mpastora@miseri.winnipeg.m.ca

or

Continuing Education Chair: Greg Dunwoody at
Greg.Dunwoody@gov.mb.ca

Professionals and volunteers working with children and teens will be interested in this two-day event facilitated by guest speaker Dr. Alan D. Wolfelt.

**October 24 and 25, 2007
Winnipeg, Manitoba**

\$160 for 2 days or \$85 for one day.

Please see the following links to view the brochure and poster for the workshop:

http://www.manitobahospice.ca/pdf/HPCM_DR_WOLFERT_WORKSHOP.pdf

Stride...To Move Toward Improving and Developing: A Tribute to Ron Long

If you have ever gone for a walk with **Ron** you will know that his **Long** stride equals 3 or 4 of anyone else's! He can cover an awful lot of distance in the course of a day and for 27 years those strides have been in the hallways of the Victoria General Hospital. Officially, Ron retired from the VGH in September 2006 but he was able to stay on in order to continue the teaching partnership the Vic has with Riverview and to oversee Lynn's training as a teaching supervisor. Come the end of July Ron will totally retire and his wife Judy can hardly wait for the opportunity to make summer plans without the imposition of a CPE schedule!

Those purposeful strides have led him into the lives of many who are thankful for his caring, empathetic and tender presence. They have known him to be one whom they can trust with their story and with confidence that he will be their advocate when needed. His competency in understanding and articulating the ethical issues we face in health care while putting a human face to them has made him both a valued member of the ethics committee at VGH and on the national ethics committee of CAPPE.

Ron and I go back some 20 plus years. As Lutheran pastors our paths have crisscrossed many times. When my first husband died at the Vic in 1988, Ron was "my chaplain", guiding and accompanying me and my family through some very painful and dark times. Our friendship grew and I experienced first hand the strong mentoring role he has assumed for many of us in the region. Ron is quick to encourage and support others instilling in them self-confidence, challenging when necessary and affirming gifts. I have had the privilege of learning from him and in that process Ron has shared from his wealth of teaching and life experience: trust the process, make use of your emotional self, be aware of the Holy all around and within us. None of this is new information but when one has the opportunity to witness firsthand someone who deeply understands and lives out of that conviction, there is a deeper truth to it.

Ron's absence from the Vic will be felt deeply this fall but everyone there wishes him well as he moves into a new chapter of life. All of us in the CAPPE

community offer our thanks to him for his many years of leadership and mentoring. I do not for a moment believe he will vanish off the radar screen and thankfully so, as there is lots more picking of his brain I/we need to do!

After completing CPE Residency at Riverview Health Centre in 1999, Lynn Granke worked as chaplain at Deer Lodge Centre. It was there she began exploring therapeutic clowning as "Poppy". In 2002 Lynn and her husband relocated to Geneva, Switzerland. There she was able to offer spiritual care within the context of Episcopal and Lutheran congregations. Last summer, 2006, Lynn began as Manager of Spiritual Care/Chaplain at Victoria General Hospital. Ron Long is now mentoring Lynn as she moves toward Associate Teaching Supervisor.

Grace Comes In Its Own Time

Continued from page 34

I Will Love You

*I will love you, My Child
As long as I can dream
As long as I can think
As long as I have a memory. . .
I will love you.*

*As long as I have eyes to see
and ears to hear
and lips to speak. . .
I will love you.*

*As long as I have
a heart to feel,
a soul stirring within me,
an imagination to hold you. . .
I will love you.*

*As long as there is time,
As long as there is love,
And as long as I have a breath
to speak your name. . .
I will love you. . .*

- Daniel Haughian
(amended slightly for a memorial service)

Glen Horst Tribute

By Ina Baas-Penner

On June 1, 2007, after 22 years of dedicated service, Glen Horst retired as Coordinator of Spiritual Care at Riverview Health Centre.

Glen is well known in the area of clinical pastoral education, and among his many accomplishments, he developed and coordinated a Chaplain Residency Program at Riverview – a program which received maximum accreditation from the national accrediting body.

An enthusiastic ambassador for spiritual care, Glen has been involved in areas from health care ethics to pastoral care education in palliative care to pain management to developing national CAPPE standards for professional pastoral practice and education – Glen's accomplishments are too numerous to put down here.

Perhaps the following quote from one of Glen's former students (Doug Longstaffe of Seven Oaks General Hospital – used with permission) describes it best:

"I write as one who has worked with Glen at regional and provincial levels as a fellow member of the Canadian Association of pastoral Practice and Education. I was also fortunate to be one of Glen's former students 10 years ago at Riverview.

What I have to say is short and to the point. Glen is the epitome of what it means to be a good professional. When I think of Glen, the following qualities quickly come to mind: integrity, diligence, thoughtfulness, due caution, punctuality, commitment, compassion, intelligence and dignity...He is truly held in the highest esteem by his colleagues."

As colleague I want to acknowledge, with gratitude and appreciation, Glen's various and lasting contributions to Spiritual Care, and wish him a long and happy retirement.

Well done, Glen - thanks and happy paddling.

***Ina Baas-Penner is Spiritual Care Practitioner
At Riverview Health Centre***

Do you have an event you'd like to include in the next newsletter?

**Contact:
Ina Baas-Penner
Riverview Health Centre
1 Morley
Winnipeg, Manitoba
R3L 2P4
Phone: (204) 478-6238
Email: ipenner@rhc.mb.ca**

The information on pages 38 through 40 periodically needs updating.

If you note the need to add, remove, or correct any information listed on these pages, please email Ina-Baas Penner at ipenner@rhc.mb.ca

A group of professionals posed this question to a number of 4-8 year olds, "What does love mean?"

"When someone loves you they say your name different. You just know your name is safe in their mouth."

Billy-age 4

"Love is when a girl puts on perfume and a boy puts on shaving cologne and they go out and smell each other."

Karl-age 6

"Love is when you go out to eat and give somebody most of your french fries without making them give you any of theirs."

Krissy- age 6

"Love is like a little old woman and a little old man who are still friends even after they know each other so well."

Tommy- age 6

"When you love somebody, your eyelashes go up and down and little stars come out of you."

Karen- age 7

Spiritual Care in the RHAs

WRHA

Contact:

Major John McFarlane
President & COO, Grace Hospital
300 Booth Drive, Winnipeg, MB R3J 3M7
Phone: 837-0143 / Fax: 831-0029
E-mail: jmcfarla@ggh.mb.ca

Brandon

Contact:

Kathy McPhail at 204-726-2119
E-mail kmcphail@brandonrha.mb.ca
Maggie Ramsay at 204-726-2319
E-mail ramsaym@brandonrha.mb.ca
Mona Franklin
Rev. Dr. Evert Busink (chair) at
204-728-4552
E-mail firstcrc@mts.net
Rev. Deacon John McKenzie (past-chair) at
204-727-4728
Fax: 204-727-1027
E-mail jhmac1@westman.wave.ca

Chaplains:

Rev. John Wilderspin at 204-726-2054
E-mail wilderspinj@brandonrha.mb.ca
Rev. Sherry Sawatzky-Dyck at 204-726-2597

Aboriginal Spiritual Care Coordinator:

Rachell Wilk

Central

Contact:

Helmuth Klassen at 204-428-2030

Chaplains:

Rev. Ron Falk (Boundary Trails Health Centre)
at 204-331-8809
Peter Bartel (Eastview Place and Ebenezer)
at 204-324-8295
Rev. Lorne Friesen (Eden MH Centre) at
204-325-4325
Rev. David Friesen (Salem Home)
at 204-325-4316
Rev. Morris Vincent (Tabor Home)
at 204-822-5626

North Eastman

Contact:

Lorraine Dent at 204-268-7400
E-mail ldent@neha.mb.ca

Parkland

Contact:

Mavis Wood at 204-622-6230
Rev. Allan Unger. Fax: 733-2573
Email: gracebaptist@mts.net

Educational Supervisor:

Rev. Marg McCallum at 204-638-2162
Fax: 204-638-0669 Cell: 734-0278

Nor-Man

Contact (Flin Flon):

Rev. Clare Edwards at 204-687-6054
Lynette Kowalchuk
E-mail lkowalch@normanrha.mb.ca

Contact (The Pas):

Vivian Painter
E-mail vpainter@normanrha.mb.ca

Chaplains:

Rev. Verna Jebb at 204-623-4636
E-mail: m.mcallum@uwinnipeg.ca

Churchill

Contact:

Steve Todd, CRHA at 204-675-8318
Fax: 204-675-8328
Rev. David Caskey at 204-675-2264
Fax: 204-675-2962
Churchill Health Centre, R0B 0E0

Assiniboine

Contact:

Ms Merle Teetaert
Tel 204-747-2745-ex. 235
Fax 522-3161
E-mail Mteetaert@arha.ca
#447 Deloraine, MB, ROM OMO

Interlake

Contact:

Pat Tarnopolski at 204-785-4875
Fax 204-785-4870
E-mail ptarnopolski@irha.mb.ca

Burntwood

Contact (RHA):

Stan Franklin at 204-6775386
Fax 204-7781427
E-mail sfranklin@brha.mb.ca

Contact (Thompson Christian Council):

Sister Andrea Dumont at 204-677-0163
Fax 204-677-0169
E-mail educentr@ mts.net

South Eastman

Contact:

B. Mackenzie at 204-424-6025
Fax 424-5888
E-mail: bmackenzie@sehealth.mb.ca
#470 La Broquerie, MB, ROA OWO

Chaplains:

Bill Kehler (Resthaven Personal Care)
at 204-326-2206
Fax 204-326-3521
Abe Funk (Menno Home)
at 204-434-6496 or 204-434-9193
Larry Hirst (Bethesda Health Centre)
at 204-346-5166
Fax 204-326-6479
Email Lhirst@sehealth.mb.ca
Rev. Joy Andrusaik (Vita—South East)
Email jandrusaik@sehealth.mb.ca

Selkirk Mental Health Centre

Contact:

Dwane Novak
E-mail: Dwane.Novak@gov.mb.ca

Chaplains:

Rev. Mary Holmen at 204-482-3810 ext. 382
E-mail Mary.Holman@gov.mb.ca
Elder Ernest Daniels at 204-482-3810 ext. 377
E-mail Ernest.Daniels@gov.mb.ca
Elder Carol Stettinger at 204-482-3810 ext. 387
E-mail Carol.Stettinger@gov.mb.ca

Looking forward to the fall issue, the editorial committee has chosen the theme *Spiritual Care and Humour*.

In this issue, we learned how humour has the power to touch the deepest core of a child's being, and how therapeutic clowning with children who are undergoing chemotherapy creates space for community, joy and hope. We now contemplate how humour *in general* might belong in the heart of spiritual care.

So we're looking for enthusiastic contributors to address the role of humour in *all* aspects of spiritual care, in health care, mental health, corrections... working with the elderly...perhaps to bring us humour itself. And from as many diverse perspectives and faith traditions as possible.

Send us your articles, stories, jokes... we may reserve the right to edit! Pass the word along. We look forward to the next exciting issue!

E-mail Ina Penner-Baas at ipenner@rhc.mb.ca for information and *Guidelines for Contributors*.

Directory of Manitoba's Spiritual Care Community

	FACILITY	NAME	PHONE	FAX
1	Altona Health Centre	Rev. Peter Bartel	324-8295	324-8450
2	Bethania Mennonite	Gerhard Friesen	654-5053	667-7078
3	Bethesda Health Centre	Rev. Larry Hirst	346-5166	326-3521
4	Brandon Regional Health Centre	Rev. Sherry Sawatzky-Dyck	726-2054	729-9973
5	Calvary Place	Rev. Henry Schulz	943-4424	783-7524
6	Concordia General Hospital	Rev. Kathleen Rempel-Boschman	667-1049	669-2110
7	Concordia Place	John Friesen	661-7309	661-7297
8	Deer Lodge Centre	Rev. Aubrey Hemminger	831-2592	895-3217
9	Dinsdale Home	Mjr. Winnifred Perrin	727-3636	727-2103
10	Eden Mental Health Centre	Rev. Lorne Friesen	325-4325	325-8429
11	Foyer Valade	Chaplain Aline Catnoir	254-3332	254-0329
12	Fred Douglas Society	Rev. Linda Churchill	586-8541 (ext. 135)	589-0110
13	Golden West Centennial Lodge	Mjr. Roxanne Jennings	888-3311	831-0544
14	Grace General Hospital	Mjr. Catherine McFarlane	837-0515	831-0029
15	Health Sciences Centre (WRHA)	Patricia Frain, Director	787-3884	787-1517
16	Holy Family Nursing Home	Sr. Maria Kowen	589-7381	589-8605
17	Lutherhome	Pastor Terry Thronson	338-4641	338-4643
18	Manitoba Developmental Centre	Rev. Ron Siemens	856-4200	856-4324
19	Meadowood Manor	Rev. Ed Hamm	256-1610	254-5402
20	Middlechurch Home	Christina Kowell	326-4138	
21	Misericordia Health Centre	Fr. Vince Herner	788-8285	772-4304
22	Park Manor	Chaplain John Diamond	222-3251	222-3237
23	Pembina Place Mennonite	Rosalie Loepkky	478-7965	452-8054
24	Regional Aboriginal Elder/ Spiritual Care Provider	Louise Lavallee	787-3428	787-3845
25	Riverview Health Centre	Tim Frymire	478-6281	478-6122
26	St. Amant Centre	Ursula Remilliard	256-4301 (ext. 253)	
27	St. Boniface Hospital	Fr. Gerry Ward	235-3286	235-3528
28	St. Joseph's Residence	Normand Blondin	697-8031 (ext. 231)	326-6479
29	Ste. Rose du Lac	Chaplain Barbara Sutherland	447-2181	447-2250
30	Salem Home Inc.	Rev. David Friesen	325-4316 (ext. 229)	325-5442
31	Sara Riel, Inc.	Joel Simpson	237-9263	233-2564
32	Selkirk Mental Health Centre	Rev. Mary Holmen	482-3810 (ext. 382)	482-6390
33	Seven Oaks General Hospital	Rev. Doug Longstaffe	632-3596	697-2106
34	Sharon Home	Steven Hyman	586-9781	334-2503
35	Tache Nursing Home	Chaplain Helen Torchia	233-3692	233-6803
36	The Pas - Health Complex	Chaplain Lydia Constant	623-5949	623-1506
37	Victoria General Hospital	Rev. Lynn Granke	477-3216	269-5425
38	West Park Manor	Chaplain Ken Perry	889-3330	269-5425