

Spiritual Care

“ Hope”

Hope for the Fainthearted
Page 3

Audacious Hope
in the Face of Illness
Page 4

Hope and Spiritual Care
Page 5

Developing a Personal
Theory of Hope
Page 6

Heaven’s Own Gift
Page 10

A Better Hope
Page 12

Hope as a Reciprocal
Spiritual Interaction
Page 13

To Believe is to Have Hope
Page 14

Pagan Hope
Page 15

Hope: A Humanist View
Page 16

And Much More!

Hope Abides

by Erica Block

*“Hope is the thing with feathers,
that perches in the soul,
and sings the tune
without the words
and never stops at all.”*

This little poem, by Emily Dickinson, was first given to me in a Charlie Brown comic strip. But I didn’t spot the cartoon in the paper. It came to our house instead within the contents of a letter from a grieving cousin. Her husband had dropped dead in the driveway while shoveling snow. And she was struggling to find light in the darkness.

I too grapple with darkness, as do so many in our time. We desperately cling to hope as we endure a sometimes unbearable present. Hope that things will get better. Hope that our needs will be fulfilled. Hope that things will change. Hope that that the lion and the lamb will eventually lie down together. Hope that an eating disordered daughter will finally come to embrace her being.

And in our common hope, which feeds off optimism and expectation, we become vulnerable to disappointment. As violence erupts again and again. As the cancer recurs. As our prayers remain unanswered.

Thich Nhat Hanh describes hope, in fact, as an obstacle. Yes, hope can make the present moment more bearable as we believe in a better tomorrow, “*but if you can refrain from hoping, you can bring yourself entirely into the present moment and discover the joy that is already there.*”¹

And it is true. As we live into our darkness, our present moment, without expectation, we sense *the thing with feathers*, and we know that we have not been abandoned. This is Hope...the intangible, sustaining energy beyond reason. The gift of the heart, says David Walsh, Spiritual Director; not a virtue to be exercised. And Hope is never disappointed.

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 hope 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 by printing further reflections on hope in our next or a future edition.

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:

Joy Andrusiak
Ina Baas-Penner
Joanne Biggs
Erica Block
Timothy Fenlon
Lorne Friesen
Ted Hicks
Larry Hirst
Doug Longstaffe
Norman Meade
Helen Mikolajewski
Laure Salo

If you have comments on this newsletter, please contact:

Ina Baas-Penner
Riverview Health Centre
1 Morley Avenue
Winnipeg, MB R3L 2P4
Phone: (204) 478-6238
Fax: (204) 478-6122
Email: ipenner@rhc.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.

As a nurse with a background in oncology and intensive care, I am often asked how I can work in such a depressing environment. How do I remain positive or give hope to those on death's doorstep in Intensive Care or offer hope to those with a longer extended period on oncology, but nevertheless facing the inevitable mortality of life?

One cannot ignore the problems of life, but dwelling only on the problem often makes the problem appear bigger than the solution or makes the problem unmanageable. One has to look at the present circumstances, look to the past for areas to on which to build or re-construct, and look to the future for meaning.

As a nurse, it starts with a relationship with each patient and his/her family. Like the opening of a boxed puzzle with all the pieces scattered on the table, one starts to assemble the picture of this individual and his background. What is the unique character and what are the circumstances this patient brings to our unit? What are the unique concerns for each patient, emotional, physical, spiritual, financial or social. Where is God in his picture and how is his creator perceived?

The seeds of hope are established in the initial meeting: "You will not be going through this alone. There are many who will come along side you to assist you." These are the other pieces in the puzzle. These are the pieces with "the right fit." When the bumps in the road occur and they will occur, we are there to make the road smooth. The patient is reassured, if something is not working, we will look for other options. Trust is established and the relationship unfolds.

The framework of the puzzle is the person's past. These include the broken relationships and unresolved emotional and spiritual issues that are the heart and soul of a person. Out of this framework comes the expression of the concerns of the heart - anger, frustration, disappointment and denial to name a few.

As there are many people working on the puzzle, many are able to speak to the belief system and water the seeds of hope. At times, it is reframing her belief system which needs to be challenged. Other times it is pointing out how hope was realized in the past and then to reinforce this.

To prepare the patient for the future, the clinician and others involved in the care help the patient to look at the "bigger picture". They help the patient to see the God of the universe involved in all the detail of her life along the way. The caregiver will point out the many promises that were fulfilled in her life and often there is a waiting period involved. Sometimes, the clinician reveals stories of personal experience to give hope. It is also a time to reflect on the growth that occurred during the difficult periods of life. As a plant goes through painful pruning, in time it will bear an abundance of foliage or fruit.

At times it is a struggle to let go of the past, the familiar and what is held dear to the heart. It is in pointing out how God was able to care for every detail of their lives, they are able to release themselves and their loved ones into God's hands and move toward the fulfillment of their own future.

It has been said, hope deferred makes the heart sick. But to hope in a God who keeps promises is peace and joy to the heart.

Linda Gsols is a Registered Nurse in Oncology and Intensive Care.

Hope Abides

Continued from Page 1

As we live through the short days and long nights of this rather unusual winter, we hope you find sustenance in these many diverse reflections on Hope. We thank the many contributors for taking time to render their thoughts into words. "Where there was no human reason for hope, there she was."²

References

¹ Thich Nhat Hanh, *Peace Is Every Step* (New York, NY: Bantam Books, 1991)

² Wendy Wright, "The Long, Lithe Limbs of Hope," *Weavings: A Journal of Christian Spiritual Life*, The Upper Room, Nov/Dec, 1999

Erica Block is a Spiritual Care Worker at Seven Oaks General Hospital.

Email: eblock@sogh.mb.ca

And now these three remain: faith hope and love. But the greatest of these is love” (1 Corinthians 13).

Love may well be the greatest of this famous trio, but hope is powerful too. Hope is a complex idea that touches on acting and waiting, the past and the future, expectation and uncertainty. Influencing the lives of patients and those who care for them, it causes fear and also brings great comfort.

Charlotte Stephenson, Professor of Nursing at Georgia Baptist College describes hope as “a process of anticipation that involves the interaction of thinking, acting, feeling and relating, and is directed toward a future fulfillment that is personally meaningful”. This broad perspective on hope acknowledges hoping, like loving, to be something we do, with our language, with our feelings, with our actions. It extends hope beyond the realm of searching for a cure, or the future promised by God. We feel hope inside us, we think about hope, we act on our hope.

When they reflect on the issues associated with hope, health care providers typically express concern about two kinds of patients, those with too much hope - false hope — and those with too little. How, they wonder, can they bring a realistic perspective to the false hopes? How can they instill hope in the others? In both these areas there is abundant room for learning and personal growth.

One of the easiest ways to deal with the issue of false hope is to follow the example of African-American activist history and think of it not as false, but rather as audacious hope. Audacious hope, according to Gretchen Generet and other scholars, is the ability to take action toward a goal that has little likelihood of being achieved, like being freed from slavery, or getting African-Americans the vote, or curing certain forms of cancer, for example. When you think of it, almost every first-time achievement has its roots in audacious hope. Someone imagines a future too good to be true, and audacious hope leads to action.

Audacious hopes and false teeth have a lot in common. We shouldn't separate them from their owners without a very good reason. How many illnesses have subsided in response to audacious hope? How has audacious hope led to medical discoveries we now take for granted? False hope is seen as a bad thing, based on unrealistic thinking, something we

have to change. Audacious hope, on the other hand, is a motivational phenomenon, something we can name, support and talk about.

We can relax in the face of audacious hope, knowing that the illness experience is a journey. Hopes that seem ill advised at its beginning will likely change and refocus as time passes and new information is understood. Perhaps our greatest struggle as caregivers on an illness journey is to keep our hopes audacious enough to match the hopes of our patients so that we can give them the support they seek.

Being a long time advocate of hope, I was there with my hope-instilling tools, ready to take charge when my mother received the news of her inoperable cancer. “Others can give you information,” I said boldly, “but only you can decide what to hope for.”

Knowing the importance of symbols, I brought her a hopeopotamus to cuddle. Knowing she respected my opinion, I accompanied her to appointments, consulted specialists, voiced no objection to the magic pills recommended by a neighbour and visited as often as I could.

My mother's journey did not unfold as we had expected. If there are stages to be gone through, she went through them backwards, accepting death at the beginning, ignoring the possibility near the end. When it became indisputably clear that her death was only a few days away, her chaplain, the nursing staff and I waited for some acknowledgement from her. After all, she was a pillar of the church, a woman who had planned many funerals and sat, unflinching, beside people who were dying. The staff had tried to talk with her, to find out if she had last wishes. They wondered if I ought to try.

So I asked her if there were things she wanted to say. To my surprise she roused herself. “I am tired of having that death and dying stuff shoved down my throat,” she said. Though it had been some time since we last heard her laugh, she laughed and gave permission when I asked her if I might share her message at a conference for palliative care workers. It was our last real conversation.

Reflecting on it later I saw that somewhere along the journey our hopes had diverged.

Continued on Page 9

As a Hindu I believe in Karma – as we sow so shall we reap. I also believe in reincarnation. I believe that the soul travels through many lives in order to perfect itself and eventually attain unity with God.

These two concepts make it easier to deal with my own life and give me the courage that if I help others I will be rewarded with peace at the time of my passing.

I also find that a close relationship with God helps one face anything in life. A close relationship with God can be developed through meditation.

I have found that meditation with the goal of surrendering everything at the feet of the lord has been very helpful with helping people unburden their hearts of guilt, fear and sorrow. This feeling of being unburdened makes it easier for those facing life problems or the fear of death.

Often, when people are faced with uncertainty they feel alone. Meditating with the focus on God as a friend can bring comfort and hope to people.

Often when people are ill they feel nobody can relate to their fears. They may feel guilty to share their fears with family because they do not want to worry them or they may find that people do not want to talk about their illness because they themselves are afraid of death. Making a connection with God through meditation is often very healing and gives a lot of hope.

Certainly I have seen those who pray and meditate on surrendering all difficulties to God undergo miraculous healing. Sometimes the most miraculous healing is the ability to transition from life to the other side with comfort and peace.

In the Hindu faith it is believed that if we die with the lord in our heart and his name on our lips we attain heaven or enlightenment. I would say that it has been my experience that those who pass with the lord on their mind seem to let go of life more peacefully than those who have not yet found peace with their maker or with their life experiences.

I would like to share one of my favourite stories that illustrates this most beautifully.

I knew a woman who had six children. She lost her husband at a young age and had raised some of the children alone. She had had a life of struggle but her relationship with God gave her a lot of tolerance and strength.

Before she was about to die she told her daughters that she was soon going to meet the lord. A week later she went to the bathroom and then called her daughter in, she asked her to call her sister home from the office. She then told her daughter to sit on the floor. She laid her head in her daughter's lap and waited for the other daughter to return home. When she arrived she asked her to bring holy water. The daughter did so and she asked her to put it in her mouth. She took the lord's name, drank the holy water and died with her two daughters by her side.

The transition into the realm of the lord was so smooth that it took a few moments for the two daughters to realize that their mother's body was present but her soul was with the lord.

I believe we can all have this type of experience if we learn to connect with God. The reality is, as soon as we take our first breath, we are walking toward our last breath. If we spend every moment between the first and last breath realizing that life contains many ups and downs that train us to be more loving people we will love our life and leave this world with a joyful heart.

If we live our life with anger or jealousy rather than focusing on how we have enjoyed life we will not have inner peace and will look back on our life with regret. When it comes time to leave we will find it hard to leave peacefully.

Meditation, sitting or walking in silence with the focus on being with God helps release the burdens of our heart. Slowly we will feel the presence of God everywhere.

When we are able to hear God's voice in the laughter of children, see God in nature, feel God's love in the embrace of a dear friend we will understand that we are never alone.

Once we see and hear God everywhere we will be able to tune in to God and surrender all of our difficulties at God's feet.

Continued on Page 11

I have been summoned
To explore a desert area
Of the heart
In which explanations
No longer suffice ...
An arid, rocky
Dark land of the soul,
Sometimes illuminated
By strange fires
Which we fear
And peopled by spectres
Which we studiously avoid
Except in nightmares.

And in this area
I have learned
That one cannot truly know hope
Unless he has found out
How like despair
Hope is!

Thomas Merton (133 Augsburgers).

I have deliberately entitled this paper: “Developing a Personal Theory of Hope” to acknowledge the complexity of this concept, and to honor my own evolving, unfolding, expanding understanding of hope. From my reflections and readings, I have, overall, more questions than answers about hope and the human capacity for this “virtue”.

I realize that hope cannot be considered without also considering its opposite – hopelessness. And, I recognize and respect the diversity aspect of hope – the differences and commonalities in people’s hope, and some of the implications for healthcare staff.

What is hope?

There are as many definitions of hope as there are people. Augsburgers, in *When Enough is Enough* defines hope as “imagining, choosing, trusting that there is another way” (156). For Vaclav Havel hope “is not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out.”

Another common definition of hope that I have encountered in my exploration is: hope is possibility even in the face of probability.

Finally, Eric Fromm (131 Augsburgers) states:

To hope means
To be ready
at every moment
For that which
Is not yet born,
And yet
Not become desperate
If there is no birth
In our lifetime.

However we define hope for ourselves most would agree that hope is a good thing, and that without it life on our planet would be dismal, or even non-existent.

How Does Hope Develop?

How does one develop a capacity for hope? Are some infants born with a greater capacity for hope than others? Is hope influenced by nature or nurture? Or both? Does one of these have more influence than the other?

At this time in my exploration of hope, I believe that we are born with an inherent capacity for this, and that the basis of hope is trust. When an infant’s cries for attention are responded to with reasonable consistency, trust starts to develop, and this increases hope. Conversely, if an infant’s cries are consistently unheeded, trust is eroded; hope is undermined.

As an infant grows into childhood and beyond, life experiences, self-concept, resilience, imagination all contribute to the growth or diminishment of hope. Even when childhood experiences have not encouraged our capacity for hope, it is Eric Fromm’s contention that: “However shattered an individual’s hope may have been in childhood, if s/he lives in a period of hope and faith, hope will be [rekindled]....” (Augsburgers 137).

Augsburgers also indicates: “The capacity to hope, the tendency of hopelessness are learned and relearned all throughout life.” (137)

In childhood and early adulthood it seems hope very much depends on expectations: to have our needs heard and responded to, to be successful, to find true love, to find meaningful work, to contribute to society.

Continued on Next Page

Developing a Personal Theory of Hope

Continued from Previous Page

As these expectations are met our trust in life and in ourselves grows, our self-confidence and our view of the world are shaped, reshaped and expanded, and our hope increases.

What would it be like if Hope merged with Hopelessness? (Chopra)

As difficulties and challenges inevitably arise in our lives, our hope is impacted. Depending upon our resilience, beliefs and values, past experiences with coping, support system, and our “hope bank account”, we navigate these times more or less successfully. We adjust to changed circumstances, discover new dreams, and find renewed hope for our lives.

However, some challenges and losses in life are so devastating, and undermine our confidence and hope so profoundly that we find ourselves in a barren land of “no hope”, where previous beliefs and values are badly shaken, or totally evaporate. Navigating such passageways require tremendous courage at a time in our lives when our energy, along with our hope, is at a low point.

Regarding such times, Chopra writes:

“Disillusionment is part of the process [of finding true hope], and a blessed part.” (47) Blessed in the sense that if, during this time, we are able to find something/someone to help us remain calm until we find an anchor deep within ourselves, a seed of new hope can grow.

For example, a woman recently diagnosed with cancer and attending chemotherapy treatments found that sitting on her porch gazing at the oak tree in her yard rekindled her hope. Waiting, acknowledging our hopelessness, provides an opportunity for true hope to emerge – hope that is not tied to outcomes or expectations.

Augsburger writes:

“Hope work begins with awareness, with the recognition of things as they are. Painful as it may be, reality must be faced and embraced. Hope-work is first the work of acknowledging our despair”. (p.162)

As T.S. Eliot writes in *East Coker*:

I said to my soul,
Be still,
And wait without hope,
For hope
Would be hope
For the wrong thing.

In Tibetan Buddhism, one of the four noble truths of the Buddha is that suffering is part of life: Pema Chodron notes in *When Things Fall Apart*: “It [suffering] doesn’t mean something is wrong.... The word for hope in Tibetan is *rewa*; the word for fear is *dokpa*. More commonly, the word *re-dok* is used, which combines the two. Hope and fear is a feeling with two sides. As long as there’s one, there’s always the other.”(40).

As human beings we live in the tension of opposites: love and hate, good and evil, hope and hopelessness. Many who have written on the topic of hope/hopelessness (Chopra, Augsburger, Chodron) believe that humanity lives with this tension and our challenge is to balance this as best we can – always with an awareness that, at times, hope may increase; at other times, we are more aware of hopelessness than we are of hope.

It takes self-awareness, an accumulation of life experiences, and huge courage not to panic when we find ourselves in a land of seeming hopelessness; a place where the very ground of our lives has crumbled and collapsed beneath us.

If we are able to stay in a place of awareness at the edge of panic, beyond this groundlessness we eventually discover another place to stand, a *terra firma* previously unknown.

Augsburger also acknowledges duality when he says that hope and hopelessness “must be held in creative balance, in living tension...Hope can rise and fall as situations change; hopelessness can well up in one for periods, and then dissipate.” (135)

Loss of options often decrease our hope; however, when we envision new options our hope again increases even if that new option is to respond in a different way to seemingly having no options.

Continued on Next Page

Developing a Personal Theory of Hope

Continued from Previous Page

As Deepak Chopra notes in his article, “Radical Hopelessness”: “If hope is your guiding beacon, you must be willing to view it metaphysically, in that region where hope ends....The only kind of hope that will succeed is one that melts into its opposite and thereby achieves peace.”

Augsburger’s view is that:

“When one no longer clings to hope with desperation or despair, then hopelessness can be appreciated as the sadness, grief, impotence, and despair that it is. It can be separated from the hope that remains. When hope and hopelessness are called out and strengthened, both poles begin the slow work of finding their proper place within the self.

To limit hope, to limit hopelessness is the task of developing a mature inner wisdom. When one seeks to eliminate hopelessness and experience unlimited hope, a presumptuous optimism takes control of the self” (p.135).

And, finally, paraphrasing Rumi, the great Eastern mystic and poet:

There is a field beyond hope and hopelessness.
I’ll see you there.

In order to find this field beyond duality, we must be prepared to acknowledge our hopelessness as the beginning point of a voyage into true hope – hope in spite of probability or outcome.

Differences and Commonalities In Hope: What are the implications for healthcare professionals?

The hope journey is different for each of us, even though there may be some commonalities. When something unexpected enters our life – for example a serious or terminal illness – it has a profound impact on our hope. We each respond differently depending on our past experience, beliefs, values, expectations and so on.

For healthcare professionals it is important to be with persons/patients in a non-judgmental way as they struggle to come to grips with an unexpected

diagnosis or prognosis. To allow patients to feel their feelings – of anger, denial, sadness, grief – without getting caught up in our own fears opens the way for hope.

Conversely, if we dismiss a patient with the judgment of, for example: “S/he’s in denial” – it may be an easy way out for the healthcare worker, but it certainly doesn’t help with that patient’s possible journey into a place of true hope – “Hope ... not that everything will be okay, but it will be okay no matter how it turns out.” (*Living with Hope video*).

As healthcare workers, it is necessary for us to reflect on our own beliefs and assumptions about hope, and to take time to reflect upon our own hope journeys. When I reflect on what gives me hope in life right now, and how this might change if I were hospitalized with a (terminal) illness, the following would (likely) support my hope:

- To be treated with dignity and respect – with a sense that my individual life matters; that I am a person first who happens to be a patient at this time.
- Kindness, and a sense of safety.
- Privacy and quiet surroundings. Having healthcare workers speak to me in a confidential way, not loudly so that my privacy is disrespected. I acknowledge ‘privacy in space’ is a luxury in today’s hospitals; however, much could be done to attain this even in crowded conditions.
- Being involved in my own healthcare decisions; being trusted with information.
- Freedom to choose; self-determination.
- Not being “talked out of” how I feel, and or being told how I “should” feel.
- Having the spiritual support I choose readily available.
- On the material side: having a cd/tape player so I could listen to music and to words that inspire me.

Continued on Next Page

Developing a Personal Theory of Hope

Continued from Previous Page

Conclusion

As Director of a Spiritual Care Department in a large urban hospital, I believe a focus on hope helps us to live out our departmental vision of inclusivity, and of celebrating diversity. A language of hope transcends religious, spiritual and cultural boundaries.

It is also a language the scientific/medical community understands and respects; hence, opening doors which “religious” language often closes. Hope language allows staff to journey respectfully and compassionately with all patients and families including those from atheistic or agnostic points of view.

My reflections on hope have reinforced the importance of raising awareness of this concept in health-care settings. Health care workers, for example, through inservices and continuing education sessions could be encouraged to reflect on hope with questions such as: What happens to my hope when everything I love and value is gone? How might I readjust my hope in the face of terminal illness? How do my thoughts affect my hope? How can I connect with patients in a way that is helpful in their hope journey? What gives me hope? What is the relationship, for me, between meaning and hope? Stories of hope could be told; symbols of hope could be shared.

It is evident that to foster hope in others, we must come to know hope in ourselves and be aware of the role of hope in our everyday lives. We must not fear the hopelessness that inevitably emerges from time to time, but learn to know that this is a normal part of living, and to trust that beyond this place there is a field – a “timeless region” (Chopra 47).

We, in healthcare, must find that field for ourselves; it is only then we can become a hopeful presence for our patients.

References

Augsburger, David. *When Enough is Enough: Discovering True Hope When All Hope Seems Lost*. California, USA: Regal Books, 1984.

Chodron, Pema. *When Things Fall Apart: Heart Advice for Difficult Times*. Boston & London: Shambhala, 1997.

Chopra, Deepak. “Radical Hopelessness” in *Tikkun*. Vol. 19 #6 (no date).

Edey, W., Jevne, R.F. & Westra, K. *Key Elements of Hope-Focused Counselling: The Art of Making Hope Visible*. Alberta: The Hope Foundation, 1998.

Jevne, R.F. & Miller, J.E. *Finding Hope: Ways to See Life in a Brighter Light*. Indiana: Willowgreen Publishing, 1999.

Jevne, R.F., Nekolaichuk, C. & Boman, J. *Experiments in Hope: Blending Art and Science with Service*. Alberta: The Hope Foundation of Alberta, 1999.

Shapiro, Rami. “Meet the Messiah; Kill the Messiah”. *Tikkun*. Vol. 19, #6 (no date)

Videotapes:

“Living with Hope”. University of Saskatchewan Health Research Foundation, 2004.

“This Thing Called Hope: Part I What is Hope?” and “This Thing Called Hope: Part II: Experiencing Hope.” Alberta: Hope Foundation, 1998.

Patricia Frain is the Director of the Spiritual Care Department at the Health Sciences Centre in Winnipeg. Email: pfrain@hsc.mb.ca

Audacious Hope

Continued from Page 4

We who cared for her had begun to hope for an end to her suffering, accompanied by a final reckoning with the life she had lived. She, on the other hand, was hoping to be surprised when the end came. It was an audacious hope, given the evidence, and I am grateful that I was there to share the surprise with her.

Wendy Edey is Director of Counselling at the Hope Foundation of Alberta, a centre for hope studies. Her work integrates three personal passions, hope, humour and storytelling.

Dedicated to the memory of Sandra Hope Narvey

"Such is hope, Heaven's own gift to struggling mortals; pervading, like some subtle essence from the skies, all things, both good and bad."

—Charles Dickens, *Nicholas Nickleby*

The Czech writer and playwright Václav Havel once wrote:

I am not an optimist, because I am not sure that everything ends well. Nor am I a pessimist, because I am not sure everything ends badly. I just carry hope in my heart.... Life without hope is an empty, boring and useless life. I cannot imagine that I could strive for something if I did not carry hope in me. I am thankful to God for this gift. It is as big a gift as life itself.

Implicit in Mr. Havel's personal reflection is a question: What is the nature of "hope" for those who are terminally ill? Usually we measure an impending death with a criterion based on "length of days" – which is one of the basic, biblical rewards for loving God and fulfilling God's desires for an orderly world. But, except in the case of an infant's or child's death, this is surely an inadequate way to value life, as Nakae Chomin noted in *One Year and a Half* :

One day I visited Dr. Horiuchi and inquired how many days and months before my death. I asked him to speak truthfully and hide nothing. With much to do and enjoy, I wanted to use completely every last day. To make plans for my remaining days I asked how long I had to live.

The rather innocent Dr. Horiuchi thought for a few minutes and then replied quite uncomfortably, "One year and a half; perhaps two years if you take good care of yourself." I told Dr. Horiuchi that I had expected to live only five or six months and that in one year I could certainly reap a rich harvest from life.

Some of you may say that one year and a half is very short; I say it is an eternity. But if you wish to say it is short, then ten years is

also too short, and fifty years is short, and so, too, is one hundred years. If this life is limited in time and that after death is unlimited, then the limited compared to the unlimited period is not even short: it's nothing. If you have things to do and enjoy, then isn't it possible to use quite well one year and a half?

As fifty and one hundred years disappear, so, too, does the so-called one year and a half. Our life is nothing but a single empty boat on a non-existent sea.¹

Even our declaration that an impending death is "God's will" does not release us from a difficult reconciliation to the reality of our mortality. So what is the point of our asserting that "hope" is important to the well-being of those who are dying?

There are living people who know with certainty that they are in the process of dying. Yet they greet each day as an opportunity to touch others' lives. They teach that no moment of life is surplus, to be treated thoughtlessly. They keep busy. They appreciate every expression of compassion and concern. They are comforted by visitors. Workers desire to comfort them and are even comforted in return.

A well-constructed, sensitive visit is a blessing and a gift, for it gives the dying an opportunity to reaffirm that they have not lost feelings of gratitude, humility, and confidence that life is still meaningful even as it is ending. In other words, those who are dying may sometimes remind those who will live after them that the end of life – which all of us face, sooner or later – calls for us to never abandon the virtues and qualities that earn us our humanity.

Václav Havel is again insightful in identifying this affirmation:

Hope is definitely not the same thing as optimism. It is not the conviction that something will turn out well, *but the certainty that something makes sense, no matter how it turns out.* [italics added]

In this sense, hope is not a promise of remission, healing, or eternal life, nor the denial of death.

Continued on Next Page

Heaven's Own Gift

Continued from Previous Page

Within Judaism – my own tradition – those who have lost a loved one utter a prayer at the graveside and subsequently at least three times daily called (for almost a year) the “Mourner’s Kaddish [=sanctification],” which affirms that the deceased played a part in fulfilling God’s desire for a world of peace, harmony, and respect between people.

It is the assertion that it mattered that I made a difference – no matter how modest – while I lived.

It is the answer to the longing to make sense of death: the affirmation, as poet David Ignatow has written, that those who have died **did not fail their lives**.

References

¹Nakae Chomin, *One Year and a Half* tr. Robert Jay Lifton, Shuichi Kato and Michael R. Reich (cited in *The Oxford Book of Death*)

Rabbi Pinsker is Associate Rabbi and Scholar-in-Residence at Congregation Shaarey Zedek in Winnipeg.

He works with members of the congregation and other residents of Winnipeg of all ages as rabbi-teacher, pastoral counselor, and crafter of teaching-tales, puppet shows, and study materials intended to guide anyone interested to places and moments where the spiritual and the material worlds are connected.

At their best – when God smiles on these ventures – those who have participated know a little more about how they can make their own lives part of that union of heaven and earth.

Email: associaterabbi@shaareyzedek.mb.ca

“You can’t lose hope as long as you’re making friends.”

- Robert Wicks

“Learn from yesterday, live for today, hope for tomorrow.”

- Albert Einstein

I dwell in Possibility –
A fairer House than Prose –
More numerous of Windows –
Superior – for Doors –

Of Chambers as the Cedars –
Impregnable of Eye –
And for an Everlasting Roof
The Gambrels of the Sky –

Of Visitors – the fairest –
For Occupation – This –
The spreading wide my narrow Hands
To gather Paradise –

- Emily Dickinson

Hope & Spiritual Care

Continued from Page 5

We will feel God carrying us in times when we have little control and this will give us great faith and hope.

Learning to meditate or talk with God can give hope to those at any stage of life. Meditation can be used to release sorrow, jealousy, grudges or to find a path when life seems most confusing.

Meditation can be used by those suffering from illness. Meditation can help the family members of those who face terminal illness. It can help those who live once a loved one has gone.

Meditation is simply communing with God. I feel blessed to have been given the gift of showing people how to talk to God and have loved seeing the healing effects it has on people’s lives. It is a lovely way to find hope and peace by tuning into God’s silent and gentle presence everywhere.

Christine Machiraju is the wife of a Hindu priest and mother of four children. She is a yoga and meditation teacher. She was born into a Roman Catholic family and later married into a Hindu family .

She enjoys learning about all religions and feels that there is only one true religion, the religion of love.

“*Hope*” – it is one of those words that means a wide variety of things depending on who is using it. I have been asked to reflect on the concept of “*hope*” held by conservative, evangelical Christians.

The author of the New Testament Epistle to the Hebrews uses the phrase “better hope” (7:19) to describe the “*hope*” of the Christian Faith. Such an acclamation is dangerous in our present climate of religious tolerance and interfaith respect. An immediate suspicion falls like a long shadow over any claim that a particular spiritualities’ perspective is “better” than others. Conservative, evangelical Christians must live with this for their very understanding of the Scriptures as the inerrant and inspired Word of God requires such.

The theme of the Epistle to the Hebrews is that Jesus Christ is “better than” all that 1st century Judaism embraced. The Epistle insists that Jesus is the fulfillment of OT prophetic expectation. Jesus is the promised Messiah. In regards to “*hope*” the author of Hebrews writes, “*The former regulation is set aside because it was weak and useless (for the law made nothing perfect), and a better hope is introduced, by which we draw near to God.*” (Hebrews 7:18-19).

The regulations spoken of were those Levitical regulations, found in the Torah, regarding the priesthood and how that sacred office was to be carried out. Hebrews speaks at length about how Jesus’ priestly function is better than that of the Levitical priesthood of 1st century Judaism. It is in this context that the writer speaks of a “*better hope*”. “*Hope*” in the context of the Epistle to the Hebrews has to do with how we “draw near to God” (7:19c).

Drawing near to God is the central aim of all theistic spiritualities. It certainly is the theme of the Torah with its regulations that were to be followed so that people might draw near to God. It is also the theme of the NT Gospel. So how do conservative evangelicals understand how one draws near to God? What is their “*better hope*”?

This “*better hope*” is that people draw near to God by entering into a trust relationship with Jesus Christ. This “*hope*” (the means by which one draws near to God) is essentially the object of faith as described in Hebrews 11:1, “*Now faith is being sure of what we hope for and certain of what we do not see.*”

The hope of the Jewish community of the 1st century was one based on the observance of the Torah. The “*hope*” was that by keeping the law one could draw near to God.

The “*better hope*” spoken of in the NT Scriptures as they are understood by conservative, evangelicals is that one must draw near to God by entering into a personal relationship with God based on believing that Jesus came to show us the way into a relationship with God through his life, teaching and substitutionary death and resurrection.

The “*better hope*” is a person, it is Jesus Christ, and it is by Him that we can draw near to God. This “*better hope*” is not wishful thinking, it is not dreaming of what might be, it is not a hope fixed on some anticipated possibility, it is not positive thinking. It is a certainty based on the character of God and His absolute faithfulness to all that he promises to those who place their faith in Jesus.

This “*better hope*” is also called “the blessed hope” (Titus 2:13) “...we wait for the blessed hope – the glorious appearing of our Great God and Savior Jesus Christ...” for it is in the appearance of Jesus Christ, in His promised Second Advent that all the promises of God will be fulfilled.

So for the conservative evangelical Christian, “*hope*” is all about Jesus Christ and the promises of God made to those who believe in Him. For conservative, evangelical Christian there is no hope apart from Jesus Christ; no hope apart from living in relationship with God in Jesus Christ; no other means by which to draw near to God.

This is why the words of Jesus in John 14:6 are so tenaciously embraced by the evangelical Christian. For when Jesus proclaims, “I am the way the truth and the life, no one comes to the Father but by me.” He is saying, “I am your “*hope*”.

Larry Hirst is Chaplain at Bethesda Health Centre in Steinbach, Manitoba.

Email: lhirst@sehealth.mb.ca

"God comes like the sun in the morning---when it is time."

- Carlo Carretto

Hope as a Reciprocal Spiritual Interaction in End of Life Care

Hope is an elusive concept that is hard to assess and even more difficult to measure. Facilitating hope is an important spiritual intervention to the care of those living with far advanced disease. Even in the context of uncertainty and turmoil hope fostering strategies provide a powerful, yet simple mapping to a person's meaning of life (Duggleby et al., 2006; Duggleby & Wright, 2005; Herth, K. 2000; Holtslander, L., 2005). But hope also provides a reciprocal spiritual interaction between two people that can symbolize a personal and professional connectedness between two hearts. Although I had witnessed many spiritual care workers discuss this connection during rounds I had never experienced this phenomenon myself, until I was given the honour to care for a nine year-old girl dying from Leukemia.

This little girl's awareness of her bleak future was evident by the writings in her journal. She often asked me to read them with her and that is how we began to discuss her feelings, fears and concerns about her disease progression. Even though she shared her private thoughts with me and I felt I was truly connected with her feelings, I later learned there was so much more than connecting by words.

One day as I was completing her morning care, she looked at me with her tearful big brown eyes and asked if I would be her best friend. She explained that since she had become sick and spent most of her time in the hospital, over the last year, she had lost contact with many of her friends. I eagerly accepted her request and immediately felt overwhelmed by a spiritual emotion that I later came to realize was hope. She smiled and we hugged. At that moment I realized she had strengthened my hope of connecting with her and establishing a therapeutic relationship that spiritually connected our hearts. I believe that I strengthened her hope by being her best friend because she did not want to die without one. I believe this because later that day she presented me with a picture. She drew two stick figures and marked them "u" and "me". In between the figures was a big red heart. On the picture she wrote, "The best nurse and friend, Best Goofy Buddies, You are my heartbeat and I Luv U." I cherish this picture and it is framed on my wall.

This little girl drew me a picture of hope and I am grateful to her. She taught me how to recognize and measure hope through a reciprocal spiritual connectedness of hearts. For the first time I truly understood that a therapeutic relationship not only consists of sharing words, but rather, sharing a spiritual bond of hearts facilitated by hope. What I shared with this little girl has changed the way I practice as a nurse. It has made me a better person both personally and professionally.

Since that time there have been several moments that I have witnessed spiritual care workers who are gifted in creating a spiritual connectedness with their patients and families through the use of hope. I admire their work and have a new appreciation of their skills. By using hope to create a reciprocal spiritual interaction between two hearts, end of life care is enhanced both to the person and their family as well as the caregiver.

References

- Duggleby, W., Degner, L., Williams, A., Wright, K., Cooper, D., Popkin, D.,
- Holtslander, L. (submitted April, 2006). Living with Hope: Initial Evaluation of a Psychosocial Hope Intervention for Older Palliative Care Patients, *Journal of Pain and Symptom Management*.
- Duggleby, W. & Wright, (2005). Transforming Hope: How elderly palliative care patients live with hope. *Canadian Journal of Nursing Research*, 37 (2), 70-84.
- Holtslander, L., & Duggleby, W., Williams, A., & Wright, K. (2005). The Experience of Hope for Informal Caregivers of Palliative Patients. *Journal of Palliative Care*, 21 (4), 285-291.
- Duggleby, W., (2001). Hope at the end of life. *Journal of Hospice and Palliative Care Nursing*, 3 (2). 51-57.
- Herty, K. (2000). Enhancing hope in people with a first recurrence of cancer. *Journal Of Advanced Nursing*, 32 (6), 1431-1441.
- Darlene Grantham is a Clinical Nurse Specialist at the Winnipeg Regional Health Authority Palliative Care Program*
- Email: grant150@mts.net*

Muhammad, the Prophet of Islam (peace be upon him) advised: "A believer cannot be without hope. To despair of God's mercy is akin to disbelief".

Muslims are also reminded in the Quran (our revealed scripture): "So verily with every difficulty there is relief, Verily with every difficulty there is relief" (Quran: 94:5-6). For us, this continuum of difficulty and relief, the calamities and tragedies of every day living, are, in the context of Islamic tradition, trials and means of coming closer to our Creator.

This makes for a very soothing and comforting frame of mind. Muslims are directed to see all of life's difficulties as trials and tests rather than punishments. Islam also offers the assurance that if we are patient in adversity and constant in worship and good deeds we will be honoured by God" who will grant us success not only in this life, but in the life hereafter." Give glad tidings to those who patiently persevere who say when afflicted with calamity - To Allah we belong and to Allah is our return " (Quran 2:155)

One of the fundamental Islamic beliefs is that there is life after death - that is, all of us will be held to account to how we lived our lives and taken to either heaven or hell accordingly. All is seen by Muslim in this context- life on this earth is temporary and that the true and eternal life will begin after death. How we live our lives here and now will determine our eternal life.

Since Muslim believe in heaven and hell they believe that our deeds and the mercy of the Creator will be our judge as to whether our eternal life is spent in agony of hell or the peace and bliss of paradise.

This however is tampered with the absolute belief in the infinite mercy of God and His promise that He forgives all those who sincerely repent. This fosters hope and deters from despair and feelings of abandonment.

The Quran states: O you who believe, persevere in patience and constancy; vie in such perseverance, strengthen each other and fear Allah that you may prosper (3:200). This concept of persevering in patience (sabr) is the best shield against stress and the best tool for managing stress. (Q 2: 155-157). This concept motivates and regulates distress. Sabr directs

our sorrow and grief away from negative impulses to a positive and proactive frame of mind. It holds a Muslim together when all seems to be falling apart.

The concept of trust in God (tawakul Allah) helps Muslims through great trials and times of stress and trauma. Some may falsely think that this contradicts self-reliance and responsibility. On the contrary, what putting our trust in God accomplishes is an internal support mechanism that sustains Muslims through crisis.

This reliance on Allah does not mean that our faith is not tested or that we do not experience grief. Rather it ensures that, in combination with sabr, tawakul and sincere worship, Muslims are able to have a perspective that is hopeful, resilient and enables them to accept whatever befalls them. While sometimes we may require help from spiritual counselors, family and friends, this holistic approach to life and life events and the absolute belief that this is not the eternal life and so the pains and tribulations associated with it are also temporary, fosters a sense of relief and hopeful attitude.

Muslims can never feel helpless since God reminds us in the Quran: "Allah is sufficient as Helper and Friend". The belief that God has power over all things is also empowering and allows Muslims to see beyond the limitation of the created to the Infinite power of the Creator. Take for example the news that a loved one has been diagnosed with a fatal condition - this reminds a Muslim that if God wills He can cure and if he has willed to take this life, He will provide for and sustain us through this adversity when we are patient and grateful.

The fear of the Creator in Islamic frame of reference is not numbing helplessness but hopeful proactive adherence to please and gain the pleasure of Allah; be it through thanks giving in time of bounty or patience in times of adversity.

Shahina Siddiqui immigrated to Canada in 1976 with her family and has lived in Winnipeg since. She is the founding member and president of the Islamic Social Services Association Inc. She is a senior board member of the Canadian Council on American Islamic Relations and board member of the Social Planning Council of Winnipeg. Shahina is a freelance writer, spiritual counselor and speaker.

*"When we are gone, they will remain
Wind and rock, fire and rain"*

We were in a wilder part of a public park, rehearsing a pagan funeral. I say rehearsing because no dead pagans were involved, real or impending. Instead we were focusing on a faded peony flower, but thinking the whole time about how this ritual would work if the focus was one of us.

*"They will remain, when we return
The wind will blow, and the fire will burn"*

The song is a simple chant, typical of modern pagan liturgy. And in a way it says all you need to know about modern pagans, their faith and their hope.

When I first encountered Wicca, I found it a very different religion. For instance, all practitioners, not just clergy, functioned as priestesses and priests. It taught and used magic routinely. Most importantly, it fostered the practice of immanent contact and collaboration with gods, powers and spirits, and the seeing of ourselves as spirit, powers ... and in a sense, gods. All this while remaining pretty down-to-earth.

Guilt and dread were conspicuously absent. Instead, the focus was on personal responsibility, awareness, care, strength and knowledge.

You might ask, Where is God in all this? But the right question is, Where are hurt, fear, plea-bargaining, anger, loss and dread, in all this? Where are cancer, amputation, rehab, mental illness, divorce, endometriosis and fibromyalgia, in all this?

In the midst of "the whole catastrophe" of life, what hope do Wiccans find in their faith?

Well for a start, many Wiccans profess to believe in reincarnation. Not mystically, but almost prosaically. (As my friend in South Carolina says, "Of course I believe in reincarnation. I don't need to know how it works. We've all seen *carnation*, and we don't know how that works, either.") Wiccans often speak of the Summerland, a place of rest and regeneration between lives. And the Charge of the Goddess, one of our only sacred texts, says "*I give the knowledge of the spirit eternal; and beyond death, I give peace, and freedom, and reunion with those who have gone before.*"

But after-death theology isn't much help when you're deep in illness and worry. What hope in life do modern pagans have? Because they do -- your average pagans are not worried, desperate or hopeless people but, as academic Dr Ronald Hutton states, "*are unusually lively, independent, and adventurous people who demand a ... religion, which affords them the maximum scope for self-development.*"¹

I think it comes down to two things which practicing Wiccans know.

First, we know we are not alone. This isn't theology, this is experience. The simplest Wiccan ritual requires the calling of the spirits of the east, south, west and north, the invocation of one or more gods, and occasional involvement with other spiritual energies and the interaction of energies of the other Wiccans in the circle.

*"They will remain, when we return
The wind will blow, and the fire will burn"*

No-one who has worked in Wiccan circles for any length of time can feel alone. In Wiccan practice there are many opportunities to work with, lend aid and seek aid from others, embodied or not. We acknowledge there is such a thing as malice, but we also know it is rarer than many might guess.

And secondly, we know our selves. We know our own power and its limits. We seldom avert our eyes from anything, including death and pain. One of our ceremonies requires that the person make a will, examine her life, and then go through a ceremonial death and rebirth. Wiccan gods have dark faces as well as bright, both of which are honoured.

Where is God in all this? Where is hope? The Wiccan worldview is inherently hopeful in the here-and-now. Far from living in a bleak endless clock-work universe, or an adventure story with a beginning, middle and end, the Wiccan universe is always unfolding -- busy, crowded, beautiful, and a constant surprise.

A frustrated reporter, having heard a few minutes of poetry in response to his questions, once asked a Wiccan elder, "All right, but is the goddess real, or is she a metaphor?"

Continued on Next Page

Humanists, like every human being, need to be cared for, and care is particularly important in times of crisis, failing health, or the time near death. That need for care is linked with hope, a positive perspective of the future. In spite of many reasons a person may have to harbour negative feelings about the events to come, the need for hope is a need for reassurance and a reminder that there are things in the future to look upon with happy expectation. This need exists for all, theist or non-theist, spiritual or non-spiritual.

Hope is reliant on faith – for Humanists, faith that humanity and life as a whole will carry on. In non-life-threatening circumstances, the faith might be in the ability of the human body to heal itself or in humanity's ability to heal. End-of-life hope is that the person's journey has been completed and that they have gone as far as they can go in that journey, that they have achieved something significant, that others care about them. This view of hope is perhaps easier to visualize for an elderly person who is tired and ready to say good-bye. But for a younger person, it is important to ensure that they have "permission" to die from their loved ones, and that any fear of dying is tempered with a feeling of peace and acceptance of the fact of mortality.

For a parent, faith that the family will carry on provides hope. Similarly, the faith that the body will heal itself might provide a positive environment for recovery from serious illness, as would faith that life will survive a crisis, devastating though it may be. For a young person, hope means realistic reinforcement of the expectation that things will turn out all right or that there is worthwhile life ahead in spite of a physical loss or abrupt change (such as the discovery that one has an incurable disease or that one has lost a limb).

Faith is an important part of hope for a Humanist, but that is not faith in an anthropomorphic being with super power, or in a mythical entity that has supposed omnipotent control of the future. Humanists do not feel the need to display subservience to an almighty being; rather, they recognize that the natural world will turn as it must. In a sense, theirs is a faith that a forest will survive even though it loses a specific tree; that a team will carry on even though a teammate is lost; that a family will continue to flourish in the absence of one of its members. Hope reflects the

need of someone in crisis for a more stable, healthy future, for someone who is ill that they will recover, and for someone in their last days that their family will remember them.

The provision of hope-support is essential to those in state of vulnerability. The need for hope-support reflects a person who is "on the edge" and who may feel insecure. Hence, compassionate care professionals have the challenge of providing that support in a manner that is sensitive to the mind-set of the person in need. Humanists, like anyone else, need this support.

Barrie Webster is a retired professor from the University of Manitoba where he spent 26 years in the field of environmental analytical chemistry of pesticides.

He is also enjoys being an active musician, playing the cello, mandolin, and banjo. Dr. Webster is currently president of the Humanist Association of Manitoba and lives in Winnipeg.

E-mail: bwebster@mb.humanists.ca

Pagan Hope

Continued from Previous Page

He replied, "She is all real, she is all metaphor, there is always more."

I don't know what the poor reporter thought of this, but it's legitimate theology. There is always more.

References

¹ Dr Ronald Hutton, Bristol University, "The Triumph of the Moon"

"Bell of Winnipeg" is a Winnipeg Wiccan initiate and elder who has studied, taught and practiced Wicca in Winnipeg for 17 years. An electrical technician for many years, she is now a full time writer and reporter.

The chant "When We Are Gone" was written by Starhawk and Anne Hill.

Hope Vigil at Winnipeg Health Sciences Centre

When I begin a Hope Vigil, I always begin by praying Thomas Merton's words, "*My Lord God, I have no idea where I am going, I do not see the road ahead of me....*" (Merton, p. vii) For me, these words describe my experience as I begin my one hour hope vigil at the Spiritual Care Department in the Health Sciences Centre in Winnipeg.

The idea of a vigil at the Health Sciences Centre began after I viewed the film *Scared Sacred* by the Canadian documentary videographer, Velcrow Ripper. In his film, Ripper studied the ancient Buddhist practice of Tonglin Meditation, of breathing in suffering and breathing out compassion.

Eventually Ripper picked up his cameras and set out to seek the places in the world that have experienced the greatest suffering and atrocities: Afghanistan, Hiroshima, Palestine, Israel, the site of 9/11, and Auschwitz. At these places, he practiced what he called, "Inner Disarmament". At each place, he imagined a person in great suffering, and imagined their suffering as a cloud to be breathed in ... "I breathe in suffering, I breathe out compassion".

I wondered if a large trauma hospital which sometimes is a place of great suffering and vulnerability might be a good place to practice this type of meditation and so I approached Patricia Frain, the Director of the Spiritual Care Department at the Health Sciences Centre in Winnipeg. Patricia and the staff of the department felt that a vigil of some sort would be a good idea and so this fall, we began what has been named "The Hope Vigil". As Patricia and Ted Hicks – the Department's Volunteer Coordinator – explain, this is a time when the sanctuary space becomes a still centre in the often chaotic environment of this large trauma hospital, a time when it is our intention to hold a place of silence, stillness and hope in the midst of the noise and busyness, the suffering and confusion of the hospital. The focus of the Hope Vigil is to be a healing presence for the patients, their families, and the staff.

When I meditate in the sanctuary space, I practice a variation of the Tonglin Meditation. I breathe in God's mercy and breathe out compassion; I also practice Centering Prayer and visualization. Participants are encouraged to practice a meditative rather

than a verbal form of presence, prayer and reflection, and anyone who wishes to practice is encouraged to use the prayer bowl (a bowl that is filled with prayer requests from the hospital community), and a candle as a focus for their meditation time.

The sanctuary at the HSC is a very busy place, but it is the hope of the staff that more volunteers might be found to practice the Hope Vigil.

As I practice my one hour vigil, I draw on my vast past experience as a nurse in a busy hospital and as a patient and again, I pray Thomas Merton's words, "...I need you for all those who suffer, who are in prison, in danger, in sorrow. I need you for all the crazy people....I need you to name the dead; I need you to help the dying to cross their particular rivers. I need you for myself....." (Merton, p.141) Amen.

References

Velcrow Ripper, *Scared Sacred*, National Film Board, 2004

Thomas Merton, *Dialogues with Silence, Prayers and Drawings (2001)*, Jonathon Montaldo (ed), Harper San Francisco, N.Y.

Sue Morris, a retired nurse, is a volunteer with the Spiritual Care Department at the Health Sciences Centre in Winnipeg.

Email: suelainemorris@aol.com

To find out more about the Hope Vigil at HSC, including information about how to volunteer in this or any program of the Spiritual Care Department there, contact Ted Hicks at 204-787-4062 or thicks@hsc.mb.ca

"When everything is dark, when we are surrounded by despairing voices, when we do not see any exits, then we can find salvation in a remembered love which is not simply a recollection of a bygone past but a living force which sustains us in the present. Through memory, love transcends the limits of time and offers us hope at any moment of our lives."

- Henri Nouwen

Does Hope Spring Eternal, or, Does It Sometimes Spring A Leak?

An old saying says; “hindsight is twenty-twenty”, because, looking back, we always get a much clearer picture than in the mist of future. When asked to write to the topic of hope, my mind went forward to what it is I hope for in the world, and back to what happened in the past when I had lived in hope. Our history is an important part of who it is we are. It is our foundation, the rock on which we build. The voice of experience teaches us and helps us avoid life’s pitfalls if we so choose to listen to that voice. Choosing to listen is the optioning of experience; knowing our gifts is the optioning of hope.

Hope, as we enter an examination hall, wondering if indeed we had studied enough. Hope that the one who was to grade our examination would have a great amount of some form of blindness when it came to our offering. Hope that might have been shattered when we saw our final, just passable, grade. Did we study enough? Probably not, and yet we had control over that situation.

Hope, on the other hand, is different when things are beyond our control. Hope that our blood tests will come back with a good balance between white and red cells. Hope that our x-ray will show no shadow on our lungs. Hope that the symptoms are merely an easily treated virus. Hope that the prognosis is favourable.

We live with all kinds of hope in our daily lives. It is part of the fabric of our lives as common as brushing our teeth in the morning. But, as humans, we don’t usually appreciate the gift of hope and what it can mean until we encounter a crisis. We are, naturally, (most of us anyway) hope-filled people. We are mostly positive in outlook, and in life, and hope for us means that the glass is half-full as opposed to the opposite. I feel that this positive attitude is essential for people to know hope.

Having worked in Chaplaincy now for over twenty five years I have been constantly amazed at the gift of hope I have witnessed in people’s lives. I sincerely mean HOPE. I am not referring to a Pollyanna emotion which flies in the face of reality and brings about denial, but a deep sense of hope present, which brings about trust, which brings about healing.

Hope, for a Chaplain, has to be one of the most humbling experiences. As is our wont, we come to visit patients, to journey with them, to listen to their story and, in our different faith traditions, to try and bring the gift of hope to them. How many times have we arrived bedside to find a positive person, filled already with hope, filled with plans for the future, with a system in place to face each day as it comes, ready to surmount all obstacles, regardless of how bad we know their prognosis to be? How many times have patients shown us their gift of hope? How many times have we been touched by the hope we have seen in the determined journey towards healing of those we serve? Some of the best examples of hope for me have been at the bedside of patients; some of the best lessons in humility have been brought to me by the light of that hope in that patient’s eyes; some of the most grounding thoughts have been that, when hope is present, the person has almost everything they need to fight for what they treasure.

Hope is a powerful emotion. What is it powered by? Is it faith, that deep faith that comes from the depths of our being? Is it a self-actuated gift of confidence? Is it a desire to heal? Is it a sense of wellbeing, knowing that we are at peace with the world around us? I suppose it is any and, at the same time, all of the above.

Our profession opens many doors to us. Our profession is a daily classroom of human behaviour. Our profession shows us how strong people can truly be. Our profession offers us the opportunity to be hope-filled for those we serve, to offer the gift of hope to those who may have tired on the journey, and when we too are tired, to benefit from the hope we encounter every day. Hope is a cycle of life, may we be bringers, and at the same time, receivers of this great gift.

Gerry Ward is Director of Spiritual Care for St. Boniface Hospital and a consultant on Spiritual Care to the Catholic Health Network. He is a graduate of the University of St. Michael’s College, University of Toronto. He has mostly served in parish ministry but has been a “priest on call” with every hospital in Winnipeg during his professional years.

Email: GWARD@sbgh.mb.ca

The Anatomy of Hope: How People Prevail in the Face of Illness by Jerome Groopman, M.D. (Random House)

“Pandora, the first mortal woman, received from Zeus a box that she was forbidden to open. The box contained all human blessings and all human curses. Temptation overcame restraint, and Pandora opened it. In a moment, all curses and blessings escaped and were lost – except one: hope. Without hope, mortals could not endure.”

So begins *The Anatomy of Hope*, and likewise so ends this exploration of ‘hope’ by Jerome Groopman in his concluding chapter, “Lessons Learned.” “Hope, I have come to believe,” states Groopman, “is as vital to our lives as the very oxygen we breathe.” *The Anatomy of Hope* is a book about healing, in which Groopman, a hematologist-oncologist, asks, “Why do some people find hope despite facing severe illness, while others do not? And can hope actually change the course of a malady, helping patients to prevail?”

Using a collection of case studies, as well as his own experience of debilitating pain, with all its concomitant emotional struggles, following unsuccessful spinal surgery, Groopman explores the notions of *false* hope and *true* hope, *undying* hope, and the inherent *right* to hope. He comes to the conclusion that hope is what gives people the courage and resilience to endure – that hope is what “inspire[s] the courage to overcome fear...”

Recognizing, through his patients’ experiences as well as his own personal experience, that hope exerts “potent and palpable effects” not only on one’s psychology but as well on one’s physiology, Groopman describes an authentic biology of hope that supports the notion that a person’s emotional and spiritual outlook – his or her mind-set - can alter the chemistry of the brain, and likewise alter the course of a disease process and/or the person’s experience of illness.

Avoiding sentimentality, Groopman writes in a clear, honest and direct narrative style, and with a deep and abiding respect for his patients and fellow human-beings. *The Anatomy of Hope* is a highly readable work – even the supporting ‘hard science.’

I am a 30 year old woman living with a form of Muscular Dystrophy. Through chronic illness and frequent admissions to hospital, I have become very familiar with "Hope". For me, hope is not just a concept; it is a way of life.

During times of what seemed like utter darkness, a flickering of hope shone from a tiny flame. On more than one occasion, I was ready to throw in the towel ... my fight was over, or so I thought. I had endured too much physical and emotional trauma. My body said “enough is enough”, as strength continued to drain from what was left of me.

However, my body spoke too early. My spiritual battle was far from over! There remained in me a glimmering hope that sustained me through my tribulations. I did not know if, when, or even how I would succeed in conquering the darkness but I hoped I could. This bit of “hope” was not physically tangible, I could not see or touch it; nevertheless it was there.

It was hope that carried me into dreams of healing and of brighter days ahead, dreams that satisfied my soul. A future seemed inconceivable, but a small part of me, hidden deep within, still desired it. I clung to hope and thankfully *hope* is above circumstance!

I am here today and I owe that to a 4-letter gift God blessed me with: HOPE! That is what it is, a gift with no guarantees other than the inconceivable and unimaginable. Hope rises from the ashes of *faith*. With faith, anything is possible!

Hope ceases to exist without despair; to be in despair, is to have once known hope.

Ms. Tully is an accomplished artist and holds an Honours Degree in Sociology from the University of Winnipeg.

Email: bltully@gmail.com

"Hope is an orientation of the spirit, of the heart. It is not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out."

- Vaclav Havel

This column focuses on matters of practical interest to Spiritual Care Workers with reference to either their clinical practice, or systemic factors in the workplace. It approaches this quarter's theme of hope from the perspective of its function as a catalyst.

Hope – A Clinical Catalyst

As spiritual care practitioners we work frequently with meaning-making at both the cognitive and emotional levels of the human soul. Therefore, from the clinical interests of our profession, the following words from one of the 20th century's more prominent theologians, could not be more important.

“What oxygen is to the lungs, hope is to the meaning of life” – Emil Brunner.

The insights of theologians like Brunner need to be proven in the field. When I worked full time in Mental Health, our institution conducted a survey in which we asked patients what they considered to be most important in their care and treatment. The highest percentage of patients reported hope as their #1 need. This is a very strong message to care providers about the significance of this dimension of the human spirit. I believe it deserves such a high ranking, because hope acts as a catalyst for the emergence of other aspects of the human self, necessary to health and wholeness.

But hope can be a tricky thing. People speak of true hope and false hope. None of us want to facilitate in the promulgation of false hope for our patients or clients. What then is true hope, and how does it promote health and facilitate healing?

At the outset, we need to acknowledge that hope is not convincing yourself that only good things will happen to you in the future, or even that one particular good thing will happen to you. It is true that hope is an attitude that looks upon possibilities with expectation and desire. But it does not require the murder of one's intelligence. As Rabbi Kushner reminded us back in the 70s, bad things do happen to good people. Pretending otherwise, is only setting up our self and others for disappointment.

Is hope then the belief that we will “perhaps” dodge the bullet? That does not exactly seem adequate either, but the use of the word “perhaps” in the

sentence is a step in the right direction. When we say the word “perhaps”, we indicate our realization that we cannot control future events. But what many people call hope, appears much like an attempt at such control through predicting. Although predicting can masquerade as hope, it is actually an attempt to reduce fear through the illusion of control.

True hope is not at all about control but about its opposite, namely openness. It is about being open to possibilities instead of needing to predict outcomes. There is power in such a belief, because it opens us up to feelings of excitement associated with sitting on the edge of the unknown (see the writings of Yvonne Agazarian). Hope is excited by the unknown and is therefore characteristically an energized state of mind, not a fearful one. Simply put, it is precisely not being able to predict what will happen next in a novel or in a motion picture, that keeps us interested.

So, we can see how confessing our belief that we may or may not dodge the bullet provides a legitimate challenge to the despondent or depressive thinking that tells us to expect only the bad. But hope involves more than the above openness to possibility as important as that is. For hope is not only that which connects us to the excitement of the unknown, it is also that which connects us to the excitement of that which is known, but from which we are often separated when we are not hopeful. I am speaking of our desires.

When we have no hope, we tend to shut down our desires because they only remind us of that which we believe we will not possess. But we need our desires in order to feel vital and alive. With hope, we can dare to feel our desires as there is a chance that they may be fulfilled. In this way, hope leads us to more than the realization that we may indeed dodge the bullet, for it stretches us to believe that even more may be possible. In opening us up to possibilities, hope connects us to those deeper parts of our self where the longing of our heart resides. This is a good example of how hope is a catalyst that brings into play other aspects of self.

In addition to connecting us with our deeper self that is the place of desire and longing, hope also has an interesting connection to trust. Human beings tend to regard the future much as they have regarded the past.

Continued on Next Page

Continued from Previous Page

Hope in the future is largely based in our belief that what has been true of our past, will be true of our future. This is of course not always correct (and at times thankfully so) but there is a certain degree of validity to it, inasmuch as we all develop trust based upon previous experience.

For example, to be realistically hopeful about our own impending surgery we do not need to know the future any more than we need to know how to perform the surgical procedures that will be employed on us when we are the one lying on the table. Perhaps the surgery will not work, and it is important for us to be in touch with that possibility as part of having a realistic hope. But if we are truly hopeful, it is likely because we trust our surgeon. We place ourselves in her/his hands because we trust the person based upon her/his past successes. This is what makes it a realistic hope and not a false one based in wishful thinking stemming from the need to predict.

Hope is not falsely certain about outcomes for hope is not certainty. On a spiritual level this is experienced not as a trust that things will work out the way we want, but a trust that there is something or someone beyond us who is trustworthy. We trust that we are somehow not totally on our own, nor in hostile hands. This stems from an acknowledgment of how we have experienced our past as meaningful. We know things have not always gone *our* way, but we sense that we have been part of a larger more transcendent connection. This sense of being connected gives us hope that we can approach the future with the same sense of trust, and it is this hope that sets us free to live in the present moment with little fear. So hope and trust beget each other.

Although people certainly can and do lose their hope and their trust, it is also true that some individuals and some communities maintain hope and trust in the transcendent even when some of their previous experience has included a sense of abandonment. Such is the potential of the human spirit and its need for hope. Indeed, long term Mental Health patients have taught me the most about such hope and trust amidst adversity.

Such trusting in the presence of the transcendent can

also lead us to act on this trust. This is to risk taking action without any guarantee of success, but to risk it because of our hope. This is the true exercising of faith and it is hope that provides the condition for it to exist. Born of true hope, such faith is not acting as if we will certainly achieve what we want. On the contrary, a faith born of such hope acknowledges that it is not at all certain of outcomes. Instead, it acts upon the belief that we do not act alone. Of this too, we cannot be certain in any absolute sense of knowing, but we take action as if we were. It is our belief, and that is why we need hope and faith to accompany it. The integrity of faith acting “as if”, is based in our previous experience of the transcendent in the past. The value of faith acting “as if”, is that it makes life worth the act of living.

The clinical implications of hope are indeed impressive. It is a catalyst for excitement, desire, trust and faith, and perhaps for much more, one can easily imagine what such a hopeful progression of attitude could mean to someone on a post stroke rehab ward, or to an inmate preparing for release back into the community, or to someone recovering from the loss of a loved one. In all these instances, motivation to live, to act, and to have ones being, begins with hope.

To summarize, to be hopeful is not to convince your self of positive affirmations that do not come close to resembling the truth. It is instead to accept the energizing reality of our condition and within our situation, to claim a place for ourselves as those who do not walk alone. I close with the thought that it does our soul good to have a little hopeful imagination born of the stuff of life, the lived reality of our journey. Tolkien says it well:

All that is gold does not glitter, not all those who wander are lost, the old that is strong does not wither, deep roots are not reached by the frost. From the ashes a fire shall be woken, a light from the shadows shall spring: renewed shall be the blade that was broken, the crownless again shall be king. JRR Tolkien (from *Lord of the Rings*)

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. Email dlongstaffe@sogh.mb.ca

In Pali, the North-Indian dialect that the historical Buddha spoke, *apekkha* is the word usually translated as *hope*. This is something of a mistranslation, a product of the Judeo-Christian conditioning of the Western scholars who first translated the ancient Buddhist texts. The literal translation of *apekkha* is *waiting for* or *looking for*.

Buddhism, at its core, is not a religion and not faith-based. Rather it is a system of mental development, the first intention of which is to achieve a deeper understanding of how the universe works. "I analyze, I do not philosophize," the Buddha said.

Two great streams of mental development are nurtured with methods refined over millennia by accomplished practitioners. The first of these is Vipassana, or Insight. The microscopic investigation of experience with a mind sharpened by Insight practice reveals that our ordinary notion of time is an illusory concept, an organizational convenience. All experience is seen as being created in the present moment. The past is understood to exist only in memory and the future is recognized as entirely speculative. The concentrated mind does not engage in speculation, nor is it preoccupied with dreaming of a non-existent past. The second great stream of development is Sumatta, which means equanimity, balance, and peace. The mind well-tempered by Sumatta practice is steady, compassionate, patient and tolerant.

All practitioners are taught to develop insight and compassion together. The idea is to achieve a clearer understanding of the present moment so that when an action is initiated, the consequences are more likely to be wholesome and thus beneficial for the practitioner as well as for other beings. (The Buddhist view is that a mental action is identical in weight, substance, and effect to a physical action.) In this way, Buddhism teaches that it is more useful to turn away from the passivity of hope - *waiting for, looking for* - and turn towards the creativity of intention and aspiration. Aspiration is derived from the Pali word

asassa, which means breath, breathing, sign-of-life. Aspiration is the direction of the life-force. Fear is fixation on the likelihood of bad outcomes, consequently fear cannot exist if the mind is completely focused on the present moment. Hope is fixation on the likelihood of good outcomes, consequently hope cannot exist if the mind is completely focused on the present moment. Fear and hope are related, since both are forms of wishful thinking that pull our physical, mental, and emotional resources away from the present moment, the moment where actions are undertaken and the basis

for outcomes of any sort are established. When actions are formulated by a mind preoccupied with fantasies of the future, good or bad, the likelihood that actions will be animated by wisdom and compassion is reduced.

A truly accomplished mind exists in a state of compassionate clarity, regardless of circumstances. Actions are motivated by wisdom and kindness. Outcomes are useful, helpful, and full of love.

But what about the rest of us? The advice from the accomplished ones is that we can all aspire to achieve the state of compassionate clarity by committing right now to ethical,

energetic, and loving thoughts and actions as best we can. The developmental process is never ending; even the Buddha himself had a meditational practice.

My teacher, the Ven. Namgyal Rinpoche, one of the first Westerners to be recognized by the Dalai Lama and other Buddhist leaders, was once asked "What is the relationship between trust and enlightenment?" Rinpoche answered, "Complete trust is complete enlightenment."

The Pali word for *trust* is *saddha*, often inaccurately translated as *faith*. *Saddhana* is a Sanskrit term derived from *saddha* that means *method of attainment*. This trust, in the Buddhist view, is not a passive state, but an active, confident, and creative engagement with method. And in Buddhism we have lots of methods. We say pick one, and get started.



Continued on Next Page

No Hope, No Fear

Continued from Previous Page

Many of you are spiritual care professionals working in the health-care realm. So here are a few observations that will apply to some of the Buddhists you might encounter in your work:

The Buddha referred to old age, sickness, and death as the 'Three Messengers', meaning that trouble is a wake-up call. This call often comes too late for those that are not accomplished in the developmental practices described above.

Buddhists like this are believers, that is, they recognize the Buddha to be a great teacher, a god even, and they subscribe to a measure of magical thinking by hoping (hope in the regular North American sense) for positive outcomes brought about by unseen forces. Should one of these people receive a wake-up call from one or more of the Three Messengers, they will also experience the dark side of hope, namely fear. These people will find comfort, as would anyone, in the kindness of caring professionals, family, and friends.

More rarely, you will encounter a long-time practitioner of Vipassana and Sumatta. These people respond to the Three Messengers differently than do the simply devout. To practitioners, the wake-up call is a confirmation of the nature of reality, rather than a debilitating shock. How will you know these people? You will know them by the fact that you feel comforted in their presence, rather than the other way around.

Gerry Kopelow is the founder and resident teacher of the Dharma Centre of Winnipeg.

He has studied a variety of Buddhist practices and done several retreats over a period of twenty-five years with his principal teacher, Namgyal Rinpoche. Gerry has received two lay ordinations in the Karma Kagyu lineage of Tibetan Buddhism, and is authorized by Ven. Namgyal Rinpoche to give a number of initiations in this tradition.

Gerry is also an internationally published author, lecturer, photographer, with a wide range of skills in such diverse fields as the fine arts, business, and personal development.

As an artist Gerry has received recognition and support from the National Film Board of Canada, the Manitoba Arts Council, and the Canada Council of the Arts. As a commercial photographer he operates an international practice with a long list of clients.

Gerry's writing and photography have appeared in many North American periodicals and magazines. His textbooks on photography are distributed world-wide and are respected as definitive works in the field. He has lectured and delivered workshops for a variety of professional groups and academic institutions, including The Pratt Institute, The Cooper Union, The University of Florida, The Georgia Institute of Technology and the American Institute of Architects. He has also been a lecturer at the Harvard Graduate School of Design where he was invited to establish a continuing education professional development program.

For more than a decade Gerry has donated his professional services to the United Way of Winnipeg for annual campaigns that raise millions of dollars each year for critical community service agencies. He has provided similar assistance to Winnipeg Harvest Food Bank, the Winnipeg Health Sciences Research Foundation, and to the Winnipeg Childrens' Hospital Research Foundation. Gerry is a member of the Winnipeg Interfaith Council, which promotes the development of harmony among Winnipeg's rich mix of ethnic and spiritual cultures.

Email: gkphoto@yahoo.com

Looking for spiritual care practitioners - who would be interested in periodically doing presentations to the clients of the Health Services For The Elderly Program at 425 Elgin Ave.

This program provides a variety of clinical and therapeutic services to high risk, frail seniors of the Downtown/Pt Douglas community. We are looking at enhancing the services offered by further development of a spiritual care component.

Please contact Bonnie Lussier, Program Coordinator @ 940-1637 or email blussier@wrha.mb.ca.

*As Offered at the Health Sciences Centre, Winnipeg
December 14, 2006. Prepared, written, and led
by Spiritual Care Specialists Ruth Ross and Kurt
Schwarz*

The following ritual was presented to offer those in a hospital setting a chance to gather and process some of the struggles, uncertainties, and grief from their lives in general and their experiences in the hospital in particular. The ritual honours the diversity of peoples in a public setting.

The outline of the ritual includes more words than were written on the bulletin handout. The addition includes the words spoken by the leaders, for your convenience.

We are grateful to Ruth and Kurt for making it available for others to use or adapt in their own settings whenever appropriate. May it engender hope in all who read it and any who experience it.

Welcome to the Longest Night Service. This is a time set aside to gather together - where you are invited to rest, to reflect and to honour those feelings that we may feel do not somehow “belong” during a season of expected light and celebration. Please join in the responsive reading in your bulletins.

Responsive Reading #1

ONE:

This is the season of high expectations and low tolerance.

This is the season of too much and too little.

This is the season of remembering the good, the bad and the ugly.

This is the season of too busy and yet too lonely.

ALL:

This is the season of hurts held within.

ONE:

This is the season of searching for a star.

This is the season of risking our truths.

This is the season of seeking the wise ones in life.

This is the season of hearing the deep call to deep.

ALL:

This is the season of healing in body, mind and soul.

Opening Words of Welcome

At this time of the year, we find ourselves surrounded by light – the light that glows from brilliantly lit trees, carefully dressed decorations, and stories that proclaim how the light can shine forth out of the darkness.

At this time of the year, we find ourselves hearing carols that speak of love, family, togetherness and the joy that we are assumed to not only feel, but are expected to also extend to others.

But at this time of the year, we may instead find ourselves experiencing what some may describe as a heaviness or darkness within our hearts and minds. We may not feel joyful or even particularly giving. We may feel left out and alone. And we have our reasons. And it is often when we are surrounded by light, surrounded by other’s joy, that our own sadness or loneliness is all the more emphasized in this contrast.

And so it is in this place of safety and healing that I would invite you to reflect on why it is you came today. And I would invite you to name the wounds that need healing – some of these wounds may include a loss, whether it be a loss of relationship, loss of a loved one, loss of health, to name but a few. The wound may be fear, anxiety, grief, worry, a longing for times gone by, or a sense of meaningless in the midst of all the festivity and parties. So, in this place of healing, you are invited to simply be, to rest and to seek what your spirit and heart need, if you so choose. Welcome.

Candle Lighting Ritual

Remembering our Losses and Feelings of Grief
Music: “*How Can I keep From Singing*” Enya

Most people want the holidays to be here, some of us just want to make it through the holidays so that it will be over. When one has suffered a loss, the holiday season can be particularly difficult. There is a temptation to want to gloss over the difficult emotions which can be swept away by others in the holiday crowd. Yet, if we are honest and true to ourselves, we need to recognize these feelings and to name our losses or our disappointments, however we experience them.

Continued on Next Page

A Ritual for the Longest Night

Continued from Previous Page

In this ritual time of remembering, we invite you first of all to sit silently reflecting on your losses or disappointment; on whatever it was that brought you here to this service.

After this short period, I will light the larger candle of Hope. After this time, feel free to come forward to light a candle, or you may wish to light more if you feel the need. You may wish to light the candle and name the loss or disappointment that you feel, so simply light the candle(s) in silence.

Marianne Williamson in her book, *Illuminata*, has this to say about experiencing loss and emptiness:

We need to honor the empty spaces in our lives because when we touch our emptiness, our pain, and wait in the silence, we experience another side of the divine. This is the spiritual space of pregnant waiting and hoping that the mystics discovered.

**Story: “The Mystery of the Milkweed Plant”
(see Page 26)**

Stones of Courage and Hope

As reflected in the story, there are things such as love which are enduring and are not limited to time and space. To capture this quality of enduring love, despite our difficulties and our challenges, we want to pass around this container of stones. Feel free to choose one. While you listen to the music look at it, hold it, and reflect on how the stone is lasting and enduring and has undergone many knocks and changes to get into your hands today.

Please join in the Responsive Reading #2

ONE:

This is the season of light shining in the darkness.
This is the season of listening to the silence.
This is the season of learning the gift in pain.
This is the season of inviting the baby of love to be born in us.

ALL:

This is the season of hope born of hopelessness.

ONE:

This is the season of magic and myth that never dies.
This is the season of miracle moments that make meaning.

This is the season of surprising insight and brave action.

This is the season of trusting the holy child within us.

ALL:

This is the season of holiness found in courage; the season of wholeness found in brokenness; the season of receiving the gift of our sacred soul. May we cherish each season of our soul.

Closing Words

Before some closing words, I would like mention that you are free to remain for a time of music, reflection and sharing if you so choose.

I would like to thank you for coming today. It isn't always easy to acknowledge that we don't feel in sync with a season full of expectations. It takes courage to name our wounds – it takes strength to seek healing. But in doing so we open up a space for hope to shine through; In doing so, we give voice to the hope that endures like the stone; hope, that in time, can help us find meaning, understanding and the healing we long for. Thank you.

Kurt Schwarz and Ruth Ross

Email: kschwarz@hsc.mb.ca

E-mail: rross@hsc.mb.ca

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

Contact:

Erica Block
Seven Oaks General Hospital
2300 McPhillips Avenue
Winnipeg, Manitoba
R2V 3M3
Phone: (204) 632-3431
Email: eblock@sogh.mb.ca

Mystery of the Milkweed Plant

One afternoon a father went walking down a country road with his son.

With the lonely call of the geese overhead, and the barren trees which lined the road on which they were walking, the conversation took a deeper turn to reflect on the ever-changing nature of life. The son was struggling to understand the meaning and value of change in life with illness, wars and death all around him.

“Do you see this?” the father asked, as he bent down to show his son something beside the road. “This is a milkweed plant. This is the pod, as fall comes the pod will become dry and brittle. In time the pod will break open to send hundreds of seeds away.” He bent down and cracked open the pod, to reveal the light, feathery seeds inside.

“There will be a time, when I too will die,” said the father. “Think of the milkweed pod, when you remember me. Like the milkweed pod, your heart will break at the loss, but inside your heart are the memories we once shared which no one ever can take away. These memories, like the seeds of the plant can bring about new life and growth. Whenever you see the milkweed plant, stop and remember me.”

It was many years after his father’s death that the son returned to his hometown. It was a pilgrimage of sorts, a journey to remember and to pass on these stories to his own son.

One day while walking along the road, which leads to the local cemetery, the son remembered about his walk with his late father. He remembered the story of the milkweed plant.

As soon as he came across a milkweed plant by the side of the road, he stopped and told his son all that he had learned about the mysterious milkweed plant.

Tears came to his eyes when he realized how fascinated his son was with the plant and the story; he realized that he was sowing the seeds of love that would live on and on.

Kurt Schwarz is a Spiritual Care Specialist at the Health Sciences Centre in Winnipeg.

Email: kschwarz@hsc.mb.ca

Hope Credo

by Ronna Jevne

I have a dream – a dream of how caring could be. Of how being ill didn’t mean fear and loneliness – didn’t mean long days of anxiety. That it could mean coming to an institution that cared – not just one person caring – not just an individual nurse, a unique doctor, a gentle orderly. Where a whole institution of caring people understood that nothing is as therapeutic as recognizing the pain. Not only the physical pain. I have a vision that doctors would talk compassionately. That families would talk openly. That patients could talk freely. That death could be something to be faced, not feared. That joy could surface in our sadness.

I have a vision that caregivers would share a strength – a strength that comes only from a common purpose. That comes from belonging to a community – a community of people who believe – who believe that caring makes a difference. That custodians matter as much as physicians. That volunteers have a place beside nurses. That letters and titles matter less than kindness.

That line-ups are no more. That people are cared for before paper. That voices convey caring before directions. That waiting rooms reflect hope rather than convenience. That death means knowing a lot of people care. That there will be no physical pain and no aloneness.

From:
“Enhancing Hope in the Chronically III”
Humane healthcare—April 1993: Vol. 9 No 2
Used by Permission

Ronna Jevne, MD PhD, was the Director of the Hope Foundation of Alberta.

Sites for Sore Eyes

Hope Foundation of Alberta

<http://www.ualberta.ca/HOPE/literature/goodrd.html>

American Family Physician: Spirituality and Medical Practice: Using the **HOPE** Questions as A Practical Guide for Spiritual Assessment

<http://www.aafp.org/afp/20010101/81.html>



Formerly of Winnipeg, Judy Grant now lives in Edmonton.

'Hope' follows a life-size sculpture of "Santa at the manger", created for the 'Festival of Trees'.

Her "thoughtful greetings"

watercolor note cards reflect her mission statement:

to share

reflections of Love,
meditations of Peace,
intentions of Healing.....

It is her belief that "we are all connected"©

Hope

*a little girl is taught to give
is taught to help--
-- help others live...
"anticipate their needs", she's told,
"put others first", --her rule-of-Gold...
a little girl is taught to give.*

*and as she grows,
she may become the perfect daughter,
the perfect mom, the perfect hostess,
the perfect cook...*

*---but- one day, when she stops to LOOK...
[surveys the life-that-she-did-build],...
she Sees some Need --still 'unfulfilled'...
!!! it's NOT that 'what-she-Does" in life
is 'who-she-IS' [as boss or wife]...*

*Dear Little Girl, you need perceive
what you weren't taught --
was to RECEIVE...
[it is not 'taking'—be relieved !]*

First- ASK ...then LET ...then SEE BELIEVE.

*RECEIVING makes 'to-give' complete
our Wholeness found
in each heartbeat...*

*It's TRUST and LOVE
our HOPE will greet....*

...and PEACE DOES COME... Life's greatest feat.

The Story of Hope

*She is Woman. Mature.-having "given" all of her life.
How could this have happened ?
No feeling of comfort she feels,
curled up in her fetal position....
Just emptiness complete despair.
A thought. "There must be another way".
She Asks .
As she feels a "warmth" upon her body,
she begins to raise her head.
to the Light....
Slowly...so slowly... She Realizes she is not alone...
Is this her "Answer" to her prayer ?
Her intuition tells her --"now you must Trust".
She begins to reach up.
And her name is "Hope".*

The sculpture of "Hope" was presented to the Program Director of the Winnipeg Regional Breast Health Centre, Barbara Shumeley on October 16, 2001, a gift of artist Judy Grant.

"The idea of her creation, 'came-complete'. Living through the experience of my Mother's diagnosis of breast cancer, and her 'survival', I was familiar with 'the fear' -through diagnosis and treatment. I realized - all women who come here, must Learn to Receive. In the Journey through her creation, I faced many 'tests'-of my own beliefs & judgments -of 'body image' and WHAT 'real/true' beauty IS...I loved this quote of Dina Bachelor Evan Ph D, who defines 'true beauty' :

True beauty is; courage, commitment, truth, authenticity, a generosity of Spirit, a willingness to teach and empower others. It's about staying present in the face of discomfort and growth and it's about humility. It's about giving up force for authentic power and presence.

The nobility of the Spirit of 'Hope' is dedicated to the new empowerment of all who are cared for at this Centre."

- Loving Thoughts and many Blessings to all,

♥ j

The following is a brief summary of news pertaining to this region and special events that are coming up.

Manitoba CAPPE Annual General Meeting

March 22, 2007

Membership—Membership has declined slightly in the past year. Memberships that have not been renewed for 2006-2007 ended on August 31. Doug Kellough writes as follows, “I would appreciate any responses from those who are reluctant to renew or who decide not to renew. We want to know your concerns. We want to be responsive to you...Please let us know why you do not choose to remain a CAPPE/ACPEP member (some of you have responded already to the pre-May letter about the membership renewal and I appreciate that). Also, if you know why any of your colleagues choose NOT to become CAPPE/ACPEP members, we’d like to know so we can attract new members”.

Award of Excellence—CAPPE/ACPEP seeks to recognize certified members who exhibit excellence in their fields, whether it be institutional ministry, teaching/supervision or counseling. You are invited to send suggestions of qualified members for this award.

The requirements are:

1. Demonstrated excellence in professional practice as exemplified by CAPPE/ACPEP Standards of Practice.
2. Nominated by the Region/Regional executive.
3. Current active, participating certified member.
4. Best practice to be congruent with all other CAPPE/ACPEP standards (ethics, educational etc)
5. May be awarded posthumously.

If you have a suggested recipient, please send a letter outlining the person’s achievements and why you think he/she should be nominated. Your letter may be sent to any member of the Regional Executive, including Doug Kellough.

From the National Office—New rates for Professional Liability Insurance have been negotiated with Encon. (almost 60% less). Find out more at www.cappe.org. Application forms are on the website under Members.

***Hopelessly Human Nurses* by Linda Bridge and Kathy Knowles (Hopelessly Human Productions)**

Registered nurses, Linda Bridge and Kathy Knowles, continue to tilt the direction of healthcare, to heal it from the inside out with their second book, *The Hopelessly Human Nurse; a marriage of the art and science within* (available November 17, 2006).

Bridge and Knowles’ work demonstrates their odyssey of self respect. This enhanced appreciation for their inherent worth as human beings reflects to nurses around them, and a healing ripple effect is spreading throughout the healthcare system.

The necessity to restore ‘respectful thinking and behavior’ within the system was clearly voiced in the 2002 CNAC report.

“When we search outside ourselves for self worth,” said Knowles, “we perpetuate our feelings of disrespect.”

“If there is a need for respectful thinking and behavior,” said Bridge, “it needs to start from within – from within each of us. We need to provide it for ourselves.”

These nurses, with more than 50 years of combined experience, believe that *The Hopelessly Human Nurses* book series, along with their thought-provoking newsletters and *hopelessly human* (trademark) seminars and presentations will inspire the more than 300,000 Canadian nursing professionals to increase their self respect.

Bridge and Knowles have each worked in a variety of healthcare settings, the majority of their careers having been in city hospital emergency departments. Kathy has written for various publications, and both have spoken at numerous events.

Linda and Kathy will be traveling throughout Canada meeting and talking with nurses at their presentations, workshops, and book signings. Please check their website, www.hopelesslyhuman.ca, for upcoming events.

Hopelessly Human Productions Inc.,
Box 1092,
Lethbridge, Alberta
T1J 4A2

Spiritual Care in the RHAs

WRHA

Contact:

Real Cloutier
COO, Deer Lodge
Vice-President, Long Term Care
Phone: 204-831-2110
Fax: 204-831-2947

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

Spiritual Care in the RHAs

Interlake

Contact:

Pat Tarnapolski at 204-765-5162
E-mail ptarnapolski@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:

Marianne Johnson
E-mail: majohnson@gov.mb.ca

Chaplains:

Rev. Mary Holmen at 204-482-3810 ext. 382
E-mail mholmen@gov.mb.ca
Elder Ernest Daniels at 204-482-3810 ext. 377
E-mail edaniels@gov.mb.ca

Updates

NOTE:

The information on pages 29 through 31 periodically needs updating.

If you note the need to add, remove, or correct any information listed on these pages, please email Erica Block at eblock@sogh.mb.ca

Thank you.

Next Edition—June

The theme for our next edition, to be published in June, is *Spiritual Care and Children*.

This theme generated so much energy and enthusiasm, among Newsletter Committee members, that we felt we ought to put out an early call for articles.

So please note that we are looking for contributions that address the spiritual needs of children within all aspects of healthcare, corrections, mental health, even families.

Our invitation to contribute goes out to all disciplines within the above settings, to parents, to children themselves, to volunteers, to artists and poets, and it goes without saying that we are looking for perspectives from all faith traditions – have we missed someone?

Send us articles, stories, pictures and art work, music and songs, rituals and liturgies and prayers, your thoughts and ideas!!

Please send them to Erica Block at eblock@sogh.mb.ca

Directory of Manitoba's Spiritual Care Community

	FACILITY	NAME	PHONE	FAX
1	Health Sciences Centre (WRHA)	Patricia Frain, Director	787-3884	787-1517
2	St. Boniface Hospital	Fr. Gerry Ward	235-3286	235-3528
3	Grace General Hospital	Mjr. Catherine McFarlane	837-0515	831-0029
4	Seven Oaks General Hospital	Rev. Doug Longstaffe	632-3596	697-2106
5	Victoria General Hospital	Rev. Lynn Granke	477-3216	269-5425
6	Misericordia Health Centre	Fr. Vince Herner	788-8285	772-4304
7	Concordia General Hospital	Rev. Kathleen Rempel-Boschman	667-1560	669-2110
8	Riverview Health Centre	Rev. Dr. Glenn Horst	478-6281	478-6122
9	Deer Lodge Centre	Rev. Aubrey Hemminger	831-2592	895-3217
10	Brandon Regional Health Centre	Rev. Sherry Sawatzky-Dyck	726-2054	729-9973
11	Eden Mental Health Centre	Rev. Lorne Friesen	325-4325	325-8429
12	Selkirk Mental Health Centre	Rev. Mary Holmen	482-3810	482-6390
			(ext. 382)	
13	Ste. Rose du Lac	Chaplain Barbara Sutherland	447-2181	447-2250
14	The Pas - Health Complex	Chaplain Lydia Constant	623-5949	623-1506
15	Foyer Valade	Chaplain Aline Catnoir	254-3332	254-0329
16	Fred Douglas Society	Rev. Dr. John Lenshyn	586-8541	589-0110
			(ext. 135)	831-0544
17	Golden West Centennial Lodge	Mjr. Roxanne Jennings	888-3311	254-5402
18	Meadowood Manor	Rev. Ed Hamm	256-1610	334-2503
19	Sharon Home	Rabbi Neal Rose	586-9781	233-6803
20	Tache Nursing Home	Chaplain Helen Torchia	233-3692	832-9555
21	West Park Manor	Chaplain Ken Perry	889-3330	222-3237
22	Park Manor	Chaplain John Diamond	222-3251	783-7524
23	Calvary Place	Rev. Henry Schulz	943-4424	727-2103
24	Dinsdale Home	Mjr. Winnifred Perrin	727-3636	233-2564
25	Sara Riel, Inc.	Joel Simpson	237-9263	589-8605
26	Holy Family Nursing Home	Sr. Monica Papiz	589-7381	326-3521
27	Bethesda Health Centre	Rev. Larry Hirst	346-5166	326-6479
28	St. Joseph's Residence	Normand Blondin	697-8031	
			(ext. 231)	
29	Regional Aboriginal Spiritual/ Cultural Coordinator			
30	Lutherhome	Pastor Terry Thronson	338-4641	
31	Altona Health Centre	Rev. Peter Bartel	324-8295	
32	Manitoba Developmental Centre	Rev. Ron Siemens	856-4200	
33	St. Amant Centre	Ursula Remilliard	256-4301	
			(ext. 253)	
34	Salem Home Inc.	Rev. David Friesen	325-4316	325-5442
			(ext. 229)	
35	Middlechurch Home	Betty Bender		betty@middlechurchhome.mb.ca