

Spiritual Care

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Editorial

by George Neufeld

The February Annual Conference of the Canadian Association of Pastoral Education held here in Winnipeg had its theme as – *Leadership at the Margins – Unmasking God’s World*. Dozens of Presenters and hundreds of Spiritual Care Providers, Educators and Counselors converged and shared how they saw leadership emerging out of the pores of their work and in the most unlikely places.

As one nudging retirement from a full time role in May, I felt both thrilled and a deep level of satisfaction as my peers challenged each other to a new awareness and an expanded vision. All of us present knew that our presenters and leaders were calling us forth to own our identity as professionals and to take our rightful place in the healing and caring circles in which we find ourselves.

Where Will This New Vision Of Leadership Take Us?

1. Change Of Paradigm

Even before the findings and directives from the Romanow Report, there was in health a shift occurring from acute care services to new models of health care that were focused on prevention, curing and healing, closer to the grass roots and within the community. The infirm elderly now had the opportunity to stay in their home or choice of residence; treatment in Primary Care was followed by visits in the home provided by a fast emerging Home Care system.

The other side of the coin is that this shift resulted in considerable staff shortages, quick transfers and discharge of patients, and accompanying grief. Health care professionals were often stretched to the limit in both the hospitals and in the community.

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Spiritual Care Newsletter

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

This bulletin is made available through the support and cooperation of a variety of interfaith organizations and Manitoba Health.

We welcome the participation of any and all Manitoba Interfaith organizations.

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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.

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While change has a frustrating and dangerous component, all is not lost because change whether developmental or organizational has in it the seeds for growth and maximizing of potential. The call for Spiritual Care Provision was never as clear and sharp as in this time of change because ultimately transition is a time of growth, spiritual renewal and discovery.

2. Deepening And Widening Of Understanding

While religion and medicine were inseparable for thousands of years the emergence of science coupled with conservative theology created a deep separation between these two. It is the word "spirituality" that ignited the spark in the present era and resulted in the renewal of this relationship. Spirituality mostly, although not always, includes religion. The care of the human spirit is referred to as spiritual care and in most settings now is done by professionally trained Spiritual Care Providers, who readily include clergy who minister to persons from their respective faith communities

Spirit is a natural dimension of every person. Persons both inside and outside of religious communities share deep existential needs and concerns and report deep experiences of transcendence, joy, wonder and connection to nature, self, others and the Holy. Institutions and health care that ignore the spiritual dimension of the person become imprisoned to technology and obscure the integrity and scope of the holistic healing process.

New insights we have discovered and deepened:

- Spiritual well-being is increasingly seen as an essential aspect of wellness and a determinant of health. Healing is more than curing a disease but involves creating a balance both within and around those who seek to become whole. This balance is generated by the spiritual movement within.

- Illness frequently puts persons in touch with their vulnerability and mortality. This generates a desire to put things right, choose priorities wisely, and to seek out what is true and valuable. New meanings are often sought and appropriated when old ones don't explain life any more.
- Patients, residents and staff want Spiritual Care to be available when they are ill. It is seen as an attempt at providing best practice for them.
- Spiritual Care Providers are seen by staff and management as valuable resources when developing policies, addressing issues and being present when difficult ethical and moral choices need to be made. Professional chaplains are highly qualified, certified, and an integral part of the health care team. They are trained to assist in the process of ethical decision making.
- Spiritual and Religious Care are cost-effective. There is a growing body of evidence that links good Spiritual Care to the reduction of substance abuse, increased positive coping skills for the elderly, resulting in better health outcomes. Quantitative studies also establish a positive connection between professional Spiritual Care intervention and reduced length of stay for surgical patients. This is good news for the entire health care system.
- Spiritual and Religious care fosters a positive health care environment. Staff members rely repeatedly on chaplains for support and presence during crisis and moments of critical incident stress. The literature is supporting the advantage of a Spiritual Care presence in business and manufacturing as well. Chaplains are being hired in this sector as well.

3. Embracing Our Cultural And Religious Diversity

Not so long ago Judeo-Christian culture was quite central and exclusive when thinking about religious needs.

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The strength of the recent CAPPE conference was the very diversity of its agenda. When an organization can open up to the various spiritual pathways and expressions of healing it is seeking to become healthy in and of itself.

One of the highlights of the recent CAPPE Conference was Tracey Trothen's session, "Through the Looking Glass: Women as SPE Supervisors". Tracey presented research, and her own speculations about why CAPPE has so few female supervisors. Women make up 25% of overall SPE Supervisors in Canada. In all there are 45 active Supervisors; approximately 45 males and 14 females.

Tracey asked the workshop participants the question: What is it like for you to be a supervisor in CAPPE: is your femaleness relevant? Why? This was followed by a lively "debate" by participants who chose to come forward for a "fishbowl" discussion. Many women shared their experiences, and their notions as to why more females do not continue in the CAPPE process to full supervisory status. Themes of "time commitment", "family responsibilities", "sexual orientation" and "gender bias", etc. entered into this discussion. Someone in the circle noted that same-sex issues were not addressed in SPE training which could result in feelings of exclusion. Participants recognized there were a complexity of reasons why there are so few female CAPPE Supervisors; we all agreed that this situation needs to be rectified as it is important for women (and, indeed, for minorities in general) to see themselves reflected in a diversity of supervisors.

Even though I, Patricia, am not a CAPPE Supervisor myself, I found Tracey's presentation, together with the input from the participants very relevant to my own professional role as a Director of a Spiritual Care Department.

Another session both writers attended was the Wiccan workshop titled: "Neo-Pagan Spiritualities: Discovering Earth Wisdom at the Margins". Besides the description of the workshop, on the agenda was the word "full", and there was good reason why. We are all hungry for information about our spiritual roots, and desire

re-connection to those roots. This session was a fascinating glimpse into the ritual practices and expressions of this ancient spiritual path. The honesty of the presenters was truly refreshing. At one point the major facilitator (Jordan) was asked if there was much "call" for spiritual care in the health setting from a Wiccan or pagan. She was also asked if she identified herself as Wiccan when she went into the rooms of those who were seeking out spiritual care. She was clear in responding that most folk would not presume to ask for such a spiritual service. Even if they themselves had become familiar with the path they would not assume it was offered. She also quite directly stated that she does not begin her work of enabling spiritual care with the need to identify herself as Wiccan. Spiritual care staff in general do not identify themselves with a tradition when entering patient rooms. It may unfold in conversation but when it does it is part of an ongoing relationship of care.

The other aspect of the conference which drew us was the opportunity to present our program at Health Science Center offered in partnership with the University of Winnipeg. We had the opportunity to delve into the details of a new program which has just been launched. In the fall of 2005 we began a training program for spiritual care providers called, "Spiritual Diversity: Hope and Healing." One of the students from this program, Melody Hawryluk, accompanied us as a co-presenter at the CAPPE Conference.

There was obvious curiosity about the content and implications of this program in the context of the clinical education model of CAPPE. We welcomed the questions and queries, and shared on aspects of the HSC program which draws on the unique spiritual aspects and strengths of healing in this culturally, spiritually diverse medical science setting.

If the agenda of this conference is indicative of the future direction of CAPPE, it is indeed an organization which can be a resource and not a restriction to this ever-changing and ever-evolving world of healing work with spiritual energy, strength and knowledge.

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CAPPE Conference Reflections

by Patricia Frain & Karen E. Toole

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The clinical models of spiritual care are part of the ongoing development of this work, but they are, if this conference is indicative, no longer the exclusive focus of CAPPE, and this, frankly, from our perspective is a very good thing. To offer spiritual care in a secular setting requires the breaking down of a judgmental barrier that had religious roots in seeing the secular as somehow threatening and the spiritual as somehow superior. Spiritual Diversity calls us to see the "secular" – if there is such a dichotomy - as the land of 'soul making'. The work of CAPPE needs to be an ongoing exploration of ways, means, methods, theories and rituals of expression for the healing energy of spirituality in the diversity of today's world.

Patricia Frain is Director of Spiritual Care Department at Health Sciences Centre in Winnipeg.

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Editorial

by George Neufeld

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Catholic, Protestant and sometimes Jewish chaplains were hired by Corrections, Hospitals, and the Military. Today, chaplains are certified only if they can work with, and appreciate deeply, all those who make up our rich and diverse cultural and religious mosaic. Our society is beginning to recognize, at least, that there is richness and beauty in the journeys of all our sisters and our brothers. It is exciting when we realize that our understanding of the Holy One and of Healing is expanded as we take seriously the voices of all those around us.

We have not totally arrived at this emerging vision for health care as of yet, but we are well underway. Manitoba Health, administration and staff, are committed to offer wholistic care by retaining high quality caregivers, maintaining positive relationships within the organization and community, and by recognizing the value of Spiritual Care Providers who contribute to the healing of the whole person in a unique way.

Rev. George Neufeld

On May 31, 2006, George Neufeld retired as Provincial Coordinator of Spiritual Care for Manitoba. The editorial committee acknowledges with appreciation, respect, and gratitude George's invaluable and lasting contribution to this newsletter over the years, as well as to the whole community of spiritual caregivers across the province and, indeed - through CAPPE and other associations - beyond.



"Thanks, George, and blessings!"

My Personal Reflections on the CAPPE Conference

When I was asked by the Newsletter committee to do some reflecting on my experience of the CAPPE Conference, I immediately knew what I wanted to write about. I was deeply moved by the compassion and caring that Rudy Wiebe showed in the way he talked about Yvonne Johnson's story. I wish that we could have heard from her by having her present at the conference, but I felt her spirit to be present in both the workshop and the key-note Speech that Rudy Wiebe gave. Out of the pain and brokenness of her life, new-found hope, courage and healing can be found.

Rudy Wiebe challenged the participants of his workshop that he gave on Friday afternoon, to consider writing down the stories of our lives. "What would it take to write down the story of your life?", he asked. It would entail a kind of remembering where you have to sort through the often neglected aspects of your life. He talked about following the thread of memory back and back to uncover more of one's own story. He encouraged a kind of remembering that would encourage a befriending of one's self and one's story in a deep and an honest way. It would be a process of discovery where the deeply repressed memories of the past, that we all carry, could be held up to the light of day.

I found myself to be deeply moved by his questions and for the gentle and respectful way he encouraged each one of us to look into our lives. I am sure that his approach comes out of a personal understanding of his own life and story. He has recently published a book which tells of the first twelve years of his life; in the book, *Of This Earth*. Since attending his workshop, I have begun to write down memories of my own early beginnings and have started to tell parts of it to others.

The other impact that hearing Rudy Wiebe's address to the CAPPE Conference was to gain a deeper understanding and appreciation for the healing power of telling and listening to the stories of others. This is a skill that is so much at the heart of providing Spiritual Care, and yet,

as I heard Rudy Wiebe talk about his contact and relationship that he developed with Yvonne, I couldn't help but be amazed at the healing power that telling one's story in the context of a trusting relationship has. Since attending the Conference, I have carried this awareness into my clinical work with the people that I meet, particularly when working with the patients in Mental Health and Addictions and have found that by bringing this new-found interest and respect for another person's story that it has unleashed healing potential.

I am deeply grateful to the CAPPE Conference Organizing Committee for all the work and the energy that went into making the Conference such a success. Thank you!

Kurt Schwarz, Spiritual Care - Health Sciences Centre, Winnipeg

Sites for Sore Eyes by Timothy Fenlon

"Leadership at the Margins: Regulated or Unregulated?"

<http://www.cappe.org/Colleges/HPA%20CAPPE1.pdf>

Presentation by Rev. Shane Sinclair & Rev. Dr. Philip Behman given in Winnipeg on Feb. 16, 2006.

College Development Committee
Alberta Region of CAPPE/ACPEP

Photo Therapy Techniques in Counseling and Therapy

<http://www.phototherapy-centre.com/home.htm>

This was a workshop presented at the CAPPE National Conference in 2006. Photo Therapy Techniques use therapy clients' own personal snapshots and family photos (and the feelings, memories, thoughts and information these evoke) as catalysts for therapeutic communication.

The 2006 CAPPE conference in Winnipeg this winter was entitled "Leadership at the Margins, Unmasking God's World". It is simplest to attend a conference when the goals are to meet a few new people, connect with some familiar faces, and enjoy the atmosphere of discussion, presentation and celebration. It is quite another thing, however, when one is asked to then reflect on what was learned (or not learned).

At times, workshop topics and content are perfectly relevant and at other times we need to be a bit more creative to find the learning points. The 2006 CAPPE Conference in Winnipeg was no different. The sessions I attended impressed upon me information about alternative ways of addressing spiritual issues in addition to some very important leadership points.

One feature of a good leader is that of recognizing difference and making differences function in the given setting. The children's Sunday school song, **Jesus Loves the Little Children** was an early learning for many. This song teaches us to recognize and work with the idea that we are all different and yet loved by God "...Red and Yellow, Black and White, all are precious in God's site...".

As leaders and as humans, we often assume (or hope) that people think and act and have the same values and beliefs we do. We like to believe that if others are like us, we do not need to rationalize our decisions and others will understand how and why things need to be done a certain way. We hope people will be like us, so they will agree with us and follow our lead. As a youth, I volunteered at a group of Children's camps. Every year, prior to the arrival of the children for the summer, we as staff attended several days of training and orientation. One type of session was on personality discernment. These sessions were enjoyable and educational. As we filled out the questionnaires and shared our assessments, it was fascinating to see the strengths and weaknesses of our fellow staffers. Getting to know each other over the years, we had a sense of how each other functioned, but it was fun to see these things put on paper and illustrated in front of us. More importantly however, the sessions allowed us to see our

own leadership and conflict styles. We began to understand why working with certain people frustrated us and how we could better work with and nurture our own and each other's strengths to best create a team.

Personality discernment required trust and vulnerability. We each had to decide to use each other's strengths to build each other up, build a team and glorify God. We also had to decide not to use each other's weaknesses to exploit, control or tear down. The CAPPE workshops had a similar impact on me. I attended workshops on imagery in spiritual work, learning about Lao Tzu and the spiritual impact of childhood sexual abuse, among others. I also heard stories of triumph over sorrow, loss and violence and the human spirit learning to not only overcome adversity, but also become leaders in the midst of it.

The facility I work in once found themselves to be a white, English speaking "Christian" community. When Brandon had new immigrants, they were largely from European countries with relatively consistent languages and beliefs. The physicians, staff, and patients in the region have in recent years become much more diverse. Probably half of the physicians in the region are born outside of Canada, and most of the recent immigrants we see as patients come from Asia, Africa or Spanish-speaking countries. We as a region can no longer assume the majority of clients/patients/families understand God in the traditional Western Christian way.

The CAPPE conference was functional in displaying the ability to be leaders in this climate of change and increased globalization. The presence of other beliefs and religions does not need to frighten or intimidate. Through workshops, discussion and worship opportunities, the conference demonstrated the idea that our faith and spiritual/religious beliefs can be strengthened within this reality. We were able to see the presence of God in the many ways of doing life and being leaders. I felt strengthened by the opportunity to become more familiar with other options and perspectives in spirituality and leadership and hope to use these new tools in my own leadership endeavors.

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A perfume bottle smashes against the door. Screaming and the sounds of things being thrown about sound loudly from inside her room. The door flings open as Sarah storms out. She grabs the fire extinguisher from the wall, pulls the tab and leaves the house with the powder of the extinguisher behind her. All this because she has been grounded. She had lied to staff about who she was seeing and came back late from the visit drunk with a neck full of hickies. Sarah has been in care for many years and is now trialing a more open environment to see how things are for her. Sarah believes the world is against her and she is only 14. What is spiritual care for Sarah and all the other “Sarah’s” whose paths we cross?

Colin Peterson from Manitoba Youth Centre and Helen Mikolajewski from Marymount Inc. shared some heart wrenching stories of the youth they work with, their struggles and their triumphs. They demonstrated with compassion what it means to offer *Leadership at the Margins* at this years CAPPE conference. They both told of ways in which youth had touched their hearts and lives. These stories confirmed in me the importance of caring for a fragile spirit that is desperately trying to make sense of this unpredictable world we live in. I was inspired to continue believing that the Holy is there in the midst our encounters. Our presenters, in an attempt to help participants join in the experience of these youth, gave a feast of art images that their youth had produced. There were drawings of nature, of feelings, of fears, of hopes. Also, many images of graffiti on train cars, bridges, and buildings spoke silently of pain and struggles. A rap tune was played as a girl had captured in song her experiences. The powerful voices of these youth cried out and filled the room.

Adolescent years can often be the most traumatic; one’s world view is changing, bodies are changing, thinking patterns are new, powerful and directive. Friends become ever so important. Expectations and responsibilities are not easily managed. There is a sense of being lost and often alone. The spirit is in turmoil. I remember these times and choose not to forget them; they are my best source of empathy when

encountering youth. Adults emotionally aware of these struggles are sometimes scarce.

This simple framework may help to connect with the empathy needed for spiritual care efforts with youth. When you encounter a youth SEE them. Really notice who they are. If it helps imagine that you are looking for the face of the Holy in theirs. HEAR them, resist the urge to respond, be present to their words and the emotions contained. BE MOVED by them; be attentive to their reality and the felt emotions that come with. Allow compassion to rise in you. SHOW KINDNESS, a simple thing like writing a note may have an impact you never imagined. Give the gift of time, of presence. Finally, DELIGHT in them. Tell them of the impact they have on you, laugh with them, enjoy them, and remind them of their value and worth.

When this kind of attitude is adopted with youth it is almost impossible not to be transformed too. The radar that most youth have that can detect BS from about a mile away will detect all forms of faking it. When we seek the spirit of youth, our own spirit becomes transparent and real. We are drawn out to be our authentic selves allowing for mutuality. Then we can be seen; we can be heard; we can move them. Receiving their kindness makes them more able to delight in us. It is in this delight that sacred space is created. Within that sacred space healing, teaching, loving takes place. It may be the time when the Holy is freed to move. This approach is not unique to working with youth - it really is the basis for all of spiritual care. Finding ways to create sacred space that allows movement for transformation is our work.

When Sarah comes back from her walk around the block and some of the steam has been let off, we sit for a while on the front step. Just sit. Then she begins to tell me just how wonderful it is to have somebody that flirts with you and makes you laugh. She also knows that he probably won’t call and this gets her mad. She is disappointed with herself and with him and her anger spilled over and is directed at staff.

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I offered a workshop entitled “Through the Looking Glass: Women as SPE Supervisors in Canada” at the past CAPPE conference in Winnipeg. In this article, I will highlight only a few issues that emerged from my background literature review concerning gender and supervision, some of my own thoughts based on this material and my experience, and some of the insights that arose from the wisdom of the workshop participants.

There are very few women who are active SPE supervisors in Canada relative to the number of men. Over half of the Specialists in both CPE and PCE are female. Further, 2001 membership statistics indicate that just over 55% of all active CAPPE members were female. However, the percentage of full teaching supervisors who are female is inconsistent with these figures; currently 21%, of PCE Supervisors and 24%, of CPE Supervisors are women. What are the implications of this imbalance?

This is a risky topic to raise, yet our gender is relevant to how others respond to us and how we respond to others. As early as 1969, at least one supervisor acknowledged the significance of gender in writing: “gender identity does have relevance for us...It becomes the context out of which the pastoral ministry functions” (Holmes). Accordingly, in the workshop I examined how gender dynamics are relevant to the female supervisee’s learning experience, and began to consider how female supervisors might experience the relevance of their gender to the art of supervision.

In a world that continues to marginalize women, the relevance of gender identity to spiritual care becomes increasingly complex. For example, we tend to image the Holy One most pervasively in male terms; maleness is associated most with God and God is associated mostly with maleness. Consequently, it can be more challenging for females to appreciate themselves as made in God’s image. A female supervisor can assist in this as there is a numinous quality to the supervisor: supervisors, similar to spiritual caregivers, often represent God for their students.

Esteem issues are more common amongst female students (although I want to be very clear that this does not mean that male students do not possess esteem challenges). During my workshop I shared a reflection offered by a female student (quoted as part of a very helpful research study by Elizabeth Meakes and Thomas O’Connor, 1993) that generated widespread agreement amongst the workshop participants: “This year I have a female for supervision and it is different. The difference is in the mirroring. With a female supervisor, there is a different quality in mirroring. I don’t think that the male supervisor really mirrors me and when I am working with the female supervisor, I just have a stronger sense of myself as a woman.” Having a female supervisor *can* be a very empowering experience for female students to see another woman as a role model.

Some of my greatest learnings came from a few consultations that I had with other female supervisors. When invited to reflect on what it has been like for them as CAPPE supervisors, all pointed – similar to male supervisors - to the joy of working with many students and the challenges that can accompany this.

They also pointed to some concerns and experiences that they associate with being female, including: a sense of isolation, at times, because of a lack of female role models and mentors in this profession; and some offered a critique of the certification process as sometimes focusing too heavily on critique (which all stated they needed and wanted but in a balance) and not enough on support and affirmation.

The fish bowl discussions that formed the last portion of my workshop were very revealing as participants engaged quite openly regarding their relevant experiences. I first invited women who are supervisors to form a smaller circle in the middle of the room and reflect on issues I had raised and their own experiences as supervisors. Afterwards, I invited any others to form a second fishbowl to reflect on what they had heard.

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Here I am 86 years old and 40 years removed from the achievements which CAPPE considers worthy of recognition. What happened then is so remote and unrelated to the present that I was thrown off balance.

Let me explain.

At my age I am fully engaged in aging and the preparation for death. Here are some examples from my every day. Frequently, can't name people I know nor come up with proper terms in discussions. I made a mistake driving recently, so I'm a little anxious lest I lose my licence. Thoughts of death are normal--probably every day. Saw obits for two long time friends last week. Will we have to make another move? What about my funeral? Who is going to be struck down first? How would I do as a full-time care-giver? Full time care for me-- perish the thought! How can I deal with all this and still get on with living?

In the midst of these sober pre-occupations, Harold King and Glen Horst asked me to list whatever I have done related to CAPPE. Coming right out of the blue this request threw me for a loop. The past is over and done with. I don't live there any more. However the phone rang again, "How is that list coming?"

So I decided to use the occasion to do a life review, mentioning everything I could think of whether it was related to CAPPE or not. Within a week or ten days it became a real ego trip. I began to get sucked into those glory days when I was a real "somebody" and as memory added to my list, I was soon bragging about my accomplishments. When Harold and Glen saw the list, I am sure they knew they were dealing with an arrogant ass.

Then it hit me full force. I am not my past. The diplomas and job titles are irrelevant. They represent the various roles I played as I gave my ego free rein pursuing society's definition of how to be successful. Those roles gave temporary meaning to my life, but now, at 86, those identities don't fit. But if I am not what I did or accomplished, then who am I? Here is where my aging and dying homework gets tough.

It's a paradox. The fact is: I am not my history and I am my history. The psalmist confronts me: your days are as grass, soon you will be gone and this place shall know nothing of you. My death preparation requires that I become "nobody" in the eyes of the world because I can't take any of that with me. To hang on to it is to make dying more difficult. On the other hand, I am my history because what I accomplished has my mark on it. So the issue becomes, how can I relate to my achievements without being invested in them-- as if my self-worth is tied up in them? But where do I locate the essential Gordon who is more into "being" than "doing"?

Sometime ago, after decades without pastoral responsibilities, I made a discovery about myself while visiting in a palliative care home. I asked to be identified as a volunteer visitor named "Gordon" with no further information about me to be provided to either patients or staff. I soon caught myself taking on a chaplain role, putting on the pastor persona and relating to the dying in the familiar context of the helper-helpee dichotomy. It was suddenly apparent to me that my shadow's need to control and feel comfortable meant that unconsciously I was structuring my relationships with patients in my favour as if I had something to offer them. Humbug !!! This chaplain charlatan had no expertise in death and dying to offer. He hadn't died yet..

So that left the volunteer named Gordon without anything to offer except himself. I'm ashamed to say that I found that difficult. Being myself does not come easily because my whole life and self-worth has been tied up with "doing" in the various roles I took on. My wife was delighted when she realized that while visiting in a palliative care place I was, in her terms, "learning how to chat"-- she called that progress !

My task now, thanks to CAPPE, and the life review exercise Harold and Glen put me through, is learning how to tell my "memory story with detachment" as recommended by Ram Dass. The list of what I have done is just that--a story, which gets altered with every telling and will soon be forgotten.

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A Thank You to CAPPE

by Gordon L. Toombs

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In that way I may be able to loosen my bondage to ego and get closer to just being the unique person God made me.

Let me add that what I did for CAPPE was inspired by what CAPPE did for me. The self-knowledge I gained and the leadership training I underwent was what inspired me to give back what you have recognized with this award.

Thank you.

CAPPE Conference Reflections

by Sherry Sawatzky-Dyck

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Sherry Sawatzky-Dyck is Chaplain at Brandon Regional Health Authority. She works in Acute Care, Critical Care and Mental Health in the Brandon Regional Health Centre.

“Spiritual Care with At Risk Youth”

by Helen Manfield

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I find myself getting frustrated by not being able to change her past, one peppered with alcoholic parents, physical and sexual abuse, and feelings of unconnectedness. But I am reminded that I am moved by her and her story and that sitting on the steps is an act of kindness and in this moment I have the chance to delight in her allowing her to see her worth and value. I am reminded again that this is spiritual care.

Helen Manfield works part time at Marymount Inc. and has just completed a Chaplain Residency program at Riverview Health Centre. She was Director of Ministry for Selkirk Youth for Christ for 5 years, running a Drop-In Centre for at risk youth.

“Through the Looking Glass”

by Tracy J. Trothen

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Two things happened: one, women claimed their voices and named some experiences that don't often get aired publicly; and, two, we stimulated further reflection on what might be done to better honour the relevance of gender to our educational work. Some expressed a desire to develop an intentional network of women. Others were very interested in ways to make better use of gender in supervision. For example, after the workshop was over I had some further conversation regarding the benefits of male-female co-supervision particularly because of the increased transference opportunities for students.

Judging by the number of people who attended my workshop, it seems that I am not alone in my interest and concerns, and that is wonderfully encouraging, indeed.

Tracy J Trothen is Associate Professor of Theology and Ethics at Queen's Theological College. She is also an Associate CPE Supervisor and usually teaches a CPE unit once every two years. She can be contacted at trothent@post.queensu.ca.

For full citations and much more detailed information regarding gender and supervision please see Trothen, Tracy, “Through the Looking Glass: Women and Ministry Supervision,” The Journal of Pastoral Care and Counseling, Vol. 59, Nos. 1-2 (Spring-Summer 2005): 29-42.

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.

Clinical Pastoral Education

Regional Health Authority - Central Manitoba Inc. University of Winnipeg Affiliate Site A

September 11, 2006 to April 11, 2007
Wednesdays, 9:00 a.m. to 4:30 p.m.

Classroom in Roland United Church,
Roland, MB R0G 1T0

Note: Location may change if majority of applicants are from the northern portion of the region.

Open to Clergy, Lay persons, Health Care and Community workers interested in increasing interpersonal skills and expanding one's awareness of the Spiritual dimension of holistic care.

Purpose: This C.P.E. program provides an opportunity to participate in Supervised Pastoral Education in a variety of institutional and community settings.

Central Region has a rich training environment including: Boundary Trails Health Centre and Portage la Prairie District General Hospital, a modern inpatient and outpatient mental health centre; Eden Mental Health Centre, and a number of smaller health centres and numerous Personal Care Homes throughout the Region.

Professionals and Educators from various disciplines will assist in teaching and mentoring students. The Service Providers are well embedded in the community and will provide the students the opportunity to examine their ministry in a variety of health settings.

Central Region's commitment to holistic health care recognizes the link between health care institutions and the community.

Community clergy and other care providers will have the opportunity to make connections between their community roles and the health care institutions.

Contact:

Rev. Harold (Harry) Ritchie
Teaching Supervisor
14 Scalena Place
Winnipeg, Manitoba R3K 1Y2
Phone: (204) 837-8534
E-mail: hritchie@mts.net

Roland United Church, P.O. Box 179,
Roland, Manitoba R0G 1T0
Church fax: (204) 343-1108

MORE CPE UNITS

Northwestern Ontario Pastoral Institute (Thunder Bay) : Hugh Walker

Contact Hugh Walker
807 343 2431 ext. 2534

Riverview Health Centre: Glen Horst

September 5, 2006 – May 11, 2007
Email: ghorst@rhc.mb.ca

St Boniface General Hospital: Tim Frymire

September 5, 2007 – April 6, 2007
Email: tfrymire@sbgh.mb.ca

Headingley Correctional Institute: Yoshi Masaki

September 23, 2006 – April 11, 2007
Email: Ymasaki@mb.ca

Victoria General Hospital: Ron Long

May 1, 2006 – July 1, 2006
rlong@vgh.mb.ca

Selkirk Mental Health Centre: Mary Holmen

September 6, 2006 – April 11, 2007
Email: mholmen@gov.mb.ca

Events

Spiritual Diversity: Hope and Healing

Gain experience working with people in a spiritual way in a hospital setting

This program is offered at the Health Sciences Centre (HSC) in Winnipeg by the HSC Spiritual Care Department in partnership with the University of Winnipeg.

Program Dates:
Sept. 18, 2006 – April 30, 2007

The program is part-time and involves classroom work and working in the hospital with patients

Bursaries are available

For Application Package or more information, contact:

Karen Toole or Patricia Frain
Phone: 1-204-787-3884

This newsletter is made available through the support and cooperation of a variety of interfaith organizations and Manitoba Health. We welcome the participation of any and all Manitoba Interfaith organizations.

To submit an article or for more information, please contact a member of the editorial committee.

Please feel free to contact a member of the editorial committee with your suggestions.

Deadline For Application: End Of June 2006

“Voices of Resiliency: Hearing, Sharing, Learning with Each Other”

Schizophrenia Society of Canada 2006 National Conference

Hosted by the Manitoba Schizophrenia Society

Dates: July 13 – 15, 2006
Location: Delta Hotel, Winnipeg, Manitoba

Thursday, July 13, 2006, 7:00 p.m. – FREE Celebration/Recovery. Hosted by Artbeat Studio. RSVP only!

Limited scholarship assistance is available for consumers. Please contact Chris Summerville at chris@mss.mb.ca or (204) 786-1616 for more information.

There is limited hotel space available! Please book early!

For more information:

E-mail: mss-ssc-2006@mss.mb.ca or info@mss.mb.ca

Telephone: (204) 786-1616

Fax: (204) 783-4898.

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

Contact:
Ted Hicks
Acting Chair of the Editorial Committee
Health Sciences Centre
Room GF 214-820 Sherbrook Street
Winnipeg, MB R3A 1R9

Resources

Spiritual Care Presentations offered by Marline Wruck

**For more info, please phone:
Marline Wruck
Lac du Bonnet, Manitoba
1-204-345-2206**

Mental Health and Spirituality : (Full or half day session)

Objectives:

For spiritual care volunteers, family members, mental health staff and other interested persons who are wanting to gain further knowledge and sensitivity in journeying with persons with mental illness.

“Spiritual Care With The Elderly”: Pastoral Care Visitation Course (Full day or five 2 hour sessions)

Objectives: For spiritual care volunteers, spiritual care providers, family members, staff, and other interested persons who are wanting to gain further knowledge and sensitivity in journeying with the elderly.

“Using Our Lifejackets and Anchors”: Remembering Grace In Turbulent Times (Full or half day session)

Objectives:

This is an experiential session in which to assist people to be able to balance their work/volunteer life and personal life in a fast paced society.

At times it can feel like we are being tossed around in the sea and may drown. This session is based on John 6:18.

All of the above sessions are offered throughout Manitoba and Ontario.

They have been successfully received at personal care homes, spiritual care conferences, and volunteer groups.

Cost: Travel and accommodations.

An honorarium is appreciated.

Safe Circle Group For Men: A Closed Therapy Group For Men Overcoming Sexual Abuse

Session Runs 10 Weeks

Facilitator is Alan Vanderwater, M.A. in Counselling and a graduate of Providence Theological Seminary (2000).

Mr. Vanderwater has seven years experience counseling with the Salvation Army Anchorage (a 60-day residential drug and alcohol treatment program), does contracted EAP and private personal counseling, and is insured with PACCC (Professional Association of Canadian Christian Counselors).

Call Alan Vanderwater at 1-204-957-1080

(Calls Returned After 5 p.m.)

If you have comments on this newsletter, please contact:

Ted Hicks
Acting Chair of the
Editorial Committee
Health Sciences Centre
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Winnipeg, MB R3A 1R9
Telephone: (204) 787-4967
Fax: (204) 787-1517
Email: thicks@hsc.mb.ca

Resources

Educational Materials And Films available at Manitoba Health 2051 –300 Carlton

Spirituality And Nursing Series Videos

I Spirituality

A 21 minute video that examines the phenomenon of Spirituality, with a variety of health care professionals. What is Spirituality and what is not is the question under discussion.

II Nurses And Spiritual Care

A 22 minute video on the renewal of “Spiritual themes” in nursing. It focuses on the historical association of spirituality and nursing and how that was lost in the onset of the scientific age.

III Spiritual Assessment

A video on the necessity of accurate and sensitive spiritual assessment. It focuses on one particular assessment guide to be used with patients.

Spiritual Care –A Source of Healing

A 25 minute VHS on the efficacy and value of spiritual Care Providers and interventions as part of the Health Care, Correction and Educational system.

Professional Chaplaincy

A 25 minute VHS which addresses the issue of Professional Chaplains: How did chaplaincy develop as a major discipline in Health Care? What do Chaplains do. What is their unique ministry? What are the qualifications of a Professional Chaplain? Also covers Spiritual Care standards of Practice and Ethics.

Phone: 204-786-7146

Manual On Multifaith Dialogue

This manual has information on how to run a multifaith workshop, materials from major faith groups, focuses on the “Golden Rule in all Faiths”, and has 14 pages of guidelines

**Available at
www.scarboroughmissions.ca**

What Health Care Staff Need To Know

A multi-faith information document written by the faith communities of Manitoba to help health care staff understand the spiritual needs and beliefs of patients and residents. This document has information on the spiritual and religious beliefs, practices, and needs of persons from 28 faith groups in Manitoba who are frequently in our institutions.

Copies are available free of charge but a donation of \$5 per copy is appreciated to finance printing and handling.

**Order from: Manitoba Interfaith Council
2051-300 Carlton Street
Winnipeg, Manitoba R3B 3M9
Phone: 204-786-7146**

NOTE:

The information on pages 16 through 19 periodically needs updating.

If you note the need to add, remove, or correct any information listed on these pages, please email Ted Hicks at thicks@hsc.mb.ca.

Thank you.

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

**Regional Aboriginal Spiritual/Cultural
Care Coordinator**

Sakoieta Widrick
Phone: 204-926-7132

Brandon

Since our inception in 2000, our committee has been developing a grand vision. Our goal is that our RHA would become a model of integrated health care. We spent all of 2001 and part of 2002 doing long range planning, defining our mission, goals and objectives. We were able to have the RHA board endorse our mandate and terms of reference. But our frustration is that there is little money to back up our mission.

While spiritual care is "integral" to the health care process here in Brandon, there has been little money forthcoming to substantiate this with personnel or programs. Our ratio of beds to spiritual care staff is dramatically out of proportion in comparison to other health centres and RHA's. There continues to be little money available to supply more, leaving us with a very unsatisfying situation.

We have also been trying to find money for a CPE program but, to date, have not been able to find any source of funding. We recognize that a program would have a lot of benefits for the RHA. Moreover, we have had word from several people who would like to participate in one. But, due to lack of funding, we are unable to host a CPE program at this time.

We have been able to fill a few gaps. Now it's possible for community clergy and spiritual care workers to have identification tags with which they can operate more freely in the care centres. We have hosted a few workshops and teleconferences. We have also been able, for a one year term funding, to supply an Aboriginal spiritual care provider. We are currently formulating the questions regarding spiritual health for the upcoming Community Health Survey.

We have continually been frustrated by the dynamic of an *advisory* committee vis a vis a planning committee. Since we can only give advice to the board, and through it to staff, we can only identify gaps or opportunities and plant seeds. Thankfully we work with a fantastic Vice President and spiritual care staff. However, to help us think more clearly about the role of advice and follow up, we are in the process of rethinking and redefining our long range plans and objectives to reflect the advisory nature of our committee.

We continue to work at providing meaningful input and leadership in our RHA. Our goal to provide spiritual care as integral to the health care process is a long way off but, given positive circumstances, we will arrive at our destination.

Contact:

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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 firstcsrc@mts.net
Rev. Deacon John McKenzie (past-chair) at
204-727-4728
Fax: 204-727-1027
E-mail jhmac1@westman.wave.ca

Spiritual Care in the RHAs

Chaplains:

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

Central

Contact:

Neil Walker at 204-428-2030
Rev. Lorne Friesen (Eden MH Centre) at 204-325-4325

Chaplains:

Rev. Peter Bartel (Altona Health Centre) at 204-324-8295
Rev. Vincent Morris (Tabor Home) at 204-822-5626
Rev. David Friesen (Salem Home) at 204-325-4316

North Eastman

The Spiritual Care Advisory Committee for the North Eastman Health Association currently is in a time of transition.

Since its inception in 2000, the NEHA Spiritual Care Advisory Committee has held numerous workshops for staff, spiritual care volunteers, and interested community members. Without exception, these events have been very successful, with good audience turn-out, and some excellent presentations being given. As well, it has hosted other events such as Spiritual Awareness Weeks, and has participated in events held by other organizations within the region.

Our goals for 2006 include more training and education designed to better enable staff to understand and provide "first aid" spiritual care through the development of spiritual assessment tools so they will be able to make the spiritual connections with clients more comfortably. We are also looking at the possibility of having one or more persons

form our region attend the Clinical Pastoral Care Education Program.

In these various areas the SCAC is simply staying the course, continuing to pursue the goal of helping NEHA provide holistic health that includes, as a natural part of its function, spiritual care.

We are in transition with regards to Bill 43, and how to best respond to the legalities it presents us with. Among the various facilities within the region some have developed further than others in their delivery of spiritual care, and while there is good co-operation among the different sites, one thing all have in common is a need to understand and implement the intent of the Bill.

Meanwhile, we, along with many other RHAs, also look forward to the day when we will have our own Regional Pastoral Specialist. Our administration of spiritual care activities, and the organization of lay volunteers, is going well, but the potential here is much greater than our present reality.

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

Spiritual Care in the RHAs

Nor-Man

Contact (Flin Flon):

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

Contact (The Pas):

Karen Polischuk
E-mail kpolisch@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
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Tel 204-747-2745-ex. 235
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Interlake

Contact:

Pat Tarnopolski at 204-765-5162
E-mail ptarnopolski@irha.mb.ca

Burntwood

Contact (RHA)

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

Contact (Thompson Christian Council)

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

South Eastman

Contact:

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

Chaplains (Resthaven Personal Care Home):

Rev. John Wiebe at 204-326-2206
Fax 204-326-3521

Chaplains (Menno Home):

Abe Funk at 204-434-6496 or 204-434-9193

Chaplains (Bethesda Health Centre):

Larry Hirst at 204-346-5166
Fax 204-326-6479
Email Lhirst@sehealth.mb.ca

Chaplains (Vita—South East):

Rev. Joy Andrusaik
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

Directory of Manitoba's Spiritual Care Community

	FACILITY	NAME	PHONE	FAX
1	Health Sciences Centre (WRHA)	Chaplain Patricia Frain	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. Ron Long	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. John Wilderspin	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.	Unavailable	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	697-8075
28	St. Joseph's Residence	Normand Blondin	697-8031	
			(ext. 231)	
29	Regional Aboriginal Spiritual/ Cultural Coordinator	Sakoieta Widrick	926-7132	
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