

Spiritual Care



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Editorial

by Paul Campbell

A while back, I found myself standing restlessly at the counter of a popular coffee shop, hand in my pocket, anxious to pay for my drink. The cost including tax, was \$1.82. Surprisingly I pulled out just enough change to cover it: one dollar coin and 82 cents in small change. The young cashier took one look at the coins, glanced at me and said with great enthusiasm: “Awesome!”

My first response was to feel pleased that I had somehow made her day. But then I began to feel some doubt about my correct-change transaction being truly an awesome thing. Surely a simple economic transaction could be described in more modest fashion. My reflections which follow, intend no discredit to the young woman at the coffee bar. However, the incident caused me to regret some of the ways we use language these days. If I conclude that my \$1.82 in correct change is “awesome”, what words shall I now presume to use when I feel knocked over by the beauty of the Northern Lights on a summer evening, or how do I convey my teary reaction to my grand daughter after her dance recital? I long for the privilege of preserving superlative words for awesome purposes.

Which brings me to a consideration of another fabulous word: “inclusivity”. In our postmodern western world most of us would prefer to convey an “inclusive” posture towards our co-workers and other neighbors. I cannot imagine a church advertising itself as elitist, nor any spiritual community making an open elitist claim with respect to human beings. Inclusivity is “in.” Inclusivity is the decent attitude to adopt. It fits the spirit of democracy and expresses the deepest desires of most spiritual traditions. Inclusivity has become a popular word to throw around to bless every kind of human activity, common and uncommon.

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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. 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.

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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 articulates, affirms and explores the essential role of spirituality in 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.

Spirituality and AIDS: A Journey of Hope

How does spirit manifest itself in people who experience trauma in their lives? This article is about people who were diagnosed with HIV disease and the role that spirituality played in their lives. Like all people they had their flaws but they also had great strength and courage.

A decade ago a colleague of mine named Theo was diagnosed with AIDS and was told by his doctor to get his affairs in order because he would likely die within the year. Theo was a gay man who at 40 achieved what his career-minded peers would consider success. He was employed in a well paying job, which he loved, lived in a large apartment and drove a European sports car. Theo had also achieved sobriety in his life, an accomplishment of which he was very proud. The doctor's prognosis was a tremendous blow to him, but he persevered and began to prepare. Among other preparations he bought an expensive stereo system and wide screen TV. At this time you could say that Theo also began a spiritual quest as he raced against the clock.

Initially I met Theo through his recovery from alcoholism and then one day he told me he was living with AIDS (the end result of HIV infection). He had been raised in Toronto in a wealthy family and told me that he experienced a profound connection with Aboriginal people when he moved to Manitoba. I believe it was the Aboriginal sense of dignity, strength of identity and freedom of spirit that attracted him. Despite his personal struggles he continued to strive for sanity in his life.

It is only upon later reflection that the jumble of events, funny, heartrending and frightening, comes together to tell the story of our relationship in the final months. I was naively surprised when he told me that he had gone to see a Chinese healer in Vancouver. When he told the doctor he had AIDS, the doctor began to cry and told him he was going to die. Was Theo seeking a miraculous cure, would he be the fortunate one?

From this revelation Theo taught me something about the human spirit; that is ever hopeful and seeks to be reborn. Despite his psychological acceptance of impending death and the evidence of an unimaginable physical decline, his spirit and psyche still sought the source of life, to be redeemed in some way against incredible odds. I've observed this fantastic hope in other people with AIDS approaching death.

Then Theo was diagnosed with a serious brain infection. Slowly his ability to communicate ebbed away; there were short sentences, then words, whispers, and finally only a blank expression. Suddenly he was cut off from us there would be no more words of closure. A loving partner who could still communicate with him shared, "He says if you want to visit, do or say something instead of just staring!" Was it Theo from behind the veil, were we praying silently together to understand how our dream had suddenly come to an end? I think the pain was so deep for everyone involved we already had our emotional bags packed ready to flee the scene of our unfolding tragedy.

Theo loved the drama of being himself; he was a loving, raucous, humanistic artist roaming the Great Plains, but ever so courageous and graceful as he embraced this immovable mountain. Next to the palliative ward at St. Boniface's Hospital is a maternity ward, which you pass by as you come, and go. It is those little spirits that gave us solace as we walked with Theo.

Then finally his death brought his many friends and lovers together for one brief remembrance and then separation and dispersal. It is in through the planning of his service that he spoke to us for the last time. He had selected friends to conduct a portion of the service in the rituals of the Aboriginal, Buddhist, Quaker, Christian and Byzantine belief systems along with the AA Serenity Prayer. Perhaps he wanted to show us the beauty and peace he found in each one.

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The second story is about two Aboriginal men living with HIV who cross each other's paths and then go on very different journeys. Stefan was a gregarious young man searching for healing in his Aboriginal identity and roots. Eventually, there were no more doors for him to open and alcohol and drugs took their emotional toll. Bobby, also living with HIV, had embraced the Aboriginal culture and became what is known as a "helper," someone who assists in all aspects of sacred and communal ceremonies.

One day a healing sweat lodge was organized just outside of Winnipeg by a local AIDS service organization. It was the day that I believe Stefan began his healing journey and how Bobby had helped. The sweat lodge involves the heating and moving of *Grandfathers* and *Grandmothers* (red hot granite stones) into the lodge, which is a low hut, made of willows and canvas. Water is poured onto the stones creating steam and heat. A medicine person who works with the people who are seeking healing in the lodge conducts the sweat. At this particular lodge, Bobby had volunteered to be the Firekeeper, the person who prepares the fire and stones and assists the Medicine person from outside the lodge. Stefan went inside and sometime during the ceremony he began to cry very hard. It was at that point I believe Stefan healed from a great emotional pain in a way that would change his life.

Bobby on the other hand survived a few more years and then succumbed to AIDS. It is the way of the Aboriginal culture that helps express great humility in their work and consequently there are times when their contributions may be overlooked. However, it is Bobby's unconditional support of those who approached the lodge for healing that resonates with me. I say this because Stefan is still alive and working, in fact he is a warrior and champion for the cause of AIDS awareness and prevention among his own people. It is important to know that most Aboriginal cultures recognize the abilities and gifts

of all people and provides opportunities for them to use these gifts in the healing of others.

The integration of a spiritually based response to people living with HIV/AIDS will help us in meeting the challenges of the current epidemic. According to the Public Health Agency of Canada (PHAC) the changing face of AIDS includes men who have sex with men (still the largest affected population), women, Aboriginal people, injection drug users and people from endemic countries. In Manitoba there are 1,204 Manitobans who have tested positive for HIV infection, 830 males and 274 females. The number of people who have the virus, but are unaware of their risk of exposure or who have not yet been tested is unknown. To overcome the barriers that these already marginalized people face, we will be challenged to examine our own spiritual values about sharing, tolerance, justice, wellness and compassion.

I encourage readers of this article to visit the Canadian AIDS Quilt website at www.quilt.ca to remember those Canadians who have died from AIDS.

Submitted by Albert McLeod, Aboriginal Health, Manitoba Health.

Editorial

by Paul Campbell

Continued from Page One.

Through this newsletter, we choose to present the prospects of radical inclusivity. Our hope is that all people of faith may consider that the Divine One has an unreserved graceful disposition towards us, an attitude which is utterly inclusive. We commend to ourselves and to our readers the beauty of an ideal society where people of goodwill might thrive inter-dependently, regardless of their particular characteristics, race, gender, economic rank, physical size or age. There are, of course, other ways to pursue these longings, but for now we lay the possibilities of inclusiveness before you.

Submitted by Paul Campbell.

Theology of Inclusion and Mental Health

A woman of Samaria came to draw water. Jesus said to her, "Give me a drink" John 4:7

We are provided with opportunity to associate with people who are different than us, like people who experience severe and persistent mental illness called schizophrenia, bi-polar disorder or major psychotic disorder, daily.

It is very difficult for many of us to accept them as an integral part of our community as they appear to be different. They experience things in their mind we do not, maybe except for some dreams or nightmares.

Some of them talk about stuff that does not make any sense to us. Some of them are showing fear and look suspicious around, asking us questions whether we are doing things to them that even did not cross our mind. Many run away because they are afraid. Others are yelling or screaming without visible for us reason, and do things some of us will never think of doing. Some of them talk to the non existing for us creatures or people, and others do not communicate at all and appear not to be interested in anyone or anything but their own inner world. Some of them use substances or engage in criminal behavior.

If we look really careful they all like you and I. They eat and sleep, loan for love, and meaningful activities such as work, family life or recreation, and follow their daily routines.

The Mental Health System of Winnipeg Regional Health Authority is committed to Recovery framework. This framework is a framework of inclusion. This philosophy calls for our community and citizens to include people who experience mental health problems in equal life, giving them the same opportunity as everyone else has. The difficulties with this are the facts that we do not know these people, and often we are afraid of getting to know them.

The Program of Assertive Community Treatment is one of the WRHA programs, which works with people who experience severe and persistent symptoms of mental health. Our approach is the approach of inclusion. We meet each person and treat each person as per his or her uniqueness yet according to societal rules. Wisdom in Jesus example with Samaritan Woman is very applicable to our situation. We get to know them and this make difference. We find quality in them that are unique and special. We provide life opportunities and they flourish.

At first it seems that this is impossible job to do. We have often-hard time to get beyond our personal world that we protect. This is familiar ground.

Including people with mental illness in societal, community, personal life means get beyond these differences. It means opening ourselves for the unknown. It means be prepared to hear the stuff we do not understand. Maybe it means few extra minutes explaining things. It means the person we serve as program or the person who is part of our community has an equal voice that is being considered despite difficulties.

In PACT it means for the person to be instrumental and integral part of the planning for service process called Recovery Plan. It means that services offered are provided in respectful and meaningful way with dignity, and assertiveness. It means passion, excitement, and patience when working with person. Timely appointments, consistence in service and no special treatment but equal treatment means inclusion.

Are we ready to include different person in our life?

Are we ready to follow our spiritual leaders such as Jesus and John Paul II who taught us a theology of inclusion?

Submitted by Roman Baranowski, director of PACT.

“Enabling the Lingering Spirit: Worship Services on a Chronic Care Unit”

Introduction

Weekly worship services have become an accepted part of the routine on the Chronic Care Unit at Riverview Health Centre despite the often-severe impairments of cognition, communication and general function in these patients. The leaders of the weekly worship bring their personal and professional gifts as well as their experience to these worship activities. The chaplain of the unit brings experience in spiritual and religious care, as well as practice of liturgical worship and knowledge of sacred scriptures. The occupational therapist has extensive experience working with persons with dementia and brain injury.

Both professionals understand the value of visual images to enhance the worship experience of these patients and share an interest in painting and drawing. Finally, in structuring a worship experience, the leaders bring their personal journeys in religious growth and understanding.

When worship is discussed, it can be defined as the recognition and experience of the transcendent in religious ritual. Worship renders life meaningful and significant with the worshipers seeking the presence of the Holy One, God. Therefore, there is agreement that worship is “the celebration of ultimate concern” (J. McGee, 1967). Worship can serve as a bridge between divine presence and self-understanding. It is recognized as the expression of “self”, as one seeks to know the divine; and, in this search for knowledge of God, one also seeks to know one’s life in the divine’s presence. Worship becomes both, corporate and private, because it involves both the individual and the community.

And, the practice of worship brings with it a quality of awe and mystery that nourishes spiritual openness. According to Fisher, E. (1987): “wonder is the basis of worship” because it adds

enjoyment to our lives. Although the senses of most of the worshippers on a chronic care unit may have become somewhat blunt or blurred, worship can still be used to maintain a healthy curiosity to this sense of wonder. In fact, wonder is an important ingredient in the worship experience.

Based on the authors’ experiences, worship is the result of our own human way of responding to God’s spirit. God implanted in every person a desire to worship and to grow in likeness to the Divine. Therefore, worship is a response to the spirit of God working in people as they seek the mystery of the holy being and the grace of God. It is widely recognized that worship takes on the unique characteristics of the individuals within like-minded communities of believers. Thus, the worship practices are built on a lifetime of worship experience.

Worship also incorporates ritual and, generally, represents the accumulation of memories. With elders, these memories include the passing on of religious experiences. Finally, worship nurtures strength and hope: “It is the glorification of God and the sanctification of human beings”. (Pope Pious X; Pope Pious XII)

Community of Worshipers

This article reflects the worship practices of a community of worshipers on a Chronic Care unit. Each worshiper is afflicted with one or more physical conditions, which are too severe to be managed in a nursing home setting. Many of the patients have “gastrostomy feeding tubes” and are unable to eat or drink. Many are cognitively and communicatively impaired and most have problems using one or both hands. All patients use wheelchairs to become mobile.

Impaired cognition is one of the most common deficits experienced by the worshippers. This results in difficulties with concentration and in maintaining attention.

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Some individuals may not understand what is being said to them or may not have enough short-term memory to retain another's message. Others have lost their ability to verbally express themselves when responding to others.

Therefore, most patients may have difficulty formulating and expressing their own response to the worship experience. Hearing impairments as well as visual deficits also interfere with the individuals ability to read and even to see the face of the person speaking to them.

However, these same worshipers have some remaining attributes. They retain their personal identity and still refer to themselves as "I" and "me" (Cheston, 1996). They experience a normal range of human emotion (Tappen and Williams, 1998). Some of the individuals also experience shifts of emotion and their responses to situations may be unpredictable. Not surprisingly, many of these worshipers experience negative emotions and may express these both verbally and non-verbally.

Nevertheless, the leaders recognize that all the worshipers have early life memories. Each patient enjoys participating in everyday social ritual and many can sing and recite familiar hymns and prayers. Each individual wants to be respected and to share in some control over the everyday events in their lives. The leaders share the belief that each patient is unique and important, he or she is capable of either verbal or non-verbal communication and capable of worship (CAOT, 1997)

Acts of Worship

All the patients of the Chronic Care unit have been invited to attend this worship group, however, eight to twelve out of thirty residents, attend the worship group each week. The Worship Group occurs Tuesday afternoons at one o'clock every week and lasts for about 30 min-

utes. On the Tuesday morning, health care aides are advised which patients are attending the worship group, so that the worshipers are able to be up in their wheelchairs by the time the Worship Group begins. The worship time emphasizes the value of prayer, reading, meditation, artistic creation and the enjoyment of the beauty of nature and other people. The worship activities reflect the principles of worshiper participation, being sensitive to the worshiper's feelings and losses, using real life situations and experiences to reflect the gospel, relating the gospel to the worshiper's personal situation and environment and the use of "community prayer".

Special consideration is given to address the cognitive, hearing, communication and motor deficits of the worshipers. Environmental considerations include reducing of background noise and distraction, having the patients in a circle facing the altar, utilizing visible symbols (cross, and liturgical colors), and addressing God through prayers and singing familiar hymns. Communication techniques include speaking clearly and slowly, limiting one thought to a sentence, facing the person at eye level when speaking to them and using both gestures and touch to clarify meaning. Worshipers also experience touch from the leaders through handshakes and the touching of arms and hands at the time of greeting and in sharing the "sign of peace".

The unit has been given a handmade wooden cross that can be used upon the altar or held by the worshipers, and pieces of cloth to symbolize the liturgical colours. These cloths are used to drape a trolley, which becomes the movable altar during the service.

The chaplain begins the worship service using familiar acts of worship with a short time of silence, followed by an opening prayer, a hymn, familiar reading from the Bible and a personal reflection focused on real life experience -for the chaplain and the worshippers.

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For example, the chaplain recognizes the fact that the individuals attending have come from different places and despite their limitations they still have many gifts to offer to one another in order to become a community of worshippers.

Another hymn follows, a time of community prayer and a benediction with the "sign of peace" ending the worship service. Additional hymns can be added, including a sung benediction.

During the community prayer, the occupational therapist leader sits on a movable stool that permits her to sit in front of each worshiper in turn, at eye face level. Each worshiper is given the opportunity to share his or her personal prayer requests. These personal requests include a full range of concerns and frequently reflect compassionate attitudes for the needs of the wider world. These prayers foster a responsible inter-relationship with life and its many dimensions and nurtures connectedness and growth in personal integrity.

The worshippers and the leaders are connected and form one single community, as family. Through communal prayer the humanness, personhood and dignity of the worshippers are also reaffirmed as part of one divine creation. For the worshippers with communication impairments, "unspoken" prayers are also welcomed and acknowledged. At the end of the "community prayer", the worshiper's are invited to join in the Lord's Prayer with the leaders.

Art and Worship

"Art is the very core of the expressive forms that comprise liturgy" (Collins, 1983). Reflecting this principle, visual images are used to enable each worshiper to comprehend and contribute to the experience of worship. Prior to each time of worship, a visual image is identified that is representative of the theme from the scriptural readings. In some cases, the image is drawn and

painted beforehand by individual patients. Through doing this, the patient provides a service to their community. Watercolor is used because it is inexpensive, easy to use and store, doesn't smell and doesn't take time to dry. In preparation for worship, watercolor paper is fastened to foam board and supported on an easel in the middle of the room. The easel sits on a trolley that is rolled around to each worshiper.

As the chaplain reads the Bible and follows with a personal reflection, the therapist produces drawings that quickly convey both image and associated emotion. Previously completed images are also incorporated (using thumb tacks) into these drawings, so that an image is developed to reflect what is being said. For example, to represent the concept of the "Temple of God", the image of a Gothic cathedral was drawn, painted and cut into smaller pieces that were assembled piece by piece as the Biblical reflection was presented.

The worshippers watched the picture develop, smiled, nodded, and pointed to the image. They recognized the familiar image; the abstract became visible. The chaplain then uses this image to reflect and explain that the worshippers and the leaders are also human expressions of the "Temple of God".

Conclusions

In providing this worship activity, the personhood of the worshippers of this Chronic Care unit is validated. Individuals are recognized as legitimate members of the larger community as well as members of the worship group.

Their relationship with God is acknowledged: "We are children of God together". Differences in individual abilities, ethnicity, and gender and life experience are celebrated.

Patients feel that they have been given a "voice" to express their prayers and validate the prayers of others.

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Voices from the Margin

Our Experience

We don't want the first thing you know about us to be that we are lesbians! Instead, we would like to tell you that we are women. Not only are we women, but we are also mothers, daughters, sisters and aunties. We are both ministers in the United Church of Canada. We are white-skinned, feminists who make monthly mortgage payments and enjoy taking our daughter to the park. One of us is a vegetarian but the other likes to eat chicken. We love action-adventure movies and hate doing housework.

We are very complicated people but our needs are really quite simple. We need, as everyone does, to belong – to be part of a community that embraces all of our parts. Both of us sort of unintentionally fell into the United Church and, we are pleased to say, the United Church has done a pretty good job of meeting that need. It has offered to us a spiritual home where we are encouraged to explore who we are and how we are (or should be) connected to the rest of creation. It offers support to each of us individually and in relationship to one another. The United Church has also provided us with employment and, therefore, a place to offer our gifts to others.

The United Church desires to live out Christ's call to be inclusive community – to welcome those on the margins and offer to them a place where they are encouraged to live out their faith. As an institution, it does this wonderfully! However as an institution made up of humans, it sometimes falls short. We both know of people who have, within the church, experienced racism, homophobia, heterosexism, sexism and able-bodyism. It is not always easy being lesbian in an institution that has historically not been kind to homosexual people. But we believe in the good intentions of the church and feel called to work as transforming agents within the institution.

Our need for community has also been met among our gay, lesbian, bisexual and transgender

(GLBT) brothers and sisters. In this community we are able to bring our full lesbian-selves. We can hold hands, sit close and even smooch if we want to without worrying about offending someone or causing discomfort for those gathered. This community accepts us.... almost! In the LGBT community it is not always (almost never) cool to be Christian. There has been too much hurt, rejection and hostility towards LGBT people by Christianity for them to see Christians as anything more than “close-minded know-it-alls”.

We continue to live in the tension between our primary communities, seeking ways bring understanding, healing and reconciliation. We long for the day when we and everyone else are able to be completely present as our whole selves, wherever we are, without feeling the need to explain or hide any part of that self. We continually search for ways to nurture genuine inclusivity in all the communities of which we are a part. We know first hand the harm that is done when people are forced to compartmentalize themselves – everybody loses. Individuals become marginalized and suppressed and communities miss out on the gifts those individuals have to offer.

We are grateful for the acceptance we have found in the many communities to which we belong. We are thrilled to be living in Manitoba, a province which recognizes and upholds our marriage. We know that we are deeply privileged to have friends, families, neighbours, a faith community and employers who are open to all of who we are and what we have to share. May God grant us the courage, strength and wisdom to challenge exclusionary communities (including ours) so that people of every race, gender-identity, faith, and socio-economic background can experience the freedom to be all that God created them to be.

Submitted by two anonymous spiritual care providers.

Voices from the Margin

Gay Experience In An Accepting Church

The United Church of Canada publicly proclaims that all Lesbian, Gay, Bisexual, Transgender (LGBT) people are welcome as full members of the body of Christ. Although the church, a complex system of inclusivity and rejection, cannot be perfect, there are instances of true welcome. We wish to share two examples of how this inclusive welcome is extended and lived by communities who have accepted the call to celebrate God's presence in all people.

In 1994, a gentleman was commissioned as a diaconal minister, the first person to complete the process from discernment to commissioning as self-declared. United Church process required that he be matched with a ministry seeking a person of his qualifications. As part of the settlement process, he was offered The Winnipeg Church of the Deaf as a placement. The Settlement committee broached the Church of the Deaf about their willingness to have a gay minister settled to their charge, and responded that they would welcome him, for he knew what it was to be part of an invisible minority and an advocate.

For the next five years, the Church of the Deaf and the minister grew. He was accepted as minister, ally, friend and secretary to the Deaf Centre Board. This was a place where his spirituality was challenged and allowed to grow. This was a living community of welcome.

His partner was also welcomed at all community and social events. Members of the Church of the Deaf attended the 25th anniversary of vows of commitment between the partners.

In 2001, a gay person was placed in Beausejour Pastoral Charge, Selkirk Presbytery. In discussing orientation with the Unified Board, it was reported that members were comfortable with his history in Rainbow Ministry, a visible sign of

the care and concern of the United Church of Canada for (LGBT) people, their friends and families, and felt that because of his openness, they were free to discuss concerns in an equally open manner. Further, the congregation welcomed their chosen family of foster children, offering a safe, supportive and nurturing environment.

Inclusivity is not simply tolerance, but a dynamic process of acceptance which embraces the freedom to challenge in love, rather than fear.

Submitted by an anonymous spiritual care provider.

Sites For Sore Eyes

Are Inclusivity and Religion diametrically opposed?

<http://www.whosoever.org/v6i3/cooper.html>

How does a person live inclusively and struggle with exclusivity at the same time?

<http://www.stepnetwork.org/macrae.html>

Strategies for All-inclusivity

<http://www.interfaithstudies.org/globaltheology/inclusive.html>

Inclusivity prayer

<http://www.commonway.org/cwiprayer01.htm>

Resource Materials

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 , and is presently recovering

III Spiritual Assessment

A 34 minute 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. This film was shot in Manitoba settings and argues that Spiritual Care results in shorter hospital stays, greater patient optimism, faster healing and consequently a cost saving intervention

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?
- Spiritual Care standards of Practice and Ethics

Phone: 204-786-7146

Multi Faith Calendar—2005

This calendar lists of all major Holy Days and Feast Days of Faith Groups, provides definitions and descriptions of each event, provides Multi-faith resources, and has questions and answers on frequent queries.

Available from www.interfaithcalendar.org

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. Faith groups share who they are and what they expect from service staff when they are patients or residents in this 120 page document.

This document will help facilitate dialogue between the patient and the caregiver and will help initiate a better understanding between them. It does not purport to have all the answers but can help to ask the questions. As the saying goes “when in doubt ask the patient”

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

Resources

Spiritual Care Presentations offered by Marline Wruck

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.

Please call Marline Wruck, Lac du Bonnet, Manitoba, 1-204-345-2206.

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 957 - 1080

*Calls Returned After 5pm

Aging

Continued from Page Eight.

They validate the efforts of the leaders by returning each following week. Through this experience, it has become clear to the authors that, patients with severe cognitive, emotional, physical and communicative impairments desire and participate in structured, multi-sensory worship activities.

References

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5. McGee, J. (1967). “Religion and Modern Man: A Study of the Religious Meaning of Being Human.” San Francisco, Ca: Harper & Row.
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Submitted by Jose Montepeque, Chaplain Resident at R. H. C., and Lynda Wolf, Occupational Therapist.

One of the aims of Clinical Pastoral Education (CPE) is to help students look at what they believe, why they believe it, and how these beliefs affect others.

When I was a provisional supervisor, I had a wonderful learning opportunity to work with a full teaching supervisor during a particularly intense unit of CPE. Part of the dynamics of that unit involved the struggle among the six students to accept each other for who they each were, with their very different personalities, family backgrounds, and theologies.

In the following article one of those students, David Cathcart, reflects on this struggle to be inclusive and respectful, and still be faithful to one's core beliefs. During this unit, the task for all involved how to respect others when they believed differently than you. Beyond that came the harder task of staying in authentic relationship and communication, when one's beliefs were experienced as excluding or alienating by others.

Tim Frymire, Associate Supervisor

Just Outside the Circle

I remember as a child, sitting in church as my dad passed the plate of little bread cubes and the tray of tiny glasses full of grape juice over my head to the lady next to me. I remember the feeling of righteous indignation: how was it just that I, who attended church or Sunday school every week, should *not* get to participate in this obviously sacred rite, when people who seldom came to church, except on communion Sunday of course, *got* to participate?!

In those days, even in the progressive United Church, it was seldom that children were included in communion. Our participation in communion was in eating the leftover bread and knocking back the juice from the extra glasses after the service.

I also remember my first communion. We were at a family camp at Naramata in the interior of BC. The service was on the Okanogan beach. I remember the woman kneeling right down so I could dip my bread in the cup. I knew I belonged, I knew this was where I was supposed to be. No, I didn't understand what this was all about. But then, I've been a minister administering the sacrament of communion for several years and I still can't claim that I fully understand what this is all about. But I did, and I do, understand the experience of belonging.

During the summer before my third year of seminary I worked briefly at a mission in the East End of Vancouver. While there, I worked with hundreds of people everyday who were marginalized by poverty, substance abuse, race, and sexual orientation. These are people who did not belong, they are people that many in our culture prefer to pretend aren't there. They are excluded from more than our communion tables, they are excluded from our fellowship tables, our justice tables, our kitchen tables. When I returned to seminary that fall, I decided to abstain from communion as a symbolic act of solidarity with those who are "excluded from the table." So while my classmates would be lining up to receive Eucharist, I would sit and pray for people I knew who would not be receiving communion, or a full meal, or adequate clothing, or medical attention, or any number of other blessings and graces that I usually take for granted.

One Thursday morning, at community worship, the leaders had us process outside for communion. We stood in a huge circle around a great old maple tree on the school grounds that was marked to be cut down in some up and coming land development project. The bread and the cup were passed around the circle so each person served the person next to them. As the bread got closer to me, I took a small step back so that the friend who was to the right of me, could serve the friend who was to my left. I watched the friend to my left as she received the bread from my friend to the right.

Continued on next page.

Clinical Pastoral Education

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She looked up and we had eye contact and for the briefest moment; she froze and her eyes filled with tears. The friend who was serving stumbled over the words, "The body of Christ, broken for you." As one friend served the other and as I stood just outside the circle, we realized that, without intention, we had just ritualized the act of exclusion.

After the service, the three of us talked about how that communion service had affected us. At some time in our lives, we each experience being just outside the circle; because of our gender, our sexual orientation, the colour of our skin, how much our parents made, our age, our faith, we each know what it means to be excluded, and to exclude others, that feeling of absence, alienation, not belonging.

When I started to work on this reflection, I read through my evaluations from my first CPE unit. I was reminded of the struggle I had choosing between remaining silent and ignoring when I had been hurt or offended by my classmates or confronting them with their homophobic comments. I remember my classmates confronting me at the mid-term with holding back and not sharing, with remaining distant and closed off. I remember the pain of eventually revealing to them how much their comments and assumptions often hurt me deeply. I remember their disbelief, their deflection and their denial. When we start to hold up inclusiveness as a value, we start to discover just how exclusive we have always been.

Being inclusive, isn't just about tolerance or being open minded, or progressive. Inclusiveness changes who we are. Inclusiveness is about holding the circle open.

Submitted by David Cathcart, a United Church minister now serving a two point charge in rural Saskatchewan.

Clinical Pastoral Education Program Regional Health Authority – Central Manitoba Inc.

University of Winnipeg Affiliate Site B
The Canadian Association For Pastoral Practice
And Education

Class Times And Location:
September 12, 2005 to April 12, 2006;
Wednesdays, 9:00 a.m. to 4:30 p.m.

Roland United Church, Roland, MB R0G 1T0
Note: Location may change to Portage Le Prairie if majority of applicants are from the northern portion of the region.

Time Commitment:
A CPE unit involves at least 400 hours of class, and service time. A regular week will involve a minimum of 15 hours.

Cost:
\$850.00 – (12 hours University credit on a Master's level)

Contact: Rev. Harold (Harry) Ritchie
14 Scalena Place,
Winnipeg, MB R3K 1Y2
Church phone: (204)343-2010 (Thursdays)
Home phone: (204) 837-8534
E-mail: hritchie@mts.net
Church fax: (204) 343-1108

Spiritual Diversity: Hope And Healing

Presented by Health Sciences Centre Spiritual Care Department and University of Winnipeg, Faculty of Theology

Who May Apply:
Health Care Professionals/Students, University of Winnipeg Students and any other interested spiritual seekers

For information/application form drop by or contact: Spiritual Care Department – Patricia Frain 787-3884

Events

Helping the Bereaved Child and Teen: An Educational Seminar

Date: Wednesday, September 21, 2005
Time: 8:30a.m. - 4:30 p.m.
Place: Centro Caboto Centre, 1055 Wilkes Avenue, Winnipeg, Manitoba

Presented by Hospice & Palliative Care Manitoba Hospice & Palliative Care Manitoba Hospice & Palliative Care Manitoba

One-Day Workshop facilitated by Guest Speaker Dr. Alan D. Wolfelt, internationally known author, educator and grief counselor, director of the Center for Loss and Life Transition, Fort Collins, Colorado

Limited spaces.
Registration deadline is June 30, 2005
Registration Fee: 85.00

For more information or registration, contact:
Hospice & Palliative Care Manitoba
Phone 1-204-889-8525 Toll Free 1-800-539-0295
info@manitobahospice.mb.ca
www.manitobahospice.mb.ca

"Walking the Road Most Travelled" 15th Annual Provincial Hospice Palliative Care Conference

Date: September 22 & 23, 2005
Place: Winnipeg Convention Centre, Winnipeg

Keynote Speakers:
Dr. Alan Wolfelt, Director of the Center for Loss and Life Transition, Fort Collins, Colorado, Dr. Nuala Kenny, Professor of Pediatrics and Chair Department of Bioethics Dalhousie University, Rev. Stan McKay Advisor to First Nations on Education, Health, and Development

For more information call:
Phone: (204) 889-8525 or 1-800-539-0295
(within Manitoba)
E-Mail: info@manitobahospice.mb.ca

"Pastoral Care: Healing Wisdom" Pastoral Care Week

Date: October 23-29, 2005
Pastoral Care Week gives opportunities for organizations and institutions of all kinds and types to recognize the spiritual caregivers in their midst and the ministry which the caregivers provide.

For more information: E-mail Chaplain Eileen Perkins at EPerkins@sjha.org

Manitoba Interfaith Council Annual Meeting

Date: June 23, 2005
Time: 10:30am
Place: Grace General Hospital

Who should attend? Anyone from our Multiple number of Faith communities interested in Spiritual Care Provision in Corrections and Health. Please come and share your ideas, concerns and give your support to the members of the Council.

For more information: Phone Mjr. Kath McFarlane, President, at 204-837-0515

Sundance Gathering

Place: Spruce Woods Provincial Park
Date: June 9, 2005 to June 12, 2005
Hosted By: David & Sherryl Blacksmith

This gathering is over a four day period, participation in the ceremonies by all who attend is mandatory. Assistance in preparing and gathering the ceremony lodge for all Sun dancers is greatly appreciated.

The site of this gathering, Spruce Woods Provincial Park, is where the Crees, Ojibways, and Sioux gathered to negotiate territory and hunting sites. They also gathered to discuss life and changes that they could foresee happening to their people.

Events

The gathering is outdoors so bring camping equipment and be prepared for weather. The hosts feed everyone who attends, but ask for assistance with donations of wild food, tobacco or financial.

For more information: Contact 204-479-2614.

Northern Cultures Part 2—Second Annual Cree Traditional Fasting Camp

Date: July 1-6, 2005

Place: Mile 33

Presented by the Burntwood Regional Health Authority

Northern Cultures Part 2 is a traditional Cree Fasting ceremony that provides participants with the opportunity to experience the practical and authentic practise of the teachings of the Medicine Wheel.

July 1 & 2: Camp set up
(setting up your campsite)

July 2: Set up the Main Council Teepee

July 2 to 6: Fasting Ceremony

For more information: contact Jackie Hykaway at 778-1468 to register for the education sessions and/or the camp.

CAPPE National Convention --2006

The Manitoba/Northwest Ontario Region of the Canadian Association of Pastoral Practice and Education (CAPPE) has been asked to host the National CAPPE Convention in Winnipeg in the year 2006.

This conference has been in Winnipeg many times and it becomes our turn every 10 years. The Manitoba /NW Ontario region arranges the facilities and food services. We also set the theme, invite speakers, call for related workshops and provide for worship and entertainment. If you are interested in being part of the excitement, preparation, idea sharing and fun please contact Tim Frymire at (204) 233-8236.

Spiritual Care in the RHAs

WRHA

News from St. Amant Centre

The Director of Mission & Pastoral Care works three days a week, but hours are increased as needed to fulfill spiritual care responsibilities. St. Amant Centre provides support services to 218 clients in the Residential Program within the centre and also supports 70 clients through the Community Residential Program which operates 23 group homes in the city.

Clients of the Centre all have a diagnosed developmental disability. The level of disability varies with most clients living in the large facility being severely or profoundly disabled and individuals living in the community usually having more moderate disabilities. Clients range in age from 4 years to 50 plus years (the majority are adult age). Spiritual care services are provided to all interested clients in both programs.

Two Grey Nuns volunteer 20-30 hours each week. There is also a Pastoral Care Associate position. An Aboriginal Cultural and Spiritual Liaison position has recently been created. This is a valuable component to our services as approximately 23% of St. Amant's clients are of Aboriginal heritage.

The Centre has a very nice Chapel which seats about 75 people. Services include weekly small prayer group meetings, Mass on Sunday mornings, funerals and memorial services. Special celebrations take place as appropriate to the liturgical season and St. Amant has contact with the pastors of the local churches to assist with services as needed or requested. They have a good number of volunteers who help with music and singing and some prayer groups.

St Amant usually experience 5-6 deaths during the year. This often requires a fair amount of supportive service from Spiritual Care for clients, families and staff as many individuals have lived with us for many years.

Spiritual Care in the RHAs

They also provide support during times of illness and when clients experience losses such as the death of a parent or other family member.

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

Sakoietta Widrick
Phone: 204-926-7132

Interlake

Contact:

Pat Tarnapolski at 204-765-5162
E-mail ptarnapolski@irha.mb.ca

Brandon

The Brandon Regional Health Care Spiritual Care Advisory Committee continues to meet quarterly. We now have full representation from the Ministerial Association and from rural ministerials.

We are currently looking at the possibility of using the same committee agenda format as used by other RHA committees and hope that will help us get a better handle on working out our mission, values and strategies. Our working environment between RHA staff and ministerial representation is excellent.

Our ultimate goal is that the health care provided by the BRHA will be a model for other communities. Model health care includes spiritual care.

We think that is still a long way off, but our sights are very clear and our goals will be met; it's just a matter of time.

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 jhmacl@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

North Eastman

Dr. Jim Read, Ethicist for the Salvation Army of Canada, provided an Ethics Education Day in our Region on Friday, June 10th, 2005.

In light of the Accreditation Standards for RHAs, and the subsequent recommendation that NEHA received in the 2003 Accreditation Report, it was timely to have Dr. Reid provide this education.

Contact:

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

Spiritual Care in the RHAs

South Eastman

Contact:

Mr. Ken Wersch
#470 La Broquerie, MB, ROA OWO
Tel 204-424-6025
Fax 424-5888
E-mail: kwersch@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

Central

Contact:

Neil Walker at 204-428-2030
Rev. Marvin Koop at 204-325-4710
Fax: 204-325-1478

Chaplains:

Rev. Ken Austin at 428-2013
Rev. Peter Bartel (Altona Health Centre)
at 204-324-8295
Rev. Lorne Friesen (Eden MH Centre) at
204-325-4325
Rev. Vincent Morris (Tabor Home)
at 204-822-5626
Rev. David Friesen (Salem Home)
at 204-325-4316

Selkirk Mental Health Centre

Contact:

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

Parkland

Contact:

Mavis Wood at 204-622-6230
Msgr. Michael Buyachok at 204-638-4618

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):

Karen Polischuk
E-mail kpolisch@normanrha.mb.ca

Chaplains:

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

CPE Supervisor

Rev. Margaret McCallum

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, ROB 0E0

Assiniboine

Contact:

Ms Merle Teetaert
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Tel 204-747-2745-ex. 235
Fax 522-3161
E-mail Mteetaert@arha.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	Tim Frymire (acting)	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 Neil 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.	Chaplain Marline Wruck	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	Sr. Jeannine Corbiel	697-8031	
29			(ext. 231)	
	Regional Aboriginal Spiritual/ Cultural Coordinator	Sakoieta Widrick	926-7132	
30	Lutherhome	Pastor Terry Thronson	338-4641	
31	Boundary Trails	Rev. Ken Austin	452-6923	428-2013
32	Altona Health Centre	Rev. Peter Bartel	324-8295	
33	Manitoba Developmental Centre	Rev. Ron Siemens	856-4200	
34	St. Amant Centre	Ursula Remilliard	256-4301	
			(ext. 253)	