

Spiritual Care

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Editorial

by Chaplain Karen E. Toole

Someone once said that suffering is the story we tell ourselves about our pain. Before you read on in my words, I would like you to pay close attention to your own story. What I would like to suggest is that you pull out a sheet of paper, and write at the top of it, "What I think I know about suffering?" and then see where it takes you; listen to what stories dwell within you.

Where it takes you is lifted up in this issue of Spiritual Care. Throughout this issue you will find the reflections and wisdom of those who do not deny suffering. Not only do they not deny it they choose to be in the midst of it, and why is that? I have a theory about those of us who put ourselves in the situations of suffering. We are not all masochists who have a love of suffering. What we have found is the love in suffering.

There is a minister/hymn writer, who I never really knew, yet many years ago now I participated in his funeral. Rob Johns, in his journey of suffering wrote these words (which can be found as a hymn in the current United church hymn book) "In love's deep womb our fears are held, there God's rich tears are sown, and bring to birth hope new born, the strength to journey on. In suffering love the thread of life is woven through our care, hopes vision born in gloom, with tears and laughter shared and blessed the desert yet will bloom."

Beauty kisses beast in expression's like Rob's words, and that is the transformation of creation out of destruction that we find in suffering. We are those who at some point have felt the power of suffering. At some point the why of it took hold of our minds, the how of it impacted our bodies, and the what of it has pried open the shell around our hearts, and then we are changed as we have never been changed before.

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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

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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Suffering can change us so profoundly that we give our lives to the understanding of it's questions and energy.

The common face of all human suffering is to stand naked of our protection, and ego armour, stripped of all theologies and rationalizations, frozen to the bone with grief and anger.

Over the years I have come to believe that our capacity to offer compassion is directly linked to our understanding and acceptance of our own suffering. In other words, the deep of suffering profoundly defines the reach of compassion; our reach outside to the care of others is directly determined by the depth of our reach inside to honour and understand our own pain. The deeper the reach is within, the more effective and extensive the reach beyond ourselves becomes. The spiritual writer Steven Levine tells us that pain is inevitable, but suffering is optional. I'm not totally sure I agree with him. I think what he is trying to do in that statement is distinguish between pain and suffering. It's true we will all have pain. It's also true that we will not all suffer from the same pain in the same way.

And why do we suffer differently? It has to do with the story we tell our pain. All our world religions have struggled with the problem of pain, and the reality of suffering. All our world religions, and the world's institutions of explanations in sociology, psychology, philosophy, offer us various "reasons" for suffering. Beware of settling prematurely to a fixed reason. Sometimes those theologies, philosophies, ideologies do more to contribute to suffering than they do to healing. Sometimes they do more to convict the sufferer than they do to connect us in our quest for healing. Sometimes they simply serve the purpose of explanation and rationalization in the face of our fear of absurdity, when the human cry from the sufferer is not for a reason, instead it is for companionship and

connection. In the sports world we hear the phrase, "No pain, no gain." Carl Jung put it a little more abstractly when he wrote, "One does not become enlightened by imaging figures of light but by making the dark conscious." Leonard Cohen turned it to poetry when he wrote, "Everything is cracked, that's where the light get's in."

Suffering, and working with suffering, being in the midst of suffering, calls us to come out of hiding, it pushes us into the dread-full yet awesome circle of our full humanness, and frankly if it does not then we should not work with those are suffering.

Buddhist teaching gives us the impression that suffering is a curse. Christianity would have us believe that it is a blessing. These are not opposites as they first appear. They are simply coming to the same truth from different directions. And that truth proclaims that suffering in and of itself does not have a transformative value, but the way we respond to it, the way we live it, the way we work with it does. Suffering is both curse and blessing, it is both pain and gain, it is source of both wound and healing. Suffering and compassion are the two sides of one coin of unimaginable value. One the one side is truly heads (rationalization), the other tails (experience), on the one side struggle, on the other strength, on one side question, on the other quest, one side agony, the other ecstasy.

In some ways writing this editorial feels like the traditional "coals to Newcastle", yet even in Newcastle they forgot the value of coal because it was so common and so close to them. As Miriam Greenspan put it, in her excellent book, "Healing Through the Dark Emotions" we live in a world that operates from the principles of deny, distract and dominate, and that leads us to the actions of control, manage and medicate, when our real challenge is to attend, befriend and surrender.

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The Illness Experience as a Spiritual Event: Providing Compassionate Care to those who Suffer

When patients are diagnosed with a serious life-threatening disease or condition, or when patients are informed by their physicians that they have exhausted all curative treatment options and must now engage in palliative care—they can experience profound suffering. As Bolen (1996) observes, “Illness is both soul-shaking and soul-evoking for the patient and for all others for whom the patient matters. We lose an innocence, we know vulnerability, we are no longer who we were before this event, and we will never be the same.” Illness, and serious illness at that, takes one to the brink of the biggest existential questions we face.

People enter into such illness experiences and their suffering holistically, that is, their response is *all-at-once* physical-emotional-psychological-spiritual. There is no body-mind-spirit separation in the throes of suffering. Moreover, with respect to people and their lived lives, spirituality does not exist as a disparate domain.

Health care providers who do not respond in kind to this nexus of body-mind-spirit are at risk of limiting and undermining the provision of quality care. Fragmented responses that focus exclusively on the physicality of patients can negatively impact healing and create feelings of abandonment in patients.

What is meant by Suffering?

When faced with a serious illness or with a life-threatening disease, we experience suffering. Suffering is ultimately spiritual pain. It is a state of anguish that is inherently subjective and personal. Suffering erupts because of multiple and concurrent losses to our personhood; meaning, hope, identity, bodily integrity, roles, independence, the future and so forth. One’s personhood becomes seriously undermined or gravely threatened in some way (Cassell, 1991).

Suffering manifests itself as chaos in our lives. The order in our lives, that thin veneer necessary for living, suddenly disappears. We are then faced with the work of suffering which entails creating order out of existential chaos.

Such order is predicated on meaning-making, on making sense of what is happening to us. This is not to suggest that suffering become goal-orientated, i.e., all who suffer must make sense of their situation in order to be considered “successful” in their suffering. Rather, to a greater or lesser extent, people reestablish some semblance of order in their lives. This process can be angst-filled and it unfolds temporally.

What is meant by Spiritual?

While not all persons embrace and practice religion, all persons are spiritual or have the capacity to be spiritual. The concept of spirituality is found in all cultures and societies.

Spirituality (spirit) is from the Latin *spiritualitas* meaning “breath.” Spirituality is the “breath of life.” Where there is breath, there is spirit. It is a much broader concept than religion.

According to Emblen (1992) features of spirituality include the quest for meaning and purpose, transcendence (the sense that being human is more than a simple material existence), connectedness (with others, with nature or the divine) and values (love, compassion, and justice). It is a personalized system of beliefs through which one understands meaning and purpose in life (Meuller, Plevak & Rummans, 2000).

Spirituality is the fundamental life force giving drive and direction to human existence. It encompasses and goes beyond our physicality. Spirituality provides a source of meaning and understanding about the significance of being human.

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Parker Palmer (1998) writes, “we need to shake off the narrow notion that spiritual questions are always about angels or ethers or must include the word God. Spiritual questions are the kind that (our patients), and we, ask every day of our lives as we yearn to connect to the largeness of life: Does my life have meaning and purpose? How do I deal with suffering?”

Further to Palmer’s observations, people pause and reflect on their difficult circumstances. They often pose “why” questions. “Why is this happening to me?” “Why do I deserve this?” In light of their diagnoses and illness trajectories, they ponder life and search for meaning, “What is the meaning of my life?” “What is my purpose in life?” These deeply existential and meaning-centered questions are of spiritual concern and should also be of concern to all those who encounter patients and their families: physicians, nurses, physiotherapists, social workers, chaplains and pastoral care providers.

Religion and religious beliefs are but one modality of spiritual expression. Religion arises from the Latin *religare*, which means “to bind together” or “to tie fast.” Religion organizes the collective spiritual experiences of a group of people into a formalized system of beliefs and practices (Mueller et. al., 2000). Religious rites and rituals provide concrete ways of expressing spirituality.

Meuller and his colleagues, based on an exhaustive review of research, conclude that:

- Most persons have a spiritual life;
- Most patients want their spiritual needs assessed and addressed;
- Most studies have established a direct relationship between religious involvement and spirituality and better health outcomes;
- Supporting a patient’s spirituality may enhance coping and recovery from illness.

Spirituality can bring wholeness to one’s life. Spiritual beliefs and values profoundly affect how a person copes with illness, its treatment, and the suffering it can bring. Patients draw on their spiritual beliefs to manage the uncertainty of their illness, to instill hope, find comfort and support—and bring resolution (part or whole) to existential fears. One’s spirituality, in whatever manner it is formulated and actualized, assists with meaning making. Life-affirming relationships and love also help us in the restoration of existential order and the taming of chaos.

Conversely, spirituality can also serve as a source of intense suffering. Patients can become angry at an Ultimate Being. They may feel a keen sense of betrayal or abandonment given their life circumstances and their fate. Their faith system may no longer “hold true” for them and fail to provide them comfort.

These are complicated and devastating spiritual issues that are best addressed by a chaplain or pastoral care provider.

The Compassionate Care Provider, Suffering, and Spirituality

It is reasonable to suggest that historically most health care providers have ignored or minimized the spiritual needs of patients. In fact, there are some who suggest that suffering and spirituality are not the purview of biomedicine and its practitioners.

Health care providers and patients, however, meet in the most spiritual of all earthly places—the bedside (Fricchione, 1993). Furthermore, as our understanding of the illness experience becomes more sophisticated, we are gaining insight into the importance of spirituality and the need to explore spiritual concerns with patients and their families—not as an add-on or extra activity but as essential, quality health care.

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Recently, surveys in the USA have documented patients' desire to have spiritual concerns addressed by their physicians and health care providers (McCord, Gilchrist, Grossman et. al., 2004).

McCord and his colleagues discovered that:

- 83% of patients surveyed (N=921) wanted to discuss spirituality with their physician and especially when faced with a serious or life-threatening illness;
- 87% of patients wanted to broach spirituality with their physician so that their doctors would understand how their beliefs influence how they deal with being sick;
- 85% would speak to their spirituality so that their physician would better understand them as persons—not just as patients;
- 63% would discuss their spirituality with their physician so that the physician could provide compassionate care and encourage realistic hope.

This sample of patients wanted understanding, compassion, and realistic hope from their physicians—and this was predicated on sharing information about their (patients) spirituality.

Spiritual assessment tools exist (Puchalski, C. (2000). *Spiritual Care* (Chapter 13). In *A clinical guide to supportive and palliative care for HIV/AIDS* [http://hab.hrsa.gov/tools/palliative_chap13.html]. See also: <http://www2edc.org/lastacts/archives/archivesNov99/assesstool.asp>).

Puchalski's assessment tool readily lends itself to the clinical setting and its application with patients. Care providers can come to understand matters of spiritual concern for patients and their families. Care providers are wise to include a spiritual assessment or history as part of the overall clinical assessment of patients especially those who face life-threatening diseases or conditions.

The basis of spiritual care is compassion—being present to patients in the midst of their suffering. “Being with” is to connect with patients as individuals and as persons. As Cassell (1991) notes, “since in suffering, disruption of the whole person is the dominant theme, we know of the losses and their meaning by what we know of others out of compassion for their suffering.”

The compassionate care provider understands the illness experience and the suffering therein as fundamentally spiritual. To be compassionate is to enter into another's suffering. This involves a deep awareness of the suffering of another with the desire to relieve it. Compassionate care can lead to healing amidst suffering (Mulder & Gregory, 2000). Healing entails movement toward integration, integrity and wholeness. It may or may not involve a return to physical health (Ontario Multifaith Council, 2003). Healing, then, is an affirmation of the patient's spiritual self. It is the consequence of compassionate caring in the encounter of a spiritual Other.

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Additional Resources

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Submitted by Dr. David Gregory, Professor of Nursing, University of Manitoba.

Editorial

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Suffering is the central problem of human existence. Suffering invites us, and then if we ignore it, it compels us to come into its world, to know and meet it, and then to understand and embrace it. It is cure and blessing. It is prison and privilege. It is exclusion of agony and connection of ecstasy. The question we face together is can we trust our suffering enough to let it be our wisdom teacher? Can we listen deeply enough to soul pain and find the place where suffering becomes compassion? Have we chosen instead the absolutes of theory, theology, idol and answer?

Let me leave you with a wisdom story of search in the midst of suffering. Once there was a man who walked the earth with a bucket in one hand, and a torch in the other. When he was asked why he had the bucket, he would respond, it is to quench the fires of hell. And when asked why he had the torch, he would respond, it is to burn down the castles of heaven. And when asked when he would go about doing these things, he would respond with the words, "Then we shall see who loves God.

Submitted by Karen E. Toole, Spiritual Care Professional, Health Sciences Centre, Winnipeg.

Sites For Sore Eyes

The Nature of Suffering and the Nature of Opportunity at the End of Life
<http://www.dyingwell.com/suff-opp.htm>

The Four Nobel Truths about suffering from a Buddhist perspective
<http://www.thebigview.com/buddhism/fourtruths.html>

Suffering for the Spirit's Sake Aboriginal Perspective

Is it necessary to suffer in order to appease the spirit or to find a path to spiritual enlightenment? That is a question as old as time itself. In the Aboriginal way of life it is understood that nothing in life is given freely, everything has to be earned. This embodies the understandings that sometimes individuals have to suffer in order to learn. As Aboriginal people we are well aware that creation came into being because of suffering and pain.

In the Iroquois Creation story, in order for the two twins to be born, Tharonhiawagon (the Right-Handed Twin or the Creator) and Tawiskaron (the Left-Handed Twin or the Negative One) so that life could begin with the powers of the negative and positive instilled in the created order, Sky Woman had to die. Tharonhiawagon was born in the appropriate way, but Tawiskaron decided to come forth from his mother's armpit thus killing her in the process. After being buried, from her body grew the life sustainers of the Iroquois people, the corn came from her breasts, the beans from her fingers and the squash from her stomach area. Corn, Beans and Squash known as the Three Sisters or Our Life Sustainers. As such because of suffering life was able to begin on the earth and also sustain itself. Each Aboriginal Nation has it's own understanding of how creation took place. Almost all of these include the powers of the positive and negative instilled in creation as forces for learning about life.

To many Aboriginal people who follow the ceremonial lifestyle, any quest for spiritual knowledge always leads to denial of the basics of life for a certain time period usually through the ceremony of fasting. During the fast the individual will deny themselves for four sometimes maybe even seven days of food and water as they attempt to empty themselves so they can receive the blessings or gifts the Creator has for them. Many times during this process they will

willingly suffer so these gifts they are given can be used for the health and well being of the people.

Other ceremonies like the Sun Dance will call on people to sacrifice bits of their flesh so the people will be blessed with that good health and well being. It is understood that all we own in this life is our bodies and so the greatest gift we can ever offer to the Creator is part of that body as a token of our humility and respect for his life giving abilities. In the Sun Dance the people cry and pray to the Creator for healing, recognizing if they ask for something then they also have to be willing to give. They do that with the flesh offerings and denial of food and water during the duration of the Sun Dance ceremony. The Creator accepts these offerings and healing occurs. Many who look at this and have also been affected by the Christian religion also see it as a way of understanding the works of the Christ who suffered without food or water and then allowed his whole body to be given as a sacrifice to the Creator.

Other nations have different ceremonies but most if not all embody this understanding that nothing is going to be given freely. The seeker will be given great gifts and wisdom but suffering for those gifts and that knowledge is to be expected. The greatest healers have often been those who have undergone suffering and denial on a regular basis to attain the gifts of knowledge, wisdom and healing abilities. Also many of the greatest healers have at times been struck with severe illnesses and then recovered through the use of medicines that were revealed to them during the course of the illness, either through dreams, or from fasting and prayer. So to attain any type of knowledge it is understood in Aboriginal societies that the gifts will come but they will also come at a cost and many times that will include the recipient of the gift suffering in order to receive it.

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Spiritual care in a correctional setting is ministry to the suffering. In the Manitoba Youth Centre almost all of our residents were victims long before they were perpetrators. Many have suffered through physical and sexual abuse, neglect, poverty, all manner of personal tragedy and various kinds of discrimination. They have often suffered at the hands of the people they should be able to trust - parents, care-givers, the legal system and agents of law enforcement. Most inmates of adult correctional institutions are “graduates of” from the youth system and share the same story and bear the same scars as many young offenders.

In many ways these adults represent the failure of our system to address the personal, social and economic causes of criminality. It is my deep conviction that we as spiritual care givers in the justice system have a vital role to play, not only in bringing healing to those who suffer, but in speaking a prophetic word to the oppressive and unjust system which is the source of their suffering.

Those who seek to bring healing to residents of correctional institutions first need to distance themselves from the popular notion of spirituality as a “compartment” of human personality. As a Christian spiritual care giver I understand spirituality to be incarnational in nature. It is not ministry to a “part” of the person but to the whole person. For that reason, spiritual care in the correctional setting necessarily requires attention to the physical, emotional and intellectual needs of inmates.

Institutionally, this creates some interesting tension, as the “God person” who is supposed to “just pray” with the “lost souls” lobbies for a resident who is in need of specialized medical treatment or sets up a special visit for a resident whose pregnant girlfriend has had a miscarriage or challenges an institutional policy regarding discipline or attends a case plan meeting with a resident who wants help in proposing a plan for reintegration.

Generally, within the institution, there is not an adequate understanding of the chaplain’s training and her/his ability to provide counseling in response to a variety of situations, including bereavement, depression, sexual abuse, addiction, marriage and family conflict, and sexual identity issues. Sometimes residents are referred to psychologists and psychiatrists when their needs could be more appropriately addressed by the spiritual care giver. The chaplain’s capacity to stabilize crisis situations within the institution is frequently underestimated and underutilized.

Popular expressions of spirituality as self-constructed, individual belief systems (which are really little more than amalgamations of practices and ideas chosen in a consumeristic way from a variety of religious traditions) do little to offer either the moral or creedal authority to foster change and healing in a person’s life. While correctional spiritual care providers are not committed to advancing any particular religion, it is evident to most of us that effective spiritual care in corrections is rooted in a belief system that is nurtured by both tradition and community. Whether it is First Nations Spirituality, Islam, Buddhism, Judaism, Roman Catholicism, Protestantism or a Twelve Step Program, inmates are most likely to find the spiritual resources they need for healing and change when they are nurtured by a spirituality which has the “authority” of a particular tradition and which is preserved and advanced by a supportive and caring community.

Tolerance among correctional spiritual care givers does not necessarily imply syncretism in our own faith journeys. On the contrary, my work as chaplain at the Manitoba Youth Centre is deeply influenced by Christian theology. One theological doctrine that gives shape and meaning to this role is the doctrine of the Incarnation. In Matthew 25:36 Jesus declares, “I was in prison and you visited me.”

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From my point of view, the prison chaplain is engaged in the business of recognizing the “Christ” that he/she finds in the prison population. It may well be that the Christ found there is the mocked and beaten Christ, victimized by the authorities and destined for some kind of crucifixion.

Even so, it requires, on our part, a celebration of that which is holy in the inmate. It is an affirmation of their humanity, their creativity, their sense of humour, their broken hearts, their dreams both shattered and intact, their hunger and capacity for love and, of course, their resilient and persistent hope. It is not primarily about the patronizing and paternalistic business of “bringing” Christ to inmates. It is about bearing witness to the holy light that offenders shed within the dark, dehumanizing confines of the prison walls.

Another theological notion which bears upon the task of healing in a correctional facility is the notion of “friendship” as the chief characteristic of a relationship fostered by Jesus Christ. “I have called you friends,” Jesus tells us in John 15 amid his powerful exhortations to love. As much as possible, I believe it is my vocation as a correctional chaplain to enter into a relationship of intimacy and trust (friendship) with those to whom I offer ministry. In this respect, correctional chaplaincy differs starkly from the model of “professionalism” which binds other caring professions.

While some significant boundaries must be observed in the interest of trust and safety, correctional ministry is sterile and shriveled when the need to maintain “professional boundaries” comes at the expense of authentic emotional connection with those who hunger for love and acceptance.

It is my goal as a correctional chaplain to enable residents to experience in me the reality of God’s

love. Healing comes to those who suffer when they know that they are loved. But how can an inmate experience the love of God in any concrete or credible way if the spiritual care giver is remote and cautious in his/her affect? I must be willing to take the risk of “falling in love” with God’s “little ones” and “the least of these”.

Indeed, this is the claim Christ makes upon me, the willingness to make myself vulnerable for his sake, namely for the sake of beloved children who have been entrusted to my care and in whom he presents himself to me. Anything less than this bold embracing of our vocation compromises our role as spiritual care givers. We become little more than professionals, whose credentials are not often understood or valued, instead of faithful servants who bear witness to a love that will bring healing to those who suffer and to the oppressive institutions which bind them.

Submitted by Rev. Colin Peterson, Chaplain, Manitoba Youth Centre

Aboriginal Health Continued from Page Eight

Among the Mohawk, we have a dance we do known as the Round Dance or dance of life. In this dance we begin by dancing in a counter-clockwise direction. As we do and the drum sounds we offer thanks for everything good that has happened in our life. Then the drum sounds four straight beats and we go in the clockwise direction. As we dance in this direction we give thanks for all the negative things that have happened in our life, that were many times very painful because these things also taught us many valuable lessons about life and living life. This is how creation and natural law was formulated and this is how we work with life.

Submitted by Rev. Sakoietta Widrick, Spiritual and Cultural Care Coordinator, WRHA.

The Counterculture of Aging: The Counterculture of Suffering

A ministry colleague of mine, speaking about the suffering encountered by a person we both knew, made a comment which has stayed with me for over 20 years. "Sometimes," he said, "we are in too much of a hurry to take people down from their crosses." He was saying that in our desire as caregivers (in that case, as ministers in Christian churches) to alleviate the suffering of a person, we may in fact leave them stranded in the middle of the very suffering from which we hope to free him or her, without any hope of something akin to a resurrection. It may be, for example, not allowing a full expression of grief, or not allowing grief's work to be done rather than assisting a thorough walk through that valley.

There are reasons for this tendency where it exists. It may be because of a sincere desire to do all that can be done to alleviate another's suffering as quickly as possible - a commendable desire indeed. There may, however, be other reasons. It may be we wish the other to be free of suffering because we ourselves are uncomfortable with the thought of our own potential similar suffering. I suspect many family members, friends, and community clergy avoid the aging in personal care homes and those with Alzheimer Disease for this reason - aging and the disease in the other forces us to acknowledge the potential for it in ourselves. Many do not want to be present to suffering because it is, at some level, a threat to themselves. As a result it is easier for many to ignore it, or to minimalise or trivialise the suffering of another by not allowing a journey through it. There is a catch: suffering cannot be avoided, by anyone.

Our society/culture has a Dionysian element within it (an ignoble self-indulgence). More significantly there is a strong Epicurean current. This latter philosophy and way of life's chief aim is the pursuit of pleasure, albeit regulated by temperance, peace of mind, and cultural

pursuits. With these two dominant themes shaping much of our thought, ethic and way of life, western culture has not yet adequately developed a concept of the role of suffering.

This relates directly to aging, the frail elderly in our midst, Alzheimer Disease, and the dying process related to old age. Witness our seemingly endless and obsessive quest for maintaining, or achieving, a youthful appearance and lifestyle. While part of this is due to a fear of death, there is also a fear of aging and all that accompanies the aging process. This fear and avoidance is itself, in reality, a form of suffering for it is a bondage which denies peaceful acceptance of the inevitable changes which accompany the aging process. It also, however, prohibits the acknowledgement that these changes related to the aging process are at the same time accompanied by opportunities for spiritual growth. Cultures and individuals overlooking the aging process as a crucible of change, overlook the Divine in unexpected places through the valley of aging.

In *Earth Crammed with Heaven* Elizabeth Dreyer maintains the sufferings related to aging and dying can be stepping stones to holiness. She identifies the aging process as, in essence, a type of forced asceticism. (p. 144 f) With each layer that is stripped away, a person is brought closer to that most basic and fundamental of relationships, the self-Divine relationship.

Dr. Jane Thibault (*Weavings*, 1999) also points to the parallels between aging and asceticism. (p. 15 f). Ascetic practices of religious orders, including self-denial in fasting, relinquishing of worldly goods, celibacy, silence, solitude, are all similar to the sensory, interpersonal, and material losses of later years. She raises the question, "Is old age the time God weans us away from attachments to ready us for the gift of more intimate Divine Love?"

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When Suffering Has Multiple Causes

I work as the Spiritual Coordinator at Marymount treatment centre in Winnipeg. Currently this centre consists of a school (with about 40 – 60 students age 7 to 17), two locked units (16 females), a Crisis Unit, four group homes, and several Foster homes.

At Marymount the clients are young and have experienced trauma. This trauma has its roots in sexual or physical abuse, substance or alcohol abuse, separation from community and family, and for some living a high – risk lifestyle (gang life, prostitution, crime and drug dealing) of the streets.

The healing from this trauma requires many years of therapy, emotional support, cultural teachings (aboriginal clients), and soul restoration. However, many of the clients are further challenged by cognitive impairments such as FAS, learning disabilities, etc.

Overall, programs are designed to meet the physical, mental, emotional and spiritual needs of the clients. Physically, clients are provided with food, shelter, and medicine. Mentally, clients go to a school designed to allow each student to work at his/her own speed. Emotionally, clients have access to a clinician; youth support worker, and a Psychiatrist (for consultation). Spiritually, clients are invited to sharing circles, a weekly sweat lodge, monthly chapel services, and daily smudging ceremonies. Also, both Aboriginal Elder and the Spiritual Coordinator are available to meet clients individually.

Soul Restoration occurs over time. Many clients have known only suffering in their lives. The Spirit is broken and has yet to experience the wholeness of life. Healing is an unknown road requiring courage and a tremendous amount of support from various disciplines and the inclusion of family, whenever possible.

These clients are still growing up and this means they can only comprehend their experiences to a certain point. Each year of their life will bring another challenge in their healing and they will continue to need support and follow up from adult services.

Not only is the suffering great when they come to Marymount, it is likely there will be more in their life that will cause emotional pain. Many clients experience deaths in the family due to violence, drug abuse, or accidents. As a result, bereavement is a constant reality at Marymount.

Doing such soul work means I am a part of a greater whole, and I play many parts. Sometimes I am the listener, a confessor, a mother, a spiritual advisor, a comedian, a storyteller, an organizer and being myself. If I can get across that I care, if I can keep an open door to the chapel for private talks, choir practice, meetings, group sharing, mediation, celebrations and creating, then I am ministering to all clients and staff in their suffering.

Yet, in all of this, there is laughter, the gift of creativity, the sharing of many gifts (art, drumming, singing, etc). It is through the good of our own lives and in the lives of the clients that we serve that we are energized. In the end, hope is our reward as we see changes in our clients as they begin to heal.

Healing starts with walking with the client and this is the challenge. At first, it is easy to be overwhelmed with the magnitude of suffering. However, the soul work begins with listening and gaining trust. When that trust is shared it means diving deep and befriending despair, grief, death, shame and introducing them to hope.

The risk is carrying the dark emotions with you and learning to accept that some clients will not heal. Some clients will go AWOL and go back to a high-risk lifestyle.

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Also, you can sense when there is a possibility they will die one day if they are unable to break their cycles of violence, and substance abuse.

At times it is hard to reconcile why there is all this suffering? Where was God when this child was abused? God was there but suffering is part of the human experience and people are called to share in that experience as God has always done. In my Christian tradition, I find some solace in that Christ himself suffered to bring light into the dark.

Does the suffering have to be so much for those so young? No, but it does exist for suffering is part of every human's experience. A baby suffers so that it can communicate. When the stomach is empty the baby cries out until food is provided to soothe the pains of the stomach. Then, at another time, the baby suffers from loneliness and cries out again.

Eventually a trust is built up with the caregiver that the client's needs will be met. In the case of many clients, they continue to cry out in many ways that the pain is still present. Part of the journey at Marymound is to know there are people who will be there to answer those cries.

These are not just emotional cries but cries that are deep within the soul. To hear these cries requires patience. It takes some time for many clients to share their pain because keeping the pain inside was part of surviving in their world.

How do I know I am doing my part in answering these cries? It is when clients share their journey, it is when there is a look of acceptance when they tell their story and are not judged, it is when they smile more, it is when they share their tears, it is when they make a card, it is when they share their spiritual revelations, it is when they just want you there.

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Aging—Continued from Page Eleven

Indeed, Rev. Robert Davis, diagnosed with Alzheimer Disease at the age of 53, felt this to be the case in his own life. He believed his disease may be leading him into an experience of the Love and Presence of God so rich and full that few on earth have experienced. (*My Journey Into Alzheimer's Disease*, p. 120) He had already found his relationship with God, to his surprise, becoming deeper and more spiritual than it had been prior to development of the disease.

Certainly the elderly cannot avoid suffering. Chronic illnesses, decreasing social contacts, existential questions of life and death, faith issues, all these and more continually confront the aging person. Although very subjective (what one person considers to be suffering another may not) all aged persons suffer. The task of the spiritual care provider is to journey with the aged person in their suffering, in their dark valleys and dark nights of the soul as those come, without abandoning them. Rather than providing quick and often superficial religious platitudes or formulae (which may be very Epicurean), the care provider does a greater service to the older person by assisting that person in the finding of meaning within her or himself in the midst of the suffering, and in realising that the process of their growing old is in fact a time of, potentially, drawing closer to the Divine and to Ultimate Meaning.

Really, the task is even larger than that. In that larger task spiritual care providers have a role. Societal flight from aging and from the suffering accompanying the aging process is to be challenged. As the concept is embraced that aging, and being old, is not an evil and is not a tragedy, those who enter that stage of life may be free to do so willingly, with more courage to accept what it has to offer, and with a freedom to find in it Grace that may be a surprise. Society needs prophets to spread that good news.

Submitted by Rev. Dr. John Lenshyn, Coordinator of Pastoral Care, Fred Douglas Society, Winnipeg.

Beliefs usually do not stand still. They grow, regress, stagnate, and change. Belief transitions may be subtle and may occur gradually with no significant trauma. In other instances the upheaval is profound and agonizing. The word conversion describes well the transitions that radically alter a person's life.

Generally, change in belief does not come easily. As we the meaning of life we may begin to experience contradictions between what we have believed and our present experience or between our beliefs and the way we are beginning to see things. Initially, this can be very disturbing as we realize that what we believed is no longer true or no longer works for us. It may feel as if all the anchors of our lives are being pulled out from underneath us. Suddenly, the ground we stood on turns to sand.

A life event or trauma can bring with it a crisis of belief. As one's world is shaken, so are one's beliefs. Often it is a crisis or tension that precipitates a search for life's meaning. Crisis may come as the "straw that broke the camel's back," or it may build gradually over several years to a critical point. An experience of loss, a personal illness or illness of a loved one, a life-cycle transition, or disillusionment with one's church can cause us to question deeply. No crisis brings beliefs into focus more clearly than with the dying and grieving.

Seen symbolically, life crises tell us that we need to break free of beliefs that no longer seem to fit. Every new crossroad challenges us to change. And change inevitably means letting go of familiar people and places and moving on to another stage of life. It is often frightening to evaluate our personal beliefs and separate ourselves from those that no longer support us in our spiritual journey.

Just as a crisis can bring a belief transition, so too can a belief transition bring about a crisis. A belief crisis can precipitate personal growth or a return to old beliefs with greater intensity.

As beliefs are explored or assimilated they begin to take on a life which then evolves into a more formalized system. A new belief system incorporates the good of the old system, leaves what is no longer helpful and adopts a new paradigm. It is not a case of abandoning something precious and sacred, or eliminating everything that has gone before but in integrating the old into something that is essentially new. Usually one belief system will eventually dominate, such as the beliefs of a denomination although we have many belief systems in life and they do not all revolve around religion.

Belief transitions can precipitate a crisis in one's family, church, and community. The first belief patterns that we challenge are tribal; we start with the earliest and the most basic. Given the power of unified beliefs—right or wrong—it is difficult to be at odds with one's tribe. We are taught to make choices that meet with tribal approval, to adopt social graces, manner of dress, and attitudes. It is a powerful feeling to be in a group of people or a family with whom you feel spiritually, emotionally, and physically comfortable. At the same time we have within us a relentless desire to explore our own creative abilities, to develop our individual power and authority. This desire is the impetus behind our search for personal truth.

Some people never seem go through a crisis of belief transitions. They accept what they have been taught and never struggle with their beliefs. They accept the beliefs of parents, friends, or the church to which they belong without question. For some this works and other ways of looking at things is not an option. No need for change is felt as long as their paradigm provides meaning and purpose.

The research of James Fowler (1981, 1984) was a revolutionary landmark in our understanding of how faith develops in human life.

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It is called revolutionary because it requires a radical reappraisal of the simplistic, linear approach whereby we assumed that faith was passed on from one generation to the next, and that faith was totally dependent on God's grace. True faith, according to Fowler, is not about doubt avoided but about doubt negotiated. Fowler asserts that a genuine faith is essentially an adult attainment, and is the fruit of a personal crisis, trauma or breakdown. A genuine faith is one that ebbs and flows many times before maturing in the latter half of life; provided the earlier stages are appropriately negotiated. Researchers highlight that faith development in early childhood is complex and requires a trusting and supportive environment to be negotiated meaningfully. This need for a holding environment continues to be important throughout life.

Cancer patients and their family members often join a support group to journey with others. The search for meaning draws them to the basic issues of life, to the core questions of their existence. As they try to make sense of their situation by taking a journey inward, reflecting on the spiritual aspects of life they often discover that their beliefs no longer resonate with their experience. The support group provides them with the safe environment that they need to explore and question what they believe. Repeatedly, I see how the ability to cope with crisis is influenced by the religious beliefs and faith systems to which individuals have been committed and by which they live.

Most of our society has not appreciated the crisis that can be the result of belief transitions. As a hospital chaplain, I frequently hear cancer patients say that there is little opportunity to verbalize personal struggles of faith within their religious institutions. They feel that their churches encourage change without supporting them through their faith crisis. As a result many people are left to go through honest doubt and searching alone.

Pastorally, there is a real need to be engaged with those who are struggling with their beliefs in whatever situations they find themselves. We have all known, and increasingly encounter, people who are not religious in any formal sense of the word, but who do hunger for that deeper meaning which I believe to be the essence of a spiritual life. These people are individuals who acknowledge their own process of growth and who are committed to their own spiritual journeys. These individuals could well be the prophetic people that our time needs.

Submitted by Dr. Rhea Plouffe, Chaplain and Pastoral Counsellor, Cross Cancer Institute, Edmonton, Alberta

Youth

Continued from Page Thirteen

I have just started to journey at Marymount in March of 2004. It was through my presence on the units and in the school that I became familiar with the needs of those there. The next step was walking with the Marymount Elder and being present at aboriginal ceremonies. This walk taught me a great deal about the generational sufferings that many of Marymount's clients continue to experience.

Overall, I find I continue to develop my program and have begun to build relationships with the clients. Also, at this point, I can step back and identify where I can serve in the healing process. Currently, I am a listener to some and in the future I will develop a spiritual issues group.

At Marymount, I have experienced so much and learned a great deal about myself. Although the suffering can be overwhelming, focusing on what you can do at a certain point in time is a contribution to the seed of healing.

Submitted by Helen Mikolajewski, Spiritual Care Coordinator, Marymount Inc.

Heart Of The Matter: Trust, Believe & Follow

"Have a listen to this!"

My wife Joyce, back from a staff education seminar in Palliative Care chaplaincy, slipped a cd which she had purchased into the car's player. As we drove along the expressway home, the gentle piano and vocal music of Jeff Staflund filled the space within our car. Unlike most music, his cd Trust, Believe and Follow specifically addresses the end time of life, with its loss and grieving, as well as the matter of living life as fully as possible in the final days.

When we learn that our death awaits us sooner rather than later, we go through one or more psychological stages, as popularized by the late Elizabeth Kubler-Ross: denial, anger, bargaining, depression and acceptance.

Jeff's cd speaks directly to wherever we are in the end time stages. The 12 titles run from the opening instrumental Loss, to Not How Long the Road Is, to Find Your Anchor, to the closing instrumental Waiting. One or more of these speaks not only to the dying, but to members of our families in this time.

Jeff is a professional translator and award-winning musician living in Winnipeg, who came to volunteer with Hospice and Palliative Care Manitoba "by sheer chance" a few years ago. He discovered that his music fit the situation of bereavement and end time beautifully, beginning a rich, ongoing collaboration with HPCM that resulted in his first English language cd, Trust, Believe and Follow. Jeff also writes and performs music for the HPCM's seasonal bereavement evenings put on 3-4 times a year, and is open to presenting the CD and/or performing some of the music on it outside of Winnipeg, if he is asked.

"Music is my most natural way of being present to people in times of difficulty," he says on his web site. "Also, as a songwriter, one of the things that fascinates me the most is the idea of how

quickly life passes and how people give meaning to their lives. I'm drawn to the mystery and the purpose of life, not religiously speaking but from a very humanistic perspective."

Ten years ago, Jeff was present at the death of his father.

"I was acutely aware at that time of the presence of the nurses and doctors, family, and particularly the priest that came in to give him his last rites," he writes. "I was aware of the impact of every little thing they did. Through my volunteer work, I've come to understand that music is my most natural way of being present to people who are grieving. It feels very easy and natural for me to be present in that way."

This ease in his sharing is reflected in the cd: for anyone, it's a soothing, gentle listen, with much reward. For those in palliative care and their families, it may provide the voice for their journeys.

Trust, Believe and Follow is available from Hospice & Palliative Care Manitoba, 2109 Portage Ave, Winnipeg, MB R3J 0L3. Phone 204-889-8525, or order by e-mail from Brenda Hearson at info@manitobahospice.mb.ca. CD's are \$20 each, or \$15 each for orders of 5 or more. Jeff's web site is at www.jeff-staflund.net. HPCM is at www.manitobahospice.mb.ca.

Submitted by Peter Fergus-Moore.

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

Contact:

Reverend George Neufeld
Provincial Coordinator
Manitoba Health
2051-300 Carlton Street
Winnipeg Manitoba R3B 3M9
Telephone: (204) 786-7146
Fax: (204) 772-2943
Email: geneufeld@gov.mb.ca

The Questions of Suffering

Suffering asks hard questions:

"Why?" ... "Why me?" ... "Does(n't) God care?" ... "Does(n't) God exist?" ... "How can I/we go on?" ... "Who cares?" ... ?

In one way or another, however articulated or not, these are all questions about personal meaning and hope, about the reality and nature of the divine -- existential questions.

These are the questions always at the centre of the spiritual direction relationship, questions made more urgent and poignant when suffering is not just a memory or a possibility but a sojourner at our door.

Sometimes the suffering is so crushing that the questions cannot be fully addressed under the weight of it all. Sometimes the suffering is so horrific that even to ask the sufferer to consider the questions feels like a mockery. There is a time for silence and, maybe, for wailing, and, even, for cursing. There are times as an intimate or as a chaplain when this is the best (literally) that we can do.

Sometimes the suffering is chronic or its memory is so hidden and debilitating -- the left hand of whatever the right hand of our life is playing -- that working with a therapist towards understanding, healing, and liberation is worth the risk.

Sometimes -- especially in an established and long-standing spiritual direction relationship in which the director has walked with the directee along many paths -- the distinctions between director, friend, chaplain, and therapist may blur a bit and the director needs to linger awhile in the gray zone. Yet, still, the director needs to stay focussed on that particular role and, when appropriate and possible, make a referral.

But, when the time is right for speaking, the director can lead the directee into the questions directors ask, into the questions suffering asks,

and into the questions within and behind the questions:

"How does it feel to be you right now?" ... "Can you think of another word for it?" ... "Does any particular image come to mind for you to help you capture just how you are feeling?" ... "Does the way you are feeling right now draw forth a memory of any other time in your life that may or may not seem particularly connected to your current experience?" ... ?

"How is God with you in this experience?" ... "Who is God for you right now?" ... "How do you need God to be for you now?" ... "Is there anything you want/need to say to God about all this?" ... ?

These explorations and discussions may lead to the heart of spiritual direction -- to questions about suffering itself.

Suffering is an integral theme in most religious traditions. In the Christian tradition (which is this writer's own), the image of an impoverished and marginalized, mocked and tortured, rejected and abandoned, and ultimately crucified Christ is near the forefront -- hanging on many church walls and around the necks of many followers as a constant reminder. Herein may lie the issue for a particular directee.

"What does suffering itself mean to you?"

The emphasis on suffering in one's piety may lead to unhealthy distortions. Martyrdom may be raised to the level of something approaching idolatry for some directees -- *I am not being truly faithful unless I am suffering*. For some directees, suffering may operate like an addiction -- *I don't feel that I truly exist unless I have a problem, unless I am suffering*.

Spiritual direction may lead some directees to a fundamental reevaluation of the value they place on suffering, of their own self-image, and of their understanding of the Divine.

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Helping Students Enter Suffering

Suffering is an inescapable part of human life. It occurs when an unwelcome event, circumstance, or outcome intrudes into our living and shakes our sense of control. Suffering is the struggle to find a place for this intruder in our stories.

Often this struggle raises the big questions of life – questions about the meaning of life, about the purpose of our own lives, and about our connections to others, to the world, and to the larger scheme of things. Such questions have the potential to deepen or transform our understandings of ourselves and of our destiny. However, if we are to open ourselves to the transforming potential of suffering, we often need the support, encouragement, and guidance of one who is willing to enter our suffering with us.

Unfortunately, many who feel concerned for those who suffer are not comfortable trying to enter into the experience of suffering with them. Most of us have to get past learned anxieties and inhibitions and develop new competencies to do this. This process of growth and learning is an important aspect of preparing people for ministries of spiritual and religious care.

Henri Nouwen's metaphor of "wounded healer" continues to be evocative and instructive for those who would enter the suffering of others. This image reminds those of us who would claim healing roles for ourselves that we are in a fundamental way on level ground with those who are in need of healing; we share a vulnerability common to all humanity.

The image of wounded healer calls us to explore and tend the wounds we bear lest they unnecessarily limit or compromise our healing ministry. Befriending our own scars and wounds and knowing the stories behind them are important prerequisites for approaching others in a healing role.

The beginning point then for enabling students to be with those who suffer is to provide opportunities for them to gather, share, and reflect on their own stories with attention to the suffering contained in them. In the sharing of stories students discover the spiritual, emotional, and relational struggles they hold in common even though the specific circumstances of their stories may be uniquely personal.

When their stories are told in a safe and hospitable environment, they also come to know experientially that exploring dark experiences and emotions can be healing rather than overwhelming. They may begin to develop a freedom and a vocabulary for talking about the troubling theological and ethical questions to which their suffering has given rise. They may also identify wounds that need special therapeutic attention.

As we share and explore of our own stories of suffering we create a space in which we can begin to focus on developing competencies for helping those who suffer. Competency has to do with the *knowledge*, *attitudes*, and *skills* necessary for helpful and effective ministry. Let me suggest some that I consider important for providing a compassionate presence to those who are suffering without claiming to be exhaustive.

I believe that to enter another's suffering the spiritual care provider needs *knowledge* of the following:

- how cultural customs, religious values and beliefs, family dynamics, medical treatments, and grief history may affect a person's experience of suffering;
- how to assess the depth of the person's suffering and her or his spiritual resources for responding to it by considering a variety of dimensions such as the person's image of God, sense of community, and capacity for meaning-making; the importance of shared story and meaningful ritual for the alleviation of suffering.

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I believe that to enter another's suffering the care provider must develop the following *attitudes*:

- *courage* for moving into the world of those who suffer with an openness to their experiences and stories;
- *humility* that moves beyond easy answers or quick solutions to a mutual search for meaning and purpose;
- *respect* for the beliefs, values, questions, and struggles of the those who suffer
- *trust* that a divine spirit moves within the chaos of suffering drawing those who suffer toward new meanings and possibilities

While many helping *skills* are needed by those who would accompany others in their suffering, two strike me as absolutely essential:

- *deep listening* and *empathy* in which the caregiver is attentive to the story of the other and takes care to make sure it has been received in the way the person hoped;
- *discernment* and *interpretation* in which the meaning or lack of meaning in the experience of suffering is discussed, alternative understandings of the experience entertained, and ways of meaningfully weaving the suffering into the person's story explored.

Educational programs that provide opportunities to reflect on actual encounters with suffering people are helpful contexts for developing such competencies. Clinical Pastoral Education is one such program. In CPE programs learning begins in encounters with those who are suffering and it deepens as the students reflect with their peers and supervisor on how the encounters touch their own stories, challenge their theoretical and sometimes theological bases, reveal both helpful and unhelpful attitudes, and affirm caregiving strengths even while exposing the need for greater skill. This process holds out the promise of new competencies – competencies that will enable the students to be effective guides and companions to those who suffer . . .

and to know that in entering their world they are participating in a sacred task and mystery.

Submitted by Dr. Glen R. Horst.

Spiritual Direction Continued from Page Seventeen

Kierkegaard makes an interesting distinction in discussing suffering as part of piety. He observes that all people suffer but that the suffering that is particularly relevant to the (in his case) Christian, is the suffering that comes as a result of the orientation to belief and the commitment to faithfulness.

Such a perspective may feed the unhealthy side of suffering. On the other hand, it may point to the true locus of suffering in the lives of those who choose a spiritual practice: to be living against the flow of those who are immersed more or less unconsciously in the mainstream culture. To awaken to the spiritual journey means the conscious choice to move inward where the explorations and discoveries on that journey – though ultimately liberating – may be painful and lonely along the way.

It is, at least, hard work to face up to the questions suffering asks.

Submitted by Ted Hicks, Spiritual Care Specialist, Health Sciences Centre.

Volunteers Needed

Hospice & Palliative Care Manitoba needs caring male and female volunteers to provide emotional support and practical assistance to individuals and families living with a life-threatening illness and/or to individuals who are grieving the death of a loved one. Volunteers visit in the home 3-4 hours per week. Hospice needs volunteers who live in the North, East and South areas of the City and who are available Monday to Friday during the daytime. Volunteers are required to participate in a 25 hour education program provided by Hospice. To obtain more information about this volunteer opportunity, please call (204) 889-8525.

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—2004

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

Events

Alzheimer Society Conference

Date: March 7 and 8 2005

Place: Canad Inn, Polo Park, Winnipeg

Topic: "Partners in Care: Creating Community"

Speaker: Dr. Stephen Post, Internationally known specialist and presenter on this subject.

Dr. Stephen G. Post is the Associate Director of Educational Programs, Professor of Biomedical Ethics, School of Medicine, at Case Western Reserve University in Cleveland, Ohio. A noted and distinguished author, lecturer, and educator on a wide range of themes related to Alzheimer Disease, Dr. Post also serves as a Senior Research Scholar in the Becket Institute at St. Hugh's College, Oxford University.

Sub -topics that will be suggested:

Ethics and Alzheimers

Spirituality of the person living with Alzheimers

For more information or if you have topics you wish considered please forward your suggestion to:

Dr. John Lenshyn

Fred Douglas Society

Phone: (204) 204-586-8541

E-mail: jlenshyn@fdl.mb.ca or

Norma K.

Alzheimers Society

E-mail: alzeducation@alzheimer.mb.ca

Palliative Care

What is Palliative Care? How can it help you & your family?

If you, or someone you love, has a life threatening illness, this will be of interest to you. This educational meeting will give you an opportunity to: meet with nurses, doctors and social workers, gain an understanding of palliative care, ask any question you might have, learn the service options available in Winnipeg.

The presentation will be held on Tuesday, February 15, 2005 from 4:30 - 6:00 p.m., at the Norwood Hotel, 112 Marion Street, Winnipeg. (Free information session and free parking).

For more information contact: Hospice & Palliative Care Manitoba at telephone: 889-8525.

"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

Spiritual Care Clinical Internship In Palliative Care And Oncology

Dates: May 2 to July 21, 2005

Location: Regina, Saskatchewan

Palliative Care Services, in collaboration with The Pallium Project, is pleased to announce the second 12-week (400-hour) Spiritual Care Internship in Palliative Care and Oncology.

This Internship is a 12-week intensive program (one "unit") of Clinical Pastoral Education, accredited by the Canadian Association for Pastoral Practice and Education (CAPPE/ACPEP) and affiliated with the Canadian Theological Seminary in Calgary, Alberta.

Events

Admission to the Internship is based on criteria established by the Regina Qu'Appelle Health Region Clinical Pastoral Education Advisory Committee. **Applications should be submitted immediately**, and interviews will commence in January 2005. Successful candidates will be notified within 30 days of interview.

Final Application Deadline is March 31, 2005. Detailed formal criteria and information on Participation Assistance is available upon request, with an application package.

Inquiries:

Before requesting an application, please communicate by telephone or email with:
The Rev. Dan Cooper, Chaplain
Pasqua Hospital (4F)
4101 Dewdney Ave.
Regina, SK S4T 1A5
Voice: (306) 766-2294
Fax: (306) 766-2588
Email: dan.cooper@rqhealth.ca

Application forms are available from:

The Rev. Mary Brubacher
Director of Spiritual Care, RQHR
C/o The Regina General Hospital
1440 - 14th Ave.
REGINA, SK S4P 0W5
Voice: 306-766-3569
Email: mary.brubacher@rqhealth.ca

(Please state clearly that you are interested in the Palliative Care and Oncology Unit)

Finding Hope In the Face Of Love

An Educational Day for Congregational Pastoral Care Groups, Lay Persons, Community Clergy, and Health Care Providers

Through the Resources of the U of W, RHA
Central Manitoba Clinical Pastoral Education Program.

Date: Wednesday, March 16, 2005
Location: Trinity United Church, 15 Tupper Street, S., Portage la Prairie
Time: 9:00 a.m. to 4:00 p.m.

Date: Wednesday, March 23, 2005
Location: South Park Mennonite Brethren Church, 335 - 6th Street, Altona
Time: 9:00 a.m. to 4:00 p.m.

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 last time was in 1996. The Manitoba /NW Ontario region is responsible for arranging 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.

Congratulations to Rev. George Neufeld

Rev. George Neufeld, the Spiritual Care Coordinator for Manitoba Health, was given the Award of Excellence for Professional Practice at the opening session of the 40th Annual Conference of The Canadian Association for Pastoral Practice and Education (CAPPE) in Halifax, NS on Thursday evening, February 9.

CAPPE is a national educational, certifying and accreditation organization in the fields of spiritual care and pastoral counseling. Next year, CAPPE holds its annual conference in Winnipeg.

Spiritual Care in the RHAs

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.

Since we function as an advisory committee and not as an implementation committee, we struggle continuously with the gap between our recommendations and the implementation by staff at the appropriate time. 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

Assiniboine

Contact:

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

North Eastman

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

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

Spiritual Care in the RHAs

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

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

Interlake

Contact:

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

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

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

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

Contact:

Reverend George Neufeld
Provincial Coordinator
Manitoba Health
2051-300 Carlton Street
Winnipeg Manitoba R3B 3M9
Telephone: (204) 786-7146
Fax: (204) 772-2943
Email: geneufeld@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	Mr. Leo Robert	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	Middle Church Home	Chaplain Lynne Austin	339-1947	589-7560
20	Sharon Home	Rabbi Neil Rose	586-9781	233-6803
21	Tache Nursing Home	Chaplain Helen Torchia	233-3692	832-9555
22	West Park Manor	Chaplain Ken Perry	889-3330	222-3237
23	Park Manor	Chaplain John Diamond	222-3251	783-7524
24	Calvary Place	Rev. Henry Schulz	943-4424	727-2103
25	Dinsdale Home	Mjr. Winnifred Perrin	727-3636	233-2564
26	Sara Riel, Inc.	Chaplain Marline Wruck	237-9263	589-8605
27	Holy Family Nursing Home	Sr. Monica Papiz	589-7381	326-3521
28	Bethesda Health Centre	Rev. Larry Hirst	346-5166	697-8075
29	St. Joseph's Residence	Sr. Jeannine Corbiel	697-8031	
			(ext. 231)	
30	Regional Aboriginal Spiritual/ Cultural Coordinator	Sakoieta Widrick	926-7132	
31	Lutherhome	Pastor Terry Thronson	338-4641	
32	Boundary Trails	Rev. Ken Austin	452-6923	428-2013
33	Altona Health Centre	Rev. Peter Bartel	324-8295	
34	Manitoba Developmental Centre	Rev. Ron Siemens	856-4200	
35	St. Amant Centre	Ursula Remilliard	256-4301	
			(ext. 253)	