ADVANCING THE INTEGRATION OF SPIRITUAL CARE IN WHOLE PERSON CARE

Caring for the HumanSpirit® magazine

WINTER/SPRING 2025

SCA CHAPLAIN MASTERCLASS SERIES: SPRING SEMESTER STARTS FEBRUARY 2025

CHAPLAIN TRAINING IN A WAR ZONE: PROVIDING SPIRITUAL CARE AND RESILIENCE IN UKRAINE'S ONGOING CONFLICT

DEVELOPING A SCOPE OF PRACTICE FOR SPIRITUAL CARE: INTEGRATING CHAPLAINCY INTO THE CONTINUUM OF HOLISTIC HEALTH

A HEALTHCARE CHAPLAINCY NETWORK™ PUBLICATION

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HealthCare Chaplaincy Network™ is a global health care nonprofit organization that offers spiritual-related information and resources, and professional chaplaincy services in hospitals, other health care settings, and online. Our mission is to advance the integration of spiritual care in health care through clinical practice, research and education in order to improve the patient experience and satisfaction, and to help people faced with illness and grief find comfort and meaning—*whoever they are, whatever they believe, wherever they are*. We have been caring for the human spirit since 1961.

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A LETTER FROM REV. ERIC J. HALL

Dear Colleagues,

Twenty twenty-five will undoubtedly be a year of change, uncertainty, and aspiration to heal our common wounds and move on to a more unified approach to making the world the place we envision for our loved ones and ourselves.

As members of the spiritual care profession, we work, in our quiet way, at the center of people's lives, as they face the profound transitions and challenges that will eventually find us all.

Caring for the Human Spirit magazine is devoted to supporting and improving the contributions of chaplains, nurses, clergy, social workers, first responders, and others whose mission is to relieve suffering. With our colleagues in this endeavor – with you, our reader – the Spiritual Care Association and our partner, HealthCare Chaplaincy Network, continue this work as well.

Among the features in this current issue, you'll learn about a new Chaplain Masterclass – a kind of virtual "grand rounds" for chaplains and other spiritual caregivers. The Masterclass, free to all, will introduce general topics as well as individual cases, with discussions of possible responses and outcomes led by experienced chaplains and other experts.

In the following pages you'll also read about the Spiritual Care Association's Caring for the Human Spirit conference, where our efforts to unite and strengthen our field come together each year. Set for late April 2025, the conference is where the topics covered here spring to even greater life with interactive workshops and addresses to inform and inspire our work going forward.

Finally, I remind you that this magazine is essentially created by its readers. I invite you to submit new research, thought pieces, articles on promising and successful programs, and other material that has value for you. In providing everyday care of the human spirit, you are helping to heal our world, one individual at a time.

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New Offering: The SCA Chaplain Masterclass

The Spiritual Care Association is excited to announce the launch of the Chaplain Masterclass Series for the Spring semester, designed to support chaplains in refining their skills and enhancing their professional growth. This innovative offering, led by experts in the field, will cover both everyday challenges and extraordinary situations that spiritual care providers navigate in their essential roles.

A Focus on Excellence in Chaplaincy

The Masterclass Series will explore various aspects of healthcare chaplaincy, offering insights into the processes, best practices, and nuanced skills needed for effective spiritual care. While the series is tailored for chaplains, it is open to anyone interested in deepening their understanding of spiritual care and its impact. Whether you're a seasoned professional or just beginning in the field, these sessions provide valuable knowledge to help you serve with greater expertise and compassion.

Key Features:

- Expert-Led Sessions: Learn from respected professionals in healthcare chaplaincy.
- No Fee to Attend: This series is free to participants, though pre-registration is required.
- Continuing Education Credits: SCA-certified chaplains can claim these sessions as part of their ongoing education requirements.
- Open to All: While geared towards chaplains, anyone with an interest in spiritual care is encouraged to attend.

The Spiritual Care Association hopes that through these sessions, chaplains will not only enrich their personal practices but also positively influence the care and support provided to both patients and staff within healthcare settings. We look forward to welcoming you to this valuable learning opportunity.

Pre-register today and join us this spring for a deeper dive into the art and science of healthcare chaplaincy!

New Offering: The SCA Chaplain Masterclass

The day-to-day demands facing chaplains are often unpredictable and present challenges in implementing the knowledge and skills acquired in their professional education. In an effort to assist chaplains to be at their very best, the Spiritual Care Association has developed a new offering, "Chaplain Masterclass," to be presented virtually and provided at no cost. Led by experts in the field, the Masterclass addresses everyday topics and also some extraordinary situations that spiritual care providers may face. Though the focus is on the chaplain, anyone who is interested in providing the best possible spiritual care will benefit from attending.

Some of the classes work along the lines of medical grand rounds, in which an experienced doctor leads a team of residents in discussing individual cases to teach new information and enhance clinical reasoning skills. Like these traditional grand rounds, SCA's Masterclass may present a specific incident with a patient, a patient's loved ones, or medical staff; experienced chaplains then discuss possible responses and outcomes. This complements SCA's many levels of curriculum, and can relate to any type of case with which a chaplain might struggle. We believe there is currently nothing else like this in the spiritual care field.

Initial topics to be covered include:

- The Process of Health Care Chaplaincy – An Overview
- Spiritual Screening – What Is It and How to Implement It
- Spiritual Assessment – The Unique Role of the Chaplain
- Documentation – How Chaplains Communicate with Staff

While there is no fee for the sessions, pre-registration is required. Chaplains certified by SCA can claim these sessions as part of their continuing education requirement. SCA hopes that together with the curriculum it has built, these resources will serve as a vehicle to positively impact patients and staff. With the initial announcement of the Chaplain Masterclass, hundreds of chaplains from across the country have already signed up to attend.

DEVELOPING A SCOPE OF PRACTICE FOR SPIRITUAL CARE:
INTEGRATING CHAPLAINCY INTO THE CONTINUUM OF HOLISTIC HEALTH

By Chaplain Xavier Justice

Good health involves an integrated approach to address the biological/physical, psychological, social/environmental/cultural, and spiritual issues that people face (Springer, 2017). Medical doctors and nurses practice within the biological domain. Counselors and other mental health professionals practice within the psychological domain. The social domain is the purview of social workers. Chaplains and other spiritual care practitioners and professionals by many names have emerged as the rightful helpers in the spiritual domain. An integrated treatment team approach should include a continuum of care made of doctors, counselors, social workers, and chaplains, at a minimum (HCCN, 2024).

The spiritual domain of the bio-psycho-social-spiritual model has emerged with more questions and challenges as to how best to reach people using spiritual interventions. The federal government attempted to provide some clarity after considerable pressure by issuing billing codes for professional, board-certified chaplains to conduct individual counseling, group counseling, and spiritual assessment (SCA, 2023). Individual counseling, group counseling, and spiritual assessment provides a rudimentary framework to begin to imagine a robust scope of practice that will lead to spiritual care as practiced by chaplains becoming as independent as the other allied crafts and trades.

Allopathy and pathogenesis do not have the best theoretical and practical underpinnings to superintend or develop a scope of practice for spiritual care. Salutogenesis, rather, focuses on well-being and health promotion and maintenance (Springer, 2017). A meaningful and critical analysis and comparison of the fundamentals of spiritual care and salutogenesis convincingly establishes that all of the crafts and trades within spiritual care fit well within salutogenesis.

There are a few principles that board certified chaplains are qualified and competent to practice that when taken together form a scope of practice that enhances and fully supports the fundamentals found in all of the helping professions. Those principles are:

Conciliation: removing barriers to services; establishing links and connections to services; resolving complaints and disputes and restoring helping relationships; identifying and addressing compassion fatigue.

Coaching: assisting clients with decisions to improve life and health using schema/habituation model, stages of change, and stages of recovery; common uses involve life, health, wellness, and recovery coaching.

Counseling: using information, education, and research on bio-psycho-social-spiritual health to help clients improve decision-making in those domains. The practice of individual counseling, group counseling, and spiritual assessments would be located within this domain.

Consultation: providing insight into nature and progress of health conditions so that client can choose better options toward recovery and rehabilitation, resilience, improved quality of life, and community integration.

Care Management: assisting clients with making measurable progress toward self-care and utilizing lower forms of care; providing continuous surveillance to ensure determinants of health are addressed in the client's case.

The features within the new model for a spiritual care scope of practice resonate well with the salient components of salutogenesis and are similarly found inside the scopes of practice for several people-helping professions, including counselors, social workers, addictions and recovery specialists, traumatologists, victim advocates, psychiatric rehabilitation specialists, and community health workers and peer specialists. Chaplains are just as qualified and competent as these professionals to exercise these functions. As spiritual care practitioners and professionals grapple to elucidate the evidence-based theories and practices that would properly position chaplaincy as an independent craft and trade among the other independent people-helping professions, it is anticipated that the helping professions will find and expand the utility of the model. As chaplains put this scope of practice forward, we hope that the interests of the community will coalesce around the enterprise of restoring the dignity of its most needy citizens with spiritual care as a viable and credible part of a care continuum. Spiritual care can offer meaningful assistance that can help restore and integrate these citizens while measurably reducing the incidence of illness and all other indicators of morbidity and mortality (Springer, 2017).

Chaplain Xavier Justice *is a clinical pastoral education supervisor – educator with the Institute for Clinical Pastoral Training and a Pastoral Care Specialist trainer with the Association for Clinical Pastoral Education. He is board certified with the Spiritual Care Association, NAVAC, and the American Correctional Chaplains Association. He is a licensed clinical alcohol and drug counselor, master addiction counselor, and clinical supervisor. He is the associate director of The Nehemiah Project in Washington, D.C. and his email is: xjustice@icpt.edu.*

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CHAPLAIN TRAINING IN A WAR ZONE

TONY DUCK, MRE, BCC, BCCS
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Air raid sirens in the middle of the night and school children moving from classroom to shelter during the day are a part of the fabric of daily life. Everyone with a smartphone has an app that warms them from approaching Russian drones, artillery, or ground troops. Everyone I spoke with has lost family members or close friends since the beginning of the full-scale war in 2022. Wives mourn the loss of their husbands, children, their fathers.

Parents are grieving the loss of their sons. They are grieving the loss of friends not serving in the military, as many civilians were killed in the early days of the full-scale invasion. Teenage boys lay awake at night worried they will be "invited" to serve their country on the front lines as soon as they turn eighteen. A twenty-one-year-old young woman asked a member of our team what he thought heaven was like and said that she goes to sleep every night wondering if she will wake up or if a drone will hit her house while she sleeps. Young men, eighteen to thirty, avoid being seen in public out of fear they will receive an "invitation" to join the army. And evangelical Christians live with the fear that if Russia prevails, there is a high probability that their pastors and many of their church members will be executed as terrorists.

I recently had the opportunity to travel to Ukraine to train volunteer chaplains and other ministry leaders in trauma, grief care, and personal resilience. About sixty-five volunteer chaplains were in attendance at the two-day chaplain training event. Many had served their time in the military. Now, they were volunteering to serve again, this time as chaplains. Many were civilians, volunteering to serve the military as well as the widows and families of the fallen. They all carry the same fear, traumatic exposure, stress, and grief, yet they choose to serve and, as many said, in their service, find healing themselves.

I was deeply moved by their courage and resolve. As a nation and as chaplains, they have layers of loss, grief, trauma, anger, fear, and resentment to process and heal from. But these men and women are eager to learn, grow, heal, and help others do the same; the individuals I had the privilege to spend time with are full of hope despite the presence of uncertainty, fear, and great danger. I am humbled and grateful to have had this opportunity, and I consider it a privilege to have been invited. I look forward to returning.

THE POWER OF THE NARRATIVE:
CONSIDERING THE 5WS AND H

By Sharondalyn Y. DuPree, MEd. MDiv, EdS
SCA Board Certified Chaplain
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The chaplain is in a very powerful space to serve as a connective catalyst of information in communicating valuable essentials about each visit through the written narrative. Some like to consider the narrative first. Others consider and draft the narrative in their minds as they are talking and journeying through this great work of service in spiritual care with each encounter. Some of us may even see the narrative at the end of the assessment as this blank space awaiting our words, both succinct and comprehensive, both ethical and dignified, both informative and useful or practical to the reader. On this narrative journey, I encourage you to begin with the end in mind.

Miriam-Webster's Dictionary (2024) defines a narrative as "a way of presenting or understanding a situation or series of events that reflects and promotes a particular point of view or set of values."

Narratives paint pictures. Narratives inform. Narratives in spiritual care house rationale, background and assessment information, interventions, plans, and outcomes in the patient care experience. There are multiple ways to approach the narrative. Narrative requirements often vary by organization, but all narratives should share common elements that speak to the professionalism of chaplaincy.

In this proposed approach to narrative essentials, we will utilize the old 5 W's and H. As a student and later as an educator, I recall this as one of many strategies often taught to students in gathering information and in writing. How can this simple tool translate to narrative writing in chaplaincy assessment? Below perhaps are a few suggestions, primarily questions for reflection and consideration, as we continue to approach and enhance narratives. These are not restricted to any set order. Approaches will vary. These are just ponderings as you transmit voice and compose the essential picture.

5 W's and H: Who? What? When? Where? Why? and How?

1. **Who?** For whom is care being provided? Chaplains are in a special place and often able to connect in ways that other members of the IDT may not always be able to. Through active and reflective listening, observations, images and stories, the insights of family members and caregivers, and the patients themselves at the center, chaplains draw closer to seeing WHO they are providing care for. This WHO is not just a number or a mere being, but a very important individual with a life and story, a cultural context, held sacred and regarded. This WHO has spiritual, physical, emotional, and safety needs. This WHO may be a veteran, a mother, a father, a spouse. Consider gently WHO was here (their past) and WHO is here now as they engage the present, reflect on the past, and approach an unseen future.

2. **What?** WHAT supplies additional rationale and framework for the chaplaincy visit. What is the purpose and context of this visit? Is this visit an initial or a subsequent visit? What informed the visit's occurrence? What is important in the patient's care and identity. What is noticeable and visible? What has changed as explored with the patient? What is noticeable in the environment and world of the patient? Any decline? What was evidenced in terms of decline, within the scope of chaplaincy context and observation? What needs are identified and expressed as the patient navigates change?

   WHAT carries the power to place the visit into context with a purpose. What are the spiritual, emotional, and/or relational needs evident? What additional needs are there? What has the patient identified as important to address? What surfaced during this time? What may be hidden and may require additional support? What was connected to the last visit in terms of progress towards goals or the opposite? What resources are present? What resources and interventions are needed? What will be pertinent to report to the IDT? WHAT is a gift that lends us much to explore and helps us to see the fuller picture.

3. **When?** When (at what points) did interventions occur? When did new meaning or some type of transformation result? When was a challenge experienced in the world of the patient? When does the patient notice progress towards their goals or experience regression? When will the next visit occur in alignment with the established plan of care? When will the plan of care be modified as applicable? WHEN can also be descriptive in showing when things occurred during a visit. Consider various approaches to WHEN. WHEN can capture the past, the present, and the future.

4. **Where?** Where is the patient in their experience with the here and now? Where is the patient in their journey and experiences? Where is the patient in the understanding of their journey? Where is the patient along the path of their spiritual and emotional or relational needs being met? Where was the patient in relationship to their goals at the close of this visit? Where would the patient or loved one like to go in their journey? Consider WHERE.

5. **Why?** Why were identified interventions implemented in terms of outcomes? Why is this visit meaningful for the patient as related to outcomes? Why will future visits be added to the plan of care or closed and monitored for changes, or perhaps declined?

6. **How?** How were interventions utilized throughout the visit? How do interventions uphold the patient's values, beliefs, and autonomy? How will interventions be used during the next visit? How has the frequency of care been determined? How was the response to care different during this visit than the last? How has the current visit informed the next? HOW can be a powerful tool for reflection.

The old **5 W's and H** can assist us in seeing the narrative more fully, also aid us in reflecting upon and reviewing our spiritual care interactions as professionals. One size does not fit all in this unique work. May we see ways of enhancing our professional practices in ways that benefit those we serve. Remember, the narrative carries power. It gives voice and professionalism to our humble work of service. There are times we must wonder, if we don't tell the story and capture the picture, giving voice to the patient's experience, then who will? The narrative is a record of that experience, capturing aspects of the plan of care,

"DIED" IS A FOUR-LETTER WORD

Thomas Coover, Spiritual Care Association
LifePath Hospice House, Sun City Center, Florida
Serving within the Catholic Tradition

When being remembered after this life of mine comes to an end, I assume that someone will mention my weekend visits to Thrift Stores and Estate Sales. I am sure that they will point out that I have 2 storage units filled with those unknown "I need to have this" items that my family will sort through or simply toss out.

Two weekends ago, I was at one of these sales and met up with one of the usual volunteers. However, there was a face that wasn't there that day. I asked where she was and was told, "She's no longer with us." My jaw dropped and after a momentary pause, I uttered "OMG! When did she die?" The startled volunteer stared at me and sighed, "She didn't die. She just resigned."

As a member of the death and dying hospice community, I found that I had succumbed to the cultural practice of associating euphemisms instead of simply saying the words "dying, dead, died" when speaking of those whose lives here on this earth had come to an end. Instead, when speaking of death and dying we choose words like "passed" or "expired" or "in a better place" or "we lost her." (Some of the other words we use include: kicked the bucket, croaked, pushing up daisies, bit the dust, six feet under, circled the drain, and the list goes on and on.) We even have begun to speak of our family and friends have become angels, as if there is something better than being who we are: humans who are born into this world, live our lives as best we can, acknowledge our mortality, and die with dignity as we complete of the cycle of life.

There was a time when it was acceptable to speak of death and dying. In the early days of the thanatology movement, there were those who wrote books on the subject (i.e. Elizabeth Kubler Ross, On Death and Dying) and led seminars and workshops (Dr. Alan Wolfert) dealing with the same topic. The modern hospice movement came to be precisely because hospice became that safe place where those four-letter words could be spoken openly and without apology.

Certainly, similes that we employ as we try to comfort, encourage, and sanitize death and dying are well-intentioned. However, when we deliberately avoid speaking of death and dying, I believe that we betray the foundation of our hospice service as we attempt to bring a healthy and hopefully healing appreciation of our common human destiny as spiritual beings. As the theologian-scientist Pierre Teilhard de Chardin reminded us, "We are not human beings having a spiritual experience. We are spiritual beings having a human experience."

We are NOT a gallon of milk beyond its "best if used by date." What "better place" could we be other than in the company of family and friends who love and support us? And, as a person of a faith background, I share the conviction spoken of by the late evangelist Billy Graham who reportedly stated at the end of his life, "You shall not have lost me. I just have completed a change of address."

So, I make it a point to speak those dreaded words that gave birth to our hospice philosophy. I share Dr. Alan Wolfert's encouragement to embrace the grief we experience when speaking of someone's (or our own) death and dying and allow that inevitability to cause growth in us and be grateful for what grief teaches us about being human and how important it is to allow the space that is required to allow grief to enter our lives as we mourn those who have died and are no longer aligned with our life walk.

No more "Celebration of Life" for me. Enough of these euphemisms like passed, expired, lost. I want to be mourned and tears to be shed when I am dead. Let's allow ourselves the grace of grief as we dare speak of dying, died, and dead. Our hospice work holds beauty in such words while speaking of our grief. There is so much love and care at its core. These words speak well of the giftedness of having lived and died.

2025 Caring for the Human Spirit® Virtual Conference & Westberg Virtual Symposium

April 28 - 30, 2025

Caring for the Human Spirit® Conference: Advancing Spiritual Care in Healthcare

The Caring for the Human Spirit® Conference is a premier annual event dedicated to enhancing the field of spiritual care in healthcare. Hosted by the Spiritual Care Association (SCA), this dynamic conference brings together chaplains, spiritual care professionals, healthcare providers, and thought leaders from around the world to explore innovative ways to integrate spirituality into healthcare practices.

Key Features of the Conference

- Expert-Led Sessions: Participants can attend thought-provoking workshops and presentations led by industry experts, addressing topics such as spiritual assessment, ethical challenges, and the role of spirituality in holistic patient care.
- Interdisciplinary Collaboration: The conference fosters dialogue among chaplains, nurses, physicians, social workers, and administrators, promoting a comprehensive approach to addressing patients' spiritual and emotional needs.
- Innovative Research: Groundbreaking studies and evidence-based practices in spiritual care are showcased, helping participants stay at the forefront of the discipline.
- Networking Opportunities: Attendees can connect with like-minded professionals, exchange ideas, and build relationships to support their personal and professional growth.

Who Should Attend?

This conference is ideal for anyone passionate about spiritual care, including professional chaplains, students in clinical pastoral education (CPE), healthcare workers, clergy, and those involved in faith-based community services.

Why It Matters

As healthcare increasingly recognizes the importance of addressing the whole person—body, mind, and spirit—the Caring for the Human Spirit® Conference serves as a vital platform for advancing the integration of spiritual care into clinical practice. Attendees leave equipped with new tools, insights, and inspiration to make a meaningful impact on the lives of those they serve.

For more information about this year's conference and registration details, visit Caring for the Human Spirit.

TO THE ASIAN AMERICAN CAREGIVING COMMUNITY:

YOU DON'T HAVE TO SUFFER IN SILENCE

Rev. Brian Lo is an Advanced Practice Board Certified Chaplain – Hospice and Palliative Care Specialist. He has been a hospice and palliative care chaplain since 2010 and serves in the Los Angeles county area.

I know firsthand what it is like to help take care of a dying parent. When I was 16 years old, I helped care for my mother who was dying of cancer. She suffered through almost four years of illness before it took her life. Witnessing my loving, caring and outgoing mom go through the dying process filled me with grief and pain. It was sad and a heart wrenching experience.

During the last year of her life I began to long for the day that she would die so our suffering would cease. Her death would end her pain, allow her to go and be with God and I would not have to watch her suffer any longer. I never verbalized these thoughts because I felt guilty for wanting my mom to die. When she died, I felt relief that our suffering was over; but I felt guilty because I felt relief. I never verbalized these thoughts because I felt too ashamed of them. No one ever explained to me that I was feeling anticipatory grief and that it was normal to feel this way. Instead, I just held it in and carried on.

Anticipatory grief can be experienced by the patient and their support persons and oftentimes begin with the news of terminal illness. For the support person, they begin imagining a life without the patient and mourning the loss of future milestones like their children getting married, having grandchildren, or retirement together. They await the day when the patient dies because it will end their illness and suffering. For the patient, they begin grieving the loss of their life and being with those they love. During this time, the patient can engage in "unfinished business" like completing a trust and will, giving away valued items, and/or reconciling and finding peace with specific people. Anticipatory grief prepares the patient and their support persons for the eventual death.[1]

My Asian American family never talked about her illness or her impending death. We just went about our daily routines of school, church and home life. Looking back, it would have helped to talk about the difficult emotional and spiritual places in our lives to better cope with such a hard process. However, my family did not have the cultural freedom to have such conversations. Now as a chaplain, I am motivated to enter into the lives of people with the goal of creating a place for people to talk about difficult subjects and educating them on the hard but normal phases of preparing for the death of a loved one. I frequently hear from caregivers how much better they feel after talking about their conflicting emotions and discovering this process is normal. As a result, I see some of the burden temporarily lifted from their shoulders.

Having said that, I need to address the Japanese value of gaman. I have learned about this practice since joining a Japanese American community through my wife's family and our church. I learned that gaman is a Japanese practice of not complaining. A Stanford University School of Medicine study on aging Japanese Americans said, "They must gaman or bear it and not complain. This may be rooted to some extent in Buddhism that teaches that life is full of suffering. Hardship and suffering may also be considered to build character." [2]

Life is filled with suffering and pain; however, just because we don't talk about them does not mean they will not be expressed. Suffering may come out as irritability, depression, anxiety, difficulty sleeping, and/or the inability to concentrate. Some people will even turn to substance abuse. Silence does not resolve the pain you are feeling.

Gaman causes me some concern because I know just how difficult it is to be a caregiver and yet, I hardly hear from caregivers in the Asian American community express their struggles. Talking about the emotional pain of caregiving helps relieve those feelings. So I'd like to give all of us in the Asian American community permission to share about our trials and tribulations. We can talk about the challenges we face. It's comforting to talk to someone who cares and wants to know about the stress we've been experiencing. Even Buddhists today recognize the need to alleviate suffering by talking about one's pain. Thich Nhat Hanh, a prominent Buddhist monk, wrote, "I need you to listen to me. No one has listened to me. No one understands my suffering, including the ones who say they love me. The pain inside me is suffocating me. It is the TNT that makes up the bomb." I think his words echo the feelings of many who do not feel safe sharing about their emotional pain.

Sharing your emotions with another person can alleviate pain. Just being listened to helps. Mr. Fuji was an elderly Asian American male who was on hospice care whom I visited monthly for almost a year. I started all of my visits by assessing for pain. Mr. Fuji told me about his pain, where it was located, its intensity, everything. And he knew I couldn't do anything about it but he said, "Just knowing you're listening to me helps." Talking about his pain helped to reduce it.

Caregiving is not easy and talking about your struggles can help. I encourage you to talk to someone. If your loved one is on hospice care, then talk to your chaplain. Chaplains want to hear how you're doing as well. Caring for you is as important as caring for your loved one.

Chaplains are a third party and are not associated with your family, friends or social network. What you talk about remains between us. Chaplains are that "perfect stranger" with whom you can share your burdens with and know you'll never see again. One person recently shared with me that it is easier to talk with a chaplain than with her own family.

If your loved one is not on hospice care then find someone who is willing to listen to you. Talk to your neighbors. Find a support group. Talk to your faith leaders. Ask your primary care physician for a referral to see a mental health professional. Find someone who will help you through difficult times. Keep asking for help until you find the right person(s).

In conclusion, caring for a loved one who is dying is emotionally painful. Anticipatory grief is a normal reaction to experience as a loved one draws closer to death. If we don't share these emotions, it can build up and feel like a time bomb just waiting to go off. Talking about these difficult feelings can help to relieve your stress and normalize your experience. Talk to a chaplain, social worker, faith leader or another caring individual. They want to sit down with you and help support you through difficult times.

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INTRODUCING FIVE POPULAR BOOKS BY

DR. THOMSON K. MATHEW

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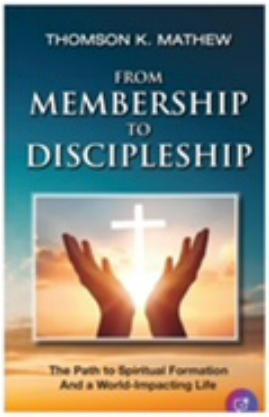
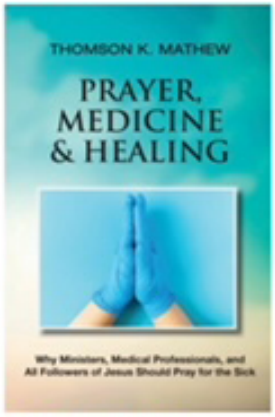


FROM MEMBERSHIP TO DISCIPLESHIP

This book provides a deep understanding of discipleship, faith development, and spiritual formation, and presents a clear path from membership to discipleship.



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An invitation to pray for the sick based on evidence from the Bible and Church History. Examines the history of hospitals. Affirms both medicine and prayer.

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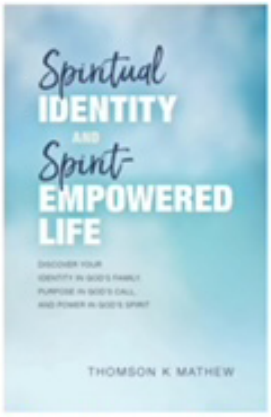

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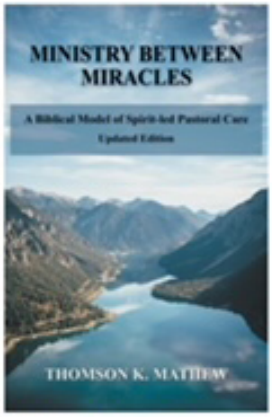

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THOUGHTS ON PRAYER

Rev. Alli Harbertson, Spirit Tender Hospice and Community Chaplain based in Salt Lake City, Utah

I don't pray every day. And often when I do it is when I'm driving alone on the 215 freeway. Radio off. Windows open. I like to hear myself talk out loud so I can listen, third party style. It gives me a thrill and I have been known to make myself cry and laugh and do some pretty poor diving maneuvers during car prayers. Sometimes I begin a prayer with "hi North. it's me" and I just let words bubble up from that mysterious inner spring. And sometimes I just breathe and listen to the air whispering inside my ribcage and whistling out through my nose and I let my brain go dark; relief creeping in.

Some days I walk out into the garden and find the loveliest thing that catches my eye. A bloom; a pinecone; a leaf turning three colors at once. I bring the treasure in and put it on a makeshift altar plate. I light a stick of incense and thank my lucky stars that I've been witness to this much beauty and it is not even noon. Some mornings I kneel in the shower and let the water pound my back and stream down my body. I try to think up from my toes about all the magical ways I'm physically existing in this exact moment. I bless myself and my power to be.

These are all prayers.

For many of us, prayers and praying don't touch our lives much anymore. If you operate outside of a faith tradition, there are precious few experiences in public life that include a prayer. And because of this, so many of us have lost the connection to, as well as any models of, what prayers are or could be.

To me, it's sticky territory to presume anything about where or to whom prayers go. That's between you and whatever theological ground you choose to stand on. But this shouldn't mean the act of being prayerful isn't a useful, meaningful, and clarifying action available to all human beings, within or without religious traditions. Prayer is likely as old as humanity and so I hold it as a tool we can all legitimately claim for the kit of parts needed to build more sacredness into our lives. Perhaps prayers are already a memory in our DNA?

I hold prayers as poetry, as love, as compassion, and gratitude transmuted into action. They are a radical statement of inter-being and a deposit made to the account of our shared state of interconnection. I think of Prayers as energy transfer conduits; unseen containers capable of holding the shape and momentum of our spoken or thought in a flash of intentions. With them you can direct your energy to Spirit, to source, to rosy cheeked house finch sitting on the telephone wire, to your withered handed grandmother releasing her last breath into the world, to your newly-car=driving 16 year old with the lead foot, to the beating heart inside your own chest that is aching from grief and loss.

There's no boundaries of inclusion or exclusion, because the framework of interconnection means we're already touching bits, informing each other on an atomic and energetic level that is preconfigured, already loaded software...is the very water we're swimming in...that's why it's so tricky to see it.

But Prayer helps me remember it.

It helps me feel into the fact that every being and every manner of living thing is sharing space with me. We are all local to each other, all natives of this place we call home. That's powerful right? We are powerful beings of great influence. One of my prayers is that we reclaim the wisdom to use it wisely.

CARE FOR THE CAREGIVER:
NURTURING SPIRITUAL WELL-BEING IN SPIRITUAL CAREGIVERS

Omomaro Okekaro, PhD is a Spiritual caregiver, Mental health therapist and Published Author

In the bustling world of spiritual caregiving, where individuals dedicate their lives to providing support and guidance to others on their spiritual journeys, it's easy to overlook the importance of self-care. Yet, just like any other caregiver, spiritual caregivers are not immune to the stresses and challenges that come with their vocation. In fact, the demands of providing emotional and spiritual support to others can often take a toll on their own well-being.

Recognizing the critical role that spiritual caregivers play in nurturing the spiritual health of others, it becomes imperative to prioritize their own spiritual well-being as well. After all, how can one effectively support others on their spiritual path if their own spiritual cup is running dry?

The concept of "Care for the Caregiver" emphasizes the importance of spiritual caregivers taking proactive steps to care for themselves, both physically and emotionally. This involves cultivating practices and habits that promote spiritual renewal, emotional resilience, and overall well-being.

One key aspect of caring for the caregiver is the practice of self-awareness. Spiritual caregivers must regularly check in with themselves, reflecting on their own thoughts, feelings, and needs. This self-awareness allows them to recognize when they may be feeling overwhelmed or depleted and to take appropriate action to address their own needs.

Another important practice is setting boundaries. Spiritual caregivers often feel a deep sense of responsibility to be available to others at all times, but it's essential to establish healthy boundaries to prevent burnout. This may involve setting limits on the number of hours worked, prioritizing self-care activities, and learning to say no when necessary.

Furthermore, spiritual caregivers can benefit from engaging in regular spiritual practices that nourish their own souls. This may include prayer, meditation, journaling, or spending time in nature – whatever practices resonate most deeply with them and provide a sense of connection to the Divine.

In addition to these individual practices, creating a supportive community of fellow spiritual caregivers can be invaluable. This allows caregivers to share their experiences, seek guidance and support from others who understand the unique challenges they face, and find strength in solidarity.

Ultimately, caring for the caregiver is not just a luxury – it's a necessity. By prioritizing their own spiritual well-being, spiritual caregivers not only ensure their own health and vitality but also enhance their ability to serve others effectively. In nurturing themselves, they become better equipped to nurture the spiritual growth and healing of those they serve.

As a spiritual caregiver, I've experienced firsthand the transformative power of prioritizing care for myself. In the early years of my career, I was deeply committed to serving others and often neglected my own well-being in the process. I poured my energy and compassion into supporting those in need, but I failed to recognize the toll it was taking on my own physical, emotional, and spiritual health.

Over time, I began to feel depleted and burnt out, struggling to find meaning and fulfillment in my work. It was during this period of personal crisis that I realized the importance of caring for the caregiver. I came to understand that in order to continue offering compassionate care to others, I needed to first attend to my own needs and well-being.

I made a commitment to prioritize self-care, incorporating practices such as meditation, exercise, and regular periods of rest and relaxation into my daily routine. I also sought out support from colleagues, mentors, and spiritual communities, recognizing the value of connection and community in sustaining me through challenging times.

As I began to invest in my own well-being, I noticed a profound shift in my ability to show up fully present and engaged for those

I served. I felt more energized, focused, and compassionate in my interactions with others, and I experienced greater satisfaction and fulfillment in my work.

Over the years, this commitment to self-care has become a cornerstone of my practice as a spiritual caregiver. It has provided me with the resilience and longevity to navigate the inevitable challenges and stresses of the profession while remaining grounded in my purpose and calling.

Today, I am grateful for the wisdom and insight that caring for the caregiver has brought into my life. It has not only enhanced my effectiveness as a spiritual caregiver but has also deepened my own spiritual journey, allowing me to cultivate greater compassion, empathy, and authenticity in my relationships with others.

Consequently, it's essential to recognize that caring for the caregiver is not a one-time event but an ongoing process. Spiritual caregivers must prioritize self-care as a fundamental aspect of their vocation, integrating it into their daily lives and routines. This may require making intentional choices to prioritize rest, relaxation, and rejuvenation, even amidst the demands of their work.

Moreover, organizations and institutions that employ spiritual caregivers also play a crucial role in supporting their well-being. They can create policies and practices that promote a culture of self-care, offering resources such as counseling services, retreat opportunities, and flexible work arrangements. By prioritizing the well-being of their caregivers, these organizations not only foster a healthier work environment but also enhance the quality of care provided to those they serve.

Ultimately, caring for the caregiver is an investment in the sustainability and effectiveness of spiritual caregiving. When caregivers are supported in their own spiritual journeys, they are better equipped to accompany others on theirs. By nurturing their own spiritual well-being, caregivers become beacons of light, guiding and inspiring others to find their own paths to healing, growth, and transformation.

In conclusion, the practice of "Care for the Caregiver" is essential for maintaining the health and vitality of spiritual caregivers. By prioritizing self-awareness, setting boundaries, engaging in spiritual practices, and cultivating supportive communities, caregivers can ensure that they have the resources and resilience needed to continue their important work of supporting others on their spiritual journeys.

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THE TRUE POWER OF LOVE:

WE'RE NEVER ALONE

A REFLECTION FROM AN INTERFAITH HOSPITAL CHAPLAIN

As an interfaith hospital chaplain, I'm often present during life's most emotional and challenging moments—serious illness and the end of life. These are raw, deeply human experiences where emotions and vulnerability are laid bare. No matter how many times I find myself in these situations, I'm never fully "ready." Each moment is unique, and the sacredness of these encounters always touches my heart.

Walking into a room where someone is gravely ill or nearing the end of life, the atmosphere is thick with emotion. Machines hum softly, and loved ones gather, their faces etched with sadness, love, and unspoken fears. These experiences have taught me profound lessons about life, death, and the extraordinary power of love.

LESSONS FROM DEATH

1) LIFE IS A GIFT

In our fast-paced society, life can feel like a drudge—a series of tasks to complete. Yet, in moments of crisis, I've seen families wish desperately for just one more day with a loved one. The frustrations, misunderstandings, and trivial concerns that sometimes dominate our relationships suddenly disappear and lose their significance. What emerges instead is the deep yearning to connect, to express love, and to be present.

I recall a personal experience caring for my parents years ago during a difficult day at the mall. Despite the physical and emotional challenges, the fact is I'd give anything to relive that day—to have one more moment with them. This is the transformative power of love: it redefines what truly matters.

In hospital rooms, the ordinary becomes sacred. Patients and families often find gratitude in the simplest of things—a chance to say, "I'm sorry," "please forgive me," "thank you," "I love you," what is known as the Ho'ponopono Hawaiian practice.

I've come to realize that life is not a puzzle to solve but an extraordinary gift to welcome and accept. Recognizing this allows us to live each day with gratitude, and to reshape how we approach both life and death.

2) WE ARE MORE THAN OUR ACCOMPLISH-MENTS

Illness and end-of-life situations peel away external markers of identity—titles, awards, and accolades. What remains is the essence of a person, defined by their love and relationships, not their achievements.

I recall sitting with the family of a renowned scientist. Despite his professional success, the stories they shared were not about his awards but about his warmth, humor, and the memories he created—teaching his nephew to fly a kite or making holidays special. It wasn't his résumé that defined him; it was his character and love.

3) BE PRESENT IN THE MOMENT

One of the most profound lessons I've learned is the importance of presence. In the sacred space between life and death, simply being there is everything. In our rushed lives, we often forget to appreciate the present, like that phrase, "to stop and smell the coffee." Yet, it's often in those final moments of life that families rediscover the power of presence.

I've witnessed families singing hymns, sharing stories, and holding hands with their loved ones. These are the moments that transcend fear and sadness and create meaning and purpose. Being present is a powerful reminder to appreciate the time we have—now. Each moment becomes an opportunity to love and connect deeply.

4) HARDSHIPS CAN BRING RECONCILIATION

While death is a moment of loss, it can also be a catalyst for healing. Many times, I've witnessed families separated for reasons long forgotten find their way back to each other in the face of a loved one's passing.

I remember one patient who had been estranged from his son for nearly two decades. Yet when they finally met in the hospital, a simple "I'm sorry" and "I've missed you" bridged those years of loss and pain. They held hands, tears flowing, and found peace in a moment they never expected to happen.

Reconciliation and forgiveness are a testament to the transformative power of love. Death has a way of revealing what truly matters, washing away negative feelings of bitterness or anger, and bringing light to the darkest places within our hearts.

Sitting with Muslim families who's loved ones are nearing death, I've seen how important forgiveness is to the Muslim faith. One of Allah's most prominent names is "Al-Ghafoor" (The Most Forgiving), therefore Muslims strive to emulate this quality by extending forgiveness to others.

5) LOVE IS WHAT TRULY MATTERS

Above all, walking with individuals and families through the shadow of death has taught me that love is what truly matters. In hospital rooms, love reveals its true nature—selfless, sacrificial, and unconditional. It is not the romanticized love of movies but the profound, lasting love that gives life purpose and meaning.

As Mitch Albom wrote in Tuesdays with Morrie: "Death ends life, not a relationship." The love we give and receive lives on in the hearts of those we touch. Buddhism believes that we are never alone because we are all part of a greater whole. Love is the bridge between life and death. It is the light that guides us through our darkest moments and gives us the strength to move forward when all seems lost.

CONCLUSION

As an interfaith hospital chaplain, I am humbled by the privilege of witnessing that in the most challenging and uncertain moments of life—moments marked by pain, grief, and the passage of death—there is always a presence that sustains us, a love that never fades.

This love is not confined by time or space. It is the love of family and friends, who offer comfort and companionship. It is the love of caregivers, whose hands and hearts extend deep compassion. And ultimately, it is the divine love of God—unwavering and eternal: "Never will I leave you; never will I forsake you" (Hebrews 13:5).

Long before the birth of Judaism and Christianity, the concept of "we are never alone" was deeply embedded in Hindu philosophy. Sitting with followers of this faith, I've come to appreciate the ancient wisdom and belief that every individual soul (Atman) is a part of the universal consciousness (Brahman). So even in times of physical isolation, and even death, we continue to be inherently connected to a greater, divine presence.

Through our faith and love, we find hope, healing, and the assurance that we dwell forever in the presence of the divine, whether it is named God, Heavenly Parent, Allah, Brahma, the Divine, or simply hope.

The words of the psalmist resonate deeply with this truth: "Even though I walk through the darkest valley, I will fear no evil, for you are with me; your rod and your staff, they comfort me... Surely your goodness and love will follow me all the days of my life, and I will dwell in the house of the Lord forever" (Psalm 23:4,6).

--

William P. Selig

DMin, BCC (retired), is an adjunct assistant professor of Pastoral Ministry at the HJ International Graduate School for Peace and Public Leadership in New York City. He holds a Doctor of Ministry degree from the Unification Theological Seminary and is a retired, board-certified hospital chaplain with the Association of Professional Chaplains. He has served as a chaplain in hospice and hospitals in Maryland, District of Columbia, California, and currently volunteers at a local hospital in Virginia.

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TELL ME YOUR NAME

A RESOLUTION TO LISTEN

I focus on her clear blue eyes and take a deep breath. "You have HIV." My voice barely stays even. It feels too matter-of-fact, but I can't think of any words that would soften the blow. The weight of this news can't be lessened by a gentle voice, and talking around it almost seems less merciful—like peeling off a band-aid slowly.

My clinical instructor's eyes remain serious as she turns to one of my classmates and asks in shock, "So, am I going to die?" I listen as he instantly jumps in with reassurances—ones that are far above our ability to provide, especially as first-year medical students. "No, no, of course not. You're not going to die." This activity is our first practice exercise in delivering bad news. We each have different approaches: some of my classmates ask her to take a deep breath or encourage her to sit down before they begin. Others offer her imaginary informational brochures to take home so that she can begin to process her diagnosis in her own time. As I reflect on the conversation, I'm reminded of one of my first verbatim presentations as a chaplain intern.

Kahinde (K3): (looking heartbroken) Yeah. (Parts of his speech are hard to make out and slightly slurred. He mentions having a diagnosis of sepsis and that he has been critically ill at some point.) … I've been feeling sick … but didn't know I was that sick … it was two Saturdays … then I found out I'm HIV positive … and I'm trying to figure out what all this means." (Breaks off tearfully.)

Chaplain (C3): I'm so sorry. That's such a hard thing to find out. It's hard to imagine what it might mean or look like for you. What has it felt like so far?

In the months following this verbatim, I've spent most of my time in the classroom. I've learned far more about the virology and pharmacology surrounding HIV treatment, but I wonder if I've unlearned the basic instincts that enabled me to empathize with his questions.

My choice to pursue chaplaincy training as a medical student was unconventional. As the daughter of a hospice chaplain, though, my first exposure to healthcare began in patients' homes. I had watched home health aides step around friendly pets or toddling grandchildren scribbling in crayon on the floor to draw baths or deliver medications. As my experience with healthcare grew, I learned to make new healthcare associations with frigid, impersonal hospital rooms and sterile examining tables. I discovered that holding hands with a patient in their living room as they settled comfortably into their

favorite rocking chair is the exception—not the rule. However, I didn't forget my early memories of hospice care—how they felt lined with something sacred—or my instinctual urge that the same sacred obligation was required even in ICU wards. In pursuing chaplaincy training, I wanted to begin creating a practice of being present with my patients in a way that acknowledged this sacred bond, long before I ever stepped into a hospital room as a physician. I wanted to train my reflexes toward listening and

believing the person in front of me before I began struggling against the pressures that leave so many medical providers feeling hurried, burnt out, or cynical.

My conversation with Kahinde happened during my first two weeks of medical school coursework. I didn't know how to be a medical student yet, and I still felt very uncertain about how to absorb and metabolize such an overwhelming amount of new material. However, as I placed my hand on his shoulder and bore witness to his tears, I felt reassured. He did not need me to unravel the pathology of his condition yet. He just needed someone to stand beside him. As we talked, he told me about what he imagined his life could be.

C5: That's a beautiful way to love, without seeking anything in return. I'm sure it's been a gift to the people you've been with. What do you think it might look like to be there for yourself like that?

K6: It would look like doing what I want to do.

C6: Oh yeah? What would you like to do?

K7: Just like … going out *pause* to brunch! Or to an art gallery. Going downtown or to a ballet or some shit. I never get to do stuff like that because I'm always working. But now, if I live, I'd wanna do stuff like that.

C7: That sounds like a beautiful way to live.

He surprised me with his creative delight and his hunger to enjoy life. As he began to process his grief about his diagnosis, he wondered aloud what it might be like to start over … to be made new—new cells, a new body without illness.

C14: What do you think you might like to keep the same about yourself?

K14: I don't know. I don't mind that I was born here. I got a family who mostly loves me. I don't mind living in (city name) and working at (insert restaurant). *Pause* I think if I had to choose … the one thing I'd choose is to be Black. I love being Black. I didn't used to cuz sometimes people make fun of you, but now it's just … part of who I am.

After our conversation, I wrote that I had chosen to rename this patient Kahinde in my verbatim (to protect his identity) after a Black artist who paints self-portraits, because of the patient's love for art, the importance of Black culture to him, and his own work in self-discovery. In contrast, my practice encounter with my clinical instructor left no need for renaming. It was already depersonalized—a perfunctory exchange ending in a life-changing announcement to someone whose life was almost entirely unknown to me. I wish that our conversation had lasted longer, that I'd spent more time listening and asking questions like "How are you feeling right now?" or "Can you tell me what you know about this condition? Is there anything that makes you afraid?"

In that sense, CPE did not leave me with all the right answers. But it taught me how to ask the right questions, how to pause and reflect upon my own actions, and how to use this self-awareness of my mistakes to foster new growth. It taught me the importance of listening to my patients until I could confidently say, in a way that reflects our Creator: "I hear you now. I know your name."

Joanna George is a second-year osteopathic medical student at Oklahoma State University. She completed her first unit of CPE in the Mercy Health system in 2022.

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