

The Beacon

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HENRY
LUCE
FOUNDATION

Makes Grant to Start Major New Educational Initiative

SPRING 2007 – The Henry Luce Foundation awarded a lead grant of \$360,000 to The HealthCare Chaplaincy, giving a powerful head start to a planned \$2 million program to re-vision the way chaplain educators are prepared for certification in North America.

"Chaplain educators—also referred to as Clinical Pastoral Education supervisors—represent the future of the field," said Jackson Kytte, Ph.D., The HealthCare Chaplaincy's vice president of academic affairs. "When you have highly trained supervisors representing a number of religious and cultural backgrounds, there's a much greater likelihood that the chaplains themselves will be diverse and have great clinical skills."

Dr. Kytte added that there's an alarming shortage of well-trained, theoretically grounded supervisors in the United States. "Over the years we've found the best way to overcome this shortage is to 'grow our own' supervisors."

Higher education has been a persistent theme for most of the Luce Foundation's programs, with an emphasis on innovation and scholarship. The foundation's generous grant will help us develop the

skills of our current faculty and recruit new supervisors-in-training. But the implications are much more far ranging. "Thanks to The Henry Luce Foundation, we're now in a position to conduct program evaluation and curriculum redesign that will benefit chaplain supervisors-in-training nationally, even internationally."

Improving the training of chaplain educators, Dr. Kytte added, will increase our ability to graduate more healthcare chaplains trained to the highest standards of multifaith pastoral care. "This is good news for patients who desire spiritual care and support as well as the healthcare institutions themselves," said Dr. Kytte.

The late Henry R. Luce, co-founder and editor-in-chief of Time Inc., established the Henry Luce Foundation in 1936. The work of the Luce Foundation reflects the interests of four generations of the Luce family. These include the interdisciplinary exploration of higher education; increased understanding between Asia and the United States; the study of religion and theology; scholarship in American art; opportunities for women in science and engineering; and environmental and public policy programs. ■

Veteran Chaplain Named VP of Pastoral Care Leadership and Practice

What's going on these days in the world of multifaith chaplaincy? Where's the profession heading and how do we keep it moving forward? There may be no better person to answer these questions than the Rev. George Handzo, 29-year veteran of The HealthCare Chaplaincy. We spoke to the Rev. Handzo just after his recent promotion to vice president for Pastoral Care Leadership and Practice.

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Lifting the Spirit

A Message from the Rev. Dr. Walter J. Smith, S.J., President & CEO

People rightly assume that dealing with illness and death is the business of a professional chaplain. Chaplains and other community clergy help people restore belief in the integrity of life, comfort mourners, and encourage the bereaved to regain perspective and purpose.

But chaplains also need pastoral care; they need “cups” to collect their tears. Allow me to explain.

Ancient Jewish life created a place for sadness, grief, and pain. Archeologists have unearthed tiny ceramic cups that were used to collect and save tears. Why? A cup filled with tears showed the depth of love and care that one felt for another, or served as a reminder that one had suffered loss and survived.

If chaplains were to collect tears from everyone to whom they minister, the cups would routinely overflow. But what about chaplains’ personal experiences of grief and loss? Who encourages or helps them to collect their own personal tears?

Last June, one of our former HealthCare Chaplaincy staff clinical pastoral educators and the president of the Association for Clinical Pastoral Education, was diagnosed with an inoperable and terminal brain malignancy. For a quarter century Joan Hemenway had been an iconic teacher, gifted with a generous and inclusive approach to life and ministry that could feed an imagination and a mind. Generations of her colleagues and friends were nurtured by her practical wisdom and experience. She was a “teacher to the teachers.”

During the course of the seven-month decline before her death on the last day of January—through personal visits and more than seven hundred supportive messages posted on a non-profit website (www.CaringBridge.org)—many of her chaplain colleagues not only brought comfort to Joan and her loved ones, but were also able “to collect their own tears.” Her memorial service, which she outlined weeks after her diagnosis, helped mourners bid farewell, express grief, and reaffirm life before returning to their active roles as ministers to others.

Healing Moments

Sharing Crisis Together



The Rev. Megan Kelly

to help them regain their previous quality of life.

It was a Friday afternoon at Winthrop-University Hospital and I was just about to leave for a much anticipated weekend. But something drew me back to the Neurological Intensive Care Unit, also known as “Hoag 2.” Many of the patients there have suffered strokes and are still in the acute stage of care. They require specially trained nurses

After opening the double doors onto the floor I was met by two grim faces. The vice president of nursing was speaking solemnly to the tear-streaked face of one of the directors of nursing. Something was terribly wrong.

They approached me and asked if I’d heard what happened. My puzzled and concerned look told them that I had not. They explained that one of our nurse educators was involved in a helicopter accident in Hawaii. She survived though badly injured, but her husband and three others had died.

There is a wise saying that *“If you live each day as if it were your last, someday you’ll most certainly be right.”* Another variation on that theme is even more immediate: *“If today were the last day of my life, would I want to do what I am about to do today?”*

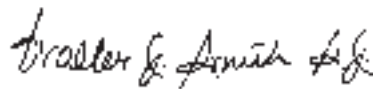
I am mindful of our chaplains—many of whom have been engaged for years in the physically, emotionally, and spiritually-demanding work of ministering to the sick and disabled, the aged and dying. Their “tear cups” constantly spill over, and for most of them, there is a deep peace in knowing that were this to be their final day of the earthly pilgrimage, they could not be doing anything more noble or more worthy.

Early on in the education of a chaplain, we teach an essential lesson: one cannot expect to heal from the pain of loss or grief, without remembering those we have lost. Although “tear cups” for contemporary chaplains are metaphoric symbols, the reality of loss

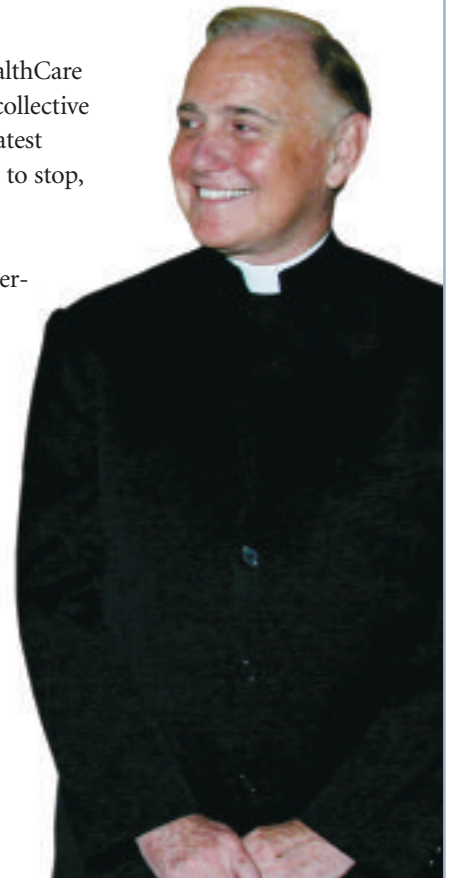
and grief are very real. Because The HealthCare Chaplaincy is continuously opening its collective heart to people in their moments of greatest human and spiritual need, we, too, need to stop, grieve, and remember.

In this promising springtime, in remembering and celebrating the life and ministry of the Rev. Dr. Joan E. Hemenway, we find new reason and hope to do what we are about to do this day in caring for the human spirit.

May Joan’s soul be at rest. May our “tear cups” be our constant comfort. ■



The Rev. Dr. Walter J. Smith, S.J.
President & CEO



The horror of the news was made worse by the fact that the couple had been in Hawaii celebrating their 25th wedding anniversary. The trip had been gifted to them by their two children.

Though I round daily on Hoag 2, I could not immediately place the face of the nurse everyone was speaking about. Winthrop is a teaching facility that trains medical residents and nurses from several local colleges and universities. Listening to the stories told by her colleagues, however, I quickly saw in my mind’s eye the red-headed Irish immigrant with an old-world brogue, a leprechaun’s smile, and a heart of gold.

Nurses wept openly. It was clear how much her colleagues cared for her.

As chaplain for the unit, I knew I had a responsibility to help the entire staff process what happened. I watched, listened, and doled out tissues and hugs. Some of us said prayers. We took great comfort from one another, even as the staff felt heartache beyond description and fear for their colleague. There would be official ceremonies and rituals later, but for that day—at that time—being there, present, together, had to be enough. And it was. Amen. ■

The Beacon: How has the pastoral care profession changed in recent years for chaplains in medical institutions?

The Rev. Handzo: I think your underlying question really is, how has healthcare itself changed? There's an assumption that chaplains aren't affected by larger trends in the healthcare system, but the reality is chaplains are part of the hospital staff and have to adapt to changes in their operating environment just like any other employee.

The Beacon: What changes are you referring to?

The Rev. Handzo: The main issue is the exploding cost of healthcare. All hospital personnel—from doctors to dieticians—now have to constantly reevaluate the cost efficiency of their interventions.

The Beacon: So there's higher accountability expected for every department, including Pastoral Care?

The Rev. Handzo: That's right. Even just ten years ago you didn't have nearly so many eyes on the hospital chaplain. Doctors and other staff didn't really know what they were up to or what kinds of benefits they could bring to the table. But now hospital staffs—particularly administrators—are watching. They want to know what kind of value for money they're getting from their chaplains. That's why it's more important than ever for chaplains to have very high, uniform standards of care that everyone on staff can understand and evaluate.

The Beacon: Is it your role to ensure quality of care across all of The Chaplaincy's partner medical institutions?

The Rev. Handzo: It's a big part of what I do. We have over 30 chaplains of many different faiths and cultures serving at 15 different partner hospitals throughout the New York metropolitan area. So there's a lot of room for diversity in terms of caregiving styles. We want to make sure our chaplains maintain their unique pastoral identities while at the same time employ Best Practices in pastoral care, which are continually evolving.

The Beacon: Can you give an example?

The Rev. Handzo:

One Best Practice is creating better means of documenting patient encounters. To that end we created ChaplaincyCounts, a software tool our chaplains use to share privacy-secured patient data with hospital

administrators and Chaplaincy researchers. Another Best Practice is creating treatment plans that can be shared with others on the hospital staff. This includes a spiritual and emotional assessment of the patient, followed by care objectives and a plan for reaching those objectives.

The Beacon: How does this kind of protocol benefit patients?

The Rev. Handzo: Better diagnoses and treatments follow when information sharing is improved. That's why we encourage that high level integration of chaplains with other staff at our partner institutions, and in hospitals across the country through our Pastoral Care Consulting Service.

The Beacon: The service just celebrated its first anniversary, how would you assess progress so far?

The Rev. Handzo: We're doing very well. Last year we consulted to hospitals in six different states, helping them build a multifaith pastoral care program or expand an existing one. We worked with institutions as close as New York and New Jersey and as far west as Phoenix, Arizona.

The Beacon: Where would you like to see the chaplaincy profession head in the next five years?

The Rev. Handzo: I hope the positive trend continues where more and more hospital personnel understand the benefits of trained chaplains. Thanks to a recent grant from The Henry Luce Foundation, we're enhancing our supervisory residency curriculum so that future chaplains will be even more skilled for ministry in contemporary healthcare settings. And, they'll be even better advocates for spiritual care in medical settings.

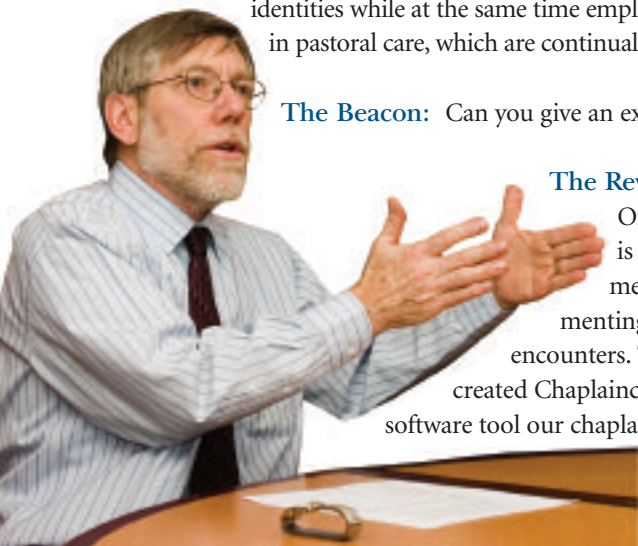
The Beacon: Hasn't appreciation of the importance of spirituality in healthcare already increased dramatically in the past few years? It seems everywhere you look there's another article linking spirituality and health.

The Rev. Handzo: Broadly speaking that's true, but there's still not enough public awareness of where and how professional chaplains fit into the equation.

The Beacon: Are you saying that spiritual healthcare should be viewed more as a primary form of healthcare?

The Rev. Handzo: No. Pastoral care is complementary care but no less essential because of it. Spiritual needs can be significant. If not met, they can actually cause more pain and suffering than the ailment itself. The HealthCare Chaplaincy is always exploring new ways—consulting, research, community education—to raise awareness of how people respond spiritually and emotionally to illness and the stress of hospitalization. ■

“Spiritual needs can be significant. If not met, they can actually cause more pain and suffering than the ailment itself.”



Health & Healing

The Chaplaincy's Templeton Post-Doctoral Research Fellow, Taryn Kudler, PhD, Explores the “Sacred Spaces” that Arise between Trained Chaplains and Their Patients



Spiritual care is not easily understood. On the surface, parts of it may not seem spiritual at all. In the illness context, sometimes ordinary actions can carry extraordinary meaning. As such, I begin with a basic question: How are pastoral interactions different from other interactions? In search of the properties and patterns of caring exchanges, I hone in on what happens in the hospital room. By room, I refer not only to physical quarters but also to the momentary sacred spaces created between chaplain and patient. These “rooms” can be anywhere and exist at any time. For instance, just before lunch a couple months back:

The chaplain I am shadowing is paged to an Intensive Care Unit. When we arrive, a nurse preps her quickly. We are there to see a man who had an accident on Sunday. Today it is Tuesday and that man is

now paralyzed from the neck down. He is about to head into surgery and does not seem able to communicate. We soon learn that his fiancée requested the chaplain. The fiancée has deep black circles under her eyes. She tells us she has not slept or showered in three days: “Everything happened in five minutes!”

She pulls us away from the patient almost immediately. We stand off to the side and she starts to cry as she releases her emotions. She stands close to the chaplain and her story spills out. She is concerned about her bills and her home. She cries about the wedding she will never have and what she will do for the rest of her life. She had given her life to this man and her new reality is very difficult to accept.

Holding her head up, the chaplain says, “You are feeling all the problems at once.” The woman nods. The chaplain names each of her concerns. As they talk about how to get through them, the woman quiets down. Then she bursts out how she was to marry this man and her tears get stronger.

“I have faith,” the woman says, “whatever the cross, but this just seems so difficult to carry.” She leans forward to hug the chaplain,

who is nodding and patting her back. She wipes her face and she asks the chaplain to come visit after the surgery. Then we all walk back to the patient together.

In the instant the two enter the room, the chaplain begins to assess the situation and the woman does the same. The chaplain allows herself to be whatever the woman needs. Much like when a person

prays to God, in the pastoral exchange we are free to engage our own image of chaplain and of spirit. The chaplain strives not to project an ego into the situation or to display any reservations. She is open to suffering and lets the woman walk right in. Spiritual care is

not about judgment or analysis. The chaplain is willing to work within whatever cognitive frame the woman presents. Any actions she takes or words she utters depend upon what the woman shows. This technique allows her to generate personalized content and to create an intimate and authentic moment.

As the woman tells her story, she begins to accept her experience as real. The chaplain listens to her closely and then reiterates her various concerns. The woman accepts the retold story as her own. If she felt challenged by the sentiments of the chaplain, the exchange would be constrained. Instead, the woman feels validated; she knows that she has been heard. This feeling generates a sense of trust and forges a supportive connection. The woman reaches out to the chaplain. At this point, the boundaries between them seem to fade and the experience can flourish. ■

“Much like when a person prays to God, in the pastoral exchange we are free to engage our own image of chaplain and of spirit.”

Taryn Kudler received a doctoral degree in Sociology from the University of Pennsylvania in 2006. A specialist in qualitative research, Dr. Kudler's first full-length study on multifaith chaplaincy was recently accepted by *CONTEXTS*, a publication of the American Sociological Association.

Generation Next:

Rabbi Naomi Kalish Helps Other Jewish Clergy on the Road to Professional Chaplaincy



As a woman, Rabbi Naomi Kalish is a pioneer in the world of professional Jewish clergy. As one of just a handful of Jewish chaplain educators in the world, she's also breaking new ground in the field of Clinical Pastoral Education (CPE).

It's fair to say that all women serving in the rabbinate deserve to be called pioneers. Judaism

spans back at least 4,000 years, but until recently there had never been a female rabbi. Rabbi Kalish became ordained in 1998 as one of the first 100 women to attend Jewish Theological Seminary's rabbinical school.

"I had very few female professors in seminary because women had only just begun to enter the rabbinate," said Rabbi Kalish, adding, "Some of the faculty didn't believe women should be ordained. But the situation has changed a great deal since then."

One very important female role model Rabbi Kalish had early on was Rabbi Mychal Springer, former associate director of The Chaplaincy's Center for Studies in Jewish Pastoral Care and currently assistant dean for pastoral education at Jewish Theological Seminary.

"I first met Rabbi Springer at a conference marking the 10-year decision to ordain female rabbis," said Rabbi Kalish. "She was lecturing on 'hospital chaplains,' a term I had never heard before. Chaplains, Mychal said, could do a lot of good helping Jews living on the margins of their communities. That message really spoke to me."

Growing up in a relatively secular Jewish household and community, Rabbi Kalish herself had little interaction with the core of the American Jewish community until she entered college.

"That's when I really started engaging with my Jewish identity," Rabbi Kalish said. "It was one of the first times I spent time with a same-age peer group who were serious about Judaism, and some—like my future husband, Robert Scheinberg—who were even planning to enter the rabbinate."

"We have such different ministries," said Rabbi Kalish. "But we're both fascinated by the power of prayer and liturgy. Rob is doing graduate work in theology and naturally focuses a little more on the theoretical side. I'm often sharing with him a more practical point of view based on an encounter with a patient or one of my CPE student's patients."

As a chaplain educator, Naomi encourages her students to reflect on the many different ways of praying with patients, and the different reasons why patients use and value prayer.

"Thanks to The Chaplaincy, people are starting to forget that not long ago there were hardly any professional Jewish chaplains or chaplain educators."

"Two people can do the exact same prayer or ritual, side by side, but each of them could be having a very different spiritual and emotional experience," said Rabbi Kalish. "While some patients may pray expecting G_d to respond to their needs directly, another person might say the same prayer more for emotional or even social reasons."

Rabbi Kalish explained that—even when a patient is alone in a hospital room—the act of praying can create a strong feeling of emotional connection with friends, family and fellow congregants. "It's this feeling of connectedness that can be so healing for patients," said Rabbi Kalish.

Rabbi Kalish added that not every patient or grieving family member wants or needs to pray or have a chaplain pray with them. "Some patients might benefit more from pastoral conversation or some other intervention," said Rabbi Kalish, "My goal as a CPE supervisor is to get students thinking about these issues so they can adjust their care for each patient."

Though Rabbi Kalish supervises beginning students of many different religions at St. Luke's-Roosevelt Hospital Center, she is particularly excited about helping young Jewish seminary students discover chaplaincy.

Rabbi Kalish wants to help continue laying a theological foundation so that more Jewish seminarians and clergy feel comfortable entering the world of professional pastoral caregiving.



“A lot of young people today are hardly aware that female rabbis are a relatively new phenomenon, and I think the same is becoming true of Jewish chaplains. Thanks to The Chaplaincy, people are starting to forget that not long ago there were hardly any professional Jewish chaplains or chaplain educators.” ■

“Just as there were so few female professors when I was in seminary, there are still far too few Jewish chaplains and chaplain educators certified in North America. Like my Muslim and Buddhist chaplain colleagues, I was challenged as a student because much of the pastoral care literature we are exposed to was created from a theologically Christian viewpoint.”

Hear Rabbi Naomi Kalish speak about another facet of pastoral care. Log on to: www.healthcarechaplaincy.org/listenin

Chaplaincy Briefs

The Reverends Young-ki Eun and Eun Joo Kim helped form the Association of Korean Chaplains (AKC). The AKC's central purpose is to connect Korean chaplains worldwide to bring better pastoral care to Koreans and non-Koreans in distress.

An article by **Taryn Kudler, PhD**, The Chaplaincy's second Post-Doctoral Research Fellow was recently accepted in *Contexts Magazine: Understanding People in their Social Worlds*, a magazine is published by the American Sociological Association. Dr. Kudler's article, entitled "Sometimes People in Hospitals Die," will appear in the August 2007 issue.

The Rev. Dr. Martha Jacobs organized an interfaith workshop for chaplains called "Keeping Faith in Mind." The goal of the workshop was to help pastoral caregivers throughout the New

York area develop clinical strategies for helping patients with Alzheimer's and their loved ones. The NY chapter of the Alzheimer's Association co-sponsored the event.

The Rev. George Handzo co-presented at the National Hospice and Palliative Care Organization management meeting in April. The topic was "Maximizing the Impact of Pastoral Care Resources."

The HealthCare Chaplaincy was recently featured in the spring issue of *Healing Spirit*, a professional pastoral care magazine published by the Association of Professional Chaplains. *Healing Spirit* is read by certified hospital chaplains and hospital administrators throughout North America.

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The HealthCare Chaplaincy is the nation's largest non-denominational multifaith center for pastoral care services, chaplain education, spirituality and health research, and consulting services for healthcare organizations. Our chaplains make over 220,000 patient visits yearly within our partner institutions. The Chaplaincy is one of the most efficient charities in the country, with an average of 80% of its funds supporting programs that advance its mission. This newsletter is published for friends, supporters, and graduates.



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