

Creating Spaces For All to Be Well

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Amid the rush hour mid-morning hallway traffic, the chaplain intern leans against the wall outside the patient room he just left, jotting notes and cross-checking his census list. His serious demeanor is crowned by a deeper disappointment in his inability to get the patient to open up about obvious signs of distress.

Suddenly the chaplain intern hears a booming, emotionally rich cry and the simultaneous clang of a dropped mop against its bucket of water.

“Aww, honey, what’s the matter with you today, you look so sad?”

He peers into the room and sees a large African-American housekeeper wrapping her arms around the man he had just visited. The patient is sobbing uncontrollably in response to her continued rocking and lulling, “It’s OK, honey, it’s OK.”

This scene of a day in the life of spiritual care arcs the reality of my 40-year history in pastoral care, from chaplain intern to national leader. Amazing — all of the myriad issues of identity and role clarification, legitimacy and recognition, cost and reimbursement are still alive and spanning the pages of this issue of *Health Progress*.

The badged, trained, professionally certified health care team member and the spontaneous, instinctual, loving human being: Who is the spiritual care provider?

Well, we know the answer, it is both.

The more challenging question, however, is: *How* do we empower and insure such deep healing of spirit *organizationally*, especially as a Catholic health care ministry? How, in what manner, empowering the invisible, day-to-day, innate, instinctual, spiritual caring of all persons by staff, family, community — and insuring the visible,

day-to-day, structured, pastoral caring by professional providers who organize and deliver both?

Reading these thoughtful, at times provocative, articles on spirituality and spiritual care leaves me with a choice of perspective. Do I choose the frustration of never-ending confusion over a profession still trying to be legitimized, or do I move with the realization that there has been, and is, an

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ever-emerging order out of the chaos of birthing this relatively new profession in health care?

I am going to suggest as a backdrop the now-accepted scientific reality of chaos theory applied to pastoral and spiritual care. Out of the complexity of seemingly random phenomena comes a more simple design or pattern that, once not seen, is now seen clearly. And at the risk of too simple a picture, I would like to suggest that the following pattern is emerging from the struggle of identity and role, legitimacy and recognition, cost and reimbursement, among other challenges identified in this issue.



THE MINISTRY: SPIRITUALITY AND SPIRITUAL CARE

The foundation of spiritual care in the Catholic health care ministry begins not with our patients and residents. Rather, it begins with the church institution and our bishops — the *Ethical and Religious Directives for Catholic Health Care Services* — and our organizations — cultivating organizational and individual spirituality rooted in the charism and story that originated our ministries. Our history is replete with the stories of innate, instinctual spiritual caring doing the impossible and somehow always finding the possible, resources always a struggle.

As suggested in these pages, ministry formation is our starting point for all spirituality, hence all spiritual care. In effect, ministry formation, I believe, can be summarized as this: creating *contemplative space* for our leaders and co-workers to stand back, with the gift of time and space — no matter how abbreviated or expanded — to reflect on meaning and purpose in their life and in our ministry. This space may be a caring few minutes with staff on a difficult day, or a week-long pilgrimage with a ministry community for recharge and renewal.

This contemplative space, I would argue, is the simple end of every individual encounter with our patients and residents, even within all the complexity of the social and behavioral dynamics that at times need a more skilled pastoral intervention. Spiritual care, like spirituality, is contemplative space.

Healing of the spirit, then, is ministry to and for ourselves and our co-workers. Pastoral care providers collaborating with executive leadership, including mission, seek to empower and insure this healing of the spirit that is core to the life of the organization. The choice, as a few authors in these pages suggest, is not between the staff or the patient, but rather a choice of where and how to deploy the resources at this particular time, with this particular need.

THE MINISTERS: PASTORAL CARE AND SPIRITUAL CARE

I still land on this side of the decades-long debate: Pastoral care is the name of the badged, trained and professionally certified health care member on the team. Spiritual care is the innate, instinctually loving spiritual caring by all staff, family and members of the community. Pastoral care is the team leadership empowering and insuring all spiritual care, in places old and new, within the institution and out in the community, high touch and high tech, researched and demonstrable, cost-efficient and revenue-enhancing.

Several articles in this issue refer to new and creative ways of “just doing it” in such innovative approaches with different groups and employing different strategies. Of particular note is the conversation-provocateur approach to polarities that Zac Willette gives voice to for a new generation of chaplains called to traverse a new practice of chaplaincy. (See page 50.)

Nothing was more intentional and rewarding for me in my practice, both yesterday and today, than ritually expressing the “both/and” of pastoral and spiritual care. Many of our traditions employ the ritual of the laying on of hands and Scripture, sometimes oil, in spiritually caring for our patients.

In the story about the chaplain intern, if we were to imagine his next visit — assuming he learned from his housekeeper-mentor and developed his own relationship with the patient — this is what we might see: Arranging a prayer for healing that the patient desires, the chaplain intern already has invited the housekeeper. He asks the few family members who happen to be present, and the nurse who walked in but starts to leave,

all to join in prayer. After distributing different readings and prayers to people for the brief service, he invites each to lay hands on the head of the patient, in silence.

The reading of the Scripture, the hands laid in silence and the prayers recited in faith of all those offering spiritual care — empowered and insured by the pastoral caregiver — maybe that day in the hospital, maybe now in a clinic, or at

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home, or one day in the senior care center, or the community center, here is what is true for all of those times and places: Ritual embodies reality.

Those voices raised up in earnest supplication, or hands laid down in tender touch, are from all the people who have encountered this person, past and present. They are empowering in ritual perhaps a now-elderly mother whose hands long ago changed a diaper, a stranger who moves from mopping a floor to mending a heart — all have paused in contemplative space for the healing of the spirit.

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