

CREATIVE RITUAL IN A HOSPICE

*A Bit of Imagination Can Help the Dying,
Their Families, and Even the Hospice Staff*

As technology assumes ever greater prominence in healthcare, and even institutions founded on strong religious values become market driven, it is imperative that that strong leadership be exercised to ensure that the emotional and spiritual needs of patients, families, and staff are met. In both hospital and home-care settings, rituals of reconciliation, affirmation, inspiration, and celebration can be healing for dying patients and their families.

At St. Peter's Hospice in Albany, NY, staff have found that ritual can:

- Provide an "arena" for healing, affirmation, reconciliation, and celebration
- Serve as a reminder of the sacred, which is sometimes hidden in everyday realities
- Evoke heartfelt emotion

Summary St. Peter's Hospice, Albany, NY, is dedicated to meeting the emotional needs of patients, families, and staff. Creative ritual, hospice leaders have found, is a powerful tool that can:

- Provide an "arena" for healing, affirmation, reconciliation, and celebration
- Serve as a reminder of the sacred
- Evoke heartfelt emotion
- Effect renewal and inspiration
- Offer an opportunity to cleanse the soul of grief, anger, frustration, or guilt
- Provide tangible experiences of bonding and interdependence
- Prevent staff burnout

St. Peter's staff show a good deal of imagination and variety in creating rituals. Possible themes include patients' birthdays or wedding anniversaries, religious celebrations, national holidays, and changes of seasons. A lighted candle, bouquet of flowers, or incense burner may be used to give

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SETTING THE TONE

Rituals involve a major shift in consciousness. At St. Peter's, we begin them by trying to create a reflective atmosphere. At our weekly prayer services, for example, we usually arrange patients, families, and staff around a table with a bouquet of flowers, an incense burner, or a lighted candle to give our ritual a focus. We sometimes begin (and end) it by ringing a chime. During the ritual we often play a recording of a song, such as John Michael Talbot's "Holy Ground,"¹ to remind

the ritual a focus. Music is often played to help set the tone.

Rituals involve a major shift in consciousness. They often allow participants to express feelings it would otherwise be difficult for them to put into words. At St. Peter's, participants may begin to communicate by sharing favorite prayers, poems, photos, or works of art. Or they may make music—the hospice provides the instruments—or pass around a Native American "talking stick." Such methods facilitate the bonding of patients and their families.

Particularly important are those rituals which allow patients and estranged family members to reconcile. Others enable patients to acknowledge God-given gifts. Still other rituals are held for staff members, who thereby deal with the anger and sadness their work inevitably brings. For all at St. Peter's Hospice ritual is a source of healing, affirmation, renewal, inspiration, and grace.

BY SR. JEAN ROCHE,
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ourselves of the presence of God.

We may bless each participant with a whiff of incense, or perhaps together say a simple prayer, such as the Native American Prayer of Directions. All these gestures help us calm our minds and begin to unlock our hearts.

ESTABLISHING A THEME

The themes of our rituals are often suggested by patients' needs—for peace, light, mercy, freedom, friendship, forgiveness, and love, for example. Or we might choose for our theme a religious celebration, patients' birthdays or wedding anniversaries, a national holiday, or a change of the seasons. Three of our patients were recently featured in newspaper and magazine stories. In our ritual that day we read aloud from these articles.

After we have briefly stated the day's theme, we may augment it with a piece of music, a poem or prayer, or a guided visualization or meditation. This helps participants tune into their own lives.

THOUGHTS AND FEELINGS

Every well-planned ritual includes structure *and* spontaneity. One way to encourage participants to share their thoughts and feelings is the Native American tradition of the "talking stick," in which people sitting in a circle pass a stick from person to person. The holder of the stick speaks from the heart while the others listen. In another ritual, participants light candles as, one by one, they utter a hope, wish, or prayer. In yet another, participants are invited to bless each other with water.

We encourage bonding by asking patients and family members to share pictures they have drawn, or prayers they have written, or photos, poems, works of art, or objects of nature that are especially meaningful to them. We have found that when participants make music (we provide drums, rattles, cymbals, chimes, and a tubular lyre), they can often express feelings that are difficult for them to put into words. We have begun to use puppets to help ritual participants communicate with each other.

AFFIRMATION AND CELEBRATION

Because everyone wants to believe his or her life has been meaningful, many of our hospice rituals

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center on the acknowledgment of God-given gifts.

Recently, for example, we had a ritual celebrating the life of a physician who had become a hospice home care patient. First, we presented him with a collage composed of photos of his former patients and testimonials affirming his competence and compassion. Next, because the physician had enjoyed smoking his pipe while

listening to his patients, we brought out a Native American peace pipe we had decorated with medical memorabilia such as thermometers and hypodermic needles. We passed the pipe, filled with his favorite tobacco, among the ritual participants, who, one after another, took a puff and said a prayer or spoke a word in praise of him as the smoke ascended.

We also celebrate the lives of our own staff with rituals. In one, we marked a nurse's birthday by playing Kenny Rogers's song "You Decorated My Life."² Then staff members "decorated" the nurse with bright ribbons, telling her: "I'm choosing yellow for the light your physical and spiritual beauty has brought to our patients" or "I'm choosing purple for the healing and harmony you've brought to so many over the years."

RECONCILIATION RITUALS

As a patient's death draws near, we often learn that he or she has been estranged from family members. In those cases we ritualize forgiveness—that is, make it concrete—by arranging a prayer service around the dying person's bed.

One case involved a dying man whose alcoholism had been a source of great pain to his wife and eight children. During the bedside service, each of the nine blessed the patient, expressing forgiveness and praying for his peace. Then, all laid hands on the man and listened to a tape of Carey Landry's song, "Lay Your Hands."³ As the last note sounded, the man died—peacefully. Rituals like this one can be a source of healing for both the patient and the family.

PREVENTING BURNOUT

In addition to the staff celebrations described above, we participate in a variety of ceremonies to

help staff process feelings, grieve losses, and connect with sources of inspiration and grace.

Every staff meeting (we hold a minimum of four each week) is begun with a story, poem, prayer, song, meditation, or guided visualization. Once a week we gather for 90 minutes to share feelings about patients who have died that week. (A candle-lighting is included in each of these meetings.)

Rituals are also integral to our retreats and renewal experiences, family meetings, memorial services, staff educational programs, and even Friday lunches. Like many other hospices, we honor the memory of recently deceased patients by placing a single flower on their empty beds.

Since our work can be frustrating (tapping into personal issues at times), we have recently developed a ritual around the theme of anger. The ritual begins with a recitation of this poem by Marge Piercy*:

A Just Anger

Anger shines through me.
Anger shines through me.
I'm a burning bush.
My rage is a cloud of flame.
My rage is a cloud of flame
in which I walk
seeking justice
like a precipice.
How the streets
of the iron city
flicker, flicker
and the dirty air
fumes.
Anger storms
between me and things,
transfiguring,
transfiguring.
A good anger acted upon
is beautiful as lightning
and swift with power.
A good anger swallowed,
a good anger swallowed
clots the blood
to slime.

The poem reminded us of Jesus' overturning the tables in the temple, and we were encouraged to reflect on the question: "What tables in the temple of my *own* life and heart have I longed to overthrow?" Then, one by one, we stood up and acted out the overturning of tables while shout-

ing out the names of the things that made us angry: "My divorce!" "Cancer!" "Feeling helpless!" The experience, which sometimes made us laugh at ourselves, was a great source of release, insight, and renewed energy.

A NEED FOR FLEXIBILITY

The trouble with rituals is that, over time, they inevitably evolve into formal "perfect performances." They become more and more distanced from everyday human life. As we create our own, therefore, it is imperative that we be prepared for the unexpected, the whole gamut of experiences and emotional responses. This is particularly true of rituals involving dying patients and their families.

A favorite story of mine illustrates this well. One day we had gathered together patients and families and—using poetry, prayer, music, and guided visualization—were meditating on the theme of light. Envisioning ourselves as rays of the sun, we imagined we were shining all around the room, indeed all around the world. Suddenly a patient cried out: "Oh God, I'm gonna throw up!" The patient began retching, and several of us ran to her aid. So intent were we that we initially failed to notice another woman across the room who had been strongly moved by the sunshine ritual. She wiped away a tear, with the hand in which she held a candle—and in the process set fire to her hair.

"Dorothy, my hair is on fire!" she told her daughter. "Put it out!" The daughter extinguished the flame by beating her mother on the head. Fortunately, the woman was not seriously harmed, and we were all able to laugh about it later. Indeed, I ended the ritual with a limerick based on the last name of the woman who had set her hair afire:

There once was a woman named Blozen
whose life came close to its closin',
when in the midst of a prayer
she set fire to her hair,
while the rest of us sat there quite frozen!

MISSION EFFECTIVENESS

With the ever-increasing complexities and responsibilities of the healthcare field today, it is sometimes difficult for us to remain mindful of our mission. Here, too, ritual can help.

In one staff meeting, for example, we passed around slides of our patients, as quiet music played in the background. A guided meditation assisted us in reflecting on the meaning and purpose of our work. After the meditation, each of

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CREATIVE RITUAL

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us was asked to think of an image representative of the heart of the hospice mission. We drew these images on pieces of felt, cut them out with scissors, and combined them in a large tapestry to display in our day care center.

In another staff ritual the group shared stories about our patients and their families. Later, a mission statement, adapted from the Book of Isaiah (58:6-12), was read:

If you share
the bread of yourself
with the hungry,
and welcome the homeless
into your heart,
then shall your light
break forth like the dawn,
and your healing
spring up speedily.
You shall be like
a watered garden,
a spring of unwearied water
failing not,
and you shall be called,
"Mender of Relationships."

After the reading our supervisors gave each staff member a scented, multicolored candle, adding a personal word of gratitude and affirmation.

These are but some of the many ways ritual can be used as a source of healing, affirmation, renewal, inspiration, and grace. As Jesus realized that we are sensual beings who need concrete manifestations of spiritual realities, so we too must use our gifts in maintaining a sense of meaning. Otherwise, our institutions will become devoid of spirit and die. □

NOTES

1. John Michael Talbot, "Holy Ground," *Praise, Prayer and Worship*, Sparrow Records, Canoga Park, CA, 1986.
2. Kenny Rogers, "You Decorated My Life," *You Decorated My Life*, Liberty Records, New York City, 1979.
3. Carey Landry, "Lay Your Hands," *Abba Father*, North American Liturgy Resources, Phoenix, 1977.

CONGREGATION

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The leaders knew that, even though the transfer decision meant the end of the FSHC system, it was critical to have the corporate staff and facility CEOs remain in place through the transfer. In the end, eight corporate employees were laid off, but the promise of adequate severance pay enabled them to stay until the transfer was completed.


MOVING INTO THE FUTURE

After completion of the transfer, each FSHC facility held a ritual of appreciation. This was important because FSHC had been not only a ministry and business but also a web of relationships. The rituals celebrated the friendship and respect that had been built up over more than 100 years. Sisters, current and former personnel, and local community members got together and celebrated with storytelling, laughter, and tears.

After the facility rituals, the Franciscan Sisters gathered privately for two days to commemorate their past and move into the future together. In the end, the sisters and their lay colleagues knew they could live in peace with the transfer decision. In making it, they had been thinking of the communities involved, and thus had been true to their mission.

That mission continues through the sisters' other ministries in health, education, social services, and pastoral care.

Transferring a system is complex, time consuming, and emotionally wrenching. It requires the commitment of everyone involved. The Franciscan Sisters and their lay colleagues completed their transfer with a shared sense of pride in a job well done. They think it was because they identified and attended to the critical factors described here that the transfer process went so well. □

 For more information about transferring sponsorship, call Sr. Bea Eichten at 507-454-0536. After January 1, 1995, she can be reached at 312-631-8765.

HEALTHCARE MANAGEMENT ETHICS

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Controlling Costs Although the Catholic tradition recognizes basic health care as a right of each individual, it recognizes other rights as well, such as food, housing, and education. All are necessary so that persons within society can live with dignity and can participate in and contribute to the common good. Therefore one of these rights cannot utilize so many resources that society is unable to meet the other basic needs. This is clearly an important issue today, given the huge cost of healthcare in the United States. Thus managers must assess how managed care programs are helping to contain or even lower healthcare costs.

Individual Initiative Finally, for effective, holistic care to become a reality, individuals must take responsibility for their own health; they must use the wellness and prevention programs and not remain merely passive recipients of medical care. For this to happen, however, individuals must understand the healthcare system and be able to use its resources intelligently.

In the past, the system has been anything but "user friendly." Today's managers must assess how user friendly a managed care program is. How does it help users (especially those who are uneducated and unsophisticated) access resources?

CONFLICTING VALUES

Behind each of these issues are values that managers must consider if they are to protect and improve the quality of healthcare. But, as is often the case in looking at issues from an ethical perspective, the values at stake can conflict with one another. Not all can be realized fully; some must be chosen over others.

In such a situation, it is important for managers to identify all the values involved; clarify where conflicts exist; establish which values are most important; and, finally, reach a decision where the more significant values are realized to the greatest degree possible and the less significant values are upheld as far as possible. □