

Vision

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Aging: Bodies, minds, and spirits

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|--|----|
| Aging happens to all of us (including the NACC) – by David Lichter, Executive Director..... | 2 |
| Communicating in the language of dementia – by Maria Shedleski..... | 4 |
| Older adults find spirituality in community – by Jennifer Paquette..... | 6 |
| A lifetime of perspective: Retired chaplains share their insights – by retired NACC members..... | 8 |
| Verbatims prepare pastoral care ministers for home visits – by Michele Le Doux Sakurai..... | 13 |
| Working with older adults benefits chaplain, too – by Hilda Lethe-Drake..... | 15 |
| Theological anthropology: Reclaiming personhood for people living with dementia – by Dan Lunney..... | 17 |
| Training Eucharistic ministers gives retired priests new ministry – by Rick Nash..... | 19 |

Research Update

| | |
|--|----|
| Evidence-based spiritual care for elderly patients: Insights from research – by Austine Duru and Marilyn Williams..... | 21 |
|--|----|

Aging happens to all of us (including the NACC)

By David Lichter
Executive Director

As I entered my seventh decade this past year, I have found that my learning accelerates, not decelerates. Lifelong learning is driven not only by the desire to get the most out of life, but also by the desire to understand life as it is and can be. I am so blessed by the NACC, and all of you who continue to grow gracefully into life and stay committed to developing professionally.

This issue of *Vision* is dedicated to ministry to this population. Our NACC members are not strangers to this topic. The average age of our members is 64, which has remained steady over the past decade. The average age of our “new” members and our “student” members is the mid-50s! We all know that this is a second or third career calling! We have a couple of ways to look at the average ages of our members. One is by membership categories:

- Full members – 61
- Affiliate members – 69
- Retired members – 73
- Emeritus members – 81
- Ministry volunteers – 67

I was happy to see that our full members, i.e. those actively working in spiritual care, are the youngest group. Thank you for your ministry!

Looking at our membership profile by background shows the average ages to be:

- Brothers – 65
- Deacons – 69
- Laymen – 59
- Laywomen – 64
- Priests – 59
- Sisters – 72

We are grateful to all our sister members, who, while the oldest on average, are also the ones who work well into their 70s and even 80s.

So, when does being “older” begin? The well-known Pew Research Study of 2009 showed a great disparity in perceptions (<https://www.pewsocialtrends.org/2009/06/29/growing-old-in-america-expectations-vs-reality/>). Survey respondents ages 18 to 29 said that old age begins at age 60. Middle-aged respondents considered the threshold near 70, and respondents 65 and older said they do not become old until turning 74.

So, if we are not sure when it begins, how do we refer to someone when it happens?! It has been instructive for me these past months to be educated on what terms we use to describe our ministry to the ... elders, seniors, mature, older adults that we are becoming!

For what it's worth, Wikipedia informs us that "old people" is used worldwide, "seniors" is more American, "senior citizen" is used both in Britain and America, and "elders" is used in some cultures and tribes as a respectful term.

However, the U.S. Congress passed the Older Americans Act in 1965. Since then the National Council on Aging has designated the term "older adults" exclusively. That term has been reauthorized many times since then, as recently as 2016.

The term "senior" or "senior citizen" is fairly common. It's good for discounts and knowing where to live (senior communities), where to go (senior centers) or when to golf (senior circuit). However, it is not as frequently used in pastoral care.

Certainly, the medical world refers to gerontology and geriatrics, the terms used along with eldercare as the medical treatment provided to the elder population beginning at 65, although that, too, is being revised upward (see <https://www.ncbi.nlm.nih.gov/m/pubmed/17934704/>). Our 2019 conference will include a six-hour preconference workshop on "Fundamental Aspects of Geriatric Spiritual Care Education" (<https://www.nacc.org/conference/6-ftp-geriatric-spiritual-care/>). The presenters will also use the term eldercare, implying a respect for our older population, as the term is used in some cultures in that way. Of course, some view being "elderly" as feeble, frail, and less useful. As much as that might be true for some physically, it does not take away the inherent dignity and value of the human person regardless of age.

Growing up, when asked, "What shall I call you?" I responded, "Just don't call me late for dinner." I hope the articles in this *Vision* issue provide you much food for thought on how to care for our older adults, and on how to live gracefully into those years. What we call "them" (me) will be less important as we get to know each person we care for by name.

Communicating in the language of dementia

By Maria Shedleski

People speak many beautiful languages all over the world. Some of us can speak more than one; some can barely articulate in our own language. Then there is a different kind of language that can complicate expression: the language of dementia. The verbalization of those in the moderate to severe stages of dementia has been coined “word salad” — a combination of words which is frustrating to comprehend yet sometimes oddly beautiful.

I met with a woman with dementia who expressed to me that the feelings she and her husband had for each other “started dripping and dropping.” I knew what she was trying to tell me. Those words explained a souring relationship better than any other I have heard. The time I went from shoulder-length hair to a practical crew cut, a resident with dementia whom I knew well told me “I love you, half-girl.” A resident with a mischievous twinkle in her eye leaned in and whispered to me “Let’s put on our sparkle heels and hit the lawn.” We went outside for a walk.

In the draining life of a nursing home, I have witnessed many staff people ignoring residents who are earnestly trying to share their thoughts. Whether they are too busy or just too ignorant, many staff do not understand the value of this communication.

But if you do not understand what they are saying, take a word, just one word from the many that can pour from a person with dementia and repeat it back to them. They will take the word and use it again differently. Take another word you might understand from their verbalization and use it in question form. The conversation is meaningful to the person with dementia — not you, necessarily, although it can easily be meaningful to you as well. Try going a whole day without communicating with anyone. Some of you might like it, but you know you have family and friends who can talk with you if you want. The person with dementia does not know this. They are often worried and afraid.

I carried on a whole conversation with a woman who only spoke the word “Wakka.” Picking up her non-verbal cues, the conversation went as follows:

Maureen: (motioning me over to her with a frantic look on her face) Wakka wakka!

Me: (smiling) Hi Maureen, do you need to use the bathroom?

Maureen: (shaking her head “no” with a look of disgust) Wakka wakka!

Me: (with a look of concern) Okay, well are you looking for your husband?

Maureen: (less agitated look, stares me in the eye and with caution says) Wakka wakka.

Me: (smiling again) Well, Earl will be here soon, he usually comes at 12, right?

Maureen: (waving me away as though I am useless) Wakka wakka ... wakka.

Me: (waving) Okay, Maureen, well, you have a good lunch!

Maureen: (with a smile on her face) Wakka wakka!

Facial expressions, tone and volume of voice, body posture and stance all contribute to the success of a conversation with someone with dementia. The non-verbals can be more important than the verbal conversation. Maureen only could speak one word, but I focused on

her facial expression and tone of voice to realize what she was trying to say. I also knew her background and her husband's name, so that I could offer this information to her as we were communicating. It is important to know your patient or resident's background so you can initiate conversation with them.

I had a resident pull me aside and whisper in a frightened voice, "There is a kidnapping cow who is going to steal the children." She asked, "What is the word for a kidnapping cow?" We sat and I suggested some words like "cownapper." I asked her if she missed when her children were young and they lived on a farm. She said yes, she did. Yes indeed.

"I can't have this jelly jam because it makes me sick, and it takes it out of the package that is being delivered." A woman having severe pain said this to me. Her description of the pain was that whatever was "jamming up" inside her was making her sick. Her description included "jelly," a similar word to "jam" and so she used both words. Pain can be expressed in many ways and often is translated through crying or yelling out.

"The whole play we were going to do for the chair... I don't know how to say it but she wants to come out and make it all new and I had to laugh because what she meant was the toilet around it will make it grouchy." From this statement I could ask if there was a play that this resident enjoyed. I could ask her if she feels grouchy today. She might have been communicating that she had to use the toilet — but she had a smile on her face and was calm, not anxious. I could summarize that the resident was thinking of a happy memory, one that made her laugh.

"I know different ways of sewing and singing and talking but it just gets mixed up anymore." This was a sentence that was an expression of loss. This resident was telling me that she used to be able to do all these things and now she cannot. The best way to learn a new language is to practice it often. The same applies to speaking with people with dementia. How can we make it better? We can be open to the many forms of communication those with dementia can offer us. We can then discover that the person with dementia still has important things to say, feelings to express and thoughts to share. It is up to us to enter their world. It is up to us to take the journey with them.

Maria Shedleski is manager of volunteer services at Lancaster General Health/Penn Medicine in Lancaster, PA.

Older adults find spirituality in community

By Jennifer Paquette

When I became the director of spiritual care in a residential environment of 400 souls — most with dementia — where the average age was 90, I knew little about gerontology and less about how to support the spirituality of older adults. Moreover, this residence had taken the extraordinary step, many years prior, *not* to segregate the residents with dementia. Everyone lived together — and flourished — as a community, as Christ intended.

In my off hours, I read voraciously about aging, where I often found the phrase, “the problems of aging.” Yet, except for the occasional frustration of fitting the walkers into the chapel pews, for the most part, these women and men lived their humanity, turning daily annoyances into opportunities to overcome and to help one another.

The facility is known as a center for dementia care, but it also houses day care for children ages six months to six years. The children and adult residents interact collaboratively throughout each day. All floors, except the third, include cats, dogs, birds, and fish. The third floor is reserved for those with allergies, and also because one of the cats insisted on sleeping on the chapel altar. Many of the animals have disabilities, which just seems to be appropriate in this setting.

My office was on a hallway leading to the chapel, about the size of a typical church in the city. At nearly the identical time each morning, the walkers and whispers could be heard coming from the elevators, down the corridor toward the chapel for morning Mass. Without an obligation to attend, nonetheless, many chose Christ to begin their day. Bodies bent by arthritis and disease never failed to yield a warm smile when they saw me. I believed theirs to be the face of Christ as he gazed upon them.

Their exit was noisier, as they shared how they would spend the day and at which event or activity they would see one another. This became an important lesson for me; they were intent on how they would be together throughout the day, in community. Certainly, private time occurred, but it was their time interacting together that was determinative of the quality of their day. Crowding the hallway, each would pull out the weekly page of activities tucked into the front pocket of the walker and coordinate how their days would be spent . . . together.

We offered both Roman Catholic and Protestant worship throughout the week. If you are of a certain age, you may recall when Catholics could not attend Protestant worship. That bygone did not inhibit the residents from sharing in each other’s services, enjoying the preaching of one another’s pastors. To me, it seemed that being relationally together was the point.

One of my favorite scenes was the diminutive lady who came to the rosary each day. She had been a dedicated Baptist throughout her life. Indeed, her son was a Baptist preacher. Now experiencing dementia, she was comforted in the rhythmic words of the rosary spoken by friends surrounding her. Her son accepted my invitation to come each week to conduct a worship service. He was gifted in his ability to create interactive, communal worship for residents, without regard to faith tradition.

Even for the non-religious (and, certainly, Seattle is at the top of the list of non-religious communities), the spirit of every human being is moved by something. That “something” becomes a starting point for pastoral care. Practically, even the non-religious were more interested in being in community than being a resolute “none,” meaning no religious preference. In all things, we respected and honored the individual’s beliefs and preferences. No resident was ever urged to participate in any event that might make them feel uncomfortable.

In a population of this age, there is no history of a language for spirituality. For the most part, whether Catholic or another Christian faith, “spirituality” was spoken of in terms of religious services and the attendant fellowship experienced. Yet their lived experience was barely distinguishable from those, much younger, who possess a language of spirituality. One of the roles of the chaplains was to encourage from these older adults *their* words which expressed *their* spirituality through the experiences of God in the whole of their lives, beyond the religious services. And where their voices and memory were stolen by dementia, we developed alternative practices to enable living into the mystery that is God. I keep in mind the words of Stephen V. Sundborg, S.J., president of Seattle University, who said, “Spirituality is one’s lived relation to Mystery.”

Music, as you may know, is a legendary medium for reaching deep into the spirits of older adults, especially those with dementia. A 30s or 40s band, provided by the activities therapists, brings out wheelchairs and walkers and staff, and everyone has a grand time. Because of the high quality of resonance in the chapel, I asked some of the finest musicians in the city to perform (without charge) for us — and quickly hit a brick wall. Why would a resident pass up an opportunity to hear a brilliant Baroque ensemble in favor of bingo? And there was the afternoon when members of the opera performed, and, once more, bingo ruled. There were some successes, but in apparent cluelessness, I kept inviting musicians to provide their gifts to empty seats.

The residents were teaching me, but I was not learning. Their spirituality was best lived in relation to one another, without regard to one’s limitations. Experiencing the mystery that is God was found by commingling their energies. Simply being in proximity to one another did not fill their hearts; sharing in the mystery that is each of us did. Being engaged with one another — becoming excited when three tablemates all achieved a B-7 at the same time and could call out, excitedly, “Bingo!” together — this was a life lived to the fullest, exactly as God intended. Daily, the residents chose to be with one another, sharing their lived experiences, helping one another in their frailty, finding comfort, laughter and love in community. They embodied the command of Jesus: “By this all men will know that you are my disciples, if you have love for one another” (John 13:35).

In the end, what the aging heart knows is that appreciating one another, forgiving one another’s foibles, loving, without reserve, the mystery that is one another, is the finest life one can have and the surest pathway to the experience of Christ.

Jennifer W. Paquette, BCC, is now retired and previously served as director of spiritual care at Providence Mount St. Vincent in Seattle.

A lifetime of perspective: Retired chaplains share their insights

When we planned an issue of *Vision* devoted to aging, we naturally thought about the experts in our midst: the retired members of NACC who have spent decades journeying with patients through good times and bad. We sent several questions to our email list of retired members, and we received dozens of responses, ranging from a few sentences to a few pages. We share a selection below, with our heartfelt thanks to everyone who took the time to consider their own life journey.

What are some of the challenges you experience as you grow older? What are some of the rewards?

Adjusting to the fact that I don't have as much free time, because the amount of time I spend at doctors' offices is increasing, even though I am still fairly healthy. Things in my body just go wrong more often than they used to. Also, I have more fear as I get older about when is "the big one" going to hit me. The biggest rewards have to do with not having to do as much. It really is OK to sit around for a morning if I really feel like it, which is rare. **Jane W. Smith**

We count our blessings and hope for good days to come. Sometimes we stretch out on the couch or bed with a good book or to take a short nap. We make sure the calendar is filled with interesting activities to look forward to. We look back with pleasure on what we have done with hope in our hearts that there will be good things ahead. **Tom and Pat Regan**

Aging seemed to happen when I wasn't looking. I don't feel older in my mind, but my body lets me know that I'm like the grass that is here one day and withers and dies the next day. My dog is getting old, but if he dies soon, I don't think it's fair to get another one, as I don't know if I'll be around to care for it. I am treated differently now, often condescendingly, as if I can't make my own decisions or I need more help. I'd like to be able to say that it's a great time. A time to see the world. A time to ... but truthfully, I don't find it that appealing. It is what it is, I guess: preparation for heaven and perhaps reflection on this life. **Jeanine Kavanaugh**

As the majority of my ministry was spent in long-term care, one blessing that I enjoy now is that when my body shows another sign of my own aging, I am not as shocked or surprised as my peers. I move quickly to a sense of "oh, yes, I remember Mrs. ____ complaining of this. So this is what she was experiencing." **Karin "Teddi" Tomsic**

It was during my transition from my 50s into my 60s that I came up with a mantra for myself: that as I aged, I would be sure to grow with awareness into what I was becoming. I did not know what that would look like or how I would feel about it, but I continued to be alert to the wisdom of the Scriptures. Of course, I had concerns about my physical appearance as well. But I am growing into what I am becoming instead of an idea of what I should look like. **Georgia Gojmerac-Leiner**

What have you learned that could enrich the next generation of chaplains?

Be ready to be the one learning from your patients. Your listening skills and honest attention will be your greatest strengths. **Connie May**

Make sure you have a hobby or something fun to spend time with; don't wait for retirement to make time for yourself and your own needs. Many don't make it to retirement. Don't let your "life's work" be your life; find balance along the way. When I retired, it took me almost a year to not feel exhausted, and to catch up on my own rhythm of life. **Mary T. O'Neill**

I have learned how to stand on the holy ground of another person and listen as well as continually gain a deeper knowledge of myself and what I bring from my history to each interaction. I am using the same skills at each "job" and I am doing it better. As I am aging, I find the gift is the multitude of skills I have developed and the ability to use them creatively in another growth cycle. **William Korthals**

I can let go of many external things I used to consider very important. I find I have a stronger focus on my inner life and question how I am growing in spiritual health. More often I ponder the attitude of Jesus in his way of life: "Not my will but thine be done." **Sister Agnes Reinert**

I hyphenate "re-minder" as a way to keep turning my mind around, to keep thinking anew (what the Bible calls metanoia), to keep growing lest I get stuck in old or stale mindsets. This is a key theme in my aging process and my life's journey — keep dying to what was, so as to emerge into what can or will be. A trip to China enabled me to see cultural differences in the respect and reverence for the wisdom of the elderly. The recent death of my brother-in-law recreated for me the importance of end-of-life care and how I prepare for my own death. Each moment, each day is what you have. Even this morning I narrowly averted a major auto accident. I veered away into safety ... whew, that was close. Gracias providentia divina. **Richard Leliaert**

The image of repositioning myself in the circle of ministry is very life-giving. The challenge of reframing skills to serve in a new way is exciting. And the gift of witnessing the formation of a new generation of chaplains gives permission to rest from our labors! **Judith LoGerfo**

Always offer a smile to everyone — listen — it's not your agenda, it is always about the other person. God is in charge. When working in a difficult situation, reach out to another professional for advice. Be yourself. Be enthusiastic, joyful, empathetic — invite another to pray and ask them if they would like to pray. Silence is OK. Listen to your gut and heart. Before any visit, always ask God what to say and help me not get in the way. **Ellen Moore**

What have you found to take the place of work in your life?

Having been sick before and after my retirement has offered me some found time for more reflection and more time to get to know the sisters in my community. **Ellen Moore**

Over these last six years, I have found life to be more challenging. I would not have chosen to spend my retired years being the 24-hour caregiver for my husband, Lou. Though Lou has fought valiantly to live with Parkinson's disease, frequent falls and the progression of the disease have left him unable to walk. Sometimes our goals, hopes, and dreams are different than God's. I feel blessed, however, that the skills I learned being a chaplain have enabled me to be a better caregiver of Lou. When illness occurs in a family, it affects not only the person, but everyone in the family, each in her own way. Our children and grandchildren worry about how long they have to be with a dad and grandpa they love immensely. **Betty Skonieczny**

The "ministry of presence" is very real. Just like our formal work of giving retreats and individual spiritual direction, it enables us to walk with people and be a significant part of their lives. This year I wrote a letter to the city bus company to request that they restore the route that stops by the hospital, to help those with walkers and wheelchairs as well as the parents (the poor, who use the bus too) bringing babies and children to doctors. And it was granted. I take the bus everywhere, and on the bus I pray for everyone – first, generically, and that has evolved into asking God to be with each one – in all their cares and needs and to draw us all closer to him, deepen our faith and let us feel how much he loves each one. **Sr. Pia Bautista**

I left my beloved ministry in order to help my son raise his son. God gave me the strength to make that sacrifice. I feel that God has anointed me "with the richest oil" to act with the purest of intentions, to provide the gentlest kind of guidance to my grandson who is eight years old now. I embrace the God who gives me the daily strength. Stretching myself into parenting when I thought I was all done with it is how I am flourishing in my older years in the courts of the Lord. I realize that I am still learning new things, that I am still growing, and that I am "still green." My very greenness indicates that I am "still full of sap," full of energy, full of the spirit of God within me. I am the tree that is not breaking but bending, that is resilient, as trees do bend. **Georgia Gojmerac-Leiner**

I have enjoyed travelling with my husband. In addition, I have taught CPE and physical therapy students on topics related to spiritual care. It has been a gift to me to share the wisdom and expertise from many years of chaplaincy with these students. I have also provided an annual program on topics related to end-of-life decision-making, and I co-facilitate a monthly grief group for my parish. I enjoy gardening, reading, exercising, watching the Tennessee Titans and the St. Louis Cardinals, and I relish downtime. I especially appreciate the opportunity to "be," to reflect and to savor this phase of my life. **Mary Lou O'Gorman**

Are there things you would have done differently in your personal or professional life?

I would have trusted God's process more. I no longer spend much time asking "why" questions and have moved to "what do I do with this" questions. **Connie May**

Yes, I would have spent even more time with my wife, even though she was completely involved in the leadership of deacon formation programs we led. **Deacon L. H. Pete Velott**

I am not so sure that I would have done anything differently, other than finishing my degree before I had our seven children. It was tough raising them and doing classes one at a time to finish. **Charlotte M. Leas**

I don't think so. My path was my path. I have lived a lot for others — a big family to care for and lots of moves and resettling because of my husband's military career. There have been many, many people and events that have been folded into my life as I went along, certainly including my decision to go back to school and study a field that I love, CPE, and then 25 years of active chaplaincy. **Jane W. Smith**

How has your spiritual or prayer life changed with age?

I find that spiritually, I can feel the closeness of God more during my daily living that when I was working on the hospital floor, or visiting hospice patients. God is more REAL. **Charlotte M. Leas**

I find myself wondering to myself if I really pray, or just stay conscious of God's presence. I used to feel guilty for not volunteering at the local nursing home or hospital, but I know that I can't be on my feet all day, and I know my tendency to stay once I am engaged, and I am afraid I would let myself or the patients down. **Karin "Teddi" Tomsic**

I love being able to lie in bed in the morning and do my meditation and centering prayer from there. I can pray for as long as I wish, without having to keep an eye on the clock. I feel more fluid in my prayer life and more expansive in my understanding of prayer. **Mary T. O'Neill**

When I stopped working, I took the 19th Annotation of the *Spiritual Exercises of Saint Ignatius*, and that has solidified my prayer practice even more. This is an at-home, nine-month long Ignatian adventure. This experience drew me closer to God and deepened my prayer practice. I stay close to the Jesuit spirituality and offer myself as a spiritual director. **Georgia Gojmerac-Leiner**

Do you feel as old as you thought your parents were at your age?

I have lived 14 years longer than my mother did. I think my energy level and zest for life are much greater than either of my parents. I think that's because for me there have always been new things to learn and explore. **Jane W. Smith**

Recognizing that I have reached a transitional stage in my life, I recall three things mentioned by my father. First, "I have been retired for more years than I worked." Secondly, "I can't believe I am still alive." Finally, "If you have a wish to do something, do it. You will know if it is a good fit for you. It is better that you tried than to have let your fears prevent you from being what you wanted to be." It was the example of my parents' love and their zest for life which influenced me the most. **Timothy John Doody**

I admire their zest for life. Both were there to offer service to others, enjoyed life, and always wanted to learn new things. Both started art projects in later life. They both believed that God was always there for them. “Old” and “age” were not words in their vocabulary—nor are they in mine. **Ellen Moore**

Looking back, what are you most grateful for?

There is a sense of communion as I reflect on how each person has helped to create the person I have become. As a retired hospice chaplain serving the dying for 20 years, I have this sense that all my patients are in the welcoming committee for when I join them. I continue to await the time when the NACC creates opportunities for us emeritus members to team up with active members. **Connie May**

I am grateful for the Church – not because I always feel holy or uplifted there, but because of its constancy in my life. Like no other place, it’s where I go regularly to check in with God and myself. **Jane W. Smith**

The successful business man who shared: “When I was young the community cared for me. Now that I am old it is my time to give back to the community.” The several priests and religious who saw the gift of chaplaincy resident inside of me. They encouraged me to continue to knock on many doors in the pursuit of chaplaincy. The gift of prayer to an understanding God who answers even before we knock. And the wonderful woman who for the last twenty years journeyed with me. Being at each other’s side in sickness and in health. **Timothy John Doody**

Verbatims prepare pastoral care ministers for home visits

By Michele Le Doux Sakurai

“The spiritual growth of the aging person is affected by the community and affects the community. Aging demands the attention of the entire Church.” (USCCB Pastoral Message on Growing Older within the Faith Community)¹

In the parish, chaplains can provide direct care, mentor, and/or teach. The skills we share can have an incredible impact in this setting. Although the parish has not been the usual professional setting for chaplains (in contrast to hospitals, hospices, skilled nursing centers, mental health institutions, and prisons), the need for chaplain expertise is growing in our communities. As mainline churches, including the Catholic Church, are aging, the needs of older members are becoming more evident. Traditionally, Eucharistic ministers visited the homebound. In our parish, the role of Eucharistic minister is moving toward a broader pastoral care minister role. This ministry includes sacramental, pastoral, emotional, social, and service (meals, mowing the lawn, etc.) support. Our new Pastoral Care Committee has developed an infrastructure for communications, identified resources, and educated the pastoral care ministers about referrals and resources.

The new pastoral care ministers expressed some anxiety about home visits in this expanded function, and I was asked to facilitate conversation. Would they be able to offer support during difficult conversations? What if they say the “wrong” thing? I looked at models for learning and found that a modified use of the verbatim could fit the needs of the group.

I used blind verbatims (those with any patient-identifying information removed) that dealt with difficult issues, such as estrangement from church, domestic abuse, and suicide. Each month, the pastoral care ministers were given an amended verbatim that ended with a statement of surprise. A few of these statements from my own practice include:

- “My husband beats me and he put me in the hospital. He says if I divorce him, I will go to hell – with him.”
- (from a dying patient) “My pastor says if I had more faith, I wouldn’t be in this mess.”
- “The pain got so bad that I bought drugs on the street, and they helped. I had promised God I would never do drugs again. God can never forgive me for breaking my promise.”
- “I believe that if God’s love is truly unconditional, then the greatest statement of faith I can make is to commit suicide.”

The pastoral care ministers sit at tables for five or six people. They are handed a verbatim. It is read aloud, and they are given time to reflect on the patient’s story with an emphasis on the statement of surprise. The members discuss at their tables with the aid of a certified chaplain or a spiritual director. We also use and value the insights of our parish nurses. The tables report to the full group those responses that seem most helpful. At the end of the discussion, the rest of the original verbatim is read, and the ministers are given the opportunity to critique, question, and comment on the chaplain’s interactions in the verbatim.

We used the verbatim model three times over the course of four months. During this time, the ministers began to identify common responses and reactions that they found helpful. First, they were relieved that they could listen without needing to defend the church or a position. Secondly, taking the time needed to listen and fully honor the story of the parishioner is vital. Thirdly, gratitude can change the nature of the moment, as when the pastoral care minister spoke of their appreciation for being allowed to hear the story of the other. The sharing of the story becomes transformational as it helps to build hope, trust, and community. The verbatim exercises also provided experiences that lessened their anxieties about being challenged by a statement of surprise. By practicing in the group, they developed confidence in their ability to provide compassionate and competent care.

The role of the chaplain begins at the bedside. This, along with the wisdom that develops over years of visits and the blessing of sharing sacred moments, becomes the foundation needed to mentor those in the community who wish to provide compassionate service to those who are homebound. Pastoral care ministers and parishioners alike are enriched by the skills that arise through chaplaincy. Ministry of presence opens up the power of the sacred encounter, and both the pastoral care minister and the homebound experience the Biblical promise:

*See, I am doing a new thing! Now it springs up; do you not perceive it?
I am making a way in the wilderness
...because I provide water in the wilderness
and streams in the wasteland,
to give drink to my people, my chosen,
the people I formed for myself
that they may proclaim my praise. (Isaiah 43:19,20b-21)*

Michele Le Doux Sakurai, BCC, has spent 27 years in chaplaincy. She has retired from hospital chaplaincy and is now providing support in the parish setting.

¹ <http://www.usccb.org/issues-and-action/marriage-and-family/blessings-of-age-english.cfm>

Working with older adults benefits chaplain, too

By Hilda Lethe-Drake

“In the first half of life we are all naturally preoccupied with establishing ourselves, climbing, achieving, and performing,” says the publisher’s summary of *Falling Upward: A Spirituality for the Two Halves of Life* by Richard Rohr. “But as we grow older and encounter challenges and mistakes, we need to see ourselves in a more life-giving way. This message of falling down — that is in fact moving upwards — is the most resisted and counterintuitive of messages in the world’s religions.”

The benefits of failure do not make sense for our culture. However, working with the elderly every day, I meet some people who are aging with amazing grace. Being in their presence on a regular basis helped me see the counterintuitive work of aging bearing astounding fruit in real life. There are always some who are suffering, some who are difficult, and some who are moving through life with simplicity and compassion, planting wisdom and kindness in future generations. Some of the suffering people are the same ones who are doing the graceful work of aging.

Bill had a dent in his forehead where his dad hit him with a baseball bat when he was 9 or 10. I learned from one of his daughters that he was not kind to his wife in their younger years, but now he always sang her praises. He intentionally said kind things every day to staff and community members of the day center. He had a lot of stories to tell. In the telling and re-telling, he was doing the work of exposing his life to the new grace of the present — a present where he had good care, knew himself to be loved by God, and worked his way into the hearts of all his caregivers.

Kathleen was Irish and had a twinkle in her eye that would have made many believe she was part leprechaun. If there was anyone new at the day center, she welcomed them to her table for coffee or lunch. Every staff member — CNA, nurse, doctor, chaplain, social worker, therapist — knew they were her personal favorite. She told me that she was not afraid to die, but she was weary to the bone of the many twists and turns in the road. It was especially embarrassing that she required help to the bathroom — every time, every day, and sometimes she did not make it in time. True to her Catholic training, she “offered it up” and learned to wear diapers. With the many changes she had to cope with, Kathleen was able to wonder what the new lesson might be. She refused to let her gift of a positive attitude be drowned out by life’s vicissitudes.

Sam was a successful businessman who lost everything shortly before he joined our program. The social worker came to me and said, “I have never had an intake meeting like this one.” His response to several of the questions were surprising but the one that really caught her attention was when she asked, “Is there anything you would still like to do, or place you would like to visit?” Sam said, “If there are people I have hurt, I would like to ask their forgiveness.” He wanted to sow the seeds of peace. Sam had dementia. His illness progressed from moderate to

severe. But he left his social worker and chaplain with a mission of peace, forgiveness and wonder that has lasted for over a decade.

Working with the elderly is a growing opportunity as baby boomers continue to age. It is a perfect fit for the gifts of chaplaincy, of listening and calm presence. Our training is especially well suited to support the work of aging and recognize its gifts. I highly recommend working in long-term care.

Hilda Lethe-Drake has worked in long term care in a PACE (Program of All-Inclusive Care for the Elderly) program for the last 12 years. She recently retired and is looking forward to putting into practice the things she learned from her beloved elders.

Theological anthropology: Reclaiming personhood for people living with dementia

By Dan Lunney

How do we develop a theological anthropology that includes people living with dementia? Such patients challenge the prevailing theories of personhood, which are based on modern values of efficiency, rationality, and productivity. The emphasis of modernity is captured in Rene Descartes' assertion, "I think, therefore I am." A more inclusive definition of personhood moves humanity from the pinnacle of creation to being in kinship with creation through God our Creator. This changes the focus of what it means to be human. Reclaiming personhood for people living with dementia needs to challenge our ways of viewing those deemed to be "other" and how we interact with and treat anyone.

As baby boomers age, the number of people living with dementia will increase over the coming decades. Creative solutions to help people live as fully as possible with dementia are necessary, because our systems of care cannot possibly scale up to meet the needs of those millions of people.

Because much spiritual care operates in organizations and systems where it is not the primary culture, chaplains need to use mutually critical dialogue, reappropriation, interpretation, and redescriptionⁱ. For example, when a person with dementia becomes agitated, the first response in a long-term care facility often is to medicate the person — to treat the symptom — rather than look for the cause or attempt to find out what the person is trying to communicate. Many disciplines have sought to change the medical model from cure and symptom management to a person-centered model. Learning the person's narrative and developing a spiritual care relationship is central to the person-centered model and affirms their inherent dignity. It may be challenging to learn the narrative of a person living with dementia because of their difficulties with communication. That is why narrative and memory must be viewed as a responsibility of a community.

Dementia is seen by too many as a form of death – a state of being which is no longer considered personhood. Tom Kitwoodⁱⁱ developed a more inclusive theory of personhood, and Steven Sabatⁱⁱⁱ has further developed that work. Kitwood and Sabat discuss how an exclusionary definition of personhood results in social malignancy which leads to further ill-being for people living with dementia.

Those doing disability theology are important contributors in challenging what and who gets to determine what is normative and what abilities and disabilities have to do with our concept of personhood and our relationship with God. Hospitality and friendship have been put forward by disability theologians as responses which affirm personhood.^{iv}

A more inclusive concept of personhood needs to have a more inclusive definition of spirituality. Carla Mae Streeter suggests "that the core of spirituality is the ache of human longing. We long for intimacy. We long to be connected with what matters ... spirituality is real presence. It is being real, or fully human, and being really present—to myself, others, nature, the cosmos, the Divine."^v This parallels the needs of people living with dementia addressed by Kitwood, our five great needs which grow out of the need for love: attachment, inclusion,

occupation, identity, and comfort.^{vi} The research on spiritual reminiscence conducted by Elizabeth MacKinlay and Corinne Trevitt is ground-breaking and affirms the abilities of people living with dementia rather than the disabilities.^{vii}

I hope this brief synopsis article will whet your appetite to learn more about the concept of personhood and of theological anthropology, especially with regard to people living with dementia. As chaplains, our role is to affirm the personhood of people living with dementia, which leads to fostering their well-being.

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ⁱ John Swinton, *Dementia: Living in the Memories of God*. Grand Rapids, Mich.: William B. Eerdmans Pub., 2012, Chapter 1.

ⁱⁱ T. M. Kitwood, Clive Baldwin, and Andrea Capstick. *Tom Kitwood on Dementia: A Reader and Critical Commentary*. Maidenhead, Berkshire: McGraw-Hill/Open University Press, 2007.

ⁱⁱⁱ Steven Sabat, "Mind, Meaning, and Personhood in Dementia: The Effects of Positioning." In *Dementia: Mind, Meaning, and the Person*, edited by Julian C. Hughes, Stephen J. Louw, and Steven R. Sabat, 287-302. Oxford: Oxford University Press, 2006.

^{iv} Jennie Weiss Block. *Copious Hosting: A Theology of Access for People with Disabilities*. New York: Continuum, 2002 and Nancy L Eiesland. *The Disabled God: Toward a Liberatory Theology of Disability*. Nashville: Abingdon Press, 1994.

^v Carla Mae Streeter, *Foundations of Spirituality: The Human and the Holy: A Systematic Approach* (Collegeville, Minn.: Liturgical Press, 2012), Introduction.

^{vi} Thomas Kitwood, "The Experience of Dementia," *Aging & Health* 1, no. 1 (1997): 19.

^{vii} Elizabeth MacKinlay, and Corinne Trevitt. *Finding Meaning in the Experience of Dementia: The Place of Spiritual Reminiscence Work*. London: Jessica Kingsley, 2012

Training Eucharistic ministers gives retired priests new ministry

By Rick Nash

For the past five years, Presence Saint Benedict Nursing and Rehabilitation Center in Nilus, IL, has organized a training program for extraordinary ministers of Holy Communion to the sick and homebound, also known as Catholic ministers of care. These trained volunteers bring Holy Communion to parishioners who are homebound, living in nursing homes, or in the hospital. They share with them the word of God in scripture, pray with them for the Church and the world, and offer them companionship. Through the Ministry of Care, local parishes keep long-time parishioners connected and active in their local faith communities.

The Archdiocese of Chicago requires each new minister of care to complete a 10-hour training program on pastoral listening skills, the experience and theology of suffering, the theology of the Holy Eucharist and sacraments, spirituality and prayer, and practical ministerial procedures. To make the training program more widely available, I decided to develop a formation program for local parishes in the north/northwest Chicago and suburban area, with the help of the retired priests at Presence Saint Benedict.

The priests involved in the training bring with them a lifetime of wisdom, compassion and love of ministry. Some are in wheelchairs, and some are dealing with memory issues and moderate dementia. Nonetheless, they are wonderful with the folks from local parishes who come for training. They concelebrate Mass in our chapel each morning for the community, and a few of them are able to provide anointing and reconciliation to our residents who are not able to come to the chapel.

The five-week formation program at Presence Saint Benedict was initially offered in 2015. Due to increasing demand, it is now offered three times each year — winter, spring and fall. During 2018, we trained more than 100 persons from 30 Catholic parishes as new ministers of care, and more than 500 have completed the training in the past four years. Each one will become an active minister, visiting the sick, homebound, and elderly in their local parish. Additionally, many will be assigned to work in local hospitals and nursing facilities. With the help of these new ministers of care during the next year, thousands of Catholics who are elderly or ill will be able to receive Holy Communion and the companionship of a caring member of their parish. As well as the central sacramental ministry of prayer and Holy Communion, this ministry always involves being present to help out in some way, even if only to give the gift of listening and companionship.

This program has become an important ministry for our retired priests, and local parishes have responded with overwhelming praise. Vatican II and the Catholic Catechism tell us that the Holy Eucharist is the source and summit of our Christian life. There is nothing more important for the Catholic faithful than being able to frequently receive the Holy Eucharist, especially for the elderly, sick and homebound. For the retired priests, this program has given them a renewed sense of mission and purpose. Since the program has begun, five retired priests have enthusiastically participated in the training sessions. Each weekly session includes a presentation by one or more of the priests, as well as time for open discussion.

To quote from *Pastoral Care of the Sick*, "Priests with pastoral responsibilities should see to it that the sick and aged, even though seriously ill or in danger of death, are given every opportunity to receive the Eucharist frequently, even daily. ... In bringing communion to them the minister of Communion represents Christ and manifests faith and charity of behalf of the whole community toward those who cannot be present at the Eucharist. For the sick, the reception of Communion is not only a privilege but also a sign of support and concern shown by the Christian community for its members who are ill."

Retired priests should be recognized as a tremendous blessing and resource for continuing to build up the Church. Catholic chaplains are encouraged to take leadership in developing programs to train and provide ongoing formation for lay parish ministers. As chaplains, we are called to extend our ministry of presence, prayer and sacramental blessing by helping to develop these types of local parish formation programs. Now more than ever, the Holy Spirit is calling Catholic chaplains to this important work.

Rick Nash, BCC, is director of mission and spiritual care at Presence Saint Benedict Nursing and Rehabilitation in Niles, IL.

Evidence-based spiritual care for elderly patients: Insights from research

By Austine Duru and Marilyn Williams

In the United States and most industrialized nations the population is aging significantly. In the U.S., the aging baby boomer population is putting significant pressures on the health delivery systems. Evidence from research literature suggests that spirituality and religion are important components of meaning-making for many elderly patients. We have assembled some substantive, peer-reviewed research on the topic of aging and pastoral/spiritual care that will interest chaplains, chaplain educators and those who serve elderly patients in any capacity.

A study published in the April issue of *Nursing Ethics*ⁱ explores the influence of ethnicity, religiosity and health literacy on end-of-life decision-making and advance care plans. This article concludes that policy makers, educators, and other health professionals continue to overlook engagement with religious communities in favor of educational programs regarding a medical model of advance care planning. An earlier article in the *Journal of Palliative Medicine*ⁱⁱ also investigates the experiences of older people regarding advance care planning from a meta-synthesis of 50 articles. This study explores how their views of life and death influences their willingness to discuss their future. The authors conclude that cultural differences are significant, and health professionals need to develop strategies for different cultural groups based on differing cultural beliefs regarding life and death.

Chaplains working in residential settings for older adults will find an April 2019 article in the *Journal of Religion and Health*ⁱⁱⁱ by David Drummond and Lindsay B. Carey very interesting. The authors review the literature regarding spiritual screening, history-taking, and assessment and advocate for the development of a brief instrument for assessing spiritual well-being for those living in residential centers. They conclude that existing instruments are too unwieldy and focused on religion. Likewise, they contended they were too aimed at identifying crisis or distress rather than on wellness or well-being.

In a 2016 article published in the *Journal of Religion, Spirituality & Aging*,^{iv} Jackson, D., Doyle, C., Capon, H., and Pringle, E. explore three key questions: How are spirituality, spiritual need, and spiritual care in aged care defined? What constitutes spiritual care for older people in aged care? What are the organizational barriers and enablers to providing spiritual care? The findings suggest that there are multiple ways to meaningfully speak about spirituality. Also, caregivers for the elderly are effective at identifying and addressing their patients' spiritual needs. And finally, organizations that serve the elderly and vulnerable populations should focus systematically on addressing their spiritual or pastoral needs. The authors present guidelines for spiritual care of the elderly, which were published in the *International Journal for Quality in Healthcare* in October 2016.

Snodgrass, J. (2009) explores care for the elderly from the behavioral health point of view. In "Towards holistic care: Integrating spirituality and cognitive behavioral therapy for older adults^v," published in the *Journal of Religion, Spirituality & Aging*, the author shows that integrating spirituality and cognitive behavioral therapy as a tool for counseling older adults has

some remarkable benefits. The article invokes previous work that supports reimbursement of spiritual care services as one way to encourage adaptation of the integrative model. It recognizes the importance of holistic care for elderly patients. The author concludes by making a case for personalized therapy for elderly patients through incorporating spirituality and meaning-making in cognitive behavioral therapy.

Chaplains caring for baby boomers will find this next article quite informative. MacKinlay, E., & Burns, R. (2017)^{vi} explore the importance of spiritual dimensions for baby boomers as they enter older adulthood. This mixed-method study is among few studies that explore the significance of spirituality for baby boomers. The authors study the dimensions of aging and the correlation of physical and mental health and aging anxiety with spirituality. They also explore how spirituality in later life aids in meaning-making and minimizing adverse experiences. The conclusions have interesting implications for chaplains and those who care for baby boomers. This is not available for free or on the open source platforms, but may be accessed through institutional subscription services or by paying a small access fee.

In a recent article published in the *Journal of Palliative Medicine*, Maiko, M., Ivy, S., Watson, B.N., Montz, K., & Torke, A.M. explore religious and spiritual coping for individuals who make medical decisions for hospitalized older adult patients^{vii}. The authors recognize that making medical decisions for someone else comes at a cost, and they seek to understand the role of spirituality and religion (S/R) as a coping resource in the context of surrogate medical decision-making. This study suggests that the majority (67%) of individuals studied identify some S/R resources as key to coping. This relates to chaplains who care for critically ill elderly patients. The findings suggest that attending to the S/R needs of surrogates before, during, and after medical decision-making might be beneficial. Chaplains and caregivers can draw on the findings of this study to plan and provide appropriate chaplaincy care services to this specialized population of medical decision makers.

Palliative care chaplains and those on an interdisciplinary palliative care team will be interested in this study published in the *Archives of Palliative Care and Medicine* in January 2018^{viii}. The study identifies relevant palliative care assessment tools for elderly patients that might be available in medical literature to determine their scope, utilization and content. The authors describe nine different palliative care assessment tools for older adults and conclude that there is no single dominant tool for early detection of palliative care needs in this population. However, they recommend the Palliative Care Outcome Scale and the Resident Assessment Instrument for Palliative Care tools above the others.

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ⁱ <https://www.ncbi.nlm.nih.gov/pubmed/30943848?dopt=Abstract>

ⁱⁱ <https://www.ncbi.nlm.nih.gov/pubmed/27515975>

ⁱⁱⁱ <https://link.springer.com/article/10.1007/s10943-018-0717-9>

^{iv} www.researchgate.net/publication/305338877_Spirituality_spiritual_need_and_spiritual_care_in_aged_care_What_the_literature_says

^v <https://www.tandfonline.com/doi/pdf/10.1080/15528030902803913?needAccess=true&>

^{vi} <https://www.tandfonline.com/doi/full/10.1080/15528030.2016.1264345>

^{vii} <https://www.liebertpub.com/doi/full/10.1089/jpm.2018.0406>

^{viii} <https://pdfs.semanticscholar.org/889c/a97e3357789db0e8866c689d03b7ae2bcce3.pdf>