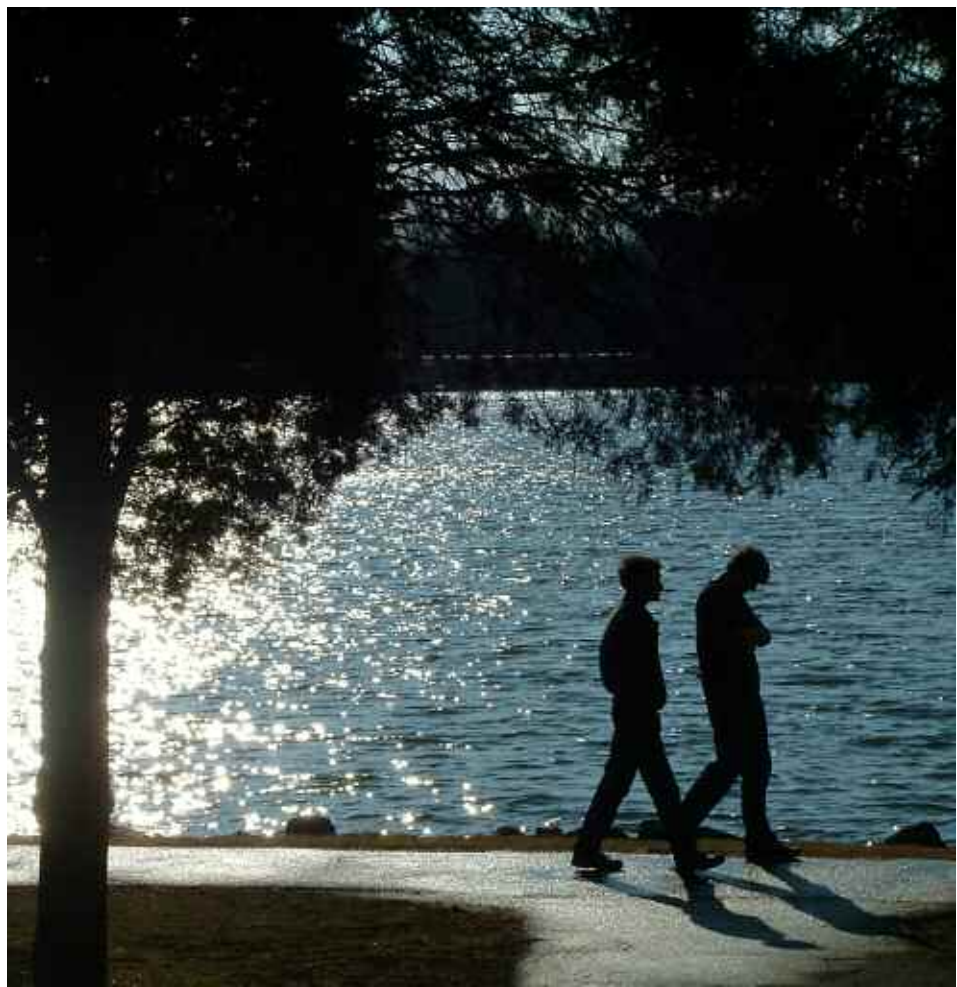


VOLUME 6 NUMBER 3 Fall 2009

*An Inter-Lutheran Journal
for Practitioners and
Teachers of Pastoral Care
and Counseling*



CARING CONNECTIONS

C O N T E N T S

FORGIVENESS AND PASTORAL CARE

3 The Purpose of *Caring Connections*

4 Editorial

Charles Weinrich

5 The Forgiving Heart

Anne L. Burton

11 Practicing Forgiveness at Fairview Red Wing Health Services

Karen Hanson

**17 Redemptive Confession: Forgiveness, Trust,
and Medical Errors**

Tim Thorstenson

**link Forgiveness as a Core Ingredient of Spiritual Care: An
Exploration of Four Resources**

Roy Olson

Lutheran Chaplain Rev. Roy Olson shared this excellent piece on forgiveness in *Chaplaincy Today*, the e-Journal of the Association of Professional Chaplains Volume 25 Issue 1 Spring/Summer 2009. It is available to readers of *Caring Connections* by permission of the writer and *Chaplaincy Today*. **Click here to access the piece.**

21 Devotional

Joel Hempel

22 For All the Saints

23 News, Announcements, Events

24 How to Subscribe

THE PURPOSE OF CARING CONNECTIONS

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling is written by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable; solidly grounded in the practice of ministry; and theologically probing.

Caring Connections seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries, and—not least—concerned congregational pastors and laity. *Caring Connections* also provides news and information about activities, events, and opportunities of interest to diverse constituencies in specialized ministries.

Credits: Photos pp. 5, 11, stock.xchng; p. 21, Creative Communications for the Parish; cover, John Werks

Editorial Office: Editor, *Caring Connections*, Division for Ministry, Evangelical Lutheran Church in America, 8765 West Higgins Road, Chicago, IL 60631, e-mail: kevinamassey@yahoo.com or cweinrich@cfl.rr.com

Permissions: Requests for permission to copy or reprint should be directed to the editor at kevinamassey@yahoo.com or cweinrich@cfl.rr.com

Electronic Subscriptions: Please visit www.caringconnectionsonline.org and click on “Click here for free subscription” to receive automatic notification of new issues.

News, Announcements, Events: E-mail items to Judith Simonson at jsimonson@pennswoods.net or John Fale at John.Fale@lcms.org

Caring Connections Copyright © 2009 Inter-Lutheran Coordinating Committee. ISSN 1559-8195. All rights reserved. Printed in U.S.A.

Editors

Charles Weinrich
Kevin Massey

Editorial Board

Heather Bumstead
Anne Burton
Bryn Carlson
John Fale
Lee Joesten
David McCurdy
Jim McDaniels
Jeff McPike
Bruce Pederson
Judith Simonson

News editors

Judith Simonson (ELCA)
John Fale (LCMS)

Editorial

I love the Lord's Prayer. I imagine you do, too. I've become more partial to the newer phrasing rather than the traditional words with which I grew up. However, there is one part where my throat catches, regardless of which version I'm praying: that fifth petition! Forgive us our sins as we forgive those who sin against us. What a challenge to Christian living forgiveness is. The October issue of *The Lutheran* featured three articles and a study guide centered on the theme of "Forgiveness." One of the articles, by Keith Fry, reports Luther's respect for this petition, writing, "Luther says, 'To pray this petition without having forgiven our neighbor is to ask God for our own condemnation'" (*The Lutheran*, October 2009, pp. 24-25). So, the pressure is on to learn all we can about forgiving and forgiveness.

This issue of *Caring Connections* offers some meaty articles about forgiveness, particularly related to our ministries in specialized settings. Dr. Anne Burton, a new member of the Advisory Board for this e-magazine, shares her study on forgiveness from both a psychological and a theological perspective. Anne has a Doctor of Ministry degree from New York Theological Seminary and has worked as a licensed Marriage and Family Therapist for many years. I'm sure she will forgive me (!) for mentioning that she and I worked together in joint supervision of a number of units of Clinical Pastoral Education in Summit, NJ several years ago. Karen Hanson, manager of Spiritual Health Services at Fairview Red Wing Health Services, contributes a paper she wrote for a class at Luther Seminary in St. Paul, MN titled, "Forgiveness and Healing," in which she discusses how the hospital has begun to use forgiveness practices she has identified and fostered. Tim Thorstenson, CPE Coordinator at Park Nicollet Health Services, offers his reflections on how medical errors can be handled through processes of confession and forgiveness. We are also, for the first time, creating a link to an article in another magazine. Roy Olson's piece was originally included in

Chaplaincy Today, the magazine produced by The Association of Professional Chaplains.

Another couple of "firsts" are taking place with this issue. The Editorial Board and the co-editors felt it would be good to recognize those individuals who have worked in various fields of specialized ministry and have recently died. So we are instituting a new segment, titled, "For All the Saints," in which a few paragraphs will be given about such people as we find out about them. If you become aware of someone in specialized ministry whose death notice should be included, please contact either Kevin or me so we can include the information in the subsequent issue of *Caring Connections*.

The other "first" is that, beginning with this issue, we hope to include a devotional piece related to the theme of the issue. This time we have a reflection contributed by Joel Hempel, recently retired CPE supervisor living in St. Louis. Joel wrote this reflection on a painting by Sally Beck, a member of the staff of *Creative Communications for the Parish*. We hope you will enjoy his reflection, and think about sharing something of your own in future issues.

As in the past few issues we are once again including notice about the Zion XIV gathering in Atlanta, scheduled for October 21-24, 2010, at the Simpsonwood Retreat Center (check the website www.simpsonwood.org). We hope that you will make plans to attend, particularly since both President Kieschnick and Bishop Hanson will be speaking to us. Check this issue's notice for more information, too, especially if you want to present a workshop (it's like contributing an article to *Caring Connections*, only in person rather than over the internet!).

Kevin and I, as well as the Editorial Board, want to express our appreciation for the people at Lutheran Services of America who send out notices that a new issue of *Caring Connections* is ready for your reading.

Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight with the wider community. We want to invite anyone interested in writing an article to please contact the editors, Rev. Kevin Massey and Rev. Chuck Weinrich.

Specifically, we invite articles for upcoming issues on the following themes.

- Winter 2009-2010 "The Lutheran Endorsement Process for Specialized Ministries"
- Spring 2010 "Ministry and Dementia"
- Summer 2010 "Parish Nursing"
- Fall 2010 "Pastoral Care and Addictions"

And, if you have not already done so, we hope you will subscribe online to *Caring Connections*. Remember, subscription is free! By subscribing, you assure that you will receive prompt notification when each issue of the journal appears on the *Caring Connections* website. This also helps the editors and the editorial board to get a sense of how much interest is being generated by each issue. We are delighted that the numbers of those who check in is increasing with each new issue. You can subscribe by clicking on the subscription link on www.caringconnectionsonline.org, or by following the directions given on the masthead (p. 3), or in larger print on page 24.

The Forgiving Heart

The worldview is that you have a legitimate right to dignity and retribution. Christ's view is to seek the healing of others.

Forgiveness is a healing experience that is both spiritual and psychological. To *forgive*, from the Greek word *caridzomai*, means “to let go” of anger, resentment and the desire to punish. To forgive is to give up all claims to exact any penalty for wrongdoing. We must be able to forgive both others and ourselves if we are to live fully in the world without crippling fear and anxiety. It requires nothing of the offender, neither regret, repentance nor reparation. Forgiveness requires only the will of the victim or wronged one.

While forgiveness begins with an act of will, it is more than a single act. It is a process by which we attempt to enter into an empathetic relationship with our enemies in order to bring our hearts into alignment with the will of God. True forgiveness requires changes deep within us. It is the intent of this article to lead us into an understanding of forgiveness by examining the process by which we can build a forgiving heart. This is a lifelong, spiritual practice and not an easy one. It is one of transformation and not to be entered into lightly.

Forgiveness makes sense spiritually and psychologically and yet it transcends the rational mind. The answer to the question, “why should I forgive?” is complex. The risk of exposing oneself, of making oneself vulnerable to more hurt and pain, is a strong reason to cut someone out of your life and to harden your heart against him. So, why even try?

Psychologically, we try because it is very difficult to “harden your heart” against one or two people without risking hurting those that we love. Even more important, a “hardened heart” can be closed to *receiving* love, and thus we hurt ourselves most of all.

Spiritually, we try because we are commanded to by the great commandment to “love your neighbor.” Notice that there are no exceptions. In fact, Jesus specifically tells us to love our enemies.

What often prevents us from developing an understanding and a will to forgive are the many myths surrounding the process. We allow these myths and fears to get in our way and become locked into building a rationale for NOT forgiving. Before we can go further into understanding the process that leads to forgiveness, we must address these myths.

MYTHS OF FORGIVENESS

During our childhood and early adulthood, we internalize ideas about forgiveness from personal experience and from things we hear from parenting figures that seem to make sense. We need to examine these sayings and the attendant thought process-



es in order to be able to move on to the work of building a forgiving heart.

1. *I can't forgive because I can't forget.* “Forgive and forget” is a cliché based on the notion that one can “forget” an egregious wrong. Modern psychology tells us that this type of “forgetting” or *denial* leads us to bury the experience in the unconscious, something that can lead to serious mental consequences. However, *obsession* or continually rehashing the event either in our mind or in repeating it to others is not the same as remembering or recalling the facts.

Jesus specifically tells us to love our enemies.

We must learn from our experiences, which means we must remember the important things that happen to us, especially when not to do so can lead us to continue to put ourselves in danger. *Denial* is a defensive position we imagine will protect us from further hurt or humiliation. In true forgiveness, we work through the emotional charge of the event until we have resolved the issues and pain.

2. *If I've forgotten, it means I've forgiven.* As noted above, if you attempt to put the awareness out of your mind without working through your feelings, you may do this by employing the defense of *denial*. This is neither forgetting nor forgiveness. Giving up from fear or emotional exhaustion is also

not forgetting. It is a defensive move, and the desire for revenge lies just below the surface. It sometimes comes from a false sense of self in which the victim needs to see himself as “innocent” or in a place of moral superiority.

3. *If I forgive someone but don't feel it, then I am being a phony.* We must remember that “forgive” is a verb, an action word. It is not a feeling. Reread the definition of forgiveness above, and you will see that it is not an attempt to feel better about oneself or to deny that one has been hurt. Forgiveness starts with an act of will, a need be rid of a desire for revenge. Just as in giving up any habit, one has to “want to want to.”

4. *Some people don't deserve to be forgiven.* This myth is based on the belief that good people thrive and bad people are punished. The reality of this world is that bad things happen to good people and that bad people often thrive. The hard truth is that the person who pays the price of un-forgiveness is the victim. The victim often becomes judge, jury and executioner. These are not roles that lead to happiness.

5. *If I forgive that means I have to trust the person who hurt me.* Forgiveness has nothing to do with trust, which is an issue for reconciliation. Trust is based on an expectation that someone will behave in a certain way. Recalling how we were hurt allows us to be realistic in our expectations. Trust must be earned, but forgiving allows the other a chance to change behavior, make atonement and earn back our trust. Forgiving is the first step towards reconciliation.

6. *To forgive a person who hurts you is to tell her that she can go and do the same thing again.* To forgive someone is not to condone behavior. We forgive the person, not the action or injury.

7. *Forgiving means giving up my anger, and I need my anger to feel safe.* Getting in touch with anger is one step in the process of forgiveness, but we mustn't get stuck there. Processing the anger empowers us to act, whereas denying it only paralyzes us. We can forgive without forfeiting the right to use anger in self-defense, but we must be realistic about just how much it protects us.

The idea of anger as protection begins with the childhood belief in anger as punishment and power. It comes from being afraid of our parent's anger. When we are hurt, it is natural to feel anger, but wielding anger as power comes from weakness and an attempt to appear invulnerable. It is like owning a monster dog and keeping it caged. It must be fed, and we do this by rehearsing how we have been wronged and attempting to scare people away with our rage.

8. *If I give up my anger, then the person will get off scot-free.* Another belief learned in childhood is that my suffering makes the other person pay. Parents who use withdrawal to control their children teach them about abandonment as punishment. Children experience the pain of abandonment

deeply and will often comply with parental demands for an apology in order to stop the pain. Believing that other adults feel this pain because we are angry is simply not true. Most often the offender goes on with his life, oblivious to the anger of the other.

9. *Forgiving or asking for forgiveness is a sign of weakness.* This is another myth that also results from childhood training, and is a sign of someone who was forced to apologize whether or not she felt sincerely sorry. Forgiveness takes strength and self-knowledge.

*“Forgive” is a verb, an action word.
It is not a feeling.*

10. *People who love each other don't have to ask forgiveness.* “Love means never having to say, “I'm sorry” is a much quoted line from the old movie “Love Story.” The exact opposite is true. Closeness between two people exposes one to the other's insensitivity and petty self-indulgences. It is the trivial that has the power to drive us crazy. These hurts happen in marriages, families, close friendships and communities such as churches and schools, often without the offender being aware of the offense. Over time, the build-up of trivial slights can lead to a break in the relationship. Asking for and giving forgiveness means we stop judging the other, and communicate with trust and love.

11. *I can't forgive until I know that the other person is really sorry and won't ever do it again.* It is natural to want an acknowledgment of the hurtful person's awareness of injuring us, but we can't expect them to be mind readers. Expecting an apology because you are sure “they know what they did” is to set oneself up for an endless round of hurt and recrimination. Telling the person in a spirit of love and not judgment allows them to say I am sorry. But you have to be prepared for the fact that the other may have different values or may see the situation in a different way and respond with denial. If you are truly non-judgmental, you will accept the other's view even though you may find it hurtful and believe it is wrong.

Expecting a person to change and never hurt you again is to hold him to a higher standard than anyone can achieve. Remember, God knows we will sin again, but does not withhold forgiveness for our sin.

12. *My offender is dead; I don't need to forgive him.* If you are still rehearsing the hurts of long ago, then you continue to re-victimize yourself. Doing the work of forgiveness helps to release you from these obsessions and frees you to live a fuller and more peaceful life.

13. *I have cut off all contact with my offender and therefore don't need to forgive her.* Just as in the case of the offender who had died, if you continue to

feel hurt by events of the past, you are the only one who can free yourself from this pain. Forgiveness is not reconciliation nor is reconciliation a necessary part of forgiveness. You need not have an active relationship with the offender in order to forgive.

THE CASE FOR FORGIVENESS

When another person injures us, whether intentionally or not, it also fundamentally damages our faith in the worthiness of others. We experience this as a great loss. This injury cracks into our childlike belief that good things happen to good people and bad things happen to bad people, that good people thrive and bad people are punished. In a great injury, something is broken, psychologically and spiritually and even, sometimes, physically. The break erodes our sense of well-being, corrupts our experience of our own worth and fragments our sense of control over our own lives and emotions.

Growing into maturity, we struggle to understand and to justify the injury, clinging to the belief about “bad things happening to bad people.” This reasoning leads to the belief that we are bad unless we vilify the perpetrator, in order to label them “bad” and label us “good.” We demand admissions of guilt. We seek revenge or at least some reparation as a way of justifying the pain we have received. We do this despite the reality that there are some wounds for which there can never be enough payment to balance the injury.

Forgiveness is not about justice. To link forgiveness and justice is to limit our capacity for forgiveness. It is to give over the ability to heal our wounds to a system outside of ourselves. To join the two is to condemn the wounded to a life devoid of healing.

To link the two also limits and defines the persons who can be forgiven. In cases where we are hurt by criminal activity, even if the perpetrator is caught and brought to trial, convicted and sentenced, the relief that is felt is often short lived as the wounded one still carries the loss that occurred. If the accused is not convicted, than the victim feels doubly wounded and abandoned by society. This places the wounded in the role of judge and jury who must decide what the conditions are for forgiving the other. Often there is no way to really determine whether those conditions have been met. Years go by and the wounded are still wounded without sufficient resources to see justice served. There can be no healing.

When this writer found herself in this position, she looked for ways to free her self from the pain she felt, believing that it was the wrong done to her that caused that pain. Only when she realized that the person who had injured her had moved on with his life and that she was the one who continued to suffer did she begin to pray for release from the suffering. The answer to that prayer came in the form of a wise counselor who showed her that the power she needed had been given to her by the Grace of God, the power of forgiveness, that was her

birthright through her Baptism. She had only to “let go.” Let go of: hatred, the desire for revenge, the desire to see the other person punished, the desire to see the other person suffer, and the need for an apology or admission of guilt. She had only to forgive.

We need to forgive in order to heal the wounds in ourselves. True forgiveness of a great wrong is an act of a mature personality. True forgiveness dissolves the clear distinction between perpetrators and victims, between self and other. It is the ultimate act of compassion.

Forgiveness is not about justice. To link forgiveness and justice is to limit our capacity for forgiveness.

THE PROCESS OF FORGIVENESS

The process of forgiveness begins with a realization that the only person that continues to suffer from an offence is oneself. The person or persons who have hurt us often have moved on, may or may not recall or care that we have been injured. The question of “why should I forgive?” becomes “why should I continue to suffer?” Once we have exhausted all attempts at denying our bad feelings, once we accept that the only way to move on is to stop rehearsing our victimization and forgive the perpetrator, then we are ready to begin the process of forgiveness.

Step 1. Declare an intention to forgive.

There are a variety of ways to do this. You can declare your intention in a prayer where you first ask God to forgive you for your inability to forgive. Ask that God be with you throughout this process as you struggle to give up your desires for retaliation revenge, punishment, feelings of superiority and righteousness and any other negative feelings that may arise in the process. Ask for guidance, direction, courage and honesty.

You may choose to write out your prayer in a journal or share this intention with a pastor, spiritual advisor, therapist or trusted friend. Seek the support of others in a prayer group. The greater the wound, the more public the nature of the offence, the more important it is that you seek help with this process. Be sure that the person or persons from who you seek help are good listeners who can hear your words without attempting to solve the problem for you.

Take time with this step. The more that you reflect on the meaning of forgiveness, the more you are aware of how your refusal to forgive is hurting you most of all.

2. Recall the Hurt.

Remember that it is a myth that if you forget about it than it will go away. Name the offence and the

offender. Be as accurate and objective as possible. What exactly happened? Who said what to whom? Who did what to whom? What exactly is your injury? What exactly did you lose?

If you have found journaling is helpful in Step 1, you may want to continue to do this. If others have been helpful and supportive with your first step, seek their help again. Be clear that you want them to listen without comment, asking only questions of clarification. You do this so that you can be clear in your own mind about what it is you are trying to forgive. In doing this you may begin to overlap with Step 3.

3. Feel the Feelings.

At this point, if you have not already done so, you may decide that you need the help of a professional counselor. Consult a friend or your pastor if you question this.

In doing steps 1 and 2 you may discover that you feel more than anger or you may realize that you have numbed yourself to feelings over the years. Examples of some of the feeling that may be hidden are fear, pain, hurt, confusion, chaos, and betrayal. At times you may feel that you have regressed and are in a continual “pity party.” This is when a counselor is helpful. The goal of this step is to admit that a wrong was done to you and to set your sights on repairing yourself.

4. Grieve.

Experience all your feelings. Feel the pain of the wound and what you have lost and grieve that loss. Perhaps you blame God for the wounding and pain. Take these feelings to God in prayer. Anger, rage, hurt, tears, etc., give them all to God. Pray for release from your pain, including and especially the pain of the hardness of heart that you have done in an effort to protect yourself from further hurt. Ask for forgiveness for your inability to forgive.

5. Commit to forgive.

Sacrifice your rights in prayer. Remember, the worldview is that you have a legitimate right to dignity and retribution. Christ’s view is to seek the healing of others. Make your commitment tangible: write it in a journal or tell a friend or counselor. Set a time-table for yourself but allow for a revision in case it turns out to be more or less of a process than you anticipate.

6. Empathize.

Make an effort to understand the other person. Try to see the other as a human being who is loved by God, despite his failings. Endeavor to put yourself in that person’s shoes and to see things from his point of view. Try to understand what he was feeling and why he acted in the way that he did. Try to identify the pressure that made him hurt you. Write a letter to yourself as if you were the other person. How would he explain the hurtful acts? Because you can do this does not mean you would have acted in the same way. It is an attempt to break down the barriers that hold you back from forgiveness.

7. Write a Certificate of Forgiveness.

This is an exercise for you and NOT to be shared with the person who hurt you. Name the person and the acts for which you forgive her. It may take you a long time to do this. You may choose to write it out on paper or in your journal.

8. Holding on to Forgiveness.

Building a forgiving heart is a lifetime growth process. You will be hurt again and you will hurt others. This is the nature of being human. Think back through this process often. Continue to pray and work on this process. And remember to ask God’s help.

When you can think about the person who hurt you without rancor or anger, when you can put yourself in the other’s shoes and walk in them without pain, when you can look at the person and see another beloved child of God, then you will know that you have forgiven.

HOW WILL I KNOW I HAVE SUCCEEDED IN FORGIVING?

If forgiveness is an action and a process, you may wonder how you will know if you have truly forgiven someone. The process of forgiveness that I have outlined above is one in which movement is from stunned innocence—that of a wounded victim—to and through the tortures of obsession—to a surprising expansion of meaning.

In the beginning, when we are hurt, we feel powerless. It is necessary to gain some sense of mastery over our life. As discussed, if the way that we choose to do this is through the building of psychological defenses against the world, we remain locked into victimhood.

When we are hurt, we rehearse over and over what happened. We lose sleep over it. We may talk about it endlessly to anyone who will listen. Or worse, we may feel so humiliated and shamed that we bury it deep inside and don’t tell anyone. This eats at our souls and sense of well-being. We may believe that the only thing that will bring us relief is to hold the unrepentant person accountable. When this does not happen, we try to handle in our mind what we can’t handle in the world. We want to retaliate or rescue and repair the situation as a way of handling our humiliation.

The only way to free ourselves is to deal with the wound, the hole inside, that we are filling with anger, hatred, bitterness or denial. In working through the process given above, we need to “turn it over” and pray for the gift of forgiveness. We need

to pray for the strength to build a Forgiving Heart.

When you can think about the person who hurt you without rancor or anger, when you can put yourself in the other's shoes and walk in them without pain, when you can look at the person and see another beloved child of God, then you will know that you have forgiven.

Picture yourself facing the person who hurt you, both of you clenching your fists. In your closed hands, you hold resentment and anger. In your closed mind, you are thinking, "You are never going to hurt me again because I won't let you near me."

In the other's closed hands are shame and outrage. In her closed mind, she is thinking, "You act so superior. I'm not going to apologize or get near you."

Now imagine that you both open your hands and find them empty. You reach out to shake hands. This is forgiveness.

Anne has also asked to include these excerpts from *Things Hidden—Scripture As Spirituality*, Richard Rohr (St. Anthony Messenger Press, Cincinnati, Ohio, 2008), pp.37-38. This is a fascinating take on the relationship between Noah's Ark and forgiveness!

Noah's Ark of Forgiveness

"In Genesis 7 we find the famous story of Noah and the flood...the story is one of genius. God tells Noah to bring into the ark all the opposites: the wild and the domestic, the crawling and the flying, the clean and the unclean, the male and the female of each animal (Genesis 7:2-15).

"In itself, that is understandable. But then God does a most amazing thing. God locks them together inside the ark (Genesis 7:16).

"Most people never note that God actually closed them in! God puts all the natural animosities, all the opposites together and holds them together in one place. I used to think it was about balancing all the opposites within me but slowly I have learned that it is actually 'holding' things unreconciled that teaches us—leaving them partly unresolved and without perfect closure or explanation. How to live in hope has not been taught well to Christians. The ego always wants to settle the dust quickly and have answers. But Paul rightly says, 'In hope we are saved, yet hope is not hope if its object is seen' (Romans 8:24).

"The ark therefore is an image of how God liberates and refines us. The ark is an image of the People of God on the waves of time, carrying the contradictions, the opposites, the tensions and the paradoxes of humanity."

The "...gathering of contraries is, in fact, the school of salvation and the school of love...in honest community and committed relationships...in the encounter with 'otherness.'

"Eventually we give this mutual deference a word: *forgiveness*....Forgiveness becomes central to Jesus' teaching, because to receive reality is always to 'bear it,' to bear reality for not meeting all, if any, of our needs. To accept reality is to forgive reality for being what it is.

"I think forgiveness is the only event in which you simultaneously experience three great graces: God's unmerited goodness, the deeper goodness of the one you have forgiven, and then you experience your own gratuitous goodness too. That is the pay off. This makes the mystery of forgiveness an incomparable tool of salvation. There really nothing else quite like it for inner transformation, which is why all spiritual teachers insist upon it, both in the giving and the receiving."

Anne L. Burton, D.Min. was a Marriage and Family Therapist and a consultant to Lutheran clergy and hospital chaplains in New Jersey and metropolitan New York for twenty five years. She served as a member of the faculty of Blanton-Peale Graduate Institute and adjunct faculty of New York Theological Seminary. She retired to Deer Isle, Maine, where she writes poetry and memoir. Her work has appeared in the Eggemoggin Reach Review, the on-line poetry journal, "Best Poems," (www.bestpoem.wordpress.com/category/anne-larkosh-burton) and in area newspapers. She continues to offer retreats on a number of topics, including forgiveness, as well as serving as a supply preacher and worship leader.

Practicing Forgiveness at Fairview Red Wing Health Services

It is amazing how often the need for forgiveness surfaces. In fact, it's a dimension in many pastoral care encounters.

*A Project for the Forgiveness and Healing Class
taught by*

*Dr. Lois Malcolm and the Rev. Dr. Janet Ramsey,
Luther Seminary, St. Paul, MN
May 12, 2008*

Introduction

This project began for me with a personal quest to heal a rift with a valued colleague and mentor who betrayed me and from whom I've been alienated for many years. In order to try to move along the path of forgiveness and healing, I picked up Robert Enright's book, *Forgiveness is a Choice*. I worked through the book, doing the suggested journaling and reflecting, and I did find that some of the intensity of emotion I felt, as well as the ongoing rumination of events leading to this particular fracture, had diminished and dissipated in the process. I was able to put myself in my colleague's shoes and see things from her point of view. I discovered that I had compassion for her and for the pain she no doubt had also endured, and this discovery led to a sense of having taken significant steps on the healing journey.

But ultimately, Enright's generic spirituality and his purely psychological approach to forgiveness, as valuable as it is, wasn't enough for me. I longed to put my experience in the context of Christian faith and life, so I looked for continuing education opportunities. I found a seminar Dr. Ramsey was doing in Arizona in March of 2008, and then looked further and found this class, which met every Tuesday morning throughout the Spring semester. Fairview generously agreed to reimburse tuition and supported time spent taking this class and doing the work. In return, I'd like to share some things I have learned and some ways I have begun to apply these learnings in my work at Fairview Red Wing Health Services.

One thing I have learned regarding the fractured relationship that started it all for me: I have forgiven my friend and myself, as God has forgiven us, but it takes two to reconcile. I hope and pray for reconciliation – it would be a great, God-given gift. But whether or not reconciliation happens in this case, the forgiveness is real, and what I have learned will translate into other relationships and has already started to permeate my ministry and my work at Fairview. What a gift! Thank you to Fairview and to my Luther Seminary professors and classmates for this semester of learning and growth.



Fairview Red Wing and My Role as Spiritual Health Services Manager

Fairview Red Wing Health Services is an integrated regional health care system consisting of clinics, hospital, home health and hospice, long-term care, and senior housing. Reaching out to Red Wing and surrounding communities in Goodhue County, Minnesota, and western Pierce County, Wisconsin, the care system provides a comprehensive scope of programs and services for people of all ages.

I have forgiven my friend and myself, as God has forgiven us, but it takes two to reconcile.

The centerpiece of Fairview Red Wing is our medical center, built on a hill overlooking the city of Red Wing, the Mississippi River and beyond to the bluffs on the Wisconsin side. Built in 2001, the medical center has a 50-bed inpatient unit as well as primary and specialty clinics, a Level III Emergency Department, Rehab Services, and the full range of ancillary services.

We are in the midst of a building program at the medical center, expanding our surgery suite and clinics in order to accommodate our expanding surgical services. We have upwards of 60 providers, and about 800 employees in the care system.

This year we are celebrating the 10th anniversary of Fairview in Red Wing. Fairview enabled us to bring about this integrated system and while we are affiliated with Fairview, our assets remain in the community, a unique situation within the Fairview system. We are proud of our deep and broad connections with Red Wing and other communities that we serve, our antecedent hospital, St. John's, having been started by 16 Lutheran congregations in the area over 100 years ago.

My role as Spiritual Health Services manager is broad and consists of pastoral care of patients, families, and staff as well as being involved in a wide range of spiritual care leadership endeavors that span the entire entity and continuum of care. Activities include being the chair of the ethics committee, leading diversity work, developing parish nurse ministries, facilitating employee engagement and staff development, helping develop a palliative care consult service, designing support services for cancer patients, and helping develop complementary care within our system. It is a wonderfully stimulating and challenging role in a health care system whose vision for 2015 is as follows:

Fairview Red Wing is a passionate, joyful, relaxed, healthy place built on team members seeing the "sacred" in others and themselves, which provides an exceptional and seamless experience for our patients across multiple service points.

Is there room for the practice of forgiveness within this vision? Indeed there is. I will discuss a few ways it is happening, but first I want to share what forgiveness actually is.

What is Forgiveness?

Once I started studying forgiveness, I found it and the need for it everywhere. Forgiveness is a primal need and a powerful source for healing in the universe, it seems. It is something we humans have evolved to do in order to live together on this earth. In that sense, it is a universal human value. For the Christian, forgiveness has particular meaning – simply stated, it is why the Christian church exists – to proclaim, announce, and enact the forgiveness of God in Christ through the Holy Spirit with and among one another. I want to start with the Christian understanding of forgiveness, and then discuss the psychological aspects of forgiveness.

Forgiveness is God's love and mercy transforming people's lives through Jesus Christ - healing shame and guilt, mending broken relationships, releasing hatred and fear, and freeing people to love and joyfully serve their neighbor, safe in the loving embrace of God the Holy Trinity. Forgiveness is the whole crux of the gospel - being forgiven, we are empowered to stand in right relationship with God and neighbor. The basis for all forgiveness is this: having been forgiven by God, we can forgive one another. We love because God first loved us. God's love and mercy is the only fix for broken, sin-sick

people. That mercy is extended to us in and through Jesus Christ - who entered into the vulnerability of humankind by taking on human flesh and proclaiming and embodying the reign of God through healing, forgiving, and casting out demons, fighting with the scribes and Pharisees along the way, and ultimately being arrested and condemned to death for being a revolutionary and executed as a powerless victim. But God raised him from the dead, ending the cycle of violence, breaking open the captivities that bind people, and reconciling the world unto

For the Christian, forgiveness has particular meaning – simply stated, it is why the Christian church exists – to proclaim, announce, and enact the forgiveness of God in Christ through the Holy Spirit with and among one another.

Godself. Through Jesus, we are forgiven and free, reconciled to God and to each other, freed from captivity to sin, death, and the power of the devil, free to love one another and to craft communities of forgiven and forgiving people.

How is God's mercy extended to us through Christ? Via the "happy exchange," as Luther puts it. Philippians 2 – Paul's "kenosis" or "emptying" passage – speaks of Jesus, who though being equal with God, takes on the cross - that is, he takes on the captivity, the defilement, the shame, the wandering, everything that is sin - and in exchange he gives us his life, his righteousness, his goodness, justice, and peace. In him we are saturated in God's unconditional love and all of Christ's qualities become ours, and equally ours. We become immersed in the life of Christ, safe in the loving and intimate space of the fellowship of the Holy Trinity - Father, Son, and Holy Spirit. Having been healed, forgiven, and redeemed, given the riches of Christ's life, we then are able to participate in unconditional, divine forgiveness, extending God's mercy and love to our neighbor.

As a Lutheran Christian pastor who is trained to be a chaplain in a health care setting, this is the core of my Christian ministry - the announcement and proclamation of God's forgiveness in Christ. I am privileged to do this every time I lead worship, perform the sacraments of Baptism or Holy Communion, proclaim the gospel, provide Christian pastoral care, or teach. There are many biblical stories that can assist in teaching the concept of forgiveness – the prodigal son, Joseph and his brothers, Nathan confronting King David with his sin, Jesus forgiving the woman who anointed his feet, and many more.

As a health care chaplain I encounter people of many faiths and of no faith, so I also need to operate with a fully human, psychological perspective on forgiveness. Humanly speaking, forgiveness is multidimensional. It happens intrapsychically, interpersonally, between groups, between nations. Forgiveness is not a one-time event, it is rather a process, a journey. It is something we live into. It may take years to forgive another person who has betrayed or hurt us. It may not be possible to forgive everything that needs to be forgiven in our lifetimes - such is the nature of radical evil in our world. Forgiveness is costly and is often painful. It is both the most important and most difficult work that we do, because we find it so difficult to love one another. Psychologically, forgiveness has been understood to mean giving up the desire for revenge. An alternative definition is that forgiveness entails a change in motivation toward the offender, replacing negative fantasies with motivations for his or her welfare. The definition we were given by Profs. Malcolm and Ramsey is: forgiveness is a shift from the passive suffering of victimhood to the active suffering of moving on.

What forgiveness is not: a sudden event, something that can be accomplished on demand. It is not excusing, denying, minimizing the pain, being a doormat, forgetting, or continuing a dangerous relationship. Forgiveness cannot change the past; the past can only be mourned and placed within a larger story of one's life. Forgiveness is not forgetting - but forgiveness takes the edge off the memory. Forgiveness means giving up hope for a better past. In this sense forgiveness work is similar to grief work in that your emotional energy stops being tied to a past event. You are released from your captivity to that past event, you get to stop looking in the rear view mirror continually, and look around you and look forward - your horizons are extended - the future is opened up to you.

Why forgive? There are many reasons - including that it is how love is lived out in an imperfect world and, for the Christian, forgiveness is mandated. But forgiveness is also good for our health and well-being, an important consideration for a health care organization. Forgiveness is healing. Forgiveness is good for you. Forgiveness opens the heart and an open heart is the foundation of wisdom, growth, generosity of spirit and other good things.

Many sources we studied in the "Forgiveness and Healing" class mentioned the health benefits of the practice of forgiveness. Shults and Sandage in *The Faces of Forgiveness*, for example, cite a study that suggests the possibility that chronic patterns of making forgiving or unforgiving responses to interpersonal offenses might result in differential health consequences. That is, people making unforgiving responses have elevated heart rate, blood pressure, and sympathetic nervous system arousal which over time may negatively impact their overall health. In an article reviewing forgiveness and health

research, Charlotte vanOyen Witvliet finds that as forgiveness increases, so do indicators of mental health; and as unforgiveness increases, so do indicators of physiological stress and coronary heart disease.

Though tools such as the Interpersonal Relationship Resolution Scale, a forgiveness scale

Forgiveness is not forgetting - but forgiveness takes the edge off the memory. Forgiveness means giving up hope for a better past.

designed by Hargrave and Sells, are helpful in looking at various relationships, it's not as though a diagnosis and prescription can be made when it comes to forgiveness and healing. Forgiveness is a complex process of discovery. However, there are many ways in which we can help one another create a context where the process of forgiveness is facilitated. Hill and Mullen point to some of these contexts, for example, likening the work of forgiveness to the work of grieving: acknowledging the reality of the loss (injury or injustice); experiencing the pain (or working through one's shame or the emotions preceding forgiveness); making needed adjustments; and reinvesting emotional energy from grieving to living with hope (letting go, reconciliation). In the context of intentionally doing some of this work, you discover that you have forgiven. Forgiveness happens and it is a good and healing thing.

Practicing Forgiveness at Fairview Red Wing

Since coming to understand forgiveness more deeply, in theological, pastoral, and psychological ways, I have had many conversations in which forgiveness has played a part, with colleagues and patients. It is amazing how often the need for forgiveness surfaces. In fact, it's a dimension in many pastoral care encounters. I've already spoken of my own ministry of announcing forgiveness and teaching out of my own Christian ministry, but there are many other ways to apply the practice of forgiveness in a medical setting - with patients, families, and staff - and narrative therapy is a great place to start.

The theory and techniques of **narrative therapy** are a new tool that I encountered through the "Forgiveness and Healing" class. Narrative is a natural fit for a health care setting. Stories are told by the scores every day in health care - "What brings you here today?" "What's going on with you?" "How did you get to this point?" Each question leads to story. One of the sad realities of health care in America today is that we only pay attention to the barest snippets of story - just enough to get to a diagnosis.

I remember six years ago, in the early stages of treating the voice disorder that came upon me during a period of great turmoil in my life. I consulted

scads of helpers, from doctors to therapists to a pastoral counselor. Most of them were willing to listen to just enough of my story to make a diagnosis or recommendation. The pastoral counselor was only interested in helping with my grief work following my father's death. It wasn't until I made a connection with a speech pathologist at the Sister Kenny Rehab Institute in Minneapolis that all the dimensions of my voice illness were teased out and heard and put together. It took a couple of hours, but it was really the start of understanding what was happening to me in a holistic sense, not just in a pathological sense. What a gift that was and how rare in health care! This was an exceptional practitioner. In fact, chaplains are seen as some of the few people in health care who can actually take whatever time is needed to sit with people and hear their story, as fully as they want to tell it.

Stories are created in order to make meaning out of our life experiences. Stories tell us who we are, whose we are, why we're here, what sustains us. Until we tell others – and ourselves – our stories, they are untold, even to us who have lived them. Stories reflect culture and history, and also embedded within stories are attitudes and behaviors around forgiveness and repairing relationships. We carry our stories around with us. Narrative theory sees stories as *imagios* or myths about ourselves. In unforgiveness our stories are rigid and repetitive. Healthy stories are playful and flexible – there is room for change and growth. Narrative is created and received, even if the audience is only in our head. Narrative identity takes place in the story's movement between order and disorder. It is the identity of the story that determines the identity of the character. In other words, a revenge story, for example, shapes the character. An "I am a victim" story shapes the character: "others are out to get me." We act into whatever plot we have scripted. Narrative therapy is one way of making sense out of peoples' stories, putting a puzzle together. In narrative therapy the counselor is more like a detective than an analyst.

Stories are constructed. They can also be deconstructed and reconstructed. Narrative therapy is the process of working with people to construct their preferred image. It involves inviting persons into a safe relational "space" where they can tell their stories. We help them externalize their problems – this is a process of separating the person from whatever negative issues they have. You can actually use a physical object, placing it in the room and labeling it "your pain" or whatever. Then the person and you form a team, an alliance, to look at the problem which is now separated from the person. "You are not your problem." Search for exceptions and unique outcomes. Ask, "Are there some times when you don't feel angry? Hopeless? Do you even feel empathy for those who have hurt you? What will your life be like after you have made peace with your sorrows?"

The narrative approach is a great tool for helping people forgive, because it helps people get unstuck. It creates movement. This approach would also be useful in long-term care, home care, and hospice settings. The opportunities for developing a deeper, more sustained pastoral relationship is greater here

The narrative approach is a great tool for helping people forgive, because it helps people get unstuck. It creates movement.

than in acute care settings in most cases. I have used "reframing" techniques in acute care and I see narrative therapy as similar to this and very doable in clinic and hospital. Life review is common in long-term care settings, and incorporating narrative theory would be welcomed by my colleagues in long-term care. Even though I may only see someone once in an acute care setting, I need to remember that the impact can be dramatic. It can be an important step in a healing journey. Forgiveness and reconciliation is a journey, not a one-time event.

Other forgiveness tools: I am working on a **relaxation CD** along with a psychiatrist in our care system. This project grew out of the need for support for cancer patients, but is evolving into a system-wide offering that Fairview Red Wing will produce. I am doing the music and Dave is doing a guided meditation, in which the relaxation response is aimed for. Part of that is release, letting go of hurts, of concerns, of negative thoughts, and focusing on the present, on breath, on calm, on well-being. It is indirectly about forgiveness in that relaxation is the needed condition for healing to happen.

I envision also sharing a step process, such as the one designed by Robert Enright, to facilitate the healing of individuals. His process is called "**Guideposts for Forgiving**" and involves four phases – uncovering your anger; deciding to forgive; working on forgiveness, and discovery and release from emotional prison. Enright also recommends choosing a companion for journeying through forgiveness, someone you can talk with about each aspect of the process and share your thoughts and feelings. Journaling is another tool he highly recommends as you work through the process. I found his guideposts very helpful in my own forgiveness work.

One project I will be working on this year is developing web pages for our intranet – in other words, writing and sharing resources on health and wholeness for our employees. I will have "**Everyday Spirituality**" pages where I will tell stories, give resources, give encouragement to our employees in their self-care as it concerns their spirituality and emotional well-being. The practice of forgiveness, cultivating gratitude, etc. will be a part of this.

At a recent health fair at a church, I used a “**Forgiveness**” quiz – a brief quiz about a situation in which forgiveness is needed. Participants rated various components of their forgiveness journey in this particular situation – e.g. “I resent the person...” After the quiz was completed, I scored it and discussed it with the person. It was very well received. Engaging in a face-to-face meeting with another person about the healing journey seemed to be very helpful and freeing. Stories were told, hurts were aired, hope for healing was renewed. I can see making this sort of tool available on the intranet, too, along with other kinds of helps.

Other forgiveness ideas with organizational impact: in our **diversity work**, facilitate healing between our care system and minority communities, of which there are a handful in the Red Wing area – the Gay-Lesbian-Bisexual-Transgender (GLBT) community, Prairie Island Indian community, African-Americans, and Hispanics. What fractures have occurred over time in minority communities’ interactions with us? How can we learn to do better? This is something I will take up with our diversity committee.

Another key area I would like to guide our organization into is the **ethics of disclosure of medical mistakes**. We have a strong emphasis on patient safety and we have been making great strides in this arena. But part of patient safety is transparency in terms of truth telling regarding errors. We have a policy stating basically that disclosure is a good thing to do, but there is not a procedure that guides us, with the result that disclosure is not happening. What got me thinking about this is an event at Methodist Hospital in St. Louis Park that happened in March, 2009, when the wrong kidney was removed from a patient. My colleague, Tim Thorstenson, describes the incident in his article in this issue of *Caring Connections*, and I refer you to it for more details on the case and Tim’s reflections about it.

In doing research on this issue I discovered many resources, including descriptions of programs at Advocate Health Care system in Illinois, the Rush Mediation Program in Chicago, and the web site: <http://www.sorryworks.net>, where examples of disclosure policies and procedures can be found.

I also found a book called, *After Harm, Medical Error and the Ethics of Forgiveness*, by Nancy Berlinger of The Hastings Center. Interestingly, she begins by talking about “Narrative Ethics,” in other words, medical errors are part of a story told both by health care providers and by patients and families. At some point in the story there is a fracture, a harm done and a breakdown of communication, and an alienation that happens. Stories of medical harm told from the patient perspective often end with wanting to understand what happened, to hear the details of what went wrong, longing for an apology and a desire to make things right. Stories told by the provider and the institution where medical errors

happen too often end without taking responsibility for what happened and glossing over mistakes. In most cases, there is no contact between the one who made the error and the one harmed by the error. Rather, dealing with the error is an internal, non-transparent process.

Berlinger’s book consists of two parts: first, it draws on interdisciplinary work on error, truth telling, apology, repentance, and forgiveness, both inside and outside the formal discipline of religious studies. Second, it draws on Bonhoeffer’s *Ethics* in exploring the questions: What does it mean to tell the truth? Who suffers as the result of harm, and what are our concrete responsibilities toward each of those who suffer? What is the nature of the relationship between a patient and a physician, and between that patient and a health care institution, when that patient has been unintentionally harmed by the physician in the institution? What is forgiveness, and how can we avoid the temptation of presuming we will be forgiven for our mistakes rather than acting in such a manner as to make it possible for those whom we have harmed to forgive us?

I plan to continue my own study of the issue, searching for Fairview policies that might pertain to these questions, and engaging our local ethics committee (which consists of health care professionals representing each area of our care system, community members and entity leadership) in this issue. I also got the support of the Fairview Integrated Ethics Committee leaders for this work. They are eager to see the results of our work and see what can be applied to other entities within Fairview as well.

So, the practice of forgiveness at Fairview Red Wing has much immediate benefit and much potential for healing and growth. From the individual announcement of forgiveness through Jesus Christ given by a Christian chaplain to a Christian patient, to strategies for creating the conditions in which forgiveness and healing can happen, to implementing a procedure for disclosing medical error – all are ways that forgiveness can be applied in a medical context.

It’s exciting for me to be part of an organization where there is openness to the practice of forgiveness and encouragement to expand its healing power.

Sources

Berlinger, Nancy. *After Harm: Medical Error and the Ethics of Forgiveness* (Baltimore: The Johns Hopkins University Press, 2005).

Enright, Robert. *Forgiveness is a Choice: A Step-by-Step Process for Resolving Anger and Restoring Hope* (Washington, DC: American Psychological Association, 2001).

Hill, E. Wayne and Mullen, Paul. “Contexts for Understanding Forgiveness and Repentance as Discovery: A Pastoral Care Perspective,” *Journal of Pastoral Care*, 54:3 (2000): 287-296.

Schults, LeRon and Sandage, Steve. *The Faces of Forgiveness: Searching for Wholeness and Salvation* (Grand Rapids: Baker Academic, 2003).

vanOyen Witvliet, C. "Forgiveness and health: Review and reflections on a matter of faith, feelings, and physiology," *Journal of Psychology and Theology*, 29:3 (2001):212-224.

Rev. Karen Hanson, MDiv, BCC, is Spiritual Health Services manager at Fairview Red Wing Health Services, Red Wing, MN. A pastor of the ELCA, she has served as a parish pastor in Manitowoc, WI, and as a chaplain at Hennepin County Medical Center, Minneapolis. She is also the director of worship and music and principal organist at United Lutheran Church in Red Wing.

Redemptive Confession: Forgiveness, Trust, and Medical Errors

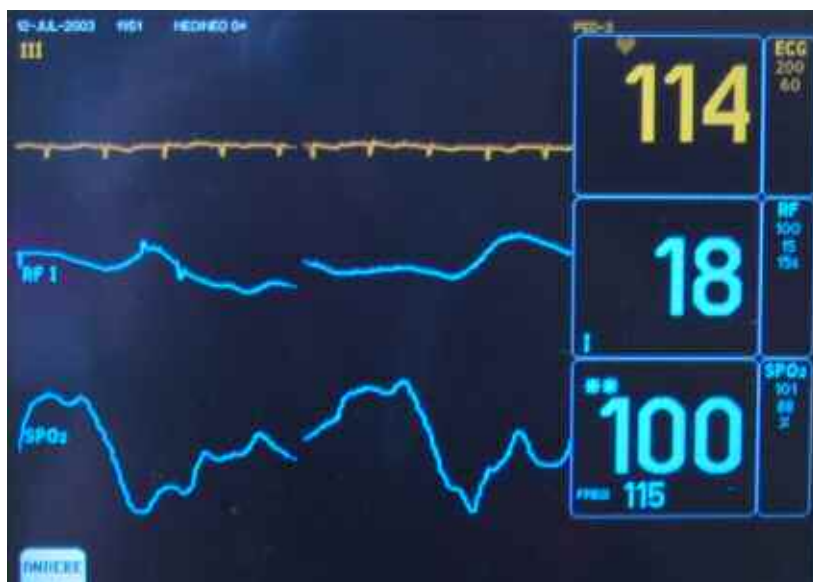
Our medical staff and organizational leadership embraced the need to disclose the full truth, a decision reflecting core organizational values and the heartfelt belief that such disclosure was the only pathway to authentic healing.

Phil Smithson was 46 years old, unmarried, and led something of a lonely life working in a machine shop in a small southern Minnesota town. Feeling tired out, he went to see his doctor, and one thing led to another very quickly. He was transferred to our medical center from his regional hospital because his heart wasn't working very well – and he was then diagnosed with idiopathic cardiomyopathy, a generalized weakening of the heart muscle, likely due to a virus. It took just a few hours to determine that he could not live long without a heart transplant. Meanwhile, our medical team did the best they could to stabilize him with medications to support his blood pressure and prompt deeper beating of his heart, and he was immediately listed on the organ sharing list as a high-need cardiac transplant candidate.

It was my job to help him come to grips with what had happened, to work through his feelings of being overwhelmed, and to prepare for whatever eventuality awaited, whether certain death or a chance at life, and we knew it would all turn on events beyond our control. It is a powerful thing to attempt to gain the trust of a stranger under such circumstances and to seek to make meaning out of experiences that were both unexpected and terribly threatening. And it was poignant as well: the look of fearful recognition in his eyes, the sense of a life not yet fully lived, the reality of being alone in it. I spent parts of several days with him, and we both gradually came to acknowledge the unmanageability of it all, and the irony. He wondered why this had happened, considering himself a moral person who had always taken pretty good care of himself. We worked through the questions of worth, at first wondering if he should just pass up the transplant, should a heart become available, since he thought the world might benefit more from someone else being given a second chance – very human questions and concerns. And in it all, I came to care for Phil very much.

Transplantation is unique in that everything turns on a dime when a donor is identified. We got word at 10:00 one morning that a heart would become available that afternoon. Phil went down for surgery at 3:00, smiling and giving me a “thumbs up.” He was out and awake by 10:00 that evening, just twelve hours later, and all had gone smoothly.

So it took my breath away when I arrived at the



hospital in the morning to a page from the surgeon, who told me that Phil was “in trouble” because the blood type of the donor did not match Phil’s. I swallowed hard, knowing what it meant. We gathered the team immediately, and John, the surgeon, told us all

John, the surgeon, told us all up front that a mistake had been made – a terrible, tragic medical error - and that Phil would not survive it.

up front that a mistake had been made – a terrible, tragic medical error - and that Phil would not survive it. Worse, he would not survive the day. We knew inherently that we needed to immediately tell Phil and his parents. And more than that, that we needed to apologize, inadequate as we knew it would be. The surgeon and I went into Phil’s room together. Phil was already suffering the effects of rejection, drowsy and not quite oriented, but he read the abundant tears in the surgeon’s eyes as the mistake was acknowledged and the confession was offered - kindly, gently and compassionately. “It’s okay” were Phil’s only words.

It may be apocryphal, but I have always appreciated the quote attributed to Carl Jung, that “The soul doesn’t require forgiveness; it requires confession.” Ever since that first dramatic encounter with a medical error, the truth of that statement has informed my clinical work. Indeed, it changed my professional life by moving me to the frontline of the conversation. I have come to see the deep challenges of a health care system distorted by wrong-headed incentives in which medical errors have become unfortunately way too common. I have also come to understand that only heartfelt confession, since it comes from a deeply humble and soulful place, generates true reform – and true forgiveness. Orienting toward the seeking of forgiveness in order to avoid potential liability (rather than toward the heart-felt confession) or taking institutional steps to correct the problem that generated the error without first accepting personal culpability, may only perpetuate the culture that gave rise to the error in the first place. This is a painful reality in modern health care.

Here’s the depth of the problem: In spite of our best efforts to improve processes, 100,000 people die in American hospitals every year from hospital-borne infections alone, a tragedy that could be eliminated, according to a recent article in the *Atlantic Monthly*, simply by having care providers use routine hand-washing. Even more die *while in the hospital* from preventable blood clots. And tens of thousands die from medication, treatment and surgical errors every year. One leading expert, in telling of his wife’s horrific ordeal while hospitalized, counted a minimum of three medical and communication errors *every day*! Clearly, we are at a crisis point. Medical errors serve as something of a metaphor in a health care delivery system that has too often become impersonal, impatient, and inefficient. So, how might reflection on confession and forgiveness become redemptive and change the culture of medicine? I wish to reflect on that question, both personally and systemically.

Over the years of working and learning amidst the complexity of the clinical setting, I have come to recognize that it is most often a personal tragedy or a profound experience of loss – or, perhaps more pointedly, a professional error or failure – that powerfully changes the way we see and do things. Most of us can relate to the experience of not being sensitized to the depth of an encounter with a patient that ended up leading to painful and embarrassing learning. Most of us can recall coming up against an expectation of another professional and quickly realizing we were ill equipped to meet it. And for most of us, it only took one such encounter to raise our consciousness and to change our professional and personal perspectives. I can painfully recall many such experiences, where I came face to face with not yet knowing enough and with feeling inadequate, recognizing my ineffectiveness or the costs of my impulsiveness or the disappointment in the eyes of another. It is a powerful motivator for learn-

ing. I have learned the value, in those moments, of self-disclosure and, when appropriate, of confession. In such moments, both my heart and the heart of the other experienced some level of transformative grace and renewal. It is a powerful human dynamic, rooted deeply in our spiritual constructs.

It was a medical information error that I made, back when I was in training, which prompted my deeper reflection and commitment to greater personal integration and to learning whatever was necessary to never make such an error again. In the

Medical errors serve as something of a metaphor in a health care delivery system that has too often become impersonal, impatient, and inefficient. So, how might reflection on confession and forgiveness become redemptive and change the culture of medicine?

scheme of things, it was a small error, relatively inconsequential and quickly correctable, except to me. I had misinterpreted some medical information during a care conference and heard a nurse’s speculation as fact; and then I impulsively responded to the anxiety of an unstable patient’s wife by sharing my limited understanding, being neither self-aware nor mindful of the potential reactivity that my words – no matter how compassionately expressed – might engender. When I told her that her husband was dying and that we would be withdrawing the technology that was supporting his life, she understandably panicked.

Medical errors were receiving national attention at the time, thanks in part to a report from the Institute of Medicine, that documented data from across the United States. Following our transplant death, our hospital immediately began multiple process improvement initiatives to lower the number of surgical, technical and medication errors. At the same time, we began to explore the culture of health care that had come to tolerate the growing number of errors and practice what much later came to be called “defensive medicine.” Physicians acknowledged that when they became aware of having committed a medical error, their first reaction was to want to call their insurer, and when they did, they were generally advised to keep silent. When they contacted the hospital’s counsel or compliance officer, the likelihood of discoverability seemed primary and strategies to protect the organization were given top priority. Nurses acknowledged that their first reaction was to not tell anyone, unless there were clear negative effects. We discovered that the culture of health care had essentially evolved to “close ranks” whenever errors occurred, with little

conscious awareness of its long term effects, including how errors were contributing to increasing health care costs.

We learned that this was a natural expression of a national health care system that had become inefficient and unwittingly self-protective, with high over-utilization of technology. As the system became more complex – including the advent of the “hospitalist” role in medicine, the increased role of medical specialists as consultants, and the weekly and sometimes daily rotation of attending physicians – it also became more prone to making errors. Renee Fox, the pre-eminent medical sociologist who quit the nation’s leading organ transplant program at Pittsburgh due to her concerns about its ethics in both decision-making and medical practice, wrote a landmark article in which she decried “the inefficiency of strangers taking care of strangers.” We were recognizing that we had to look again at our mission and our commitment to patient care, and re-examine the systems we had put in place that had given rise to this inefficiency.

Shortly after our transplant error and the patient’s subsequent death, we struggled to develop greater professionalism in bio- and organizational ethics and to give credence and sustainability to our process improvement efforts. I recall particularly one conversation I had at the time with our lead transplant surgeon, who requested that I not use the word “ethics” in his presence again, asserting that there was no room for the time-consuming process of reflective decision-making when lives were at stake. Such was the nature of the transplant culture at that time, errors or no errors.

It was gratifying, then, when our leadership team agreed to initiate an effort to change the culture toward greater transparency and to move rapidly toward fully acknowledging and rectifying all errors upon discovery. The first big step was a multi-disciplinary dialogue of introspection and reflecting on our values, a dialogue involving administrators, physicians, nurses and care providers of all kinds. We came to slowly realize our own culpability - and then we honored our growing awareness of the need to confess our mixed motives and self-interests – first to one another, then to our patients and then to the public. Doctors and nurses both were encouraged and supported to disclose errors directly to the patient. And then the leadership team took a long and hard look at its own role in perpetuating the culture by placing or projecting blame. The goal now was to establish a “blameless” culture, recognizing the inevitability of errors, while seeking at the same time to make the systemic changes to the processes that had enabled them. Compliance officers encouraged physicians to acknowledge the errors and offered to accompany them, ready both to fully disclose and to offer compensation. Ultimately, this initiative led to collaboration with other providers, which in turn led to new legislation, and Minnesota became the first state in the country to require trans-

parency in health care. And the public applauded. “Confession” had indeed led to a cultural change, and the experience of “forgiveness” led both to renewed commitment on the part of providers and a renewed sense of trust in consumers.

Our role had been to keep the leadership team focused on the healing dynamics of confession and forgiveness. We recognized that any initiative to

The goal now was to establish a “blameless” culture, recognizing the inevitability of errors, while seeking at the same time to make the systemic changes to the processes that had enabled them.

change culture required both a change of heart among practitioners and a process of accountability. We got at the former by engaging physician leaders and educating them to understand that authentic confession and a desire to rectify any error actually deflated anger in the patient and led to fewer lawsuits. We helped them see that taking the initiative to disclose led to renewed trust, and that self-protection led to adversarial responses in patients and families. We got at the latter by building in a system to track and address errors of all kinds in a way that was blameless, in fact asking physicians to support their colleagues by reviewing identified errors and discussing alternative solutions during department meetings.

It is a very human thing to make an error in a complex field that requires both clinical and relational skills, and that is part science and part art, part technique and part ability to synthesize information, part psychological comprehension and part data comprehension. Most of the physicians and nurses I know are careful and dedicated professionals – and they all know how easy it is to err, whether unintentionally, as a result of exhaustion, or because demands are too high and the time is too short. Learning to accept one’s own human frailty and then to disclose inevitable mistakes gracefully has led to significant changes in the heart of each practitioner and in the system of care delivery across the board. But perhaps most importantly, it has resulted in many experiences of forgiveness, experiences that have strengthened each nurse and physician, making them better at their craft.

About a year ago, one of our nephrologists made a once-in-a-lifetime error. A patient under our care was diagnosed with cancer of the adrenal gland, which sits atop the kidney. The standard treatment is to excise the diseased adrenal gland along with the

kidney. Unfortunately, the physician removed the wrong one, with extreme consequences. In our root cause analysis, we learned that at the point of diagnosis, he had transposed the sides of the body in his mind, from left to right, and wrote down the incorrect one – a very human error. The checks and double checks which had been put into place all worked perfectly from that point onward, but the damage had been done, and there was no system in place to confirm or change the original determination, making us all culpable. It was a life-changing error for both patient and physician, leading inevitably to new systems and cross-checks designed to prevent such an error from ever happening again.

Now, in our “blameless culture,” in which transparency is a high value, several steps were taken. First, the patient and his family were told immediately of the error by the physician and by a lead administrator, accompanied by both a heartfelt apology and financial compensation. The confession led quickly to a very kind expression of forgiveness, and the family expressed that they felt as bad for the physician as he did for them. The outcome is that the family chose to continue their medical care with our organization, a remarkable expression of trust and acceptance.

Secondly, a decision was made to disclose the entire matter to the media, maintaining only the confidentiality of the patient’s identity. This was a remarkable step, actualizing the commitment to transparency and demonstrating a true culture change in medicine - and the response of the public was extremely positive. Our medical staff and organizational leadership embraced the need to disclose the full truth, a decision reflecting core organizational values and the heartfelt belief that such disclosure was the only pathway to authentic healing. Confession led to forgiveness and renewed trust, not only with the family, but also with the public and other providers.

The third step may have been the most remarkable, at least to me. The CEO called the Spiritual Care office and asked for our help in asking forgiveness from the hospital employees as well. I was deeply gratified with that powerful cultural shift: the organizational leader asking forgiveness from the doctors and nurses and staffers and workers. It was a dynamic response that would not have happened even two years prior, and it spoke volumes both about the CEO and about the work that had been done to raise consciousness and change the status quo. Scott McRae, the director of the department, co-planned a series of open forums in which he or I would facilitate a conversation between attendees and one of our leaders, starting each session with the leader telling the full story and acknowledging our failure. It may have been our finest hour as an organization, as hundreds of employees came, as much to support our leadership and the physician involved, as to work through their own emotional responses to the tragic events.

My favorite translation of the Greek word for forgiveness, “metanoia,” is to *turn around*, to literally do an about face, to go back into the dynamics and actions that led to the hurtful behavior or alienation, and to work it through to reconciliation. Confession is the kick-starter. Reflection and learning are essential components. Humility and authenticity are key criteria to the movement and flow of healing. And forgiveness results, finally, when there is a change of heart, first in the offender, and then in the one who was offended. In health care, we continue to have much to confess. And we continue to have much to reflect upon and learn, considering issues of unequal access, increasing costs, and continuing disparities in health care. Perhaps our highest calling as chaplains is to continue to engage our leadership around the core values of humility and authenticity, building a culture of transparency and blamelessness. As we do, forgiveness and renewal can come in abundance.

Tim Thorstenson coordinates the CPE program for Park Nicollet Health Services in Minnesota and serves as their lead ethicist. He is also a member of the Board of Representatives of ACPE. A graduate of Luther Seminary, Tim did parish ministry for eight years prior to entering clinical work. He is married with two beautiful daughters and claims a wonderful and full life!

Devotional

"WHAT IF?"

(Based on John 8: 2 – 11)

There is no way you can know this about me, but your story is my story. Indeed, your story may be everyone's story. As I have wondered about you and reflected upon your encounter, I have caught myself smiling, but mostly there have been tears – tears of sorrow, and then tears of gratitude. I wish I could have been there. I have often placed myself in the middle of the scene and questioned what role I would have taken. Over the years I have noticed that my role has changed. I have so many questions I'd like to ask you. So, I've decided to do just that.

That day, that surprising, shockingly painful day, what if you had not been caught? What if you had stayed home and not gone to work that day? What if the man who was supposedly "not caught" said, "No"? What if the religious officials actually were righteous and had mercy on you? What if Jesus had not been in town or didn't want his teaching interrupted? What if Jesus lived and taught by the letter of the law as did the other religious leaders? What if he just didn't care?

What if he cared but could not reach his anger – or was afraid to confront – or was threatened by his own sexuality? What if he had only challenged the stone-throwers but said nothing to you?

What if your story was never told?

What if I never read your story and my sin had not been confronted?

What if?



For All the Saints

Notice regarding the death of Chaplain A. Duane Manson, Dubuque, Iowa

Chaplain Duane Manson of Dubuque, Iowa died on May, 25, 2009 at the University of Iowa Hospital, Iowa City, Iowa. He was born on December 8, 1932. He was a graduate of Wartburg College and Wartburg Theological Seminary and ordained on June 1, 1958. Duane served congregations at Alvord and Ossian, Iowa over the next twenty years. Following participation in the Clinical Pastoral Education program at Iowa Methodist Medical Center in Des Moines, he served as the first Chaplain and Development Director at Luther Manor Nursing Home in Dubuque, Iowa from 1981 to 1998.

In addition to routine chaplaincy and development responsibilities there, Duane administered one of the early CPE programs set in a nursing home. He also served as adjunct instructor for Wartburg and the University of Dubuque Theological Seminaries in the teaching and supervised practice of ministry for seminarians in a geriatric care setting and lectured at the Institute of Liturgical Studies, Valparaiso, Indiana. During his time at Luther Manor, he became concerned about the lack of adequate resources for worship in nursing facilities for seniors. He went to work and published two hymn books for the nursing home setting, *The Large Print Book of Worship, Hymns, Liturgies, and Psalms 1993* and *The Alzheimer's Worship Book 1997*. 65,000 copies of these books have been sold in all 50 states and in Canada.

Following his retirement in 1998, he received his Intentional Church Interim Certification from Luther Theological Seminary, St. Paul, Minnesota and continued serving as an interim pastor from 2001 – 2003 and as a supply pastor until this year. He also served as a chaplain for the Norwegian Cruise line from 1992 to 2008.

Rev. Dr. Howard Mueller

Rev. Dr. Howard Mueller passed away from pneumonia on Friday, September 11. Dr. Mueller, 93, served as a chaplain at the University of Kansas Medical Center, Kansas City, Kansas, from 1951 to 1961. He then served as a chaplain at the Lutheran Medical Center in St. Louis from 1961 to 1982. During this time he mentored and taught countless seminary students in the art of pastoral care. In retirement he worked at the Lutheran Church – Missouri Synod International Center from 1984 to 2002 as assistant director of Health Ministries.

In 2004 he received the *Christus in Mundo* award from the Inter-Lutheran Coordinating Committee for distinguished service in chaplaincy, pastoral counseling, and clinical education, and in 1993 an honorary Doctor of Letters degree from Concordia university, Mequon, Wisconsin.

“Howard was a prince of a gentleman and a faithful advocate for healing and wholeness in Christ throughout his 30-plus years as a chaplain and as assistant director for Health Ministries with LCMS World Relief and Human Care,” said Rev. John A. Fale, associate executive director of LCMS World Relief and Human Care. “He will long be remembered for his quiet, yet persistent service to the church that he loved.”

New and noteworthy

ZION XIV

OCTOBER 21 – 24, 2010
THE LODGE AT SIMPSONWOOD
ATLANTA, GEORGIA

Speakers: Commitments have been received from both LCMS President Gerald B. Kieschnick and ELCA Presiding Bishop Mark S. Hanson to be with us for this event.

Theme: The conference will explore the theme: “Firm Foundations: Theological Challenges of Pastoral Care in Contemporary Specialized Ministries.” Plenary speaker will be Dr. Fred Niedner from Valparaiso University. Bible Study will be led by Dr. Shauna Hannan of the Lutheran Theological Seminary in Columbia, SC.

As in previous Zion Conferences, there will be workshops. Contact Ben Moravitz at moravitz@bellsouth.net if you are interested in sharing a passion of yours with your sisters and brothers in ministry!

Location: Seclusion in the Heart of Atlanta! The Lodge at Simpsonwood is a Christian adult and family retreat center nestled in the heart of metropolitan Atlanta, Georgia (www.simpsonwood.org). It is surrounded by 227 acres of woodlands along the Chattahoochee River with three miles of wooded trails. Designed to harmonize with nature, all facilities are within easy walking distance of one another.

Watch for registration materials, coming in 2010.

Zion XIV Planning Committee

Margaret Anderson
Evon Flesberg
Ben Moravitz
Chuck Weinrich
Bryn Carlson, Chair

AGING WITH GRACE

The Northeast Forum on Spirituality and Aging seeks persons with a passion for ministry to, by, and with older adults to contribute: book reviews, reports on ministry ideas, programs, materials, meditations, both informal and academic papers, articles of interest, poetry, liturgies, and blog discussions.

The elderly are the fastest growing resource of the Church! Our life expectancy has grown by twenty-five years in the last one hundred years. It is expected to grow another twenty-five in the next one hundred years (One could say that we are having to deal with an issue of aging of biblical proportions).

The experience of aging is filled with struggle and loss, but also growth. In the face of our societal ageism, there are not many models either of aging with “grace” or of respect for elders. Many see old age as a problem to solve, as an illness to be cured, as an obstacle to be avoided, and even as a curse; yet one biblical interpretation of old age is as *blessing*. With so many years being added to life, the ministerial needs of our older members are changing. How do we help them to weather the struggles? How do we explore old age as a time filled with the Presence of God?

One of the goals of www.nefosa.org is to create a website where issues of spirituality and aging (across denominations and faith traditions) are reflected upon and discussed. We are also looking for articles regarding struggles and successes in senior and intergenerational ministry. For further information contact Rev. Brian McCaffrey at bmccaffrey@lutherancare.org.

GIVE SOMETHING BACK SCHOLARSHIP

The next deadline for this joint Lutheran scholarship fund is February 15th. The awards will then be made in April. Scholarship funds are awarded to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education. The fund has a corpus of \$146,896.44 with grants totaling \$6000.00 per year (\$3000.00) semi-annually. More information and application forms are available on both the ELCA and LCMS web-pages.

Recent and upcoming events

Inter-Lutheran

October 21-24, 2010 Zion XIV takes place at The Lodge at Simpsonwood in Atlanta, Georgia

How to Subscribe

Subscribers to future issues of *Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling* will be notified by e-mail when each issue is published. We hope you will subscribe. The process is simple: visit www.caringconnectionsonline.org and click on "Click here for free subscription" OR go to www.lutheranservices.org, select *Sign Up for Newsletters* (upper right), then select *Caring Connections* and register on that page. You will need to provide your name, your organization's name, your e-mail address, and your ZIP code. Subscribers and nonsubscribers alike will also be able to access this issue of *Caring Connections* electronically by visiting the LSA website.

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling welcomes your submissions of news germane to specialized ministries as well as announcements of forthcoming events. You may e-mail news items and announcements to one of the Caring Connections news editors: John Fale at John.Fale@lcms.org or Judith Simonson at jsimonson@pennswoods.net