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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.
Editorial

I have always been fascinated by art of all kinds, heightened for me as a sophomore in high school, when my parents enrolled me in Art Instruction Incorporated, a correspondence course in Minneapolis (remember the old magazine ads that invited you to “Draw me”?). Already studying for the ministry, I soon found myself immersed in appreciating, making and admiring sacred art and design. Later, as I began my chaplain ministry in hospitals, I also grew in appreciation of the variety of people who sought solace in those hospital chapels, and realized how these sacred spaces were meant to be used within an increasingly diverse cultural setting.

The articles in this issue of Caring Connections speak of a number of institutions that have addressed the challenge of creating a sacred space that is accessible to all people, regardless of their faith or denomination. Our hope is that, as you read the articles and enjoy the pictures accompanying them, you will find yourself reflecting on your own experiences of finding sanctuary in special places, or being involved in creating such a sacred place in your own pastoral setting. Perhaps you will be moved to find a special place for your own spiritual enrichment!

Chaplain David Engelstad writes about his experiences in developing a worship setting within Fairview Southdale Hospital in Minneapolis, Minn. I was particularly affected by the photographs of the “prayer wall,” with people’s prayer requests tucked into various slots in it. When I was director of pastoral care at Overlook Hospital in Summit, NJ, we commissioned a fabric artist to create some pieces for our chapel, one of which was called “Prayer Pockets.” Along the edges of a blue and green shawl-shaped hanging were sewn pockets into which people could put prayer requests written on 3x5 cards. When I told the artist I was reminded of the Western Wall in Jerusalem and then — because she was unfamiliar with it — explained to her what happened there, she was moved to tears — an example for me of Jung’s “collective unconscious” at work. The Meditation Sanctuary at Fairview draws on that same universal need of people yearning to present their concerns to a compassionate God.

Chaplain Dennis Kenny shares some of his efforts, challenges and successes in creating sacred and healing spaces in some of the healthcare settings in which he has worked.

When I worked at Children’s Hospital of Wisconsin, I had opportunity to visit families at the Ronald McDonald House in Milwaukee, Wis., and fell in love with the little room set aside as a sacred space in that building. Jessica Greb, director of House Operations there, contributes words and pictures about the chapel and its significance within that Ronald McDonald House.

Chaplain Don Stiger contributes his thoughts about creating sacred spaces in the culturally diverse setting of Lutheran Hospital in south Brooklyn, NY, and reflects on how sensitivity to people of other faiths is inherent in the Lutheran tradition.

Dan Koenig, pastor of Ebenezer Lutheran Church in Greensboro, NC, shares his thoughts about sacred art, atmosphere and architecture, accompanied by some “doodles” he has drawn and put into books that can help people find sacred space by letting themselves be absorbed into the drawings they hold in front of themselves.

Finally, Chaplain Emeritus Joel Hempel invites us to discover our own sacred space wherever we find ourselves, whether in an anxiety-filled hospital room or walking along a quiet country road. In a slightly different vein, we include a commercial of

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, 2012 “Pastoral Care and Issues of Criminal Justice”
- Spring, 2012 “Immigration and Pastoral Care”
- Summer, 2012 “Pastoral Responses to Suicide”

Have you dealt with any of these issues? Please consider writing an article for us. We sincerely want to hear from you!
sorts, for the latest book by Erv Brese (one of our own fellow ministers in specialized settings), perhaps just the right gift for someone you know. . .

We hope you will find these articles and pictures to be encouragement for your own efforts to help people in need, regardless of faith or culture, find sacred space when they are looking for it. Kevin and I welcome any responses you might have after reading these contributions. Perhaps you have a particular sacred space of your own about which you would like to write. Send pictures, too! Do you have a different point of view than what is contained in these articles? Send us an email (either Chuck at cweinrich@cfl.rr.com or Kevin at kevin.massey@elca.org). We’ll be happy to include your thoughts in a subsequent issue.

Keep in your mind (and calendar) the Zion XV conference, scheduled for October 24-27, 2013, at Lutheridge, a Lutheran camp and conference center located in Arden, N.C., about ten miles from Asheville. The dates arranged with Lutheridge correspond to the peak weeks for fall colors in western North Carolina. The area also provides a number of tourist attractions, such as the magnificent Biltmore Estate. Asheville is the center for studios that sell Appalachian craft and arts. The pride of the east coast for pristine mountain viewing is the Blue Ridge Parkway, only five miles away. The theme and key presenters have not yet been selected, but we hope these notes will entice you to make plans to be there.

We want to remind any of you who are Lutherans in training to become a chaplain, pastoral counselor or clinical educator, that the Give Something Back Scholarship Fund — at this time — has $3000.00 available every six months for those Lutheran brothers and sisters who are in need of financial assistance as they journey through their professional training. If you are interested in obtaining more information, contact the Rev. Joel R. Hempel in the office of “Specialized Pastoral Care,” Joel.Hempel@lcms.org

Do you 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 increases with each new issue. You can subscribe by clicking on the subscription link on www.caringconnectionsline.org, or by following the directions given on the masthead (p. 3), or in larger print on page 23.
Meeting an Interfaith Need for Serenity in the Midst of Trauma

What kind of space would invite quiet reflection and offer peace and calm to hospital patients and visitors?

The Meditation Sanctuary at Fairview Southdale Hospital began as an idea to create a “healing garden” — a peaceful place for people to find refuge amidst the intense hospital environment. The major donor who had this vision, however, was open to its eventual evolution as an enclosed space within the hospital. Working with gifted members of an architectural firm (“Perkins + Will”), the hospital chaplains and other key staff gave definition to the inclusive space we now call our “Elsie O. Mitchell Meditation Sanctuary.”

Everything in this space was chosen deliberately to embody common spiritual themes without being suggestive of a preference for any specific religious/spiritual tradition. Even the decision to not call this space a “chapel” was intentional (though this decision garnered some criticism from those who thought a chapel with a cross should be normative). The guiding vision was formed by the question: “What kind of space would invite quiet reflection and offer peace and calm to hospital patients and visitors?”

Early ideas included the use of light — both direct and indirect; the use of space — at least one open space and other smaller spaces for private contemplation; and the use of common symbols such as fire, water, a labyrinth and a prayer wall. At one point the design even imagined two 15-20’ trees in this space. The challenge was to combine all of these elements coherently in a space approximately 32’ x 38’.

Ultimately, our conversation led to the consensus that we wanted a space with a welcoming entrance, a bold symbol of prayerfulness, and the felt promise that all feelings and thoughts would be held sacred here. Four main elements include 1) A “prayer wall” which is over 8’ tall and 6’ wide, made of redwood, contains niches for several hundred prayers (written on 4” x 6” pieces of paper). 2) A “waterfall” is represented by a vertical pane of glass with water that clings to it as it cascades down quietly and gently into a pool of rocks. 3) A fire element uses natural gas and has an exterior that blends black matte-finish steel with red-colored porcelain tiles. 4) A labyrinth has 5 courses and attempts to mimic the 11-course Labyrinth of the Chartres Cathedral in France.

Less obvious features include an angled wall panel that is Qiblah aligned so that our Muslim visitors can pray facing Mecca. Art pieces — some specially commissioned, including one made of fused glass — add personality, invite reflection, suggest diversity, and draw together the room’s various elements and themes. A curved wooden ledge was designed to be “altar like” and can function for that purpose as needed. And, a moveable cross was commissioned that can be brought out, for example, for Holy Week services.

Use of the Meditation Sanctuary has gone beyond our initial imagination and expectation. The nurses on
the nearby patient care unit often bring patients to this space, and these patients can be seen walking the labyrinth with IV pole in hand. The exercise of ambulation is thus combined with the suggestion of a healing journey that brings one to a centering place. Visitors, patients and staff keep the prayer wall filled with prayers of all kinds — a living visual reminder of a shared hope for blessing in the midst of illness. Origami paper cranes are often seen in these niches too. Kneelers and prayer rugs are used by many who, in silence or in spoken prayer, lift up their concerns to a higher power. And many just sit on a bench by the fire and water — listening . . . and feeling soothed by the warmth. There are also written resources that include prayer cards, Care Notes, and four sacred texts: the Bible, the Torah, the Quran, and the Dhammapada. Visitors are often seen using these resources to guide their quiet time.

While this space is not intended for regular use as a meeting or worship space, there have been some memorable gatherings held here. One baptism, for example, allowed a hospitalized and dying patient to join his family in celebrating the baptism of a great-grandson — whose father (patient’s grandson) was home briefly from his military service in Iraq. In another instance, a large number of people used the Meditation Sanctuary for respite and centering as their son/brother/friend lay dying in the ICU following a sudden tragic event.

While we are happy with the design and function of our space, it also seems true that other spaces in other settings with different designs provide a similar offering of refuge and renewal. What we would claim is that the intentional design process helps staff, patients and visitors here to “own” this space as unique and organic to this hospital. Like any space of worship or prayer, it is both the physical space/design and also peoples’ regular use of it that endows it with a sense of the sacred. Thus, in our Meditation Sanctuary — as in many other similar settings — the sacredness one senses when entering it derives in large part from a felt communion with all those whose prayers and reverence have been offered up in this space.

Rev. David Engelstad is the Lead Chaplain at Fairview Southdale Hospital in Edina, Minn. His career has included work as an actuary, parish pastor and nursing home chaplain. He is a certified spiritual director and APC Board Certified Chaplain. Spiritual diversity has been a feature of each of his work settings and training programs — a somewhat ironic experience for a Midwestern Norwegian Lutheran (yet one that he values). He is married with two grown children, two aging dogs, and an aging house and yard to whom and which he is lovingly devoted.
Health Care and Sacred Spaces

It has become a part of my ministry to notice the healing power of spaces and also to try to impact the spaces in which I work.

It was a very dreary day in San Francisco in February. Several hundred hospital employees were walking a block to the nearby Synagogue to learn the fate of their jobs.

We found that there was a large screen where an altar should have been. On that screen flashed the departments of the hospital and how many employees were left. The difficulty was that the names and areas flashed by so quickly no one could be absolutely sure of the information. All I could tell was that I had a new boss who was the president of the fundraising arm of the hospital.

Later that afternoon I met with my new boss who said to me, “Dennis, we are forming a new department with several like-minded areas and we’d like you to head it up” (hmm). He wanted my answer on the spot, and not wanting to go home jobless, I said yes. He then said, “We have a major problem we’d like you to address right away” (oh, oh). “We have an unhappy donor who has given us $700,000, and we need to spend it as soon as possible.”

Thus began my relationship with sacred spaces in healthcare. It also began a relationship with Agnes Bourne, a well-known interior designer with a passion for building spaces that have healing intention in their design.

We worked on seven spaces in that hospital in California including 2 chapels, a health consumer library, a reading room, a healing garden, a pediatric roof-top terrace, a healing store and, with the help of another designer, what we believe to be the first labyrinth in a healthcare facility in the world.

Along the way Agnes brought a grand idea to the new department: the Institute for Health and Healing. She proposed a new building to house this growing Institute and pitched the idea to Frank Gehry, arguably the most famous architect in the world, with buildings in Bilbao, Spain, Las Vegas, the Los Angeles concert hall, etc. She met Gehry at a party and asked if he would design a healing building for this small department in San Francisco. We were all shocked to have him agree immediately and he began to talk about family members and their health struggles, and the environments in which they received care.

Unfortunately, however, after procuring land, receiving one of Gehry’s famous scribbles on paper to begin the design process and an initial 2 million dollar gift to start our fundraising, the hospital required that we withdraw our offer due to fears of money being drained from other building programs.

As we had experienced in working with Gehry, we had never had problems getting buy-in, financially or otherwise, to get the healing spaces built. People know, intuitively if not consciously, that spaces can be harsh or healing, welcoming or intimidating, hard or soft, and that they can promote healing.

The moral of the story is that if you can’t build one building, build another. It’s seven or more years after the Gehry episode, but Agnes and I are currently heavily involved in helping construct the new building for the Association for Clinical Pastoral Education in Decatur, Ga., and making it a green, sustainable healing space. Agnes initially led the leaders of ACPE in imaging their new building in Decatur, along with its components. She asked us to draw how we wanted the building to look. Art inspires and engages, and the creativity of that work inspired the new building, as well as our process of choosing architects who wanted to be inspired by the challenge and inspiring in their design.

What we learned, what we saw, and what it has to do with hospitals

The Cleveland Clinic’s goal is to be number one, and to look like it! “To impress,” to be seen as serious and the best, and the space does that with stainless steel.
and white walls everywhere. What it does not convey is warmth and comfort (unless you are comforted by the message, because it does impress at one level).

The case study for this dialogue was the chapel in the new cardiac building at the Clinic.

The designer had designed the rest of the new spaces in the hospital. His style was sparse, modern, “cool” spaces with hard surfaces. Our CEO, a cardiac surgeon, had chosen him, and they both took a personal interest in the Chapel. I joined the Clinic when the design for the Chapel was halfway through. The other player in the mix was the family who donated the money for the chapel. The plans were for a slate floor, modern wood chairs and very white walls. The designer did not want a piano in the space and nothing on the walls except two woven art pieces by an artist from Iceland, depicting Iceland’s landscape in very pale colors.

The family and I had quite different views. My approach was to try and honor the designer’s approach by saying, “I am not committed to any particular design but want the design to mirror the way it is used. It needs to be space that wraps patients and family members, warms them and comforts them. People need to kneel to pray, they need cushions on the chairs and it needs to be a recognizable spiritual space. It needs a piano or organ. How about some color on the walls?”

Each item was a battle. I understood after a while the difference in perspective. They wanted an appearance uniform with the rest of the hospital, and a meditative space. We wanted a worship center and meditative space.

There was some compromise. We ended up with cushions on the chairs, carpet on the floor, kneelers, a hard-fought-for piano, and winter white on the walls instead of blizzard white (truly?). The paraments on the altar brought in some color, which helped.

The changes were not enough for the family, who said, “We did not give our money for a meeting room. You can’t even tell it’s a chapel.” They refused a dinner to honor them for their gift. After two years the criticism of the space has quieted. We have added small pieces and flowers to bring in color and warmth, and it has seemed to help.

Family, patients and employees use the space daily, and there are worship services each day. We have put chairs in a semicircle as a welcoming gesture. Many of these changes, while small, seem to have been appreciated by those who use the space.

What Did We Learn?

Values will often clash when designing a sacred or holistic space.

There are some who experience healing through a “cool and cold design,” but generally not patients or people in crisis. Our CEO believes people are comforted by “clean” spaces.

Creative people need to be aware that they may be way out in front of the organizations they are trying to change.

“Every good idea will fail.” This is something Parker Palmer said that caught my eye and has brought me some comfort. Large organizations are not often flexible; so it is left to the creative person or the artist to be willing to try again if an idea does not work.

Design is an expression of who we think we are, or who we want to be.
Other cultures see design as integral to healing, and see the spaces they live in or heal in as essential to themselves, and an expression of what they intend.

An example of this for me was some of the buildings I encountered in Hong Kong. I was there doing CPE, helping them set up the Hong Kong CPE Association. In the spaces that were not just trying to imitate the West, the spaces matched the purpose of the people occupying the space. The seminary on one of the highest peaks in Hong Kong used symbols in portals to the property and rock waterways to convey a message.

Our major competitor at the Cleveland Clinic recently opened a new hospital and advertising campaign that went right at our perceived issues in design. They talked about warmth and caring, and displayed warm, open and inviting spaces in their buildings. I will be interested in seeing the results of this approach.

Many people and organizations are concerned with the impact of color and design on healing. Planetree, a consumer-oriented healthcare organization (www.planetree.org), has for years promoted a focus on healing design. Wayne Ruga is one well-known architect who has worked with them in fostering healing design.

One of the prime examples of healing spaces in hospitals is Griffin Hospital in Derby, Conn., where Planetree is located. The entire hospital was designed and built around “healing impact.” It is an amazingly welcoming and healing space. When I had an opportunity to tour the buildings, I found myself wondering how many facilities directors in hospitals would be critical of all the “wasted space,” including windows in each ICU room, small kitchens on each unit that patients and families could use, and spiral staircases between floors.

It has become a part of my ministry to notice the healing power of spaces and also to try to impact the spaces in which I work. These are spaces where people come to be healed, and they should look as if that is the intention. We seem to have caught on to this idea in children’s hospitals. They are some of our most creative spaces. We seem to have forgotten that adults also need to be warmed, held and encouraged by their healing spaces. It is not always easy in the West to knit body, mind and spirit together, especially in our spaces. My experience has taught me it is a challenge worth accepting.

It has been quite a journey for me to participate in creating sacred and healing spaces in healthcare settings. The journey has brought me lifelong friends and partners, and enriched my life. It has been a path of failures and successes, but always with a commitment to putting patients and their families — and their healing — first.

Dennis Kenny, D.Min, is the chair of Spiritual Care, co-leader of Healing Services for the Cleveland Clinic Health Systems. He is also currently serving as regional director of the East Central Region, ACPE. In a Planetree Publications book, titled Putting Patients First: Best Practices in Patient-Centered Care, Dennis has co-written a chapter titled “Spiritual and Cultural Diversity: Inner Resources for Healing.” Information about this book is available at www.planetree.org under “Publications.” Dennis is also author of Promise of the Soul, a Wiley publication available on Amazon.
First Chapel in a Ronald McDonald House

Since 1984, the Ronald McDonald House (RMH) in Milwaukee has opened its doors and its heart to more than 32,000 families facing the most stressful time of their lives. While seriously ill children receive medical care, our 38-bedroom House provides a temporary home-away-from-home just across the street from Children’s Hospital of Wisconsin.

There are currently 309 Ronald McDonald Houses across the world; we were house #69. Our House offers all the comforts of home. We serve nearly 1,400 families each year and offer many programs and services including home-cooked meals, laundry facilities, art- and dog-therapy, a chapel, play areas and a beautiful outdoor “Secret Garden.” Virtually every night, volunteers provide a home-cooked meal for our families. A supportive community of staff, 500+ volunteers, and other families sharing a similar experience, embraces our guests.

In addition to the stress of a sick child, families often face insurmountable financial obstacles due to the high cost of treatment. Although many try to contribute what they can — even if it’s just the suggested donation of $10 per night — it is not always easy in light of daunting medical bills. In reality, our cost for a family to stay just one night is more than $100. No family, however, is turned away based on their inability to pay.

Our House was the first Ronald McDonald House to include a chapel. One of the founders of our House was a man by the name of James W. Pihos. His favorite room in the house was the Chapel, which he donated in memory of his parents, William and Stella Pihos and his business associate, Richard Conley. He felt strongly that guest families needed a chapel; a place where they could be by themselves, as they wished, to worship, meditate or pray. Of course, since we serve people of many faiths and creeds, the chapel needs to be inclusive of everyone. Our architect chose to find common elements primarily in two facets. The stained glass windows at the front of the room focus on nature — trees, sky, leaves and animals dear to the hearts of children: birds, rabbits and squirrels. The other element is children, captured most poignantly in a wall sculpture of a variety of kids playing “Ring Around the Rosie” — a game of children who are defying the perils of life by doing what children do best: play. These are themes that echo the hopes and prayers of all who take refuge...
in the walls of the Ronald McDonald House in Milwaukee, and its chapel.

We regard our Ronald McDonald House, and our chapel in particular, as a place to rest, restore inner strength and renew the spirit. It is a haven in which to share joy and sorrow, courage and strength. It is a House built with love and filled with hope.

Jessica Greb is the director of House Operations at the Ronald McDonald House in Milwaukee, Wis. She was a volunteer at the House since 2008 and joined the staff in early 2010. She believes that she has been granted this opportunity in life to serve others who are going through one of the most difficult times in their lives. “Our house has been blessed in many ways and I am humbled by the kindness and generosity of our community. Our families deserve all of the greatness that walks through the doors of our House on a daily basis.”
At Lutheran HealthCare . . . we come together to discover and bestow gifts inherent in the diverse mosaic of traditions, rituals, beliefs, and practices.

“My house will be called a house of prayer for all peoples.”
Isaiah 56:7

Upon introducing myself recently to a senior leader of a health care organization in Manhattan, he observed, “Oh, yeah, you’re from the Lutheran hospital in south Brooklyn, the one with a whole department for cultural competence? And don’t you have a Jewish CEO and a mosque there?” I replied, “Yep, that’s us. And, you can now add to that a growing interfaith coalition of congregations working with us to address health disparities in the community.” With a somewhat wry smile he shared, “Wow, times have changed. It’s like you guys give diversity a whole new meaning. Sounds pretty fascinating; but it also must be a little crazy making?” My response, “Well, it’s certainly never boring.”

Doing faith-based, church-sponsored health care in a context as diverse, culturally and religiously, as southwest Brooklyn can indeed be described as both fascinating and a bit “crazy-making”. But I suspect it is no less blessedly crazy or bewildering than it was in the latter part of the 19th century, when what is now known as Lutheran HealthCare was founded by a Norwegian-Lutheran deaconess nurse, Sister Elisabeth Fedde. Sister Fedde herself spoke all of eleven words of English when in April of 1883 she disembarked from the boat that brought her to Brooklyn. While immigrant populations served by Lutheran have changed dramatically since the 1880’s — today from Puerto Rico, the Dominican Republic, Mexico, Central and South America, China, Pakistan, Bangladesh, Turkey, the Middle East and Eastern Europe — our original mission of “existing only to serve the needs of our neighbors” has never changed. Not at all. That’s true whether the care provided is in the trauma center, a family health clinic, nursing home, rehabilitation unit, or senior housing. And it is true regarding that which we hold to be a primary expression of our core values and ELCA-sponsored mission: spiritual care and worship life.

Worship and Mission
Rather than relegated to a glorified sideshow in the life and mission of a social ministry organization (SMO) that serves in the public square, worship and worship life belong at its center. As N.T. Wright has claimed, “The link between worship and mission is so close that many that of one who relentlessly reached out again and again to those whom prevailing religious and cultural systems exclude or reject. He did so to the extent of even setting aside the Sabbath when it conflicted with important human need and compassion. The Jesus I follow...
relished great dinner parties with open, unlimited guest lists, wore no clerics or miter, and included everyone as he lavishly spread the good news of God’s love and forgiveness for all. In short, Jesus came into our midst as a prophetic change agent who continually found ways to embrace wider and wider circles and diversities of people around him, that they might know the boundless embrace of God’s grace in their lives. He got himself into some very serious trouble for that — especially over the radical claim that God’s love is never bounded by a singular religious system. The God met in Jesus was remarkably inclusive in transcending barriers of culture, religion, gender, lifestyle and class.

Jesus revealed just how pervasive the hunger for God — a God of inclusive love — really is in the world. That universal hunger is indeed palpable in the areas of Brooklyn served by Lutheran HealthCare. It’s my observation that, more often than not, that hunger is not being fed by merely tweaking staid liturgical practices and spaces of worship that have barely changed over the past 200 years. Nor is it reaching the wider, diverse people of God.

We can no longer pretend or wish that we lived in the mid-16th century. Religious and cultural globalization is no longer an “approaching” phenomenon. It is fully here, and it is here to stay. Certainly, such cultural and religious pluralism is now a primary feature of the American landscape. Further, as Martin Luther King, Jr. observed in his letter from the Birmingham jail, “We are now caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one, directly affects all indirectly.”

A few years ago, a colleague in Chicago shared, “You know, when it comes to chapels and institutional worship, there certainly seems to be less and less of that old, unwelcoming parochialism now, especially in most of the SMO’s we serve.” How I wish that were really the case. It was far from my personal and professional observation as I spent six years crossing the country representing the ELCA churchwide organization, encountering numerous spaces and practices of worship in a wide array of health and human service organizations.

Is it not time we started to more seriously ask ourselves “why” — why, over the last 40-50 years, fewer and fewer people seem to be entering our spaces of worship or coming to our well-planned, well-publicized, well-executed worship events — whether in our institutions or the congregations that surround them in the community? What are the rapidly growing numbers of non–attendees and those now referred to as “nones” (no religious affiliation or preference) really telling us? Could it be that 80-90% of them do not even feel welcomed, congruent or at home in the spaces we make for them? Does much of our language, symbols, music, clothing and other messages communicate a subtle but visceral message of “qualified welcome”?

Is it possible that God — the God we find reflected in Esther, Micah, Jesus, Luther, Dietrich Bonhoeffer, Dorothy Day and others who took their present culture with utmost seriousness — is calling us to a new reformation in which the styles, experiences and spaces of worship can once again move to the center of mission and social ministry in the public square? Is it possible that, situated at the cultural and religious crossroads of an increasingly diverse society, health, human service and social ministry organizations might be at the forefront of such change and growth? What a laboratory we have in these institutions for experimenting with new expressions and spaces for worship, given that we serve in one of the truly “thin places” described in Celtic Christianity: a place where the divine and human, sacred and secular, scientific and religious meet: a truly “thin place” among the major faith traditions and the wondrous plethora of individual spiri-
tual orientations — a crossroads for freely and openly sharing our varied experiences of The Holy.

**Worship at the Crossroads: An Example**

For several years, one of our weekly offerings of worship life at Lutheran Medical Center has been a time of intercessory prayer in the Sister Aasta Foreland Chapel, a worship space located adjacent to the lobby and most frequented by patients, visitors and staff. While all in the hospital were invited and encouraged to attend this 15-20 minute time of prayer held every Wednesday at noon, it was sparsely attended at best — usually, by one or two chaplains joined by one or two nurses or other staff. Though promoted as a time of interfaith prayer, it seemed to attract only Christians who resonated with the language and meaning of intercessory prayer set in a more traditional chapel space.

Then, about a year ago, our Vice President for Research, Kell Julliard, who has extensive training in mindfulness meditation (including mentoring with Buddhist monks in Nepal) approached me and wondered if we might explore the possibility of “stretching” the Wednesday intercessory prayer into a more inter/multi-faith time of meditation, which could also be more welcoming to those with no attachment to a particular faith tradition. Given the inclusivity inherent in guided meditation and its whole-person benefits — body, mind and spirit — I thought, “Why not? Besides special events or holiday worship, nothing else seems to regularly bring together our diverse staff for something spiritually enriching.”

The positive results were both immediate and lasting. Starting with one group of about 7-8 (which noticeably included those who formerly attended intercessory prayer), more and more staff members of very diverse cultures and faith traditions now attend Wednesday noon meditation in the hospital auditorium (yes, auditorium) with some degree of regularity. These include nurses, administrators, physicians, chaplains, family clinic staff and some people from the community. New relationships have blossomed, interfaith dialogue has ensued, and staff members are reporting benefits in both spiritual enrichment and stress reduction.

More recently, a weekend workshop on meditation, provided by Tergar International, was attended by still more physicians, nurses and staff representing Jewish, Christian, Muslim, Sikh, Buddhist and Hindu faith traditions, as well as many who self-describe as “spiritual, but not religious.” We now have five trained leaders (all hospital staff) offering meditation both Wednesdays at noon in the auditorium as well as Thursdays at 6:30 p.m. in the chapel.

I share this as but one example of stretching ourselves in the direction of more inclusive, inviting, interfaith prayer/worship as a shared, lived, communal experience — one that brings spiritual enrichment, mutual enlightenment and growth in community.

**Worship Grounded in a Theology of Social Ministry**

In his regular column in the August, 2011 issue of *The Lutheran*, ELCA Presiding Bishop Mark Hanson posed some profound questions. “What’s your language of faith,” he asks, “in this diverse culture?” “What does it mean to ‘live Lutheran’ in such plurality?” His questions clearly echo those raised by Dietrich Bonhoeffer, as scratched out in a letter from his Nazi prison cell in 1944: “Who is Jesus Christ for us today . . . who is Jesus Christ in ‘a world come of age’?” Like Bonhoeffer, Mark Hanson does not leave those questions unaddressed. Bishop Hanson responds to his own queries by writing, “It means to love others as God loves me, steadfastly and mercifully. . . . to be gracious and generous with others as God is with me.”

If I have anticipated accurately, there very well might be those who react with some consternation at this article. If so, it probably emanates from another question — an important question about mission and worship: “But, aren’t we commissioned — out of our very sponsorship, heritage and identity — to intentionally, directly and overtly bear witness to God’s healing and saving love in Jesus Christ?” In other words, can we as the church’s agents and organizations of Lutheran-sponsored social ministry simultaneously bear true witness to God’s love in Jesus Christ and actively promote institutional worship life and space that is inclusive, interfaith and genuinely respectful of all? My response is one loud and
robust, “Yes!” (Not to deny that my Manhattan hospital colleague was still pretty accurate in his comment about that being a bit “crazy-making”. It is, and blessedly so.)

Ultimately, how and why we make space for worship that is truly inclusive and welcoming of all comes down to a few simple theological groundings. The claims that follow are set forth from one who certainly pretends no corner on the truth. They are offered at the intersection of head and heart after 33 years of pastoral ministry — primarily in social ministry settings:

1. As already expressed, the Jesus we follow went out of his way and time again to communicate that God — and worship of God — cannot be contained within the limits of any one religion or humanly shaped religious system (Long before J.B. Phillips came along, Jesus reminded us that our notions and conceptions of God are much, much “too small”).

   Jesus’ agenda was that of announcing and enacting the breaking in of the Kingdom of God, centered in a new ethic of God’s inclusive love.

2. As the writer of the Gospel of John boldly declares, “God is love.” And love — by its very nature — opens us up and out. It begs to be shared in and through widening and more inclusive community.

   It calls us into relationship and wholeness and — again, by its very nature — transcends cultural and religious barriers. It wants to find and connect with the Samaritan, whoever that may be in our midst. It genuinely welcomes the stranger, and then no longer regards her or him as stranger.

3. As also cited earlier, the universal, spiritual hunger for God and God’s love is as deep and pervasive today as it’s ever been, including when Jesus walked the earth. The sooner we realize how universal and palpable that hunger is, the sooner we can take far more creative steps in making spaces for worship that venture well beyond closed, parochial expressions in which architecture, symbol, language and music signal a “welcomed/not fully welcomed” double message.

4. Worship and mission cannot be separated or compartmentalized. That always dilutes mission and relegates worship to a kind of special-occasions sideshow. In nurturing worship-as-mission — especially mutually enriching expressions, spaces and forms of inclusive worship life — we enter into the empowering presence of God’s love for all. That’s all that’s really required. Too many ‘phylacteries’, and worship seems to easily regress into an exclusivizing and idolatrous activity obsessed with itself.

5. As Sister Joan Chittister expresses so well, “Each great spiritual tradition in its own way shines a light on the human ideal . . . each of the great spiritual traditions has multiple variants of one basic message . . . peace, transcendence, freedom of soul.” Finally, and following upon #5.

6. Nurturing inclusive worship life in the diverse communities we serve today is not about mere “tolerance”, which usually connotes “forbearance” or a one-up/one-down posture. Rather, it is about genuine respect and understanding. Such a spirit issues in making space for worship that reflects open and equitable invitation, hospitality, and shared spiritual enrichment.

**Worship and Difference**

All of the above is not intended to ignore, deny, or dilute significant theological, liturgical and spatial/architectural differences among the various faith communities. It is not intended to muzzle talking openly about them, but to respectfully identify and lean into them together. It is also not to suggest that those differences must somehow all change, but instead to lift up that which is most whole, healthy, meaningful, and life-giving within them.

The very same goes for cultural differences and the way we practice cultural competence at Lutheran HealthCare. As John Shelby Spong puts it, “We are enriched by the (diverse) gifts of others. Rather than ‘capture God’, we all empty into God.”

Ecumenical and interfaith dialogues and seminars can indeed be mutually enlightening. However, in my experience, it is only when we assemble to pray with and for one another in felt ways and hear one another’s scriptures in mutual, physical presence that real understanding and respect begin to occur. Unfortunately, making space for that kind of inclusive multi/interfaith worship is still associated with pursuing trendy, “one-size-fits-all” efforts and activities. At Lutheran HealthCare, we continue to learn that, rather than coming together with false expectations of finding lowest common denominators by blurring our unique beliefs, stories and practices of faith, we come together to discover and bestow gifts inherent in the diverse mosaic of traditions, rituals, beliefs, and practices.

**Conclusion**

What blocks us from greater creativity, risk and experimentation in making the kinds of spaces and shaping the kinds of attitudes and hospitality that let all of this flow? I don’t think it’s as much religious arrogance and condescension (which still seem most often cited) as it is fear — fear of change, fear of difference, fear of stepping outside and beyond ‘controlled sameness’ — that dynamic that unfortunately seems inherent in all religion and continually gets in its own way.

Stepping out and beyond at Lutheran HealthCare and the southwest Brooklyn community we serve has been far from either flowing or easy. We continue to hit bumps of both resistance and misunderstanding, and we continue to bump into each other’s guardedness and controlling sameness. However, we also continue to risk, stretch and grow to the spiritual and communal benefit of both those who serve and those who are served.

It certainly couldn’t have been all that easy or flowing
for Abraham and Sarah to trust God and transcend their own fear, such that they would actually open their tent — their very home — on all four sides in order to publicly make known their hospitality and welcome to all.

One midrash interpretation of Genesis 18 teaches that Sarah and Abraham's tent was intentionally open on all four sides so that travelers could be welcomed in from all directions — all who, like Sarah and Abraham, hungered for life, love, hope and meaning, all who hungered for God and connection with the Source and Ground of all Being. Did not Jesus almost recklessly throw open “all four sides” of his life and ministry in announcing God's lavish love and hospitality for all? As we make space for prayer and worship in our places of mission and ministry, can we do any less?

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Luther was quite angry when Karlstadt sought to strip the City Church in Wittenberg of Christian art, altarpieces and statues. Luther was not an iconoclast (one opposed to images and art as expressions of faith in fear of idolatry), but saw the value in art as a visual inspiration in worship and a way to proclaim the Gospel. His best friend was Lucas Cranach the Elder, the famous artist who was mayor of Wittenberg for over forty years. Cranach the Elder was best man at Martin and Kate's private wedding. As one travels through Berlin and Eastern Germany, one can see many paintings about Christ and the Reformation done by Lucas Cranach the Elder, Lucas Cranach the Younger and Albrecht Duerer. Luther did not get rid of religious art, symbols such as making the sign of the cross or the crucifix. That meant he had a sense of art, design, sacredness, and sacred space. Why else would children be trained to be respectful in the nave, chancel and sanctuary? There actually is a holy God. Most of us are familiar with the painting about the Lord’s Supper in the City Church in Wittenberg and also the Altar Piece in Weimar, in which Luther stands before Christ on the cross as the blood of Jesus flows out to the believer sacramentally for the forgiveness of sins and eternal life.

Luther certainly was not hostile to the Stations of the Cross, although he was so adamant about Sola Scriptura that he may have preferred the stations that came just from the Bible. Some of the other stations were liturgical, such as Jesus falling three times, and some come from tradition outside of the Scripture, such as Veronica wiping the face of Jesus. This act shows loving reverence, which is a high act of worship. Lutherans certainly have used three steps going to the altar for symbolic reason (Trinity). Perhaps God and everybody else would sense the sacred and be content with three stanza Processional and Recessional hymns (maybe seven once in a while if the sermon isn’t too long).

Many Lutheran Churches in America preferred the empty cross to the crucifix, but hopefully the crucifix still means something among Lutherans, as should the sign of the cross, as Luther shows in the Small Catechism. Luther did not abolish crucifixes (justification, atonement). Lutherans in America really are not on board with Luther when they don’t have Communion each Sunday, make the sign of the cross frequently at home and in the liturgy, display crucifixes, or use religious art. The power of the corpus on the cross demands a sense of awe and the sacred (“Lamb of God pure and holy, who on the cross did suffer”).

Art in the Lutheran Church in America has been quite Christ-centered and reflects the Gospel, for the strengthening of the faith of adults and children. I have serious concern about replacing good traditional art in children’s
literature and bulletins with cartoons. Concordia Publishing House had a tradition of publishing some wonderful art prints, such as “Jesus on the Road to Emmaus.” Although cartoons are art forms, there is a danger of using them too frequently and trivializing the faith into the realm of Disney or Star Wars comics. Are we assuming that children cannot see and appreciate art and profound forms of expression? Three year olds can be quite taken by paintings of Jesus in art museums, and are in awe of great and sacred music as well. The love of various forms of music and the joy of singing them are also part of the atmosphere of sanctuary and faith community.

Ebenezer Lutheran Church in Greensboro, NC, has worked hard on utilizing art in its modern Gothic architecture. Cross-stitch, hook latch, woodcarving, Christmons, and bas relief (sculpture that has a flat side) are important forms of expression that embellish the worship area to give a sense of the sacred. The church has encouraged artists, craft people and woodworkers to use their talents to the glory of God. Ebenezer has a rendition of the Weimar Altar Piece done by a student. There are Stations of the Cross on plaques in the main sanctuary. In the Ebenezer Chapel, which was totally refinished and beautified, there are contemplative Stations of the Cross by an Irish artist, and a painting above the altar of the Adoration of the Magi done by students of Peter Paul Rubens. The chapel also has stained glass windows — a sacred art form in and of itself as the sun shines through, symbolizing the sacred Light from above, embellishing the Scriptures and symbols sculpted into the glass.

Ebenezer also has facsimiles of some famous Bibles in the main sanctuary and the chapel. For over twenty-five years, Ebenezer has promoted the arts. The congregation has housed its historical museum in a large, attractive stairwell. There are original paintings of Luther, his wife Kate, Melanchthon, Walther, Gerhardt, Bonhoeffer and Wyneken, along with very good prints of Wittenberg, Bach and other subjects in the history of the Lutheran Church. We have received many positive comments on our museum. The church building and its maintenance by members publicly proclaim what the church thinks of God.

The theology of art and sacredness certainly must start with the Doctrine of God and the Holy Trinity. Church buildings and decorations are statements about what people believe about God. Poorly designed, poorly decorated or unkempt sanctuaries make a statement about who we are, what we think about God and the Gospel, and more so, how we demonstrate what God think about us. The sacred is a vehicle of the Gospel. What do we think about God? What do we think of Jesus? Is God holy? Do children learn a sense of respect of the sacred, of God, of Jesus in the church building? How does a liturgical church capture the sacred, the presence of God, fellowship, joy, seriousness and love all in one gathering of God’s people?

Joseph Campbell, the famous anthropologist and a non-Christian as well, chastised the churches in America for being significantly responsible for crime. He said in effect that if people don’t respect the house of God, they will not respect the God worshiped there; then they will not respect people; and then they will not respect people’s property, with the result being crime! Of course, Christians are called to celebrate the resurrection. So worship, even though sacred, does not have to be gloomy. There are varieties of music, some being good and some almost evil. There are varieties of sanctuaries and sacred art or ecclesiastical art. There is a church in Meissen, Germany that has a Cranach Altar Piece, but the Stations of the Cross done in Abstract Expressionism. I find the Altar and Stations are very inspiring and fit well together, bringing the ancient and modern worlds together to proclaim incarnation and atonement for the sins of the world. These bold Stations have a much-deserved worldwide reputation, and have instilled curiosity about Christianity in visitors.

Expensive church buildings, as well as inexpensive buildings, can be sacred or crude. Sanctuary or giving one’s best does not necessarily mean expensive. The Deo Gratia Chapel in Tucson, Ariz., was a project of love that cost very little. Poor people often have beautiful places of worship because they believe in and rely upon God. Worship space is about Word and Sacrament, not ego and pride. Still God is holy, the cross is sacred, and Easter is glorious. A proper atmosphere that helps all of the senses to receive the grace of God and hear the Gospel of forgiveness is constructive in developing our attitudes toward God and setting aside space to receive grace, to sing

There are also scenes into which a person of another faith heritage could readily immerse him- or herself. A simple cave of stones can be seen in this “doodle.”
of the resurrection and shed our tears with the incarnate and suffering Christ.

Our symbols are visual reminders of what we believe. They are great educational tools. They bring comfort to the distressed. God in Christ can come to us and be worshipped anywhere, even in the most aesthetically ugly atmosphere. Scripture speaks of worship practice and atmosphere. What does it say? Perhaps it is our obligation to find out. The church has always set aside sacred space, large and small, for the special Word and special supper, “a house of prayer.” “I love Your house, O Lord, the place where Your glory dwells.” “God is in His holy temple; let all the earth keep silent.” “My house is a house of prayer.” “Enter into His gates with thanksgiving and into His courts with praise.”

Sacredness also comes in liturgical action. Children can learn to worship at a young age. Of course it takes effort. Living beauty and sacredness is in the attitude and action of the people. Nasty acting people who give dirty looks or act self-righteous create ugly space, degrading pieces of living art. “Our bodies are temples of the Holy Spirit.” When joy, sorrow, love, beauty, art, sculpture, crosses, needle point, decorations, crucifixion, resurrection and people are in the mix of being sacred and creating sacred space, it takes great effort and love, the very result of being loved by God and saved by grace.

These books are visual. Words are, for the most part, excluded. They are designed, however, to be tools for use at a time of prayer or reflection. In the Eastern Orthodox tradition, the faithful reflect on icons. The icon gives them a sense of the presence of God or Christ. Great visual art of the Western Church is often in the form of painting or sculpture. Perhaps manipulating the pen by doodling can become an art form. The use of a simple line can be very expressive, and an excellent tool for reflection, meditation and prayer.

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Sacred Places in Your Faces

(A silly title for a serious topic perhaps, but it does communicate a truth — or at least my own sense of it.)

At an Inter-Lutheran Coordinating Committee meeting, a report from the Caring Connections Publication Committee was given. Included in the report was the announcement of this issue and its theme, “Sacred Places in a Multi-Cultural World.” I asked, “What do you mean by ‘sacred places?’” The response was, as I remember it, “Chapels, prayer rooms, sanctuaries . . .!” “So, you don’t mean places like out there (pointing to a cluster of trees outside the window of the ELCA Headquarters)?” The person indicated that was not what had first come to mind; but, “why don’t you write an article about what you’re thinking?” So, I have, and here it is!

The theme of this issue addresses the challenge of ministering to a variety of religious perspectives within a designated space in an institution. However, what first came to my mind upon hearing the theme announced is that a sacred space is any place one claims for spiritual reflection. In other words, a sacred place is whatever place is “in your face,” in your immediate surroundings at the moment of prayer.

For years in the mid-1990s, my sacred place of choice was Resurrection Cemetery in St. Louis, as Spring Grove Cemetery in Cincinnati had been during the 1980s. Both locations were quiet and naturally beautiful; no one ever interrupted me while I was walking, and many of the tombstones testified to the promises of Jesus and the hope of the resurrection. Several times per week when I was burdened with guilt, struggling with vocation, seeking healing for loved ones or needing direction in ministry, I made my way to the cemetery and walked the 3+ miles of roads and paths as I talked with God about life as it was facing me. Then, over a course of several weeks, it became clear to me that the cemetery no longer felt sacred. As closely as that special place once held me, in time — perhaps God’s time — it let me go.

Cemeteries have been one of many different places of sacredness in my life — places God gave to me when I was in need. Other places have included the chapel at Valparaiso University, the overstuffed chair at the end of our great room at home, a bench in Cincinnati’s Belleville Park — overlooking the city, the Stations of the Cross at a local retreat center, and a number of other corners of my world that had great appeal for a time.

I don’t believe it matters whether or not the space is intentionally Christian, is located indoors or in nature, is in your heart or in the world. What matters most is what we bring to that space. What matters for a Christian — I believe — is that we are aware of, attentive to, and responsive to the Holy Spirit speaking to us from the Word and leading us by wisdom.

Although I personally can find it supportive to look at a cross when meditating or reflect on a piece of Christian art, such symbols for me are not necessary for the space to be sacred. All that is needed is what I bring to it — AND what God grants.

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New and noteworthy

GIVE SOMETHING BACK SCHOLARSHIP

Attention: any Lutheran who is in training to become a Chaplain, Pastoral Counselor, or Clinical Educator:
The Give Something Back Scholarship Fund — at this time — has $3000.00 available every six months for you Lutheran brothers and sisters who are in need of financial assistance as you journey through your professional training!

For more information, contact Rev. Joel R. Hempel in the LCMS office of “Specialized Pastoral Care,” Joel.Hempel@lcms.org

Books

When Story Becomes Life
by Rev. Erwin A. Brese

These stories come from walking with people in their pains and problems, joys and successes. This supplies much of my material for stories. The rest comes from walking the Christian faith, shaped by Biblical stories that grow out of the life of a pastor giving pastoral care to the people whom God places in his life.

These are parables, allegories and thoughts for reflection into the depth of the experiences that pervade the lives of those molded by the Christian faith. As every person experiences it, life turns into an extended story.

The Lord of the Church is on the side of growth in His healing, teaching and preaching ministry to move people ahead in their maturity: from magical craving to parental invocation, to peer independence and beyond. These stories illustrate the growth and walking forward of those who live in the Christian faith. The stories are shared to encourage other people confronting their own walks in the faith, to move ahead with insight and joy in community.

The Rev. Erwin A. Brese, S.T.M., D.Min, has degrees in New Testament and Pastoral Counseling and has served as a parish pastor, a counselor and chaplain in a variety of settings. He has been a certified pastoral counselor of the American Association of Pastoral Counselors since 1976, a former member of the American Association of Marriage and Family Therapy and the Missouri Psychological Association. He is Professor Emeritus of Pastoral Care at Concordia Lutheran Theological Seminary, St. Catharine’s, Ontario. He continues to counsel and present a variety of workshops.

Erv is married, the father of two children, has a son-in-law and two grandsons — all who have taught him much of what the walk of faith includes. The legacy stories of parents and grandparents who have gone before influenced him.
Events

Inter-Lutheran

Feb. 8-11, 2012  Annual Conference of the Association for Clinical Pastoral Educators held in community with the Racial, Ethnic, Multicultural Network 25th Invitational, Washington, D.C.

Oct. 24-27, 2013  Zion XV Conference at Lutheridge Lutheran Camp and Conference Center in Arden, North Carolina

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