

Caring Connections

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



Sacraments and Ritual in Chaplaincy

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.

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When the Inter Lutheran Coordinating Committee disbanded a few years ago, the money from the “Give Something Back” Scholarship Fund was divided between the ELCA and the LCMS. The ELCA has retained the name “Give Something Back” for their fund, and the LCMS calls theirs “The SPM Scholarship Endowment Fund.” These endowments make a limited number of financial awards available to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education.

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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 one of the co-editors, Diane Greve at dkgreve@gmail.com or Bruce Hartung at hartungb@csli.edu. Please consider writing an article for us. We sincerely want to hear from you!

2020.3 Racial Justice in our Ministries

2020.4 How the Pandemic Has Changed our Practices

And, as always, if you haven't already done so, we hope you will subscribe online to *Caring Connections*.

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Editorial

Diane Greve

I am preparing this issue of *Caring Connections* in the context of the COVID-19 pandemic, the death of Mr. George Floyd while in the custody of Minneapolis police officers, and the distress and deep grief that has followed. Sadly, Mr. Floyd is hardly the only black or brown citizen of our nation to die unjustly at the hands of the police. I believe this has occurred for centuries. My colleagues of Southeast Asian descent tell of harassment and accusations that “their people” brought on the pandemic. We know that African American communities, immigrants, and those living in poverty are experiencing far greater consequences of this virus than the greater population. *Caring Connections* dedicated Volume 16 2019 No 4 to “Yearnings for Holy Justice.” Readers may find it helpful to reference that issue as well.

At the Minneapolis intersection where Mr. Floyd died, a memorial to him and to what his death on May 25 represents locally and globally was organically created by the community. A mural on the wall of the store outside where the death occurred marks the space. Another artist imaginatively created a long list of others who have died by all too similar means. A diverse pilgrimage of thousands of people has come from far and near to offer their respects to his memory by adding flowers and by kneeling in prayer and tearful lament. Most did not know him personally but needed to come for their own solace and to remember others as well. Having a sacred space to gather has created a healing and empowering ritual.

In this issue of *Caring Connections*, we focus on our use of sacraments and ritual in chaplaincy. I believe sacraments and ritual can bring us together across humanly constructed barriers. They bring meaning and grace in unsettling times. Heartfelt confession followed by empowering absolution is a vital pastoral act. Yet, when most of us are of Northern European heritage, how can we prepare and lead rituals that sensitively speak to the full cultural and ethnic diversity of those we serve?

All too often, the Sacrament of Holy Communion and even prayer can divide us as Lutherans. Not so many years ago, some white Lutherans reportedly refused to commune alongside those who were Black. My own Lutheran family member was severely reprimanded by her pastor for receiving communion from a Baptist pastor and former neighbor while residing in assisted living following a mental health crisis. Yet, our rituals and sacraments are intended to be *vessels in time* by which we remember what is important. They create liminal or transitional space leading to a new way of seeing and being. Whatever worldview a person holds, we confess that the baptized are one in the same family of Christ.

The current pandemic has changed how rituals are able to occur. Virtual prayer vigils bring people together to pray, confess and repent. Online “prayer walls” bring solace to healthcare staff. Using water in a “blessing of the hands” ritual is seen as safer than the usual use of oil. Holding bedside memorials that once were standard in long term care are no longer allowed. We improvise.

In this issue of *Caring Connections*, several Lutheran authors offer their theology and practice for our edification and reflection on the use of sacraments and rituals in specialized pastoral ministries of chaplaincy, pastoral counseling and clinical education.

- **Frank Senn**, a retired Lutheran seminary professor, discusses the ministry of the chaplain in a liminal context as comparable to the catechumenate within the rites of Christian initiation.
- **David Wurster** and **Philip Kuehnert**, pastoral counselors, explore our confessional heritage regarding the guidance and the freedom provided us to shape our practices.
- **Ghislaine Cotnoir**, a long term care chaplain, gives examples of her experience and how her ministry has been shaped by her denominational integrity and the spiritual needs of those she serves.
- **Lee Joesten**, a retired ACPE certified educator, recalls a request for the baptism of an adult son in the ICU which he declined to do; he also ponders what other ritual may have given comfort to the parents.
- **Peter Morlock**, a small-town parish pastor and former chaplain, reflects on ritual in his rural community, identifying sacredness within the apparent ordinary structures of daily living.
- **John Schumacher**, a retired hospice chaplain, considers the importance of ritual with hospice staff and offers a portion of a *blessing of the hands* ritual used where he served.
- **Cheri Laurent Blair**, a retired employment counselor and daughter of a Black pastor, provides a follow up article to the fourth issue of 2019, “*Yearning for Racial Justice*,” as she tells of her family history and vocational practice in the community, the church and within employment relations.

Two of our readers responded to and reflected on Phil Kuehnert’s article [in our last issue](#). These letters are included toward the end of this issue. Overcoming today’s chasm of distrust and misunderstanding is critical in these increasingly distressing times. We enjoy hearing from our readers.

Many rostered ministers who have served as chaplains at some juncture in their careers have died. It is impossible for us to name all of them. If you know a chaplain,

pastoral counselor or clinical educator who has died and you want to have them remembered in *Caring Connections*, please let your co-editors know. At the end of issue, you will find obituaries for the Rev. Dr. Simon Bodley and the Rev. Robert Jamieson.

Finally, I want to extend my deepest gratitude to Lee Joesten who has served alongside me for two years as the co-editor for *Caring Connections*. His wisdom and faithfulness have been a blessing to all of us who have collaborated with him in producing this publication. We also welcome Bruce Hartung as the next co-editor. Perhaps you know him most recently from his work in St Louis. He has now moved to the Baltimore area. I look forward to our time working together.

Challenges and Opportunities for Sacramental Care in an Ecumenical/Interfaith Setting

Frank C. Senn

I HAVE NO EXPERIENCE of being a chaplain in a hospital, long term care, hospice, or prison situation. I have been a parish pastor and a professor of liturgy and sacramental theology. But from those vantage points I think I have something to offer that I hope will address the role of the chaplain from a sacramental perspective. I propose that chaplains can serve a role assisting those in the liminal space¹ of hospitalization or incarceration to engage the positive aspects of those situations for the renewal of their lives. To understand my proposal I have to unpack some aspects of sacramental faith and practice.

Lutherans have been formed with catechetical and confessional views of the sacraments that have not always been adequately connected. I dare say this disconnect sometimes pertains to pastors as well as the laity. From Martin Luther's *Small Catechism* Lutherans have been taught to desire the benefits of the sacraments. The benefits of Holy Baptism are forgiveness of sins, redemption from death and the devil, and eternal salvation to all who believe what the words and promise of God declare. The benefits of sacramental eating and drinking are forgiveness of sins, life, and salvation. Lutherans have also been taught to believe and confess with the *Augsburg Confession* that the church is "the assembly of all believers among whom the gospel is purely preached and the holy sacraments are administered according to the Gospel" (Article VII, German text). Thus, these means of grace are celebrated and administered within the communal life of the church. They even constitute the church as assembly (ekklesia). While we tend to focus on the spiritual blessings of the sacraments, we don't always keep them connected with their churchly context.

If the church is defined as the assembly for word and sacrament, then the sacraments of Christ belong to the ministry of the church. Baptism is an essential part of the church's ritual process of Christian initiation. It makes no sense to practice Christian baptism apart from the life of the church. The Eucharist is the communion meal of fellowship (*koinonia*) with Christ within his body, the church. In fact, Eucharistic communion defines the fellowship of the church. Those who can eat and drink together at the Lord's table constitute the fellowship of the church because they share in the body of Christ. Exegetically, there is a connection between 1 Corinthians 10:16–17 (the broken loaf and shared

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¹ Liminal space is often defined as threshold and point of transition from what was to what is still to be.

cup received as the body and blood of Christ) and 1 Corinthians 12–14 (the church understood as the body of Christ); this connection runs through 1 Corinthians 11 (which includes the institutional narrative of the Lord’s Supper) which concerns the failure of the Corinthian Christians to discern the body of Christ as both sacrament and church. The sacramental body of Christ, the historical body of Christ, and the ecclesial body of Christ form an inseparable entity.

Those who have memorized the *Small Catechism* recognize that the benefits of Holy Baptism and Holy Communion are the same. Both convey the forgiveness of sins, which was an all-inclusive category for Luther. (“Where there is forgiveness of sins, there also are life and salvation.”) This is not coincidental. In the sacramental economy the sacraments are related to each other. In the ancient church, and in the Eastern Churches even today, baptism and first communion occur in the same liturgical celebration, no matter the age of the candidate. In the Western Church, the unified sacraments of Christian initiation disintegrated into separate sacraments of Baptism, Confirmation, and first Holy Communion for various historical reasons.

The sacramental body of Christ, the historical body of Christ, and the ecclesial body of Christ form an inseparable entity.

The church has agreed from its early days that those who are separated from the gathered assembly of the church are not to be deprived of the benefits of the sacraments. The fact that the sacraments are mediated by the church does not confine them to the communal setting. Dates on Christian grave markers indicate that from early centuries Christians practiced the emergency baptism of sickly children. The *Apology* of Justin Martyr (ca. 150 AD), chapter 67, says that deacons take the consecrated bread and wine from the Eucharistic fellowship to the absent (including the sick and imprisoned). These practices have continued over the course of the centuries. Under the best circumstances the pastor or deacon of the church performs the emergency baptism and takes communion to the sick or imprisoned (especially to those who are nearing death; this death bed communion is called *Viaticum*—“on the way”). Chaplains who provide pastoral care may be called upon to administer these sacraments to children of Christian families or to dying Christians. Emergency situations are not the time to sort out ecumenical full communion relationships. But cognizant of the relationship of the sacraments to the life of the church the chaplain will want to contact the pastor of the person’s church.

This, however, is not what I want to discuss under the category of the challenge and opportunity of chaplains for sacramental care. Rather, I want to discuss the ministry of the chaplain in a liminal context comparable to the catechumenate within the rites of Christian initiation. Historically, Christian initiation followed the structural pattern Arnold van Gennep identified in the rites of passage. He compared rites of passage to taking a journey. There is a leave-taking from one status, a journey

toward another status, and an incorporation into a new status. Van Gennep called the ritual moments pre-liminal, liminal, and post-liminal. Victor Turner focused on the liminal state in the ritual process. This is the state “betwixt-and-between” leaving and arriving. In Christian initiation this liminal state would be the catechumenate, which is located between enrollment and the rites of Christian initiation *per se* (baptism, anointing, laying on of hands, first communion).

The whole point of the catechumenate, as Aidan Kavanagh suggested, is “conversion therapy.” It is within this liminal situation between what one no longer is and what one is not yet that transformation takes place. Whatever it takes to make a Christian (Tertullian famously said “Christians are made, not born”) occurs in the catechumenate. In fact, it is in this liminal state that one is formed into the permanent liminality of Christian life that is lived “in but not of the world.” Roman Catholic and Protestant Churches are rediscovering the resource of the Rites of Christian Initiation of Adults as a source of renewal for the whole life of the church. The linchpin of this whole ritual process hinges on what happens in the catechumenate—the liminal stage where change and transformation take place.

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Chaplains actually minister to persons who are experiencing a liminal state. The persons under their care have left behind the familiar world of health or freedom. They hope that the outcome of the liminal experiences of hospitalization or incarceration will be a new lease on life in restored health or freedom. Those in hospice care, of course, are experiencing the liminal journey from this world toward the eternal life of the world to come. The value of the shorter or longer stay in the liminal state is to accept what one can learn from the experience that will make the patient or inmate a new and different person when reincorporated into health and free society. The role of the catechist is to facilitate this transition from sickness to health, from incarceration to freedom. If the chaplain is dealing with Christians or those seeking the faith, this will be an opportunity to provide a deepening of the spiritual life or faith formation.

I know that I was a changed person after spending nearly a year on chemotherapy for colon cancer treatment and several hospitalizations post-surgery and to deal with a low white blood cell count. In fact, my hospitalization for a low white blood cell count occurred from Good Friday through Easter Tuesday. Chaplains were helpful throughout this whole process as they ministered to me where I was at each point along the journey, from lack of acceptance of my situation (trying to tough it out by projecting superficial cheerfulness) to experiencing total humiliation (I’m not in charge of what’s happening to my body) to preparation for resuming my life

and ministry (I will pay attention to my body and to the bodily ailments and pains of others).

My experience teaches me that liminal space is provided by an outer confinement where we can begin to think and act in new ways about ourselves and our outlook on the world. Chaplains having conversations with patients or inmates over a period of time can help them come to terms with their betwixt and between situation in which their former way of being in the world is challenged by their new circumstance. But while they are experiencing these unwanted circumstances it is still “a day full of grace” in which God works with them for their betterment. Our vulnerability in liminal space allows room for something genuinely new to happen if we are open to it. The chaplain can function like the catechist who uses the liminal space of the hospital or prison confinement as a teaching opportunity to bring the patient or inmate to a mindset in which he or she can call his or her accustomed assumption of normalcy into question.

As I experienced it, the transformation caused by openness to the liminal state does not happen all at once but in different moments corresponding to different stages in the process of physical and mental rehabilitation. These stages can be marked, as different stages of the catechumenate are marked, with rites of anointing and the laying on of hands, which, while not necessarily sacraments, are certainly sacramental. (A symbolic act is sacramental if it relates back to a primary sacrament—in this case, Baptism.) The catechumenate is not just about head knowledge, like memorizing the Catechism; it is experiential. This is where ritual is involved. Ritual makes an impact on the mind by impacting the body.

A chaplain who has worked with a patient or inmate over a period of time will discern when new mental attitudes should receive an appropriate bodily response. The ancient catechumens were marked with oil not only for affirmation but also for exorcism. The laying on of hands was not only to bestow a divine blessing but also to drive out an evil spirit—with appropriate accompanying words and the sign of the cross.

Modern chaplains may not be schooled in these sacramental acts. Like most of us modern Western people chaplains too may need to reconnect with the value of touch. A sacramental ministry involves touching bodies because both sacraments and sacramentals are applied to the body. The chaplain as catechist will aim at helping the patient or inmate arrive at the threshold of being reincorporated into the social body with a new sense of self. This will be accomplished through gentle words, signs, and gestures.

Chaplains having conversations with patients or inmates over a period of time can help them come to terms with their betwixt and between situation in which their former way of being in the world is challenged by their new circumstance.

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Do the Lutheran Confessions Inform Eucharistic Practices for Lutheran Chaplains?

Philip Kuehnert and David Wurster

THE REALITIES OF MINISTRY in actual time and varied places amid sincere colleagues and patients in disparate institutions require respect for the uniqueness of each situation. An example would be this anecdote from a Lutheran colleague that involves the practice of Holy Communion.

I was asked to be an interim chaplain manager for a hospital while a search was conducted for another full-time chaplain. The hospital CEO and I met to discuss my role. In the course of the conversation it was decided that I would form a volunteer chaplain corps consisting of the town clergy. The volunteer chaplains would rotate time at the hospital. For his part, the CEO said he would treat the chaplain corps to a weekly luncheon meeting. I was to invite one of the medical staff to join us for these weekly luncheons. The result was excellent communication between administration, medical staff and the chaplain corps. The pay-off was situations like the following.

One of the volunteer chaplains, a priest, visited a dying man who was Methodist but formerly Roman Catholic. The man asked the priest for the sacrament of anointing. The priest came to me for guidance asking if it would be proper for him to grant the man's request. I suggested he talk to the Methodist pastor—also a part of the group. As a result of the conversation, both agreed to participate. The result was that the Methodist pastor gave the man communion and the priest anointed him. When all was done, the priest told me, "I always thought the sacraments were for the church." In this case a compromise was reached in which both were willing to assume the risk of violating their respective judicatory guidelines in the service of pastoral care. Aside from any protocol, there is no substitute for people of integrity collaborating for the benefit of the care receiver.

Lutheran specialized pastoral ministers (SPMs)¹ carry a "special" tool in their caring tool box. Within the family of Christians, Lutherans have a unique understanding of the Eucharist. While this understanding has survived basically unchanged for the past 500 years, the changes in practice of celebrating the Eucharist, if reduced to 30 seconds by a time lapse camera, would show whiplash

¹ The term, Specialize Pastoral Ministers (SPM), is primarily used in the LCMS. The ELCA has sometimes used the language of Ministers of Chaplaincy, Pastoral Counseling and Clinical Education (MCPCCE). For our purposes, we have chosen to use SPM as the authors are within the LCMS tradition.

changes. While it is not the purpose of this article to chronicle the changes in the practice, it is important to remember that among the distinct expressions within ethnic Lutheranism, there has never been agreement on a standard practice.

This article seeks to explore the Lutheran Confessions as we have them in *The Book of Concord (BC)*, specifically, the Augsburg Confession (AC), the Small Catechism (SC), the Large Catechism (LC) and the Formula of Concord (FC) to offer guidance for the Lutheran chaplains serving in their varied settings. Who should receive the Sacrament? Should Lutheran chaplains who are not ordained celebrate the Sacrament? Should SPMs commune those who come from faith expressions that practice “Closed” communion—Roman Catholics, and within the Lutheran family, WELS and some LCMS? Are we putting souls at risk if they are communed unworthily? Should there be an accountability loop for Lutheran chaplains as they celebrate the Sacrament? Are there prior questions? What is the point of *ministry* for chaplains? Isn’t the point of ministry for both parish ministry and institutionally based Lutheran chaplains the same? Can there be ministry without sacramental elements? Does being Lutheran make a difference?

Should there be an accountability loop for Lutheran chaplains as they celebrate the Sacrament? Can there be ministry without sacramental elements? Does being Lutheran make a difference?

The key point of the confessions regarding sacramental ministry is summed up in two words: forgiveness and incarnation. The sacramental minister sees people as sinners in need of forgiveness—this vision always sees more than disease, addiction, trauma etc. Forgiveness, in turn, is always incarnate in some physical, biological medium. It comes in the realm of human sensation—seeing, hearing, touching etc. The Holy Spirit is always wearing a cross and comes in human form when bringing forgiveness. John 1 proclaims *The Word became flesh and tented among us and we saw his glory full of grace and truth.*

A Closer Look at the Book of Concord

We find the Lutheran Confessions to be wonderfully simple and direct in explaining what the Eucharist is all about and frustratingly silent or ambiguous about the actual practice. The Book of Concord begins with the ecumenical creeds. We are created as biological and social creatures, fallen and redeemed. *AC I* begins with the Holy Trinity, and then *AC II* goes on to Original Sin—with a deficit dimension of unfaith and an additive dimension of reactive anger toward God and our neighbor; the very opposite of faith, love and trust. This reminds us of a quote from the work of Aleksandr Solzhenitsyn: *If only it were all so simple! If only there were evil people somewhere insidiously committing evil deeds, and it were necessary only to*

*separate them from the rest of us and destroy them. But the line dividing good and evil cuts through the heart of every human being. And who is willing to destroy a piece of his own heart?*²

Regarding Justification, *the AC IV* says our standing before God consists in faith, trusting in the forgiveness of sin—truth and grace in Christ. *FC III* reiterates that righteousness before God is God forgiving us by sheer grace and our simple reception of this in faith.

AC V then gives us the whole point of our ordained ministry in four short words: “*To obtain such faith, the ministry of teaching the gospel and administering the sacraments was instituted.*” That takes us back to the point: the forgiveness of sins.

So, the point of the sacraments is to ground us in creation (our biological and social selves) so we can see, hear, touch and taste the Word offering us forgiveness. *Taste and see that the Lord is good*³. The *AC* then builds on this foundation to discuss the definition of church, baptism, communion, confession, repentance, and the use of the sacraments that are rightly used when received in faith and for the strengthening of faith (*AC XIII*). All ministry is done in the reality and tension of human life lived in the dual authority of church/gospel and secular authority.

Keeping in mind that the point of ministry and sacraments is to *ground us in creation* to receive forgiveness, what does this mean for sacramental ministry for Lutherans/Christians? The *Small Catechism* says that Communion is basically the Word made flesh under the bread and wine for us (biological creatures) to eat and drink for the forgiveness of sins, life and salvation. When it comes to who receives such sacrament worthily the answer is: a person who has faith in these words, “given and shed for you for the forgiveness of sins,” is really worthy and well prepared.

It is good to remember in our life together that the *Small Catechism* is a “catholic” book and not a denominational one. The *AC* at the conclusion of Part One clearly states that all of the articles up to that point are catholic.

The *Large Catechism* repeats with more detail and examples what the *Small Catechism* says. Years later (1570’s) the Formula of Concord was written to again discuss and clarify issues of the day on these subjects. Communion was again an issue. A key question was whether all people—believers and unbelievers—receive the body and blood of Christ at communion. The Sacramentarians said unbelievers did not receive the body and blood of Christ. You might say these were of the

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2 Solzhenitsyn, *The Gulag Archipelago*, 1973.

3 Psalm 34

“peek-a-boo” party. If I close my eyes the world does not exist and when I open my eyes it exists again. This makes for bad religion and bad science. The confessors, in contrast, said that Christ’s presence (the Word’s presence in the flesh in bread) is there because the Lord has spoken; our unbelief does not/cannot negate it.

Chillingly, the *Formula* says unbelievers receive the true body and blood of Christ to judgement; if a person rejects Christ as Savior, they end up having him as judge. There is a warning here that there is danger in trifling with the presence of God in spiritual life or in nature. But the Formula, thankfully, goes on to say: “We believe, teach, and confess that there is only one kind of unworthy guest, those who do not believe....no genuine believers—no matter how weak—as long as they retain a living faith, receive the Holy Supper as condemnation. For Christ instituted this supper particularly for Christians who are weak in faith but repentant, to comfort them and strengthen their weak faith (*FC VII*).”

We conclude our survey of the Lutheran Confessions with the above-quoted gracious word from the Formula. Because, in the intimate setting of sacramental ministry, the Lutheran chaplain serves on the edge of denominational polity and human needs, this practice must have room for risk and review.

Conclusion

In summary we put forth these understandings about the Eucharist from the Lutheran Confessions:

1. In the dynamics of ministry, the forgiveness of sins and how it is delivered is most important.
2. The Word and the Sacraments activate the forgiveness of sins and faith receives the gift.
3. The faith of the celebrant is not a factor. But ordination is necessary for public leadership and accountability. *AC XIV*
4. The faith of the recipient is important. The chaplain has the responsibility to make the decision about whether or not celebrating the sacrament is appropriate.
5. The dynamic of the relationship between potential celebrant and recipient should answer the question about faith. Because the sacramental minister lives and serves at the edge of denominations and institutions, and at the edge of time and eternity, practice must have room for risk and review.



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David F. C. Wurster, PhD received a BA from Concordia Senior College (1965) and an MDiv and STM from Concordia Seminary in St. Louis (1969 and 1970). He was ordained in 1970 at Valparaiso, IN and served congregations in High Ridge, MO, Ridgewood, NY and Buffalo, NY. He received the LMHC credential in New York in 2006. He has served as a parish pastor and a pastoral counselor in a dual style ministry for 40 years. He has been retired from the parish for eight years. He has served as an adjunct faculty member at seminaries, universities and colleges as teacher and supervisor for students in graduate programs. He has also served as a consultant in conflicted congregations. He is married to Ruth, a professional musician and teacher. They have two married daughters and four grandchildren. In retirement he serves as board member and staff consultant for the Samaritan Counseling Center of Western New York. He also plays banjo and guitar with a jam group. He and Ruth travel extensively.

Meaning and Blessing through Ritual

Ghislaine Cotnoir

LIKE MANY OF YOU, my introduction to sacred ritual began in my early childhood and continued to weave throughout my life through a series of predictable and celebratory events. I, my parents before me, and my children in turn, were baptized, received First Holy Communion, were confirmed, and married. Ritual was equally present in the sorrowful and tragic events. Both life and death were ushered in with ceremonial blessing. Joy and grief were accompanied by the rituals of our church and our community. However, my real awareness of the power and potential of sacramental ritual was defined early one morning in the intensive care unit of the hospital where I served as chaplain.

The call was not unusual. A patient on the MICU had “taken a turn,” family had gathered, could I come in to be with them? I asked my usual questions designed both to help me wake up and to assess the situation. Question #1: Do you know if Mrs. L is Catholic and if her family has requested a priest. Yes, to both. Before leaving my house, I contacted the Catholic parish on call for emergency Sacramental needs. I was told that the priest was new to the parish. “He is unfamiliar with the hospital, could you meet him at the door?” Of course. I arrived at the hospital first, met the family and reassured them the priest will be there shortly. Mrs. L’s daughter smiled with tears in her eyes, “That’s good because mom always said that the last thing she wanted to hear on earth was the words of the priest blessing her!” I was paged to the ED where the priest had arrived and was waiting. As I began to usher him into the MICU and to the bedside of Mrs. L, I began to feel some dis-ease. I realized that he spoke almost no English. He struggled to understand my words, and I struggled to understand his. I’m not proud of my internal reaction. I was feeling angry. I was formulating my call to the parish the next morning. I was replaying the daughter’s words... “the last thing...the words of the priest...”. Why would they send someone so hard to understand for this sacred moment? She was waiting for his words. Would he be able to speak them?

I arrived at the hospital first, met the family and reassured them the priest will be there shortly. Mrs. L’s daughter smiled with tears in her eyes, “That’s good because mom always said that the last thing she wanted to hear on earth was the words of the priest blessing her!”

We entered the room where Mrs. L’s family had gathered. I held my breath wondering how I would “fix” this. The priest silently removed the sacred oil from his jacket pocket, opened his book and began in broken English, “In the name of the Father...” That is the moment I learned the power of ritual. Not one person in that room was troubled by his accent or by his struggle to form the words of a still unfamiliar language. They knew what he brought to that

room and to their mother. Her final moment was the word of blessing spoken in the ancient and familiar actions of the Church.

That evening occurred early in my career as a chaplain. It changed how I brought ritual into my practice. I became more mindful of not only the words but of the silent action of ritual. I became aware of how the familiar, seemingly rote practices of faith, delivered spiritual comfort.

During my early days as a chaplain where I served in the critical care arena, rituals were most often requested and offered at end of life. Even the rituals usually associated with joy, Baptisms, dedications, and weddings generally happened against a backdrop of grief. Families, patients and staff members called on chaplains to offer them the words and actions that gave a sacred order to the disorder of illness, death and grief. Most situations allowed little opportunity to consider all of the theological and denominational dos and don'ts. There was urgent need to have God touch all the senses and infuse those present with a place of hope and peace.

Working in interfaith settings one must have an ability to clearly articulate one's own faith and practice, while also having a knowledge of and comfort with the faith and practice of others.

The questions of what, who and how to bring ritual and sacrament into the practice of chaplaincy is never far from my considerations as a practitioner. Working in interfaith settings one must have an ability to clearly articulate one's own faith and practice, while also having a knowledge of and comfort with the faith and practice of others. This was true in the acute care arena and perhaps is even more so in the long term care setting where I now serve.

Professionally, I vowed early in my career to never get "stuck" in long term care ministry. I loved the adrenalin and challenge of the acute care, particularly in the intensive care arena. I was comfortable in the role of facilitating access to patient's faith practices and practitioners. I learned prayers and rituals, making sure they were offered as an aid to healing and comfort. But as this hospital closed I was offered a position at a local long term care community. I have remained joyfully "stuck" in this ministry for nearly two decades.

In long term care, as the term suggests, spiritual care is less often surrounded by urgency. Still the rituals of faith are no less important. In long term care ritual, in all its forms, can be more slowly practiced, more fully integrated into resident's lives. Their order and familiarity offer comfort and meaning at a time when the ground can seem to be slipping away.

In our community there are two weekly worship services. A Catholic Mass and an Ecumenical Worship service which, at the behest of the residents, includes weekly Communion. Both are well attended. The ritual of weekly worship reconnects our residents to the times when they were the council presidents, treasurers or altar guild leaders in their churches. With so many aspects of their former faith identity altered,

the familiar hymns, actions and liturgical words remind those who gather of who they are rather than what they have lost and possibly forgotten. But, offering these sacraments and rituals is not without challenge.

Mr. R is a fairly typical member of our community. He moved here after his wife died. She had been caring for him for many years when, taking everyone by surprise, she died suddenly of a heart attack. In the short span of two weeks, Mr. R said goodbye to his wife of 70 years, the home they had built and lived in for 50 years, a community where he was known and beloved, and his church community. Mr. R is Catholic and had been active in his church for decades serving on committees, as a choir member, and as a Eucharistic minister. He began to attend the ecumenical worship services telling me how important the familiar prayers and hymns were to him. "They make me cry every week, but I feel better after the services." When I came to him with Communion, he put out his hands. Later, when I visited with him to discuss his receiving Communion from the Lutheran chaplain, he simply said, "I just want to have Jesus."

He began to attend the ecumenical worship services telling me how important the familiar prayers and hymns were to him. "They make me cry every week, but I feel better after the services."

Mrs. M is a lifelong Lutheran. From her cradle until the time she moved to our community she attended worship, Sunday School and choir at the same church. She was baptized, confirmed and married there. She served on committees and on the church council well into her 80th year. She is always the first to arrive for worship. After a few weeks in our community she also began to attend Catholic Mass. She stated, "It is all the same God."

We have a small group of Jewish residents. They miss the prayers, rituals and traditions they grew up with and taught to their children, especially during the High Holy Days. Some years we have been unable to have a Rabbi or Cantor who is available to lead services. Most of these residents are unable to go out to local synagogues. Our attempts to stream services from local communities have not met the needs of our residents. With the help of a local Jewish congregation, we created High Holy Day prayers. I lead them with the residents assisting in praying the Hebrew words they know by heart.

As chaplains we know that the familiar, comforting holy words and embodied actions that have framed residents' lives, often from infancy, are frequently remembered even when other memories are fading. They allow access to the emotions, questions and fears that accompany us all as we age. They evoke story. They connect to hope. They offer reassurance. But even as we make them available because of the deep importance they hold, questions of practice may arise. The questions of who, when and how of the rituals and sacraments may ring differently in long term care than in the confines of a parish. As chaplains, we must be clear as

to what we are offering and how it serves the needs of our residents while being very careful to not dilute or misuse the words and actions.

Respect for the residents' piety and for the ritual itself stands alongside respect for those who offer the rituals. The priest who graciously arrives every Tuesday to say Mass is from a different tradition. His vow is to commune only those who are "Catholics in good standing." He joyfully and warmly welcomes all to worship, but asks that those who are not Catholic be given a blessing rather than receiving the host. As chaplain, I am called to respond to the needs of the residents while honoring his Catholic faith tradition, practices, and polity. I have a responsibility to know and anticipate the logistics of making faith rituals a consistent part of our community life. But I need to be aware also of the power and importance of each word and action. This is sacred ground. So, I make sure that when residents who are Catholic attend the ecumenical service, they know that it is not Catholic Mass. I tell them how to let me know if they do not want to receive Communion. At the same time, I honor the polity of my Catholic colleague making sure to indicate to him those who are attending Mass but who are not Catholic. I've reviewed the Jewish celebrations and prayers with Jewish colleagues to make sure that what I offer is accurate and does not include anything that it would be inappropriate for me to offer.

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In a different community I might make other decisions. Holding sacred words and traditions is a trust. But also, it is a blessing. As ritual prayers and actions are offered, we are privileged to see the resultant peace. We are often blessed to be welcomed into the residents' faith stories, stories that have sustained and continue to provide spiritual nurture for the people in our communities.

Bringing end of life ritual to provide spiritual comfort to the dying, their families and those who have cared for them is an honor. This too is a sacred trust and often places chaplains in the role of educating staff of the importance of these rites. In long term care, where caregivers are often deeply connected to residents, the staff's need for ritual is also important. Because families recognize the vital and intimate role of caregivers, I often invite them to participate in bedside prayers and life review. In our community, we participate in a walk of honor, creating a ceremony of farewell that normalizes the experience of death even as it gives opportunity to honor a life that has impacted ours. Everyone participates—family, caregivers, administrators, and other residents. As with that evening in the MICU many years ago, we recognize that words are not always needed; the action says it all.

In addition to the sacraments and sacred rituals we find so life giving, there are rituals we create in our daily living and the ones that frame our days in long term care. In a Gaiam Wellness website, the author points out that ritual is different from

habit because it is mindful. We create ritual to usher in meaning, continuity and order. The movement of long term care practices from a medical model to a resident centered model takes this mindful approach seriously. For example, Mrs. R's morning routine—the time she gets up, her need to put in her hearing aids and teeth and brush her hair before going to breakfast, is more than the accumulation of a lifetime of habits. It is a pattern that creates meaning and peace in a place that may feel unfamiliar, at a time when simple tasks have become more difficult. Completing this routine mindfully makes it a ritual that, I believe, is as sacred as the faith rites we administer. We have the opportunity to infuse a holy rhythm that creates space for framing meaning, hope and peace for our residents.

I am thankful for that new priest whose ministry collided with mine early one morning. In that encounter I learned a lesson that has blessed my ministry and, I hope, has allowed my ministry to bless others. I trust that the words and actions we share, whether those of familiar faith practice or those that emerge in daily living, have potential to bring order, meaning and hope to our lives. They link each resident's life story to their community, past and present, and most importantly to their God. The chaplain's role, as I have come to understand it, is to create sacred space where the holy can become manifest. I used to ask more questions about what was OK and what was not. Now the answer comes in my belief that the sacred is often held and received in ways that are not as neat and defined as the denominational charts, definitions and divisions. And that is OK.



Ghislaine Cotnoir, an ELCA rostered minister, currently serves as the Director of Pastoral Care at The Artman Home & The Hearth at Drexel in Ambler, Pennsylvania. After her ordination in 1988, she became assistant pastor at Messiah Evangelical Lutheran Church in Rochester, New York. From there she became a chaplain at Rochester General Hospital and Children's Hospital of Philadelphia. Ghislaine also serves on the Caring Connections editorial board.

To Baptize or Not

Lee Joesten

AS FOUNDATIONAL AS THE SACRAMENTS WERE in my parish ministry, they were never prominent in my hospital ministry. In my many years of hospital chaplaincy I received only one request for an adult baptism. That occurred several years ago when I was awakened at home out of a sound sleep by the duty chaplain where I was a fulltime chaplain. Chaplains at my hospital were (still are) well integrated members of the treatment team. Most evening and night shifts were covered by permanent staff chaplains who were well-credentialed thereby assuring hospital staff that our department would respond effectively to most crises that came along during the so-called “off hours.”

On this particular night the duty chaplain was non-Lutheran. He was asked by a family to baptize their adult son in his mid-twenties as he lay in the intensive care unit (ICU) in a coma and on a ventilator, the result of an automobile accident. The chaplain would have been willing to baptize except the young man’s parents were Lutheran and insisted that a Lutheran chaplain be called. In addition, the young man’s girl friend said that her boyfriend was not very religious and had refused earlier efforts by his parents to have him baptized. Consequently, the duty chaplain called me and asked me to come to the hospital and meet with the parents and the girlfriend.

Years have passed since this event so I don’t remember all the details. As I recall the parents lived out of state, and their son had no parish affiliation. There was no local pastor with whom they were familiar for consultation. The duty chaplain escorted me to the patient’s bedside and introduced me to the parents and girlfriend. They were welcoming and visibly heartbroken. I recall asking them what they knew about the accident and their son’s present condition. They told me what they knew about it and the doctors’ efforts to treat him. Enough days had elapsed and enough scans taken to assure the doctors that the damage to his brain was massive and that any significant recovery was virtually impossible. He was essentially brain dead.

The duty chaplain escorted me to the patient’s bedside and introduced me to the parents and girlfriend. They were welcoming and visibly heartbroken.

I asked about their desire to have their son baptized and why that was important to them. They said that baptism would assure them that their son was loved by God, that he was God’s child, and that he was in God’s hands. We talked about why they would doubt any of those hopes without him being baptized. I told them that with or without baptism they needed to surrender their son to their loving God trusting in God’s mercy. I asked them about their efforts to get him to agree to baptism. I don’t remember all of the reasons they gave for his refusal, but I told them that to

force baptism on him in his current state would violate his wishes. I remember the profound sadness that filled the room. They stood speechless next to this young man who a few days before was healthy and active. Now he lay lifeless, passively dependent on the ventilator for support. This could have been my own young adult son.

I felt pulled in different directions. I felt the pain of these parents and wanted to do something that would give them a semblance of comfort and peace. They feared for their son's eternal well-being. They didn't tell me anything that suggested he had been a particularly wayward child or a "bad kid." They simply were concerned about his fate beyond this life. I never explored with them why they hadn't baptized him as an infant. That to me would have sounded blaming and prompted shame. The point was that they hadn't, and they wanted him baptized now.

I also felt pulled toward respecting what seemed to be their son's wishes and not wanting to violate them. I knew little about who he was. He was a young adult whose whole future had been ripped away. Was he in this situation because of a dreadful, foolish choice? I didn't know. It really didn't matter. He was at the end of his life. That wasn't going to change. I also knew that he had not wanted to be baptized. Something inside me wanted to respect that choice.

I also wanted to be faithful to my understanding of the proper use of baptism as a means of God's grace. I did not understand baptism to be equivalent to the Roman practice of last rites. Yet I thought that was the parents' view. They wanted assurance that their son would go to heaven once the ventilator was turned off. Was that an understandable desire on their part? Absolutely!

Would baptism have guaranteed that? I didn't think so. I understand baptism to be commanded by God and connected to God's word, as I was taught in confirmation classes. The combination of simple water and God's word conveys the assurance of God's grace and forgiveness of sins, but it was not intended as a last rite.

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This experience came quickly to mind when the *Caring Connections* editorial board decided to devote an issue to the role of the sacraments in chaplaincy with Diane Greve as the lead editor. Part of my preparation for this article was a return to the *Book of Concord* and Luther's Small and Large Catechisms' sections on baptism.¹ My review confirmed my basic understanding of baptism's significance and purpose. In infants this rite plants the seeds of faith. Faith will grow in this child of God with proper nurture and instruction by the child's parents, sponsors, and community of faith. In adults, baptism confirms a faith already developed within them and conveys tangible assurance of God's grace and forgiveness. In the words of Luther's

1 The Book of Concord: The Confessions of the Evangelical Lutheran Church, e. Theodor G. Tappert; Philadelphia: Fortress Press, 1959, p. 348–349, 436–442.

Small Catechism, it is “a gracious water of life and a washing of regeneration in the Holy Spirit.”²

The Lutheran Confessions say nothing about baptizing an unconscious person let alone someone whose bodily functions are being maintained by a ventilator. They do however speak to the role of faith in the rites of both baptism and the Lord’s Supper. In his Large Catechism Luther wrote that “faith alone makes the person worthy to receive the salutary, divine water profitably.”³

The Apology of the Augsburg Confession, Article XIII says that “in using the sacraments there must be faith which believes these promises and accepts that which is promised and offered in the sacrament.”⁴ It goes on to say that a promise is useless unless it is accepted. This rationale is

The Apology of the Augsburg Confession, Article XIII says that “in using the sacraments there must be faith which believes these promises and accepts that which is promised and offered in the sacrament.”

most relevant for holy communion, but it also has implications for adult baptism. The young man in my pastoral encounter had been asked to be baptized but had refused. His earlier refusal clearly influenced my decision not to baptize. To baptize him when he was in no position to accept would have been inappropriate in my judgment.

One could argue that infants do not agree to baptism just as this young man was in no condition to agree or disagree. However, their son was an adult and had exercised his freedom to refuse up to that point. That refusal indicated to me that he lacked faith in the promises afforded in baptism. I determined that baptism would be more for the parents than for their son. I told them that I would not baptize him to honor his expressed wishes as I understood them. I did offer to pray with them as we stood around the bed. They eagerly agreed. I prayed that God would hold their son in his loving arms and receive him into his care and keeping. I prayed that the parents and girlfriend would be strengthened and comforted in the hours ahead as they anticipated removal of the ventilator and surrendering their son to God. I also prayed that God would grant them strength to endure the pain of their loss in the weeks and months to come. They thanked me for coming to be with them, and I returned them to the care of the duty chaplain. Later that night he was removed from the ventilator and stopped breathing shortly thereafter.

I was a chaplain for several years before I came to appreciate and administer the Lutheran rite of anointing the sick.⁵ I was introduced to it by a fellow pastor whose wife was seriously ill in my hospital. They both asked that I do the brief order of anointing before she went into surgery on one of her admissions. Anointing with

2 Ibid., p. 349.

3 Ibid., p. 440.

4 Ibid., p. 213.

5 *Occasional Services: A Companion to Lutheran Book of Worship*, Minneapolis: Augsburg Publishing House and Philadelphia: Board of Publication, Lutheran Church in America, Sixth Printing, April 1994, c. 1982, p. 99.

oil combined with prayer was spiritually reassuring for both them. He frequently mentioned it whenever he and I met afterwards.

I now wonder if an offer of anointing along with prayer, would have given the parents in my story an additional measure of comfort and reassurance that their son was loved by God and in God's hands. Much of the importance of both baptism and holy communion lies in their tangible features: water, bread, and wine. The oil in anointing has that same effect, even though anointing is not considered a sacrament in Lutheran theology. The sacraments convey God's grace to their recipients through tangible means. If the son had been able to refuse my offer of prayer, would I have prayed in his presence? No. I would have respected his wishes. According to his parents he had clearly refused baptism previously. We have been taught that unconscious patients may still have the ability to hear even if they can't respond. I was willing to risk him hearing my prayer (possibly against his wishes) but not risk him hearing the words of baptism. I did pray thinking that he could hear me. Perhaps he felt some comfort or peace through my prayer.

We in specialized ministry are obliged to represent our endorsing denominations responsibly and faithfully. How do we or others evaluate our faithfulness? We are often prone to evaluate our words or actions as being right or wrong. Our clinical training has challenged us to ask not only what is the right or wrong thing to do but what is the pastoral thing to do? Would it have been more pastoral to have granted these parents' desire to have their son baptized? Would it have been more pastoral for the young man? What best communicates God's love because of Jesus Christ? I try to approach these questions with humility and faith. Chaplains, along with those we serve, need to surrender ourselves to God's grace and forgiveness. Ultimately, that is the most we all have going for us.



Lee Joesten is a 1967 graduate of Concordia Seminary in St. Louis. Following graduation he served a parish in rural Iowa for three years, after which he entered a two-year CPE residency at St. Luke's Hospital in Milwaukee, Wisconsin. He held various clinical and administrative positions at Lutheran General Hospital in Park Ridge, Illinois for forty-two years prior to his retirement in 2014. He is a certified supervisor in the Association for Clinical Pastoral Education and a board certified chaplain in the Association of Professional Chaplains. Lee now lives with his wife Carolynn in Park Ridge. They have three adult children and five grandchildren.

Role of Ritual in Ministry

Peter Morlock

FROM 2003 TO 2013 I served as a hospital and long-term care chaplain. Most of that time was spent with Cerenity Senior Care and HealthEast in St Paul, Minnesota. Since January of 2014, I have served a two-point parish in the Western Iowa Synod, ELCA. I will be forever grateful for my time in specialized ministry. During that time, I was a chaplain, pastor, teacher, and community member. I was challenged and stretched. I learned a great deal and left these positions as a better pastor than I was when I began.

Among the many lessons I learned as I navigated daily life and ministry in long term care was the importance of ritual. Those of us who are from more liturgical traditions have a tendency, especially as young pastors, to think of ritual as what happens during the worship service on Sunday morning. We are comfortable seeing ritual there, and talking about it there, but our understanding of ritual may stop there. I know mine did.

Being in a long-term care community on a daily basis helped me to begin to think about ritual in a different way.

Lesson 1- Ritual gives shape to daily life.

Our lives are filled with ritual both Sacred and secular. These little rituals give shape to our days, our weeks and our years. Finding ways to bring the Sacred into the day, formally and informally, greatly increased my understanding of how God is always present even in chance conversations that are seemingly insignificant at the time. I came to see my card games with the old guys where, in the midst of losing my pennies, conversations and concerns were shared as crucial to my ministry. They were as much a part of being chaplain and pastor as the prayer group of 100-year-old ladies that met every Monday morning and demanded a list of people and things to pray about. Our little prayer group, and other regular gatherings with different groups, became a touchstone for those folks and for me. They are all at rest now so I am left to carry on the ritual myself; but the pattern is set. The intentionality of giving shape and meaning to life beyond filling my calendar is an important lesson learned.

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Regular gatherings with folks outside of worship, even if not filled with “God talk,” are important rituals, and serve as ways to bring the sacred into daily life. In my current small town, one of the rituals is daily coffee. It takes place in any setting where there is a place to sit and a pot to make coffee: the coffee shop, the car

dealership, the lawyer's office, or the kitchen table. Only severe weather or pandemics interrupt this ritual to any great extent. These are gatherings where memories are shared, stories told that are as familiar and comfortable as old shoes, and concerns are shared. To be invited into this ritual gathering is a sacred trust. The presence of the "Preacher" is appreciated.

Lesson 2- Rituals give meaning to events.

To a certain extent this is obvious, at least in chaplaincy and church. Word and Sacraments give shape and meaning to our worship and provide meaning and context at very specific times. Shut in communions along with visits and specific prayers at time of death were most obvious in the setting I served. I also began to see and understand that rituals provide entry way into those activities that are as important as the worship itself. Two examples, both from the dementia unit- One resident had been head usher at his church for much of his adult life. Before worship he would make sure that everyone who was gathered had a bulletin. The fact that those bulletins didn't exist is beside the point. Another resident had been the head of the Altar Guild in her parish for a number of years. Though both residents were fuzzy on many ordinary details that we don't even think twice about, passing out bulletins and helping to set the altar helped both to enter into the worship and prepare even unconsciously for what was to happen. These preparation rituals helped him recall the correct responses and prayers.

In my current parish, this understanding of how ritual gives meaning to events plays out differently. As I have come to know the communities that I serve, I come across more and more people that don't have a church connection or religious background at all. Yet, in spite of that, there is still an understanding that at certain points in life, or in response to certain life events, one goes to the church. They expect the church will help provide some type of ritual that will give the event meaning. Most often this takes the form of my simple willingness to lead funeral services for those without church connections. They feel the need for something to help give meaning and closure to the death of a loved one. My parishes have done this type of thing at my insistence and, with the support of leadership, we are learning what it means to be a community church in ways that haven't been seen for a long time.

Because chaplains already have an understanding that ritual provides meaning for people and how to go about connecting with the various people we serve, I think chaplaincy has a great gift to offer the wider church. Chaplains by the nature of their setting do this much more readily than some parish pastors, and we learn how to minister to a broad community. We learn how to create ritual; to provide both

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meaning and entry points to faith. We learn how to be pastor and how to be church in a way that will carry us forward into the next season of life, as we learn again how to be church in a different way.



Peter Morlock, an ELCA Pastor, lives with his family in NW Iowa where he serves a two-point parish. He is a graduate of Augsburg University and Luther Seminary, St Paul. Prior to his current call he served as Director of Spiritual Care for the Dellwood and Humboldt campuses of Cerenity Senior Care, and briefly as Advance Care planning chaplain at Regina Medical Center, all in the greater Twin Cities. Prior to completing chaplaincy training at Albany Medical Center in Albany NY, Peter also served parishes in Albany and Elmira NY. In his free time, he enjoys reading, camping, and being a groupie at his children's various activities.

The Role of Ritual in the Pastoral Care of Hospice Teams

John Schumacher

IT WAS PROBABLY THE MOST UNUSUAL pastoral care request I have ever received.

The Clinical Director, a relatively recent hire, was proving to be a poor fit for the hospice. One of the symptoms of the mismatch was the increasingly toxic relationship she had with her direct reports, my peers—the nurse managers and social work manager. We shared a sense of relief when the Director was asked to clear her desk and leave.

With her departure and some other management changes came the reassignment of several offices, including the Clinical Director's. The office was assigned to one of the nurse managers who had reported to the dismissed Director. The nurse manager refused to use the office. The managers were traumatized by the way they had been treated. They were disconnected from each other by a management style which had put them in competition with one another. They were disillusioned by having had to report to a supervisor who did not reflect the values of the agency. My pastoral assessment suggested they were in need of a healing ritual. I was right. They asked me to perform an exorcism of the Director's office.

That afternoon my peers and I gathered in the office and opened its windows. Drawing inspiration from a Native American tradition we did a ritual of the Four Winds. Turning together to each of the four directions we invoked the North, South, East and West Winds, each with its own unique power to dispel that which is stagnant and harmful and to fill our space and our lives with a spirit that is refreshing and life-giving. It was sufficient.

The ritual ended with hugs and laughter—laughter that the chaplain would respond to a request for something as preposterous as an office “exorcism” and laughter as celebration that we were again able work together as a cohort.

The nurse manager moved into her “new” office later that afternoon.

A near quarter century of service as a hospice chaplain taught me the centrality of spiritual care of staff: medical, nursing, administrative, psychosocial, support, volunteer, the entire team. While the chaplain's role is crucial for staff function in any healthcare setting, it is particularly relevant in hospice care. Hospice staff face a unique set of challenges:

1. Hospice staff often work in *isolation* from their peers. Hospice field staff (primarily, nurses, CNAs, social workers, chaplains, patient care volunteers) live in their cars—charting, phone-calling, map-questing, and eating lunch—

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while driving from one patient visit to the next. A field staff may not see another member of the patient care team until the next weekly team meeting unless they happen to cross paths at a patient visit.

2. Hospice staff carry a *heavy load of grief*. It is not just the field staff—who make death visits, confirming absence of life, comforting the family, and reaching out to the funeral home—who feel the loss. I have seen the CEO deeply moved by notes received from bereaved families and the bereavement secretary in tears as she created an invitation to the next interfaith memorial service. Loss is the backdrop to the work done by hospice staff.

3. Hospice staff are *frustrated* by the inability to fully offer all the resources available to patients, families, and care-givers. Hospice coverage as defined by Congress under the Medicare Hospice Benefit was seen as a “long-term benefit.” The initial admission period for hospice is defined as six months (two 90-day benefits) which can be extended by subsequent 60-day benefit periods if the patient continues to meet Medicare Hospice criteria for his/her diagnosis. As a result, hospice care may extend for a year or more. Yet, for many reasons, including late referral and family denial of the prognosis, the median length of stay in hospice is less than two weeks. Thus, hospice staff are frequently stymied in providing the full range of medical, psychosocial and spiritual services they know to be beneficial to patients, families and caregivers, and often are exhausted as they run the treadmill of resource-intensive admissions visits.

Loss is the backdrop to the work done by hospice staff.

4. Hospice staff are impacted by a *cultural shift*. Hospice has historically seen itself on the margins of corporate healthcare. Those who began the American hospice movement in the 1970’s were often defined as “counter-cultural.” Hospice was a community-based, volunteer-staffed, non-profit movement. In the past decade as healthcare corporations have grown through mergers and acquisitions and have sought to lock-in customers for a “cradle-to-grave” system, many once-independent hospices have found themselves subsumed into larger healthcare entities. Other hospices have banded together in larger and larger structures to survive the competition created by healthcare corporations. The culture shock from these shifts impacts hospice at every level, including the line staff.

Hospice chaplains have a central role in assisting the team as they negotiate the stress created by the above-named set of challenges. Ritual is an important tool in providing pastoral support to the entire hospice staff. Dr. Nick Hobson, writing in *Psychology Today*¹, reminds us that ritual is an evolutionary response to a world experienced as chaotic and unpredictable. It provides a sense of control in a situation

1 “The Anxiety-Busting Properties of Ritual,” September 25, 2017

that is out of control. Further, he argues rituals repeated over time compound a sense of certainty. Rituals shared and practiced communally create shared meaning which enables the community to function at a lower level of anxiety. Following are three functions ritual serves in the pastoral care of hospice staff.

1. Ritual grounds staff with a safe and consistent shared experience.

The hospice I served had a number of interdisciplinary patient care teams (certified nursing assistants, nurses, doctors, social workers, chaplains, along with other disciplines) that met weekly to receive admissions reports for new patients and to discuss and consult together about patients on service. Each team had a unique style and personality but one thing was certain with each team—the chaplain began the meeting. She might sound a chime or light a candle, but in that moment the team members would put aside the chaos of uncompleted paperwork, voice mails to check, and conversations to conclude, and listen to the chaplain. The chaplain would slowly read the name of each patient the team had served who had died during the previous week. Perhaps the music therapist would sound the chime for each person or another staff member would place a stone in an ever-filling bowl. After all the names were read and silence was observed the staff was invited to speak about these patients and their families—sometimes with tears, sometimes with laughter but always with a sense of gratitude for the privilege of providing care. The chaplain concluded with a reading or prayer or poem she felt was appropriate for the team that week. Unfailingly each week the staff had opportunity to remember why they were doing this work.

Rituals shared and practiced communally create shared meaning which enables the community to function at a lower level of anxiety.

2. Ritual allows space for meaning-making.

On the day the founder of our hospice died on our service, as the chaplain manager I was asked to lead an impromptu staff gathering in our largest conference room. The chief executive officer announced the death for those who had not yet heard. I offered scripture appropriate to the founder—Susan’s—faith tradition and asked the CEO to tell the wonderful story of a strong, creative, and determined woman whose response to the death of her husband was to create one of the first hospices in our community. The CEO’s story prompted others to tell “Susan stories.” There were laughter and tears. I had the honor of reminding the room full of hospice professionals and volunteers that they are the living legacy of the dream Susan shared many years ago with three friends who gathered at her kitchen table. There is meaning to hospice work which the chaplain encouraged staff to experience and express.

3. Rituals create community.

For a staff separated not only by varied tasks and team assignments but also by

geographical distance as direct care staff traveled across the metropolitan area to serve their patients, the work of creating and nurturing a community of shared purpose is an important pastoral task. The ritual of the anointing of hands was an effective and appreciated tool for this purpose. The anointing was offered at least once annually during November, National Hospice Month. The ritual was marked at each of the agency's team meetings—patient care, bereavement, development/marketing, administration, volunteer—with the understanding that a staff member could attend any team ritual if she could not be present at her own team meeting. The ritual included an explanation of various anointing traditions, an appropriate reading, a song, blessing of the oil, the anointing of hands and prayer. Aromatic oils were always used. The ritual was led by a chaplain but the massage therapists and music therapists always participated in leadership. The invitation to the ritual celebrated the contribution of each discipline while emphasizing a sense of shared mission.

The invitation to the ritual celebrated the contribution of each discipline while emphasizing a sense of shared mission.

Anointing Our Hands—Blessing Our Work²

The Receptionist's hand picks up the telephone receiver as the family makes its first contact with the hospice—and it is my hand, too.

The Clinical Secretary's hands are poised over the keyboard as she begins to enter data about the newly admitted patient—and they are my hands, too.

The Physician's and Nurse Practitioner's hands pick up the chart to review the notes anticipating the difficult conversation he or she will soon have with the family—and they are my hands, too.

The Social Worker's hands pick up a ream of papers—Do Not Resuscitate Order, Durable Power of Attorney form, and insurance documents—as she patiently walks through each form with the family members—and they are my hands, too.

The Clinical Practice Manager sits, pen and paper in hand, listening to the Triage reports and taking notes as she considers which staff to assign to this newly admitted patient—and it is my hand, too.

The Certified Nursing Assistant's hand holds a facecloth as she gently bathes the patient—and it is my hand, too.

The Nurse's hands carefully remove the bandages to check and minister to a patient's wound—and they are my hands, too.

The Music Therapist's hands gently pluck the harp strings as the patient calms and his breathing settles into a gentle rhythm—and they are my hands, too.

² This is an excerpt from a longer ritual.

The Massage Therapist's hands soothe pain away with a gentle touch that lessens stress and anxiety—and they are my hands, too.

The Chaplain's hand is full of earth, sifting through her fingers, as she announces the words, “earth to earth, ashes to ashes, dust to dust”—and it is my hand, too.

The Volunteer's hands assist a 5 year old child with his craft project as he remembers his mother at the Good Mourning bereavement camp—and they are my hands, too.

The Bereavement Counselor's hands hold the hand of the newly-widowed woman who cries as she recounts the story of her husband's death—and they are my hands, too.

The Development staff member reaches out a hand for her pen as she signs a thank-you note to a grateful family which has chosen to respond with a gift to Rainbow Hospice—and it is my hand, too.

These hands—and many others—are our hands. Holy hands. Hospice hands. Offering sacred touch. Together we are a team that enables people to live with dignity and hope as they face the end of their lives. Together we are a team that supports people who struggle with loss and the rebuilding of their lives. Together we are a team that seeks to educate our community about the options for care available at end of life.

The chaplain as the one staff member privileged to have access to the entire staff has opportunity to assess the spiritual and emotional health of the healthcare agency and to offer appropriate pastoral interventions. Rituals, structured community interventions, address universal human needs—affirmation, security, meaning-making, sense of community—in a way which encourages staff participation, bonding, and re-commitment. These interventions as well as many others were effective in hospice care, enabling staff to serve their patients and families in the community. These interventions, shaped by the specific needs of a particular healthcare setting, will provide pastoral support and affirmation for staff in the service they provide.



John E. Schumacher, MDiv, BCC is happily retired, having served two parish calls and a call to Rainbow Hospice and Palliative Care, all in metropolitan Chicago. While at Rainbow, John created and managed a multi-disciplined Spiritual Care & Healing Arts staff. His reflections on hospice and end-of-life care have appeared in previous editions of this journal as well as in The Journal of Pastoral Care and Counseling, The Journal of Home Health Nursing, and Chicago Hospital News. In retirement

he serves on the CPE Professional Advisory Group for Advocate Lutheran General Hospital and the Board of Directors for Bishop Anderson House at Rush University Medical Center. Readers may contact him at jesjms@att.net

Don't Forget—You Represent Us

Cheri Laurent Blair

WHEN I WAS EMPLOYED, I met people from all over the world—different professions, educational levels, politics, sexes, ages and religions. I had to put my own beliefs aside and treat each one with the same respect. I could not discriminate. There are times in our lives where we discriminate against others and sometimes the incident is unintentional on our side. The purpose of this article is to remind you of things you may already know and also may take for granted.

Let me use my life experiences. I am the only child of an LCMS pastor and an elementary school teacher. I was born in Winston-Salem, North Carolina. In 1958, my dad accepted a call to a church in East St. Louis, Illinois. By December 1967 he accepted another call and we moved to Southern California, where I have remained ever since.

Growing up in Winston-Salem left me with good memories. In 1950 my parents literally had the winning lottery ticket! The gas station where we usually bought gas after driving members home each week held a drawing and we won a 12-inch black and white television with a rotary antenna! We were the first in our community to have a TV. People gathered at our house to watch. My uncle, the athlete in the family, taught me about boxing, wrestling and baseball from the TV. I even learned the Star-Spangled Banner from TV. One day I heard a local newscaster mention “Colored School” on the news. While traveling with my parents I saw a school that was painted white instead of being red brick. So being my young naïve self, I exclaimed, “So *that* is a colored school.”

When I was in 1st grade, my mouth got me in trouble. I said something “smart” to the school janitor and before I could make it to my mother’s classroom, the janitor beat me there. I got a lecture from her and her famous passionate disapproval look. When I got home, I received, not a lecture or a spanking, but a sermon on how to treat people. “You can learn from all persons regardless of their standing in life,” my dad preached. The worst part was I had to call the janitor and apologize because he was a church member. Then, I had to apologize again in person at school.

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Yes, the schools in North Carolina were segregated but I did not know it at the time. Stories on television told of integration, sit-ins and crosses being burnt. Now, the St. Louis, Missouri stations were reporting on incidents in North Carolina but that was not the North Carolina I knew. Being a “Preacher’s Kid,” I was accustomed to visiting members’ homes and other Lutheran churches. Now in Illinois, we visited

members, but the other ministers were all white. The schools in East St. Louis were integrated. The students at my mother's elementary school were 80% black and my junior high had ten blacks my first year. I learned how to eat lunch alone for a few weeks. I was told that blacks were better off because of slavery. Do not worry—the black parents took care of that rhetoric.

Segregation and other issues existed in North Carolina but I soon learned it was the same way in Illinois, maybe worse. Occasionally, other ministers asked my father to speak at their churches. We went from times when churches invited the guest pastor's family with welcome arms to what I called "NOT AGAIN." My mother and I would sit in church waiting for the service to start and NO ONE would sit in our pew or directly in front or behind us. After the service, when the host pastor welcomed and thanked my father and his family for coming, we got the hellos. The scary part came on Monday when my mother would go back to school and mention where we had been. She would hear that *that* city does not allow blacks after dark. My father would then explain he met the mayor, judge, or justice of the peace who was a member of this congregation and they knew we were staying overnight in their town.

We went from times when churches invited the guest pastor's family with welcome arms to what I called "NOT AGAIN."

Years later, while attending Pepperdine University, I would regularly have coffee with two older janitors. Both men had been on the Chitlin' Circuit¹ with great names like Redd Foxx and Moms Mabley. I learned a lot of history from them. One day I left a \$70 textbook in a classroom. The next day I saw one of the men and asked him if he had seen the book. He took me to his supply closet and there was a shelf full of textbooks, including mine. I thanked him, he even offered me more. A few weeks later I was having a conversation with the same janitor when an irate student with blue eyes rushed up to him. She was in a hurry and was demanding her book. I was shocked when he calmly said, "I ain't got no textbooks lady." That is when it hit me from my 1st grade experience how important it is to show respect to all people regardless of their position.

Encouraging respect for all people has been critical to my life mission. When I was working for the IRS, I was conducting a lecture on diversity when, during a Q & A session, one of the audience members made a reference to the lady janitors and said "those gals." I answered her question but made a point to say the "ladies" not "gals." Also, during an ADA counseling session, a manager referred to the employee and members of her race as "those folks." I had to speak up. As a chaplain, one might be serving in a hospital, in the military, in a prison and other offices. You will have to be professional, like I was in my office. That might be the time when you explain discrimination or what a stereotype is and what it can do to an individual or a race.

¹ The Chitlin' Circuit was a group of Black entertainers who, starting in the 1940's, would travel from city to city on a bus performing in Black venues in the South.

During hiring times, we had to remind the interviewers that in some cultures, out of respect, the younger person or applicant does not look you in the eyes. Instead, they look down and we say they must be hiding something. Cultural differences can create misunderstanding.

One instance comes to mind. An employee was advancing within his department and was promoted several times. Then he got a new manager and that employee did not make it to the second day. After some fact finding, it was discovered that the employee was a Vietnam vet who had a problem taking orders from any Asian woman. Management moved him and the problem went away.

For an enrichment program, our office invited a lady who had just been elected as a Congress woman. As she spoke about being a minority woman and a consultant, she told the story about being hired by a firm to speak with the president of a company and his staff. As she was escorted in, the president said, "Good you are here to get us some coffee while we wait for the consultant." His assistant apologized and said, "She is the consultant."

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I remember a secretary who did not want to talk to any homosexual persons. I had to remind her that the government hires a person because of their knowledge and expertise not what they do in his or her own home. There were religious employees who did not want to work with homosexuals either.

My father lived to be 100 years old. He had attended Immanuel in Greensboro, North Carolina. Immanuel was a residential high school, junior college, and theological seminary for African Americans operated by the LCMS from 1903 to 1961. While there, he studied with Jonathan Ekong who went on to found a Lutheran seminary in Nigeria. My father wanted to be a missionary in Nigeria but the British government feared he might start a riot. He would recall that while he was serving in Alabama in the 1940's, a truck load of men with shotguns and rifles drove up to the church while he was preaching. They listened; then drove away. They had heard there was a new minister in town and, supposedly, they just wanted to "check him out."

For a time in my life, I served on multiple juries. I remember a young Black man in his mid-twenties was accused of public intoxication while walking home on Christmas night. He was walking down a dark street five houses from his mother's house. This accusation was all because the two white police officers said he was intoxicated. They put a spotlight on him, asked him to walk a straight line. Then they put him in their car, took him in and booked him. Then they asked him for a urine sample. He said he could not urinate at that time. The log showed that the officers were back out in the street in less than half an hour rather than staying with him. When questioned separately, the senior and the junior cops gave different responses. The senior one said he never gave his name, he refused to give a sample and that he

never talked to anyone. The second one said he mumbled something from across the street, it could have been his name. He said at that time he could not give a sample, and heard later he did. We later found out the senior had a minor hearing problem.

Two jurors on the trial voted guilty. One, a young man, later changed his mind because the ladies on the jury all agreed that when you go to a doctor you have to wait a few minutes and you know the procedure. In his case he was picked up and then asked for a sample. He had been drinking, but not doing drugs. He was walking a few houses down the block because he had no car. The one holdout was an older male juror who kept saying police do not lie—they always tell the truth. “If he looked guilty walking down the street, he was guilty.” In the end we, the jury, found him not guilty.

Sadly, there are still law enforcement people who think they can torture and kill people.

This brings me to tears. Hopefully, during this pandemic, tensions will stay calm.² I was in Los Angeles during the Rodney King trial verdict. Most recently, George Floyd in Minneapolis died in police custody. An officer kept his knee on Floyd’s throat as he kept saying I can’t breathe. Because this just happened May 25, 2020, there has not been a trial. Still this is just another example of what we have seen by video footage.

As a parent, I tried to teach my son to respect all people. For example, since he had a deaf classmate in grade school, he knows “thank you” and “please” in ASL. Because of my job and because my father was still active in preaching, my son was exposed to people from different ethnic groups. I was a Den Leader and later a Cub Scout Master. My son and I were at a Scout Camp for the weekend. Wearing Scout t-shirts, we went into the scouting store to buy something for my young men. A young white Eagle Scout came over and asked if he could help me. I told him I was still looking for some items. So, to help me, he took the items from my hands to the counter and I followed him. I then remembered I needed a book so I went the other way. I turned to see the look on his face. Another leader came in to buy something. He quickly helped them, then made it back over to us. Others came in and he never asked them if he could help them. I even suggested just leave the items on the counter I will get them. I put on my “let’s stereotype and generalize so you think I am stealing something” cap so we went from the shelves to the counter a minimum of three other times. The lone adult had to work overtime because of him. My son asked me a question that hurt. Why was this guy following *us*? I explained it to my son after our camping trip was over. Sad day.

As professionals, we have to speak up and be aware of the persons around us and what they are saying. We too need to be mindful of our assumptions and words. We

The one holdout was an older male juror who kept saying police do not lie—they always tell the truth. “If he looked guilty walking down the street, he was guilty.”

² This article was written before the ensuing protests and riots in Minneapolis, around the country and throughout the world.

cannot judge on looks alone. We cannot judge on what we hear alone. We have to look at the inner-person. We cannot judge a person based on eye color. A male chaplain has to be aware of women in his audience or group with statements like “guys,” “fellows,” or worse saying to her “what do women think or do?” A woman chaplain must comment the same way, talk generic. We are all human and our own beliefs and biases are always present but when we are doing our jobs, we must step above and set the example.

I can hear my first-grade teacher/mother and my conservative LCMS minister father tell me that whatever I did or said “YOU REPRESENT US!!!”



Cheri Laurent Blair is a lifelong Lutheran who has lived and worked in several states. She has worked in Volunteer in Service to America (VISTA), California State Department of Consumer Affairs, Aid Association for Lutherans which is now Thrivent. The remainder of her working life until retirement was for the Internal Revenue Service, Equal Employment and Diversity Office (EEO). While working for EEO&D she was an EEO counselor (handled discrimination complaints), Sexual Harassment Factfinder, manager of the Disabled Employees regarding accommodation needs, employment mediator for IRS and other federal agencies in California and other states. She continues working with mediations even after retirement. She enjoys the beautiful flowering cacti in her backyard.

Letters from our Readers

The *Caring Connections* editorial board welcomes comments from all our readers. We ask that Letters not exceed 500 words. Submissions may be edited for length but not for content. All Letters will be responded to but may not appear in a *Caring Connections* issue. Letters should be submitted electronically to either Diane Greve dkgreve@gmail.com or Bruce Hartung hartungb@csf.edu.



Responses to “Reflections on the Role of Specialized Pastoral Ministers in a Polarized, Politicized, and Polemical Culture” (*Caring Connections*, Vol 17:1) by Philip Kuehnert

I READ BOTH THE EDITORIAL by Lee Joesten and the article by Philip Kuehnert in the current issue. I find them both excellent presentations of fundamental ideas in ways that I and other readers can readily

understand. I was impressed by Kuehnert’s ability to succinctly present the basic messages from Haight’s book, which I read myself a few years ago. It is easy to lose Haight’s main points in the wealth of supporting material he provides. I am also impressed by Kuehnert’s summary of Brooks’ book, which I have not yet read, but intend to.

Based on these two books, Philip Kuehnert has presented a message that is important not only for Lutheran pastors and not only for Lutherans but for all of us. I hope we can, like the beloved Mr. Rogers, live that message and help it to be received and lived by others. That’s a tough challenge in this time when communication media are dominated by shrill, harsh messages put out by well-funded and well-organized groups, many of them anonymous. Still, it is important to try, as the old song put it so well, to “let my little light shine.”

Robert Stein

Professor Emeritus of Mathematics,
California State University, San Bernardino

THANK YOU, BROTHER KUEHNERT, for your thoughtful essay. I do find Brooks’ five “rules,” as you suggested, an excellent guide for what we should be about, and I think they are especially important for those who have an institutional vocation as a Specialized Pastoral Minister, though essentially all Christians have the same baptismal calling. There is no question that we should work hard at treating others with respect and at loving them, if we have embraced the unconditional and inclusive scope of Jesus’ life and ministry.

However, I do take issue with Brooks at one point. Is it not also our calling to define ourselves and our calling in distinction to that which is clearly antithetical to it? And might there also be times, even if seldom, when “[treating] others with love and respect,” in distinction to contempt, betrays our calling? That is, there are people and groups who deserve our contempt and times when our contempt for what is clearly and purposefully antithetical to Jesus’ call and for those who champion it should be expressed privately and publicly. (For me, the pathetic state of our nation’s political leadership these days puts this perception into bas relief.) I suppose one could work at divining a distinction between contempt and Jesus’ words to the scribes and Pharisees in Matthew 23, but it sounds like contempt to me: “Woe to you, scribes and Pharisees, hypocrites...blind guides...white-washed tombs...snakes and brood of vipers...sentenced to hell...” Whether that is of Jesus or simply the early church, it is what is called “the Word.” Then, of course, there are the prophets, or is “prophesy” outside the SPM calling?

There is no question that contempt should not be taken lightly, and one must always accept that change or conversion is possible for even the most contemptuous. “More love and less contempt,” yes. Most of our contempt has no footing other than our own ego and experience. But let us not turn “more love and less contempt” into “being nice” or simply “avoiding upset.” Clearly there are times when speaking the truth may call for contempt, as uncomfortable as that may be for those of us highly trained in relieving distress.

W. Thomas Soeldner
Spokane, Washington

In Memorium



Simon Bodley

The Rev. Dr. Simon Bodley died on April 7, 2019 in Pensacola, Florida. He graduated from Greensboro Seminary in 1957. After serving parishes in Gadsden, Alabama; Asheville, North Carolina; Youngstown, Ohio; Chicago, Illinois; and St Louis,

Missouri, he became a chaplain at the Truman Restorative Center in St Louis where he served through the Lutheran Mission Association from 1986 until his retirement in 2000. Rev. Bodley is remembered as the first Black LCMS pastor to be granted Lutheran endorsement for chaplaincy.

Dr. Simon Bodley received an award in 2017 from LCMS Black ministry for 60 years of service to Christ and His Church. Pictured (l-r) are Pastor Clarence Martin, Rev. Arthur Bodley, Dr. Simon Bodley, Rev. James Wiggins, Sr., and Dr. Roosevelt Gray.



Robert Jamieson

Rev Robert Jamieson died on January 12, 2020 at the age of 86. He was a graduate of Lutheran Bible Institute, Augsburg College and Luther Seminary in St Paul, Minnesota.

After seminary, he served for 16 years as a missionary in Papua New Guinea. Upon his return to the States, he attended the University of Minnesota, received a Master's degree in counseling and became a chaplain at St. Mary's/Fairview hospitals. As a part of his call he assisted in training clinical pastoral education interns in the field of mental health chaplaincy. One of his former students remembers him as being deeply committed to patient care and a wonderful mentor. Robert retired in 1998. In Robert's later years he suffered from Parkinson's disease. Even through this disease he saw a call to witness as a volunteer in the community.