

THE TRANSFORMATIVE POWER OF THE MINISTRY  
OF HOSPITALITY

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in partial fulfillment of the requirements for the degree,

Doctor of Ministry

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## ABSTRACT

### THE TRANSFORMATIVE POWER OF THE MINISTRY OF HOSPITALITY

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Hospice is a term that is derived from the Latin *hospitium* which refers to hospitality, more specifically, a guest house that is run by a church or monastery. In 1967, Physician Cicely Saunders uses the modern form of the word hospice to describe specialized care for the dying. Hospice caregivers face mental and physical strain helping patients through Dr. Elisabeth Kubler-Ross' five stages of death and dying: denial, anger, bargaining, depression and acceptance (DABDA). As a consequence, hospice caregivers are in need of spiritual support as we serve terminally-ill patients and their loved ones. Many hospice caregivers are not ordained but work as lay leaders that care for the sick and dying.

The purpose of this project is to help hospice team members become aware of the joyfulness of this ministry. This is a renewal project for one hospice caregiving team and its impact is evaluated by professional committee members who are employed at Holisticare Hospice in Toms, River, New Jersey. These evaluative meetings serve to foster conversations among hospice staff members that reflect on the joyful aspects of their life changing hospitality service. The project starts as we view the documentary, *Stories We Tell*, and staff members articulate that they need more on-the job emotional support. Caregivers identify with the people in the film.

The project involves workshop sessions with hospice caregivers and the information is analyzed to discover themes, commonalities, and patterns. The narrative approach is used to analyze stories that develop from three participant sessions. Meanwhile, the microscope method (Identifying, Exploring, Connecting, and Applying), is employed for theological reflection that sought to understand the human experience in order to inform future ministry. As a consequence, five themes emerge that reveal the changing paradigms that contribute to finding joyfulness in hospice ministry. Using a spiritual formation process, the researcher addresses the problem of a marked lack of support that hospice caregivers do experience. This spiritual formation is a transformative process that involves a series of sessions with three study participants and meetings with six LAC members. The sessions and meetings raise awareness about hospice caregivers' sense of joyfulness for the purpose of energizing their hospice ministerial service.

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## GLOSSARY OF TERMS

### Agapeic Love

A form of love that is unselfish or unconditional for another. It is in sharp contrast to eros which is a physical and erotic expression.

### Catholic Rosary

The Rosary is a prayer in which Catholics meditate on Christ's life asking for the intercession of the Virgin Mary. There are ten prayerful Hail Mary which are divided into three sets of five Mysteries, glorious, joyful, and sorrowful. It serves as an act of devotional love to the Virgin Mary.

### Gathering Phase

The gathering phase is when the project team meets to develop a shared understanding about the project requirements. During this early phase, the project team articulates what they want from the project.

### Hospice as Hospitality

Hospice is a program of care designed to make the process of dying comfortable in the home. In order to qualify for Hospice services a patient has to be certified terminal (to die within six months) by a physician. The history of hospice care relates to the Latin hospitium which means guest house and hospitality. The word hospice refers to lodging for travelers that is run by a church, monastery, or some religious order.

### Local Advisory Committee (LAC)

The committee provides advice and helps to gather research narratives for this project.

### Microscope Method for Theological Reflection

The microscope method is a lens for theological reflection that is used and includes four main steps: Identifying, Exploring, Connecting, and Applying.

### Multi-disciplinary Committee

A Hospice weekly team meeting involves a Physician, Social Workers, Skilled Nurses, a Volunteer Coordinator, Volunteers, and Spiritual Care Counselors.



## CHAPTER ONE

### INTRODUCTION TO THE PROJECT

Hospitality is linked to hospice caregiving in three important ways. First, the term hospice is derived from the Latin *hospitium* which is the linguistic root. The word *hospitium* is from medieval times and means hospitality to strangers. Second, in 1967, Dr. Saunders first applies the word hospice to describe specialized care for dying patients. Finally, Dr. Elisabeth Kubler-Ross identifies five stages of death and dying as: denial, anger, bargaining, depression, and acceptance (DABDA). Dr. Kubler-Ross advocates for home care versus an institutional setting.<sup>1</sup>

There is comfort in familiar people but hospice caregiving is about showing agapeic love to strangers as they encounter the five stages of death and dying.<sup>2</sup> Hospice caregiving is about being a companion on the dying patient's final earthly journey. Psychologist Peter Richardson describes the spiritual journey as having four archetypal characteristics which are: unity, works, devotion, and harmony.<sup>3</sup> For Richardson, these are the four ways that people express their spirituality. Hospice patients need shepherds to navigate them through their spiritual challenges as well as their personal struggles as they face death. In fact, Director Sarah Polley's documentary entitled, *Stories We Tell*,

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<sup>1</sup> Elisabeth Kubler-Ross, *On Death and Dying*. (New York: Scribner Press, 2014), 4.

<sup>2</sup> Peter Richardson, *Archetype of the Spirit: Origins of Spirituality* (Maine: Red Barn Publishing, 2007), 2.

<sup>3</sup> *Ibid.*

demonstrates that storytellers answer questions to reveal insights about agapeic love one which is compassionate care.<sup>4</sup> Such compassionate care is exactly the mission of hospice, and the film guides the framing of spirituality for this project. For this reason, I use this film to introduce six interested Holisticare Hospice staff members to this project.

Holisticare Hospice caregivers relate to the stories in the film and serve as my Local Advisory Committee (LAC) members. This film impacts my spiritual journey as I struggle to maintain my Christian identity while serving other faiths.<sup>5</sup> *Stories We Tell* presents one perspective about the inconsistency of identity as people face death. The Director and I utilize the narrative form to further explore identity, family dynamics, and spirituality in hospice caregiving. In order to venture deep into the origins of spirituality, we both examine: (1) human interactions, (2) personal secrets, and (3) the artful descriptions of (eros) versus (agapeic) love, all nestled in the stories in the film and those the caregivers tell us.

#### Interactions Regarding Identity in Narrative Form

As a hospice caregiver, I embrace the mysterious transcendence of the spirit which is separate from the body.<sup>6</sup> Parish Pastor Richard Olson suggests that clinical pastoral educators inquire about the questions that Jesus asks rather than the answers that

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<sup>4</sup> *Stories We Tell*, directed by Sarah Polley (National Film Board of Canada Pictures, 2012), DVD (National Film Board of Canada, 2013).

<sup>5</sup> Ibid.

<sup>6</sup> Richard Olson, *Ask Anything: A Pastoral Theology of Inquiry* (New York: The Haworth Pastoral Press, 2006), 3.

are given as a way to respond to life's dilemmas.<sup>7</sup> For example, Jesus asks, "Can any of you by worrying add a single moment to your lifespan? (Matthew 6:27)"<sup>8</sup> Here, Jesus instructs us to trust in God who provides everything we need. For me, there are spiritual experiences when dying patients reach peacefulness about what God provides as a result of end of life counseling sessions. Similarly, the dialogues in *Stories We Tell* relate to conversations about universal human experiences such as love, compassion and death. These dialogues are expressions of spirituality in narrative form. As a consequence, similar themes emerge between the documentary and this project. We identify and examine stories in search of spiritual meanings.

For example, perhaps, we develop a sense of identity from familial interactions. Moreover, Carl Savage and William Presnell lament that people struggle to maintain views about themselves when scrutinized by others.<sup>9</sup> Some family members are brutally honest with a person to reveal harbored resentment from past hurt. In this manner, familial influence on identity and spirituality is a central theme in the documentary and in this project. Storytellers present their voices absent narrative interpretation.<sup>10</sup> There is an internal struggle among characters who do not want secrets. For example, in the documentary, there is harbored resentment between the males who compete for Diane

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<sup>7</sup> Ibid.

<sup>8</sup> New Revised Standard Version (NRSV) is the version used throughout this project.

<sup>9</sup> Carl Savage and William Presnell, *Narrative Research in Ministry: A Postmodern Approach for Faith Communities* (Kentucky: Wayne E. Oates Institute, 2008), 31.

<sup>10</sup> *Stories We Tell*, directed by Sarah Polley (National Film Board of Canada Pictures, 2012), DVD (National Film Board of Canada, 2013).

Polley's affection. Sarah's biological father, producer Harry Gulkin, informs viewers that the only version of the story that matters to him, is his version.<sup>11</sup> Harry Gulkin expresses his disenfranchised grief when Diane dies as mourners say Michael is Diane's one true love.<sup>12</sup> On the one hand, Harry is a lover and an adulterer lacking social status. Harry wants the story to be made public since it gives his feelings for Diane some legitimacy or validation. On the other hand, Harry advises the audience that love has to be witnessed. Therefore, he welcomes the idea that he, rather than Michael Polley, is Sarah Polley's biological father.<sup>13</sup> In the documentary, the problem is Diane, a dying patient, seeks peacefulness while two important males in her life struggle bitterly to maintain their identities in the midst of the family's uncertain perceptions of them. Similarly, in my local setting John, one of my hospice patients, teaches me that reconciliation does not necessarily happen because of family interactions. Thus, a patient's imminent death serves as an opening for dialogue without a guaranty. It is a problem for loved ones when patients die before completing the five stages of death and dying. Family members find it difficult to accept the loved one's death.

#### Family Secrets and Hospice Narratives

A second theme of the documentary that resonates with my hospice caregiving ministry centers on *familial secrets*. My hospice patient, John, cited above, informs me that I remind him of his daughter, Lily. He advises that he has not seen her and really

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<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

needs to. He does not know why Lily stays away from him. He smiles and talks about a son and his wife and their two small children. He experiences fulfillment from those familial relationships but he longs for contact with Lily. I want to provide for his needs and re-establish contact with Lily. I contact other family members for information and advice. In following up Lorna, John's wife, says that Lily is resentful that John re-married. Lorna refers to herself as an outcast. Lorna says, "Lily is angry about money...she views me as a gold digger because my husband is fifteen years younger...she just does not want him to be with anyone." Lorna advises, we do not have much...two homes but there are mortgages on both... I reach out to Lily once per week...but she does not answer." Lily confirms these details during one brief phone call. Certainly, this family secret kept John, as well as the rest of his family, from realizing their identities as beloved children of God at a critical time in their lives.

#### Hospice Caregivers React to *Stories We Tell*

In fact, there are many themes that emerge from the documentary that parallel those we discover in hospice ministry. As we watch the film together, the caregivers elaborate on the insights above. For example, certain scenes raise the question of whether the portrayal of Diane Polley, is consistent with her self-image.<sup>14</sup> At times, her children voice resentment for her promiscuous lifestyle. And, Diane Polley's secrets reveal a deceit tale that culminates in redemption.<sup>15</sup> Further, the hospice staff members notice that

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<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

there are story fragments of Diane's life, rather than a consistent story. Diane does not appear to be a vulnerable cancer victim. It appears that sympathy is for her children and Michael Polley. On the one hand, viewers do not see Diane's journal entries and she does not speak much. On the other hand, Diane Polley does not fit the stereotypical role of a wife in the 1950s. For example, she leaves her husband and children for weeks to act in a play.<sup>16</sup> Michael Polley informs viewers they need space.<sup>17</sup>

### A Story of Agapeic Love

The film skillfully weaves the complex concept of agapeic love into the story which is about the strain on familial relations. In one scene, Michael Polley sums up his life with Diane, by mentioning Pablo Neruda's poem, "...love is so short, forgetting is so long."<sup>18</sup> It is a perfect quote to express and to justify the fleeting nature of romantic love or eros in human existence. Yet, agapeic love for children never changes, just like God's love for humanity, according to Theologian Paul Moser.<sup>19</sup> Director Polley celebrates that she now has two fathers who both love her unconditionally.<sup>20</sup>

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<sup>16</sup> Ibid.

<sup>17</sup> *Stories We Tell*, directed by Sarah Polley (National Film Board of Canada Pictures, 2012), DVD (National Film Board of Canada, 2013).

<sup>18</sup> Pablo Neruda, *Viente poemas de amor y una cancion desesperada* (New York: Random House, 1959), 31.

<sup>19</sup> Paul Moser, Agapeic Theism: Personifying Evidence and Moral Struggle, *European Journal for Philosophy of Religion* 2, (2010), 1-18.

<sup>20</sup> *Stories We Tell*, directed by Sarah Polley (National Film Board of Canada Pictures, 2012), DVD (National Film Board of Canada, 2013).

## Identity and Spirituality

In a sense, Sarah Polley leaves viewers with a message that grappling with identity and spirituality is a test we face.<sup>21</sup> It is a risk that stems from asking questions to explore voids in the past when we do not recall events. Although director Polley is cautious with her emotions, she is also brave to reveal truths and to expose them. Similarly, my patient, John and his wife Lorna are fearless in their mutual desire for reconciliation with their estranged daughter, Lily. A few Holisticare Hospice staff members identify these familial, spiritual and identity issues and it is a great way to discuss the nature of this project. We all agree that hospice caregivers exhibit agapeic love through compassionate care to alleviate suffering.

## Family Members and the Five Stages of Death and Dying

I am knowledgeable about the role of family dynamics when a patient is near death. Family members observe the dying person go through the five stages of death and dying. Yet, in this documentary, Sarah Polley questions the storytellers but fails to engage in self-reflection about the fathering of one of her children, which is troubling. For me, knowing who my parents are is central to my identity. Sarah Polley appears to be stuck in the denial stage because she will not reveal personal secrets. While, the film's narrative explores all of the five stages of death and dying, this project focuses on the denial stage because we rarely have patients who live long enough to walk with them through all of the stages.

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<sup>21</sup> Ibid.

Patients struggle with death denial and as a result, agree to hospice services late in the process. Most of the time, we only have eight weeks with a patient. One major reason why patients do not agree to hospice sooner is because hospice requires patients to cease all curative medical treatment. Patients equate that step with giving up hope for recovery. There are no words to say that can comfort a dying patient. Often, words evoke anger in patients or we sound cliché. The hospice caregiver's goal is to listen to the patient in order to help him or her reach peacefulness. A kind gesture such as holding the patient's hand is usually helpful.

My prospective LAC members identified denial as a prevalent theme. Denial is the most common problem hospice caregivers face as they counsel patients. Many families cling to the smallest hope because it is difficult to see a loved one decline. Hospice caregiving focuses on providing hospitality and using active listening skills.<sup>22</sup> The conversation skills that hospice caregivers use are supportive statements that do not push the patient. For example, "tell me how you are feeling so I can understand." This practice is influenced by biblical interpretation, theological understanding, and interpersonal interactions. My personal theology of hospice caregiving relates to Christian faith and formation, since such an approach taps resources that are not always available to secular hospice caregivers.

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<sup>22</sup> James Bidwell and Joretta Marshall, *The Formation of Pastoral Counselors: Challenges and Opportunities* (New York: Haworth Pastoral Press, 2006), 12.



### A Narrative Approach to Research: Problem and Concern

As researchers that employ the narrative approach, as depicted in the discussion above, we identify conversations in hospice ministry service to discern narratives of concern and opportunity (NOCO). In fact, Professor Mary Moschella articulates ethnographic researchers use the narrative approach to unravel cultural aspects of faith embedded in NOCO.<sup>23</sup> There are ways to develop models but Dr. Bill Presnell advises that we have to be more than just good sociologists as we carry out narrative ministry projects.<sup>24</sup> Addressing faith concerns is crucial to adequate hospice care. Radical hospitality through compassionate care is an important tenet of faith traditions and is part and parcel of this ministry.

### Calvary Hospital Provides Hospitality Through Compassionate Care

Calvary Hospital in New York is the only accredited hospital in the region that serves terminal patients. Dr. Donna Ciangio recommends a tour of the website.<sup>25</sup> Calvary Hospital is unique because religious people from diverse faiths undertake hospice.<sup>26</sup> More specifically, in 1910, the Dominican Sisters of Blauvelt serve at the behest of the New York archdiocese until 1958. From 1958 until 1972, the Dominican Sisters of the Sick

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<sup>23</sup> Mary Moschella, *Ethnography as a Pastoral Practice: An Introduction* (Ohio: Pilgrim Press, 2008).

<sup>24</sup> Dr. Bill Presnell, “DMIN 990: Course Introduction” (Lecture, September 7, 2017).

<sup>25</sup> Dr. Donna L. Ciangio, “DMIN 990: Prospectus Development” (Lecture, November 3, 2017).

<sup>26</sup> [www.calvaryhospital.com](http://www.calvaryhospital.com)

Poor administer to the hospital's patients.<sup>27</sup> The story below taken from the website reflects the narrative of concern or opportunity for this project.<sup>28</sup> The story provides the opportunity to delve deeper into joyfulness within the ministry of hospitality. The hospital staff undertakes transformative hospice ministerial service because they appreciate its joyfulness.<sup>29</sup> In the narrative excerpt below from Calvary Hospital, a physician feels exhilaration from one hospice caregiving relationship.<sup>30</sup>

The caregiving agapeic relationship that develops at Calvary Hospital depicts how a Hospice physician experiences change by this one-on-one caring relationship.<sup>31</sup> Interestingly, these relationships usually form between other hospice caregivers. The unique nature of this compassionate care leads the way in hospice caregiving innovations.<sup>32</sup> The prevailing view at Calvary is that healthcare must incorporate a physical and spiritual component. Loving, compassionate care reflects the spiritual dimension of wholeness.<sup>33</sup> The physician and other hospice caregivers collaboratively play roles in this scheme. The approach spread to other regional health care systems but Calvary is still one of the few hospitals for hospice patients.

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<sup>27</sup> Ibid.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

## "My Days with Jacqueline"



When Jacqueline came to Calvary in Brooklyn, she looked weak and tired. She had been battling cancer for 10 years. One day Jacqueline looked at me and said “You know what? I do not feel sick anymore.” That really made me happy and after that Jacqueline really opened up.

She reminisced about her youthful days long ago, when she first met her husband. She would often tell me stories about Alfredo, the love of her life, who had passed away a few years prior. One day she told me the story of how they met.

“I met my husband in the summertime and I was wearing shorts,” said Jacqueline, “He was behind me and I was running up the stairs—in those days I could run—and he said, ‘that’s some pair of legs.’”

She started reading again, eating again, and even drinking her favorite cocktail—vodka and orange juice!

Here at Calvary, we treat the whole person, not just the disease. We touch our patients, hold their hands, and talk to them about their lives. I am Russian and I have a discernable accent. This led Jacqueline to jokingly call me her “Russian tyrant.” “Are you going to call me a Russian tyrant?” I would ask, she would respond in jest, “I would never call this

dear, sweet woman a Russian tyrant.” We laughed together.

Jacqueline and Alfredo never had kids, but they had one of those exceptional marriages that just worked. It was important for her to keep his memory by telling me about him, and I loved hearing her stories. She always called him “my baby” and told me that she had married, in her words, “the most handsome Italian hunk you’ve ever seen.” Jacqueline Rossi passed away on April 20 2008, and her name is on our memory wall. I often walk past the wall and remember Jacqueline, her sense of humor and strong sense of self.

**By IRINA MAKAREVICH, M.D.**

Dr. Irina Makarevich experiences joyfulness when she walks by the memory wall.<sup>34</sup> These feelings of joyfulness resurface each time and it energizes her. This powerful story shows that joyfulness in hospice ministry is possible.

#### Opportunities for Greater Awareness

This project represents an opportunity that helps Hospice caregivers overcome the feeling of being unsupported by their congregations. As they become aware of the joyfulness of this ministry, through the tenets of this project, the transformative process begins to re-energize their ministry. It propels them forward as they make the time and engage in self-care. I propose here a renewal project for the hospice caregiving team that evaluates the impact of a series of meetings at Holisticare Hospice that fosters

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<sup>34</sup> Ibid.

conversations among hospice staff members that reflects on their life changing hospitality service. For the purpose of this project, two table hosts and I observe and I document a synopsis of the conversations by participants.

The chosen team and I implement a narrative approach to research that is complimented by structured dialogue sessions. These sessions evoke stories from interdisciplinary team members answering questions that document the joyful hope in this ministry. The material and structure of the participant sessions allow for theological reflection using the microscope method. After this study, a theological/reflective summary is provided in order to develop some strategies for self-care for hospice team members. I find that the microscope method for theological reflection is helpful to dissect the narrative of concern or opportunity (NOCO).

## CHAPTER TWO

### BIBLICAL, THEOLOGICAL AND PRACTICAL IMPLICATIONS

Biblical narratives relate to hospitality are part of hospice caregiving.<sup>35</sup> It is generally known that because the hospice caregiver's goal is to guide the patient and family through the five stages of death and dying, biblical passages about healing are usually not appropriate. Those passages often give the dying patient and family an unintended sense of false hope that leads to death denial. However, some biblical material is useful in hospice care. There are three main biblical narratives that correspond to hospice as hospitality.

First, Jesus uses the concepts of salt and light which refers to his followers and considers what it means that believers are to be salt and light. For example, Jesus said, "you are the salt of the earth. But if the salt loses its saltiness, how can it be made salty again? It is no longer good for anything, except to be thrown out or trampled by men (Matthew 5:13-16)."<sup>36</sup> We know that salt preserves food in those early days. Hence, Christ's disciples are preservers of the good news of the gospel. We, as hospice caregivers, have to maintain our potency through deep faith practices to nurture our spirituality. In this manner, we receive spiritual sustenance to provide hospitality to hospice patients in their homes.

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<sup>35</sup> Karen Helmeke and Catherine Sori, *The Therapist's Notebook for Integrating Spirituality in Counseling* (New York: The Haworth Press, 2006), 6.

<sup>36</sup> New Revised Standard Version.

### Using Biblical Passage in Avoiding Death Denial

To avoid death denial, in a re-framing process, hospice caregivers use gospel passages that help dying patients rejoice that they are going home. For example, Psalm 18.2 “The Lord is my rock, my fortress and my deliverer; my God is my rock, in whom I take refuge, my shield and the horn of my salvation, my stronghold”<sup>37</sup> reassures patients. Psalm 18.2 helps to avoid the recurring problem of the patient and family member ask why they are not healing. Hospice caregivers also look for key passages that relate to acceptance and trusting in God by not worrying. This passage is particularly effective in helping patients accept death by trusting in God. Moreover, we understand that gospel messages reveal that our intimate relationship with God is preserved because Jesus conquered death. For believers, there is a covenant between God and his people. Christians are promised everlasting life through Christ. This promise gives our faith vitality during the end of physical life; otherwise, the salt loses its potency, rendering it ineffective as mentioned in the Sermon on the Mount (Matthew 5:13, 14, 15, & 16).<sup>38</sup> As Christian caregivers, we deepen our faith as we trust in Christ. Salt is an additive to make things taste better as an improvement. Similarly, Jesus uses the images of salt and light as a teaching tool to mold us perfecting our faith formation. In this manner, the hospice caregiver enhances the flavor of a dying person’s last moments as shown in *Stories We Tell*.<sup>39</sup> The scenes depict how the hospice caregivers struggle to make the stages easier

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<sup>37</sup> New Revised Version.

<sup>38</sup> Ibid.

<sup>39</sup> *Stories We Tell*, directed by Sarah Polley (National Film Board of Canada Pictures, 2012), DVD (National Film Board of Canada, 2013).

for Diane Polley and themselves. A hospice caregiver's counseling, as guided by the Holy Spirit, reduces or eliminates the bitterness associated with the dying process, hopefully making it easier.

### Hospice Caregivers Must Learn Acceptance

The second parable is the sower (Matthew 13:1-23) demonstrates that a hospice caregiver's ministry may not be fruit-bearing and they must learn acceptance.<sup>40</sup> We know the sower ploughs soil, sows grain, and collects the harvest. The parable explores how weather and changes beyond our control leads to barren crops or abundant harvests. Likewise, the hospice caregiver's patient exemplifies the harshness of life. Here, the hospice caregiver employs the imagery of sowing since it relates to spiritual resources including prayer which is soothing and compassionate patient care. This soothing care helps the patient and family move more easily through the five stages of death and dying. This provides great comfort to the hospice caregiver and renews the caregiver to combat depression or despair. The hospice caregiver also grieves and the strain of grief can be debilitating. Also, seeing people suffer for hours each day is difficult and there is no relief for the hospice caregiver who just moves onto the next patient. The family member will eventually have relief and move through the grief process to acceptance.

A third parable that correlates with the ministry of hospitality is from the Gospel of John. Here, Jesus talks with a Samaritan woman at Jacob's well and Jesus asks for a drink (John 4:7). Jewish people do not talk to Samaritans but the request is a special message. Jesus advises that, "everyone who drinks this water will be thirsty again, but

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<sup>40</sup> New Revised Version.



whomever drinks the water I give them will never thirst. Indeed the water I give them will become a spring of water welling up to eternal life (John 4:13-14).”<sup>41</sup> The woman speaks about law but Jesus focuses on grace. Hence, one interpretive message is that God is merciful and we are not strictly judged. Hospice caregivers use this passage since there is no need to fear death. Thus, a hospice caregiver has the opportunity to lead the patient into a one-on-one conversation with Jesus. And this parable shows how Jesus is merciful providing comforting words.

Hospitality relates to showing love and compassion for the stranger. In (Genesis 18: 1-15), Abraham washes the stranger’s feet and gives them bread. He provides hospitality to strangers. This passage explains the importance of hospitality because the three strangers are the Lord and his angels. Another lesson about hospitality comes from (Hebrews 13:1-2), “Let brotherly love continue. Do not neglect to show hospitality to strangers, for thereby some have entertained angels unaware.”<sup>42</sup> A hospice caregiver encounters patients who struggle with intense fear and anxiety.<sup>43</sup> Scriptural themes help us relate to their anger and despair because of the candidness of the writings. Families and caregivers express heartfelt sentiments about pain, suffering, and longing for God. My ministry as a hospice caregiver reflects how God desires to be close to his people during this time of brokenness. In this way, I want to express the gospel as the path to salvation and redemption. Certainly, the most effective hospice caregiver is one who is present to comfort a patient with dignity. In the Gospel of Matthew, Jesus said, “I was

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<sup>41</sup> Ibid.

<sup>42</sup> New Revised Standard Version.

<sup>43</sup> Atul Gawande, *Being Mortal: Medicine and What Matters in the End* (New York: Picador, 2017), 40.

naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me (Matthew 25:35-36).”<sup>44</sup> In short, every sick and dying patient matters and is important to God so he sends a hospice caregiver to renew hope through the resurrection.

### Biblical and Theological Basis of Hospice Ministry

Hospice caregiving focuses on the individual, and as hospice caregivers, we use active listening skills to help patients and their families navigate Kubler-Ross’ five stages of death and dying. But hospice ministry is more than this. Hospice caregiving is influenced by biblical interpretation, theological understanding, and interpersonal interactions. It is important to consider the lesson from Calvary Hospital that anyone can carry out this ministry if they are trained to do it. Volunteers and medical personnel alike can provide care by raising spiritual awareness in patients.

### Theology of Hospice Caregiving

The hospice caregiver serves as a non-judgmental presence for a suffering patient who is about to die. This means not imposing one’s own faith commitments on the dying person, but being prepared to share them when the patient is receptive.

My own personal religion was a multi-faith experience. During college, I was engaged to a Japanese foreign exchange student who practiced Shinto. We did not get married due to cultural issues but I learned about the religious practices. Shinto gods, for example, are sacred spirits and are found in all living things. There are no scriptures in this interesting polytheistic faith. Interestingly, there are not many rituals associated with

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<sup>44</sup> New Revised Standard Version.

death and funerals are held in Buddhist style. Later on, in my thirties, I became engaged to a Jewish man and explored those faith traditions and practices which were more like my own. As an adult approaching middle age, my personal theology of hospice caregiving is rooted in Christian faith and formation. I continue to be influenced by all those who are servants to God.

Biblical narratives are utilized as a part of hospice caregiving and the main way that I incorporate spirituality into counseling. The three stories referenced above are meant to help patients and understand that bodily death is not the true end. Jesus uses the concepts of salt and light referring to his followers and considers what it means that believers are salt and light. In fact, according to Bible Commentator Paul Achtemeier, salt is used as a food preserver.<sup>45</sup> Hence, Christ's disciples are tasked with preserving the good news of the gospel, as are we, as hospice caregivers today.<sup>46</sup>

#### A Model for Theological Reflection Used in the Project

The microscope method is helpful to elicit productive discussions regarding theological reflection and fosters reflection upon the biblical stories and personal experiences.<sup>47</sup> Identifying uses steps for theological reflection that begin with a story regarding an actual experience of one LAC group member. Exploring leads to an examination of that person's experience in the light of a relevant biblical passage reveals

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<sup>45</sup> Achtemeier, Paul. *A Bible Commentary for Teaching and Preaching* (Kentucky: John Knox Press, 1985), 2.

<sup>46</sup> Ibid.

<sup>47</sup> <http://www.efm.sewanee.edu>

emerging themes.<sup>48</sup> After that, the themes are applied as participants connect with the themes and how biblical metaphors capture them. For the three study participants, some metaphors may be difficult to see and to understand. They prepare for lay ministerial service and are not part of a church faith formation program. It proves helpful, then, to employ the microscope method that includes those four main steps: Identifying, Exploring, Connecting, and Applying.

During the Identifying step, an incident from a Biblical passage is read aloud to the participants. I, as convener, note the shifts in action and present them to the participants to identify based on their cultural understanding. The participants listen carefully and assist me to figure out when the energy is the most intense to concentrate on that. The purpose is to recapture those thoughts bringing them into focus. Group members help the presenter express difficult ideas. Meanwhile, during the process of theological reflection, I as convener note issues from the discussion on a whiteboard for everyone to view.

During the Exploring step, the participants develop a metaphor that best expresses the main idea of the Biblical passage. There is a shift as the participants' focus move away from the story. The metaphor expands the discussion of the human condition. The participants apply theological categories to the metaphor. Joy: What is life like in the world of this metaphor? Sin: What is destructive in this stressful world? Redemption: What factors lead to reconciliation and renewal? It is then time to explore a section of tradition. I ask how a person's faith tradition relates to this metaphor? Participants find a passage of Scripture that relates to the metaphor.

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<sup>48</sup> Walter Brueggeman, *The Prophetic Imagination* (Minnesota: Augsburg Fortress Press, 2002), 6.

In step three, Connecting allows participants to consider the cultural source as the question is posed: what does our society and culture think about the world of the metaphor as shown in the Biblical passage? The participants explore areas relevant to literature, songs, sayings, and family life. It is alright if the person's cultural values contradict the metaphor. As convener, I introduce the position source and each group member reflects upon his or her views. It is useful to start a dialogue among the sources to compare and contrast other views expressed from prior steps.

In step four, Applying, the group answers the questions: What are you learning from this process? What beliefs will you maintain? It is important to discern future recommendations and a call to action. What will you do as a result of your participation? Are there any specific actions that you will take? Each group member explores his or her beliefs.

Spiritual counseling occurs outside of the church walls and inside homes and hospitals.<sup>49</sup> In short, the critical conversation process is theological reflection including our beliefs, perceptions tied to Christian learning, and a specific situation under analysis. Moreover, in Hospice, our theological reflection is influenced by the setting.<sup>50</sup> Hospice care brings together people from a host of cultures who speak various languages, and have a religious system that can lead them to God. Thus, it is ministry within multi-faith contexts among multi-cultural people. The participants who seek to do effective hospice

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<sup>49</sup> Deborah Bowen and Susan Strickler, *A Good Friend for Bad Times: Helping Others Through Grief* (Minnesota: Augsburg Fortress Press, 2004), 100.

<sup>50</sup> Janet Wehr, *Peaceful Passage: A Hospice Nurse's Stories of Dying Well* (Illinois, Quest Books, 2015), 7.

work need to be mindful of these differences and it is helpful when they can study other cultures and learn a foreign language to make difficult conversations better understood.

### Mother Theresa's Lesson on Joyfulness

The end goal is for the participants and LAC members to reach the level of peace and understanding exhibited by Mother Theresa. Mother Theresa's writings, right before she joined the Blessed Virgin Mary (the Loreto Sisters), reflect this view, "put your hand in his hand, and walk alone with him." This requires the faithful servant of God (or hospice patient) to relinquish control.<sup>51</sup> Likewise here, in my ministerial context, I offer to guide my sick patient to trust in God. I feel the joy of hospice caregiving as Mother Theresa did. In fact, Mother Theresa made a resolution to become an "apostle of joy, to console the Sacred Heart of Jesus through joy."<sup>52</sup> Mother Theresa made this resolution at a time when she felt "at the brink of despair."<sup>53</sup> The lesson is that her joy is linked with her conviction that God has a loving plan for her.

In short, theological reflection is a process that is used now rather than as a lookback to explain something. When I utilize theological reflection it allows me to merge the secular world with the spiritual as I challenge assumptions about my faith. The process of reflection and challenge leads to deeper understanding of the world and the place of faith within hospice ministry. I perform hospice ministry using my deep sustaining faith. It comforts me to know that in faith, dying patients are going home to

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<sup>51</sup> Theresa, Mother, and Brian Kolodiejchuk. *Mother Theresa: Come Be My Light: The Private Writings of the "Saint of Calcutta"* (New York: Crown Publishing, 2007), 13.

<sup>52</sup> *Ibid.*, 171.

<sup>53</sup> *Ibid.*

God. During times when my faith is shaken, I do not say anything that I do not personally believe.

### The Problem of Hospice Caregivers in Corporate Environments

Hospice caregivers that serve in corporate environments do not feel as supported as they might in congregations. Nevertheless, I try to be as genuine as possible with a patient's faith even when it is a paid corporate position, even though I do not serve a church as pastoral leader. Hospice ministry is not done in church but often has a spiritual focus that magnifies a patient's religion. In fact, many of my patients consider themselves to be spiritual and yet unaffiliated with a denomination. It is sometimes helpful to honor this by encouraging meditation and brief intimate conversations with a hospice patient's family when it leads to acceptance of a loved one's imminent death. A Hospice team member is often viewed by facility staff, patients and families as Cinderella, the step-child observer of the world, from beyond the church walls.

Moreover, in many cases, the Hospice team member's role is to nurture patients and families as pastoral counselors, though we are not always pastors. In Hospice, the focus of such counseling is healing that translates into the patient's willingness to accept peacefulness. Surely, healing directly correlates with a caregiver's acceptance that the loved one has comfortably died in peace. When pastoral counselors set out to do hospice caregiving, it is helpful for them to realize the difference between the local church and the hospice settings. On the one hand, the traditional role of pastoral counseling is connected with social, emotional, and psychological help for congregants. On the other hand, Hospice team members are chiefly concerned with the patient's level of

vulnerability. In fact, this is evidenced by the fact that dying patients often prefer to be exposed or naked which is reflective of their extreme vulnerability. It is hard for caregivers to maintain the patient's dignity under the circumstances, but they are called upon to try. I wonder whether most parents (as hospice patients) would have wanted their children or other strangers to see them uncovered. At first, it was hard for me to get used to this reality. This is not a pretty business and there are also smells involved in the job, especially around wound change times and shortly after death. But, I keep the joy of faith and joy in the work close to my heart. This sustains me.

### Pastoral Care is Rooted in Theological Underpinnings

Pastoral care is rooted in theology and serves as a training ground for the developing Hospice team member.<sup>54</sup> We are all shaped by our church training or respective faith formation backgrounds from our respective congregations. But corporate hospice caregivers frequently lose our fervor because we do not feel directly supported by our congregations. This may be tied to the fact that we are no longer pastoral leaders in the church. In some cases, hospice caregivers serve only in a part-time church role. Still, we return to the church for communal support since congregations can be faith affirming and supportive of our ministries just by their sheer numbers.

Further, the hardest lesson we learn is to be comfortable working with patients from various denominations. Yet, the spirituality we practice is not connected to community through specific church congregations because our setting demands a more inclusive spirituality. And, we do not have the support of Christian community because in

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<sup>54</sup> Holly Whitcomb, *Seven Spiritual Gifts of Waiting* (Minnesota: Augsburg Fortress Press, 2005), 14.



our role as hospice caregivers we are seen differently than the average parishioner. In Hospice, we have to create Christian community outside of our congregations as we often ask others to pray with us.

### Hospice Team Members' Unique Ministry

Each Hospice caregiving team member approaches this ministry in a unique way. My understanding of the role has not changed over time. Yet, the methods that I use to accomplish the practice of this ministry are informed by my attitudes. These attitudes shift over time with maturity and an increasing capacity to envision what is not conceivable to others. This reflective practice on ministry calls us to act with integrity and to avoid pettiness. Some caregivers are especially difficult to deal with throughout their loved one's dying process.<sup>55</sup> Our personal characteristics as calm and patient ministers are often tested. We do not always expect the ways in which we are tested and this represents a challenge since we may not always turn to our congregations for assistance. Our congregations are often busy and loaded with problems that they have to deal with. The need for this project stems from these problems since hospice caregivers have to develop coping strategies and rely on one another for support.

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<sup>55</sup> Dorothy Soelle, *The Mystery of Death* (Minnesota: Fortress Press, 2007), 19.

## CHAPTER THREE

### MY PROJECT DESCRIPTION

The narrative approach to research was used to elicit stories from hospice caregivers who needed a ministry intervention that supported and energized their hospice caregiving ministry. LAC members desired to serve on the project because they sought support and positive affirmation as their ministerial service needed to be reinvigorated in this ministry. Meanwhile, I presented my vision and explained to the LAC how the microscope method was utilized for theological reflection. I described the narrative approach to research as the best method of research. Meanwhile, the microscope method was the method used for theological reflection in a lay population that was not used to carrying out theological reflection. As a consequence, five major themes surfaced from the project.

#### Strategic Planning Phase

The LAC meetings included hospice team members from volunteers to nurses and were held in the conference room at Holisticare Hospice located in Toms River, New Jersey. These meetings included the use of question and answer to determine what support caregivers on the Hospice team needed. For example, was there a need for more institutional support and/or collegial support with greater fellowship among staff members? The project phase lasted for three months. I identified the microscope method for theological reflection and the LAC members had agreed that it was appropriate for this project with this lay population. I described the microscope method involving four steps: Identifying, Exploring, Connecting, and Applying.

## Implementation Phase

The Local Advisory Committee (LAC) helped plan and implement the project and its evaluation. I recruited Hospice caregiving team members that had reviewed, commented on, and approved all of the materials that were used with study participants. We used the following sessions and resources:

Session 1: Listening to Gregorian Chants in Honor of Mary, the great intercessor for humanity, and parts of the rosary were used as a prayerful meditation. The purpose was to elicit spiritual power calling forth hope and renewal in the seeker. What was the patient's situation before God and did hope empower you as caregiver within the situation?

Session 2: We started with an exploratory discussion from a selection from Moschella's work *Sparkling in the Darkness: Joy and Justice in Paul Murray's Story*. Moschella's project explored narratives of care in order to find joy in ministerial work. The reflection was on how God looks in on you and your ministry with hospice patients and gives you a sense of joy that author and researcher Moschella had mentioned in her text?

Session 3: Self-care: We utilized techniques in mindfulness and meditation that explored our inner lives. How were you vulnerable and how were your needs met?

Conclusion and Self-Assessment: How have these strategies been transformational for you as caregiver or for the patient? These questions were designed to increase conversation, sharing, and community with others. After each meeting, I met with the hosts and discussed what we had learned.

The LAC meetings were fruitful since all members worked hard and were dedicated to the project. It became clear to me that LAC members had experienced transformation as we met and conducted exercises to plan for the participant sessions. They took their jobs seriously and meticulously reviewed the materials that I created for use during the participant sessions. The feedback that they provided during the LAC meetings shaped the course of the three participant sessions. Some of my notes are included in the Appendix to demonstrate their strong involvement in all aspects of the project which was an important factor that made it work.

During Week one, I met with Cherylyn, Holisticare Hospice's Scheduling Coordinator, and Manon, Holisticare Hospice's CEO, to describe the project and ask for the organization's full support. I presented my vision of the project and based on experience, knowledge, and deep interest in the project's topic. The film, *Stories We Tell* was used as a didactic tool to explore narrative research from stories.<sup>56</sup> Six Holisticare staff members were identified: Toni, Eileen, Carol, Ann, Ashley, and Suzanne. They had all agreed to participate as advisory board members. We felt that there would be about six or eight meetings over the course of the next two months. We planned to meet during office hours from nine to five. The logistics were worked out in terms of the best times to meet in the Holisticare Hospice board room since it had offered the most privacy. We had to consider that in hospice there are schedule rotations and we tried to schedule when everyone could meet at the same time.

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<sup>56</sup> *Stories We Tell*, directed by Sarah Polley (National Film Board of Canada Pictures, 2012), DVD (National Film Board of Canada, 2013).

I met with LAC members during week two, and one of their first tasks was to review and comment on the consent form for participants in the study. We discussed the consent form to be used and everyone had agreed that the wording on the form was logical and appropriate for the project. They did not feel that there was anything that was missing and it was approved. The LAC members commented about their experiences with these forms and how important it was for participants to be well informed in any type of study. They suggested that I proceed right away with the participants and obtain the signed consent forms. We talked about the next step which would be to conduct an assessment survey. It was necessary to see where the participants were in terms of their joyfulness before the study had even started. I made a note to develop the assessment tool based on the detailed discussion that we had. We accomplished the meeting objectives: Provide an orientation to the initiative; review the purpose of team; adopt ground rules for collaborative planning; review the draft of my action plan; adopt my vision; identify challenges to my vision; confirm membership; plan the next steps; identify meeting roles and evaluate the meeting. It was agreed that we probably should be a little less formal and an agenda was not necessary for every meeting. I adopted topics for discussion and specific tasks that I asked LAC members to provide feedback on periodically.

During week three, LAC members advised me that it would be a good idea to make sure that each participant in the study conducted some “home” study on their own. They should be given information that they could review after the study had ended to remember and to reflect on. I thought it might be helpful to create a handout for the participants to review in between the sessions. I presented my ideas and then each LAC

member provided feedback. I knew I needed to develop questions that would appeal to all of the participants since they came from different faith backgrounds. Each LAC member would select one choice: A, B, OR C AND comment on why it was the best question to use for all of the participants. Philosopher Joseph Campbell said, “Find a place inside where there’s joy, and the joy will burn out the pain.”<sup>57</sup> The questions on the handout for participants were: a) Do you agree with that statement and can you give me an example? Or b) Did pain ever overwhelm you to the point that you could not experience any joy at all? Or c) Have you ever used pleasant memories to overcome a difficult time? The LAC members felt that in their years of hospice work they wanted to focus on what the family and the patient could hope for. It was important to give them hope because they often remarked that they did not have any hope. Physicians would tell them that there was no hope. They saw their own role as restoring hope within this context. They all agreed that it is important to stay away from negativity and question (c) under the Joseph Campbell was eliminated based on their collaborative feedback.

We picked up where we left off, during week four, because we had to adjourn early due to the bad weather. We evaluated using a statement from Victor Frankl, who said, “If there is meaning in life at all, then there must be meaning in suffering.”<sup>58</sup> The questions on the handout for participants would be: a) Does this make any sense to you? Or b) Do these words comfort you in knowing that your suffering and the suffering of others is a shared experience? c) Propose your own question to ask. The LAC members suggested that the statement by philosopher Joseph Campbell was more related to the

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<sup>57</sup> Joseph Campbell, *The Hero With a Thousand Faces*, (New York: New World, 2008), 17.

<sup>58</sup> Victor Frankl, *Man’s Search for Meaning*, (New York: Beacon, 2006), 24.

study since that statement contained the word: joy. When comparing both statements from Joseph Campbell and Victor Frankl, they collaboratively favored that I use the statement by Joseph Campbell.

We met and reviewed five narratives during week five that were taken from Calvary Hospital's website in order to compare which narratives were strong and exemplary of a hospice caregiver's joy in caring for a patient. We went around the room and each LAC member read one of the narratives. The narratives were powerful and some people had tears in their eyes. The narratives reflected how hope was restored for the people who were patients along with the feeling of satisfaction that the hospice caregiver experienced. We talked about how Holisticare Hospice has a fund devoted to making last wishes come true for its patients and each person commented with a positive experience relative to that program. We veered off track a little and discussed how we all sort of fell into hospice work. We all came from vastly different backgrounds but found this to be rewarding and stressful at the same time.

During week six, we had prepared for the site visit and discussed what documents would be logical to include from a project evaluation standpoint. We agreed to adjourn and to meet again when the site visit would be held during the month of April. I thanked everyone for their time and for their contributions to date.

### Scope of the Project

The project was limited to the patient caregiving team at Holisticare Hospice in Toms River, New Jersey and narrative stories were gathered from their experiences as

they answered the aforementioned questions by engaging in small group discussions. We had followed the timeline as listed below:

#### Timeline

September-December 2017- LAC exploratory meetings, training and Prospectus development.

October 2017- Stories development, Meetings with key leaders

November, 2017- Formation of Hospitality or table hosts (three spiritual care counselors) that will be responsible for organizing meetings.

January 2018-Plan recruitment and story recorder recruitment and training

February 2018-Table hosts story recording rehearsal

March 2018- LAC Meetings Project and Evaluation Phase: series of 3 meetings for coffee at Starbucks during the month of March

April 2018 –LAC reviews and collates notes; schedule site visit

May 2018-August 2018- Analyze the narratives, complete the chapters

August-December 2018-Work on finishing to graduate



## CHAPTER FOUR

### EVALUATION AND WHAT WAS LEARNED FROM THE PROJECT

This project process began when I met with Cherylyn, Holisticare Hospice's Scheduling Coordinator and Manon, Holisticare Hospice's CEO and had described the project and asked for the organization's full support. I presented my vision of the project and based on their experience and knowledge in the project's topic, six Holisticare staff members were identified to be the best people to help and to participate as advisory board members: Toni, Eileen, Carol, Ann, Ashley, and Suzanne. We felt that meetings conducted over the course of two months was the best schedule for everyone due to the scheduling issues and demands related to hospice work.

We began the session with a discussion about the need for more follow up after hospice. The LAC members said that they wanted to check on grieving families to support them even more. The LAC members then advised me that it was a good idea to make sure that each participant in this study conducted Biblical readings on their own. Study participants were provided with scripture readings. Professors Christensen and Savage advised that it was helpful to keep the laity engaged at every stage. Therefore, study participants had been provided with information that they reviewed after the study had ended to remember and reflect.<sup>59</sup> I thought it was helpful to create a handout for participants to review in between the sessions. I had presented my ideas and then each LAC member provided feedback. We viewed the documentary, *Stories We Tell* and a

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<sup>59</sup> Michael Christensen and Carl Savage, *Equipping the Saints: Mobilizing Laity for Ministry* (Nashville: Abingdon Press, 2000), 5.

lively dialogue ensued about family dynamics in hospice.<sup>60</sup> LAC members discussed their congregations and their own faith and spirituality. They advised that the job was stressful since it was important to give hospice patients some hope because they often remarked that they did not have any hope. Physicians told them that there was no hope. They saw their own role as restoring hope within this context. They advised that they felt burned out from the job. Many of them had been working at Holisticare Hospice for over ten years. LAC members searched for a rejuvenation project just like this one.

#### Six Local/Lay Advisory Board Members

There were six Local/Lay Advisory Board Members involved in this study. This group of professionals worked at Holisticare Hospice and they had provided expert advice and guidance during the implementation phase of the professional project.

#### Three Study Participants

Meanwhile, there were three hospice caregivers or participants involved in this study: Arthur- A Jewish hospice caregiver. Joanne- A lay Protestant hospice caregiver and Bill- A Catholic hospice caregiver. The following statements were compiled from some of the comments that the study participants had made during all three sessions. These statements helped to demonstrate the transformative process that the project had on them.

Participant One: *Bill* was excited to participate in the project sessions since he wanted to take his ministry to the next level. He felt exhausted and was experiencing an

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<sup>60</sup> *Stories We Tell*, directed by Sarah Polley (National Film Board of Canada Pictures, 2012), DVD (National Film Board of Canada, 2013).

identity crisis as he was torn by what he should do and what he needed to do. He wanted to meet with others who were going through the same thing. During session one, Bill articulated:

*It was one of the most stressful times. I recall being tired all of the time but I was glad that she was in our home but I constantly wondered how much longer I could keep doing it...taking care of my dying mother. I remember thinking that her needs just kept on increasing and I thought about my years in the Navy. Those years in the service were both tough and rewarding but I had never felt overwhelmed as I did when I took care of Mom. I did not want to ask anyone else for help and looking back, my wife and I relied on the hospice Nurse for so much. Because I was going through all of it, I never did think about joy or much of anything during those crucial months before her death. I am here because I want to focus on joy now in my service to Veterans right now.*

***Analysis: Bill Searches for a Life Preserver***

Here, Bill expressed his uncertainty in his own skills as he shows his tiredness from the hospice caregiving process. Bill needed rejuvenation from his participation in this project. In some ways, he had been searching for a life preserver. He went on to comment on his thoughts before the project began.

*I felt a little nervous being a part of this since I had never participated in any type of study before. I am a very private person. I do feel calmer after listening to the Gregorian chants. I had heard them before and I want to know more about how they can give me hope and joy now. I understand that it is sacred music of*

*paradise but I think that I will close my eyes when I listen to the next part and wait to be inspired by the spirit as it moves me.*

***Analysis: Bill Discovers New Forms of Relaxation to Re-energize***

By the time that we had reached session two of three, Bill had discovered a tool that helped him to relax after hearing the Gregorian chants. The sounds impacted him very deeply especially the devotionals to Mary. He told us that he felt like crying and he needed to release that built up tension.

*It was good to close my eyes since it slowed down my racing thoughts. I released the tensions and moved my neck around just like we were instructed to and both my body and my mind felt better. I do sense that the music can transport you away from any worldly concerns into a higher realm or dimension but you have to listen closely and remove those distractions in your racing mind. You have to be intentional.*

Bill was able to stop his racing thoughts and slow his heartbeat a little when he moved his neck around to release tension. He began to understand the connection between mind and body.

During session two, Bill said:

*I was excited to review the handout from last time...just a few days after the session had ended. As a cradle Catholic, I am not too familiar with psalms which are from the Old Testament. I have not read much of the Bible since my priest simply tells us what we need to know. The analysis made sense to me and it*

*seemed like a hard thing to do, finding joy during hard times or misery. I started to think about philosophy since it reminded me of the saying, to err is human but to forgive is divine. Many people also think that we need God's help to forgive others and those thoughts distracted me and I did not meditate too much on the psalm. I plan to return to it at a later time because I feel intentional about it.*

***Analysis: Bill Develops Innovative Ways to Infuse His Ministry***

Bill had increased his vocabulary and researched the word intentional. He continued to use that word and linked it to the Bible passages that we reviewed during the sessions. In short, Bill discovered that his message was to be more intentional in his ministry. As a result of the project, he decided to develop innovative ways to incorporate Gregorian chants into his ministerial practice. During session two, Bill said:

*Moschella was right about narrative care since people can be so complicated. Arthur seemed to be talking about community here since he has such deep roots embedded in his culture. Well, I think that was what Arthur was talking about. I know that I am going through the grief process but I am so busy that I do not slow down to meditate. I enjoyed this process just to slow me down in an intentional way. I know that I need to do this for myself and I plan to begin a journal just like Joanne had mentioned. It is not really my thing and I do not know whether I would share the journal with anyone.*

***Analysis: Bill Understood the Connection Between Hospice and Hospitality***

It appeared that Bill understood the connection between his hospice caregiving and hospitality. The bible passages describe the servant of the Lord as someone who

serves others. In serving others, we also need to make time for ourselves. Bill thought that he could energize his ministry through the use of meditation. He recognized that he needed to slow down as he moved from patient to patient. In fact, during session three, Bill lamented:

*I did not have any time this week to review the handout but in reading it now, I think that it makes sense. It is interesting to see how other cultures, which are different from my own, view these issues and they seem to be very stoic. I have traveled the world and am familiar with other cultures but this was new to me. These sessions have forced me to examine my: past, present, and future. I know that I will continue in my caregiving with Veterans. It is just who I am now. This process was self-affirming since I know that I am finally moving in the right direction by carrying out what God intends me to. I have certainly been endowed with more tools in my toolbox as I approach each day aiming for joy. I want to bring joy to others just like Mother Theresa said because sometimes it really is all that we have to offer. I am not wealthy. It has been a validation for me to treat each Veteran with: concern, compassion, and devotion. I want to focus on my relationship and my spiritual life and will meditate more. I know that you taught me deep belly breathing in the proper way. I plan to listen to the chants cd in the morning in order to start my day off right. I want to do more things that I love to do in order to care for myself since I have neglected myself, at times. I will make time to review the last handout and to read the materials for our class, probably once per month in order to stay engaged.*

Participant Two: *Joanne* echoed some of Bill's sentiments as she struggled to find the words to describe her most difficult case, the time when she cared for dying father.

During session one, she said the following:

*At that time, my biggest fear was that my Dad would fall. I feared what we would do since I am older and did not have the physical strength to pick him up. The social worker had asked me about my Dad's service in the Airforce because there was help available for Veterans and it was just a blur to me. My Dad had some strength and we helped him pivot from the bed to a wheelchair after the nurse's aide showed us how. In watching the hospice Nurse, I realized that I wanted to be connected to hospice in some way to help out. I have to admit that the Gregorian chants are not my favorite type of worship music since I like contemporary Christian. I think that I understand why they are being used here. I do not know how to use them to bring spiritual power into my life. I use prayers for that and, so, this is new to me. The power of sacred music serves to reassure me that Mary will help me to get through any situation. I experience joy when I think of her on my side. I want to express thankfulness to her for that. I want to feel the joy of being alive and accepting a divine plan in my life just like Mary did.*

***Analysis: Joanne Recognizes the Association Between Hospitality and Hospice***

Joanne reminisced about how she became inspired by a nurse to get involved in hospice caregiving ministerial service. Joanne was impressed with the power of sacred music and she was deeply moved by its beauty. She felt that the chants were thanking Mary for her obedience to God and she identified with that meaningful service to others.

In this way, Joanne understood that her caregiving ministry was the ultimate form of hospitality. She like Mary was serving God through selfless acts that helped others. She wanted to follow Mary's example. Later, during session two, Joanne stated:

*I enjoyed reviewing the handout and read it the next day because I found myself interested to learn even more. I started to keep a private journal that I do not plan to share with anyone, even my own family, regarding my ideas about how I can connect with God. I want to use Mary for that purpose. I grew up in a Protestant family of believers and Mary did not play a prominent role in our faith life. I do not know too much about her and our last session really ignited my interest. I purchased the book at the bookstore that you recommended to me. I felt a little distracted by moving into psalms. Most of the people at my church only read the sections of the Bible that are featured in church services. This process is new to me since I really never took this active of a role in the process of developing a deliberate relationship with God. It is getting easier for me to see the joy in hospice ministry. I do not have a strong and active prayer life since I pray for others...more than for myself. I am not sure if I would use the chants in my ongoing Hospice work but the handouts could work well with people and families who are not Christian. Meditation never came natural to me. It was a little bit easier doing it here since we were all together. I might feel silly doing these things alone and have to get over that hurdle. At first, I had to struggle to try to do it and it helped when I envisioned the bird flying over the ocean. I do agree that Moschella is right on the money, at least, according to my own experiences and based on what I see. We really do have to care for others because, otherwise,*



*the world is hopeless. I am a fan of U2's songs and we really do have to carry each other. Many songs echo the same thing, we should love one another, and I am not just talking about Christian or religious music. The passage really reminded me of all of my favorite songs. I also thought it was good to mention that joy is something that we allow into our lives. And Moschella's most important sentence in that passage was: make room for joy. God is definitely looking in on me since, at times, I really do not think that I deserve joy in my life. I am tempted to quit doing the good deeds that I do with so many suffering patients. And so, I do struggle with that sentence because it relates to my own self-worth or issues that I have with my self-esteem level. My gift from God or how God looks in on me: is that it feels good to me to serve others and to take an active role as a caregiver.*

***Analysis: Joanne Recognizes an Urgent Need for Renewal in Ministry***

Joanne had made great personal progress in terms of improvements in her outlook on life. She no longer felt that pull to quit the ministry. Through her participation in these exercises, she sensed a renewed calling to this ministry and remarked during session three:

*I reviewed the handout from our last session a few days after just like you told us to. It did not make a whole lot of sense to me in the beginning. I read the quote over again just before bedtime and I am not sure if you have to have suffered in order to appreciate joyfulness, though. It helps since some people at my church feel that you should not judge a man until you have walked a mile in his shoes. I think that the word gratitude meant joyfulness and so I can see the relevancy of it.*

*When I think of joy, I am reminded of butterflies on a warm sunny day with a bright blue sky in a distance. The quote in the handout was not what I am used to. But I really appreciated the reference to Native American elders because it reminded me of my college days when I had a Native American friend who later moved away. She used to always say things like that. These sessions have been transformational for me because I am always looking to improve in anything that I do. I firmly believe that we are here for a purpose to serve God. I experience joy by helping others: plain and simple. I plan to review our final handout in the middle of next week and once per week thereafter. I do not want to forget our time in these sessions. Thank you for your time and for listening to me, especially when I veered off track or said things that may not have made too much sense.*

Joanne directly advised that the sessions were transformational for her. She had been exposed to ideas and topics that she had not considered before. She knew that she needed a change because she was at risk to quit the ministry. The project had provided her with the best environment to experiment and with the tools that she needed to find renewal.

Participant Three: Arthur faced challenges that had seemed unsurmountable when he described his toughest case as a hospice caregiver. Arthur did not have a strong relationship with the Temple and he was not familiar with Bible stories or the tenets of his faith tradition. During session one, he commented:

*I remember that it was so hard for Mom to move around in the bathroom and I had struggled to find a home health aide who could sleep over to provide*

*overnight care. And I leaned on the social worker for help with that and other things. We had managed with the bath bench and the toilet riser but her decline was fast because she was getting weaker. The hospice Nurse advised us to set up a bed in the living room and that helped a lot. I have never heard of Gregorian chants before since I come from the Jewish tradition. They were strange to me but I did not feel threatened by them. I would have to listen to them even more to get used to it, I guess. I do not attend any services regularly but when we pray in my tradition, I refer to certain psalms like psalm 94:19 which actually relates to joyfulness. I named my first-born son David.*

***Analysis: Arthur Made the Connection Between Hospitality and Hospice***

Arthur later made progress in terms of his personal development and his ability to open up to new ideas. He was not always able to understand the link between his cultural practices and his religion. Arthur understood that culturally it was important to provide hospitality. He knew about Abraham and Sarah's encounter with three mysterious strangers who turned out to be the Lord with his angels. For Arthur, demonstrating hospitality to strangers was engrained in his culture and for that reason, it was easy to be kind to strangers. He wanted to develop his openness to the application of these new ideas. During session two, he said:

*I enjoyed the handout about psalm 94:19 and I knew that you might include it in one of the sessions since it mentioned joyfulness so prominently. Given my Jewish background, I was more comfortable with psalms than the Gregorian chant. I had some regrets that I did not read from psalms before my mom passed and that is*

*something that I planned to do going forward in my hospice work. There are not a lot of Jewish people in the world because of the Holocaust so I feel that it is important for Jewish people to retain our heritage and foster interest in the five books of Moses. I would like to use the handout to bring that to the patients that I see and in a sense, that makes me joyful by giving me a sense of satisfaction that I am carrying on our shared culture and beliefs. I think that God wants me to do that. Most people that I know learned meditation and breathing in an adult mindfulness class at a community college. I did not think that I was the type of man to participate but I kind of liked it. I like that Moschella stated that human beings have to use experiences, emotions, memories and stories in order to learn about each other. Everyone that I meet and help loves to tell stories and this is the gift from God to us. I enjoy telling stories but I am not as animated... as some people that I know. It makes everyone feel better when you tell a story and they learn a lesson from it. Stories can definitely help us to feel joy when we are in hard times since we share those times with others because we all have stories to tell, especially as we get older. When I was a young man, I used to sweat the small stuff but I don't anymore and that helps me to allow joyfulness into my life.*

Arthur held some surprising views about people who were not Jewish that were inaccurate and disconcerting. These views were also causing barriers to form in his life with family, friends, business associates, and he was thinking about ending his ministerial service or limiting it to Jewish people only. It was a challenge to educate him and to free him from the destructive conflict that raged inside of him. During session three, Arthur commented:

*I looked at the handout the day after our last session and I talked it over with my daughter a little bit. She liked the quote and was inspired to draw a landscape that would complement the quote. I am sorry but I forgot to bring it with me to show everyone. I had to laugh to myself because for years I was trying to get her to be more artistic because I am not. It is always challenging to me to open up myself to arts, creativity, and to God. I normally do not have personal conversations with God but I know that I have yelled at God in anger a few times. I do not want to be that person. I was intrigued with the notion of having a spiritual practice. It seems to me that it means more than mere worship. The notion of sacrifice as joy seemed to creep in and that was reminiscent of my Jewish heritage. I learned a lot about myself and about other cultures and faiths. Thank you for that as I learned from you. I am not planning on converting but that was not the goal of this anyway. I appreciated that you included texts that were part of my tradition. Everyone here respected me and never cut me off when I spoke. I have Christian friends but they do not tell me too much. It is interesting to me that Mary was Jewish. I might listen to the chants cd in my car when I am alone sitting in traffic because it really did calm me. I am still not exactly sure what it should mean to me in my context but it is not a bad thing. I loved it when we talked about psalm 94:19 and I will certainly read and review that interpretation. I plan to talk to my Rabbi about Psalm 94:19 since I now feel more confident to have a conversation about psalms. I now read psalms and create my own interpretations and suggestions for use.*

By the end of session three, Arthur made the most progress out of any of the participants since he opened himself up to other faith traditions and to other viewpoints, in general. He was staunch and stern in his views and this factor was making him unhappy. It created a barrier between him and others that began to interfere with his ministerial service. The project was transformative for him since it gave him an appreciation for other people and their differing beliefs. He also began to understand the links between Christianity, Islam, and Judaism.

#### The Microscope Method

Using the microscope method for theological reflection, we had followed the four steps, and there were five themes that emerged after I reviewed the narratives: (1) Hospice Ministry Addressed Critical Challenges, (2) Hospitality in a Divisive World, (3) An Ecology of Faith Formation, (4) Hospice Ministry Had Even Greater Potential and (5) Collaboration with Congregations. There were also several promising areas or possible themes for further attention and future research. The themes were: emerging caregiver consciousness and acceptance of loss, transformative familial relationships and ministerial practices, leadership models, partnerships with other faiths, and spirituality and the role of hospice.

It was important to strengthen caregivers through direct action and limitations were placed.<sup>61</sup> This ministry research project was limited and had set out to identify and explore characteristics and practices of faithful, effective, and sustainable caregiving during the real-life sensibilities of hospice. According to social scientist Nielsen, the best

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<sup>61</sup> Peter Rosenberg, *Hope for the Caregiver: Encouraging Words to Strengthen Your Spirit* (New York: Worthy Inspired Press, 2014), 8.

results came from limiting the study and it was important that there were no more than five participants in small intimate group settings.<sup>62</sup> For Nielsen, the more participants involved in the study resulted in seeing the same things over and over again. The researcher had generated a small amount of data but had gained enough insight. Nielsen advised that three participants in a study was a sufficient number.<sup>63</sup> In fact, Nielsen lamented that a third participant in a study provided no additional data in addition to the first two participants.<sup>64</sup> Having three participants, as a minimum, allows the researcher the benefit of avoiding the need to ask the same questions over and over and not learning too much that was new.

I had planned for a total of five participants but one person dropped out after ten minutes into the first session. The other potential participant canceled at the last minute. I had not prepared for this eventuality and did not find out the reasons why this had happened. Also, I should have made provisions to allow for alternate participants to fill in any gap. I did have three committed participants who attended and actively participated at every session. The three participants represented different faith groups. The researcher conducted three sessions with all three participants. The participants were: one female, and two males. The demographic breakdown of participants was Caucasian, upper and middle class, and over sixty. The implementation phase of this project revealed that hospice caregivers experienced significant challenges, even as they remained engaged, effective, and filled with potential to impact their family members last days. Also,

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<sup>62</sup> Jakob Nielsen, *Why You Only Need to Test with Five Users* (Amsterdam: ACM Press, 1993), 1.

<sup>63</sup> Ibid.

<sup>64</sup> Ibid.

hospice ministry offered important strategic insights to the ministry of the larger church. Five major themes had emerged from the data and had framed the project results.

#### Theme One: Hospice Ministry Addressed Critical Challenges

It was abundantly clear that these participants were deeply committed to their respective family members. Each participant had agreed that hospice ministry in his or her context was fulfilling specific needs for them, their families, and the larger faith communities. The challenging realities in the hospice environment were multi-faceted.<sup>65</sup> Caregivers and those who worked with them faced intersecting pressures from many dimensions of life, only some of which were identified in the sessions that I spent with them. This feeling of being in between was one of the main characteristics of facing the difficulties with being a caregiver to a dying relative. The participants expressed feelings of being unsettled and in a transitory stage of life in which few things were reliably constant, aside from a persistent search for identity since they were all going to end up parentless. They had suffered the losses of both of their parents and said that they felt like orphans. Bill characterized this feeling as *“a looming feeling of not being able to completely relax.”*

Meanwhile, Joanne reflected on her experience as she cared for her dying father, *“I think the struggle was being comfortable in uncertainty, which I did not think that I was prepared for.”* She went on to describe her feelings before our sessions in the first weeks as *“chaos everywhere”* but that she settled after she finally accepted, *“That's just what hospice caregiving felt like.”* All three participants had described settling into this sort of disequilibrium of uncertainty and chaos. The problem was that their ministerial

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<sup>65</sup> Karen Whitley, *Living at the End of Life: A Hospice Nurse Addresses the Most Common Questions* (New York: Sterling Ethos Press, 2018), 5.



service had suffered from the lack of support. They did not even realize what was happening but they knew that they needed some form of help or group support.

Bill meditated on a passage from Mother Theresa's book and advised that, "*I am comfortably uncomfortable.*" A large part of feeling in between was the understanding among each of them that they were maturing, gaining independence, and constructing new identities that would define them since they had to live without both of their parents. The participants were forced to construct new identities forged around relationships and religion, and they identified ministry as one resource that was helpful in these endeavors. In the midst of these looming feelings of uncertainty, ongoing discomfort, and search for identity, the participants faced the intense pressures in relationships, financial stress, and pressure to move forward. Each participant had shared confidential stories of difficulties with family members about dividing up wealth and assets.

#### Theme Two: Hospitality in a Divisive World

It was evident that the theme of welcome was an intentional counter-narrative to an unwelcoming or even hostile world.<sup>66</sup> Another important component in the effectiveness of the hospice ministries was the degree to which they were connected to the hospitality provided in congregational ministries.<sup>67</sup> The two sites embedded in congregational ministries enjoyed the most natural connections, but the center-based sites also found creative ways to engage with congregations. Area pastors came into the caregiver's lives as guest presenters since area congregations hosted meal times for

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<sup>66</sup> Herbert Brokering, *I Will To You*, (Minnesota: Augsburg Books, 2006), 17.

<sup>67</sup> Patricia Wright, *Fast Facts for the Hospice Nurse: A Concise Guide to End-of-Life Care* (New York: Springer Publishing Company, 2017), 2.

caregivers. These ministry programs met with varying success, since some caregivers preferred personal interactions in the home.<sup>68</sup> As a consequence, one purpose of my sessions with the participants was to consider how faith was incorporated into diverse vocations and daily life.

### Theme Three: An Ecology of Faith Formation

These hospice caregivers were part of a much larger ecology of faith formation. This reality of the urgent need for faith was clear as each personal story was articulated. There were faith stories that typically included all Jewish traditions, Sunday school, and vacation Bible school. Participation in hospice ministry offered a level of continuity of their faith experience. They all reported a period of spiritual searching that led them away from other faith traditions. They questioned why God allowed such intense suffering. Our second session together helped with that question as we explored words from a philosopher. It became clear to them that their engagement in hospice ministry allowed them opportunities to deeply explore their faith.

### Theme Four: Hospice Ministry Had Even Greater Potential

There was increased openness by these three hospice caregivers to the role of spirituality. They asked spiritual leaders to partner with them and this was demonstrated when the minister was invited to pray with them and their family member. This shift also indicated an understanding that, although hospice caregivers were less likely to be involved with organized religion, they remained spiritually hungry. Each participant wanted to dig deeply into theological material. It was curious in the interviews that the

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<sup>68</sup> Judith Sands, *Home Hospice Navigation: The Caregiver's Guide* (New York: CreateSpace Independent Publishing Platform, 2018), 6.

caregivers had used more explicit faith language than the spiritual leaders that they described. The sessions were clearly grounded in theological commitments, but there was potential for deeper theological reflection and more explicitly religious language with these three participants. It was a fulfilling faith journey for me and for the participants.

#### Theme Five: Collaboration with Congregations

One of the most promising possibilities for hospice ministry partnerships evident in the interview data was increased engagement with interfaith congregational ministries. As a consequence, part of the problem stemmed from the lack of knowledge on the part of congregational ministers, who were unaware of the type of ministry going on or the potential avenues of partnership.

#### Summary of the Five Themes

This research revealed many of the questions, challenges, stories of transformation, vulnerabilities, and potential. This important step might well be followed by both further investigation and strategic thinking. It was important that action steps were developed during such transitions. There were five areas of concern and potential for future development:

- 1) Understanding the emerging hospice caregiver's consciousness about his or her own mortality by addressing any increasing stress levels;
- 2) Expanding transformative hospice ministry relationships and practices;
- 3) Exploring ministry leadership models, especially regarding the roles of the caregiver and the spiritual leader;
- 4) Tapping more fully the great potential of partnerships with other faith groups;
- 5) Revisiting the relationships of religion, faith and spirituality subsequent and ongoing research might confirm or refute these findings in relation to the ecology of faith formation. Future

research had the potential to delve more deeply into hospice ministry's effectiveness and limitations. This ministry had potential to thrive, but more strategic planning was needed since many potential caregivers were scared away from this ministry. They needed more support and guiding information. Moreover, hospice ministry offered vibrant and vital contributions to the church, even if the immediate benefits were not always apparent.

#### Site Visit

The site visit took place on April 13, 2018 with all of my LAC members and my advisor Dr. Donna Ciangio. We had a contemplative discussion about the major themes that emerged from the project. Each LAC member answered questions about the process and how they had grown as a result of their participation on the committee. It was affirming to them since they had realized how they acquired expert knowledge in the hospice field because of their field experience. They nodded their heads when each individual commented on the tasks that she had to accomplish. They had never served on a committee like this one and enjoyed the experience though it was hard work. It became a pleasant distraction to them as they would contemplate the content discussed at our meetings over the weekend and in the early hours of the morning.

## CHAPTER FIVE

### SUMMARY AND CONCLUSION

It was understood from this project that Hospice staff members wanted help with energizing their ministry. The film, *Stories We Tell*, introduced the concept of narrative research using stories within the context of hospice.<sup>69</sup> The preparation for this project was accomplished through intercession and a series of exercises that were designed to provide each staff member who participated with background information. Hospice caregivers had developed deep understandings of their spiritual journeys when they provided aid and comfort to dying patients. It became clear that their spiritual journeys, along with their patients, was captured and memorialized by this project. They realized that God gave them the strength in turbulent times and moments.

#### Three Participants Connect Hospitality with Hospice

Bill realized that his hospice caregiving service was the same as hospitality. Many biblical passages describe the servant of the Lord as someone who serves others. In serving others, Bill was able to recognize that he needed to make time for himself. Bill re-energized his ministry through the use of meditation. He recognized that he needed to slow down because he became mechanical in his actions moving from patient to patient.

Joanne was inspired by Mary's service to God. During the Annunciation, the Blessed Virgin Mary consents to conceive Jesus, the son of God when the angel Gabriel

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<sup>69</sup> *Stories We Tell*, directed by Sarah Polley (National Film Board of Canada Pictures, 2012), DVD (National Film Board of Canada, 2013).

reveals God's plan (Luke 1:26-38).<sup>70</sup> As an obedient and willing servant of God, Mary allowed God to use her body to bring forth the savior of the world. Through Mary's service to God and to the world, Joanne understood that her caregiving ministry was the ultimate form of hospitality.

Arthur embraced his cultural understanding of showing kindness to strangers. He linked his cultural practices with Abraham as the father of all nations. Arthur understood that in Jewish culture it was customary to show hospitality to strangers. He heard stories about Abraham and Sarah's encounter with three strangers. Arthur was moved by Abraham's unwavering service to God since Abraham almost sacrificed his first born son.

#### Spiritual Development and Renewal Required Action

The people involved with this project came to understand that spiritual formation required action. As we took action, we considered what would have happened if we did not. It was important to foster spiritual development in all of the people involved in this project. People were interested in Bible studies and how the passages were meaningful in their lives. It became important to devise ways to demonstrate practical applications of the text whenever possible. Spiritual development built communities and strengthened bonds among staff members. The benefits to hospice patients and to the hospice staff members were readily apparent as each week passed and people experienced more of the project. There were many challenges that people had to overcome in order to remain connected to the process as it developed.

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<sup>70</sup> New Revised Standard Version.

At the beginning of this project, we were unsure about the outcomes and whether it could help people to reach peacefulness while energizing hospice ministry for other people. The project goals were designed to utilize and recognize our gifts and talents in order to serve others during their greatest time of need. What we found was that it helped people both in the long term and in the short term. The meetings with LAC members gave them a new purpose as they collectively realized that they were experts in their fields. It had not even occurred to them before this project started. In this manner, the project was successful in changing the social norms within this hospice care giving community.

#### Facilitation of Theological Reflection

As mentioned in Chapter Four, it was challenging to facilitate theological reflection even when the microscope method was followed during the three participant sessions with one female and two males. The microscope method includes four steps: Identifying, Exploring, Connecting, and Applying. One problem was that the three participants had diverse faith traditions so it was not possible to always reach a consensus. During the Identifying Step, for example, each participant took a turn and shared an incident that took place while they served as a hospice caregiver. Each participant viewed the incident from a different perspective and would have interpreted it in a different manner based on their faith tradition. Each participant began to realize how much familial influence was involved as they made their choices and this proved to be an eye opening experience for them. During the participant sessions, we used the materials that the LAC had approved. As Convener, the three participants and I had listened to everyone's stories and had jointly identified the concepts of joy, sin, and redemption as themes that needed

further exploration. The three participants did not agree about the best way to approach each situation but the LAC members warned me that it was going to turn out like that. However, it was unanimously agreed that hospice ministry addressed critical challenges for hospice patients and their families.

During the Exploring step, the three participants applied theological concepts of joy, sin, and redemption. We discussed the human condition and each participant expressed their definitional views according to his or her respective values. As a consequence, each participant simply explored a scriptural passage that they felt signified the human condition. It was learned from these interactions that these values were also shaped by their religious beliefs and familial influence. The participants explored what life was like for the joyful person who was providing care. They had agreed that the reward was intrinsic to the caregiving acts themselves which they noted were fulfilling and satisfying. In short, it felt good to help another person and, we retained some control over life when life seemed to have spiraled out of control. There was security in knowing that once the pain medication was administered to the patient then the pain was controlled, for example. As a group, we also explored what was destructive in this world. Participants identified the feeling of loneliness which had been alleviated by knowing that there were other people in the same situation that were doing the best that they could.

In step three, Connecting, the participants made connections between their reactions and thoughts based on their cultural norms. They were each challenged to consider their views in relation to the views presented in the given source. The participants were able to compare and contrast the opinions that were presented to them in the source material. It proved to be clarifying for them since there were some reading



comprehension issues that surfaced. The participants agreed on joint meanings and intentions as expressed by the author and then we moved to the next step.

During the Applying step, the participants applied what they had learned from the sessions and from one another. They felt that theological reflection was directly influenced by the setting. It proved meaningful that participants from varied religious backgrounds were thrust together to describe and debate the source material. The similarities and differences that they all expressed impressed them. It was attributed to the differences in their cultural backgrounds and how they were raised. There was also the gender dynamic since two participants were male and one was female.

In summary, the microscope method aided in fleshing out theological reflection in the study participants who appeared to be somewhat reluctant. It proved to be hard work to get the three participants to open up during the sessions and this improved over time. The overall outcome was that the three study participants and the six LAC members all experienced some personal growth and transformation within their ministerial service. They were equipped with new tools as a result of the project based on their pre and post evaluations. In this manner, the project was successful and it also identified five major themes in hospice ministry along with some recommendations for future research.

## APPENDIX

### Doctor of Ministry Project Outline for LAC Members

#### **IMPLEMENTATION PLAN**

- Discuss project, expectations, and desired outcomes
- Spiritual growth from loss, use of philosophy of joy and religious texts
- Reflections from spiritual path as a result of loss
- Meditative exercises to bring forth joyfulness
- Assess personal growth of participants as a result of the sessions

#### **PROJECT SCHEDULE**

- Weeks 1 thru 3: Engage in sessions for: study, meditation, and light prayers to find joyfulness in hospice ministry
- Weeks 4 thru 6: Finding joyfulness in hospice ministry using philosophy and other selected readings
- Week 6: Participant's Assessment of Outcomes from the implementation sessions

#### **DEFINITION OF KEY TERMS**

**Hospice-** In order to qualify for Hospice services a patient has to be certified terminal (to die within six months) by a physician.

**Local Advisory Committee (LAC)-** The committee provides advice and helps to gather research narratives for this project.

**Multi-disciplinary Committee-** A Hospice weekly team meeting involving a Physician, Social Workers, Skilled Nurses, a Volunteer Coordinator, Volunteers, and Spiritual Care Counselors.

### EVALUATION

- Give the initial assessment questionnaire to target goals for growth in study participants
- Administer the second spiritual assessment questionnaire upon completion of the project to review outcomes and discuss changes to see whether participant expectations had been satisfied
- Administer evaluation questionnaire of Doctor of Ministry candidate
- Candidate completes the self-evaluation survey to see whether targeted outcomes were met

### JOY

**What is joy?** Joy is a moment in life that includes comfortable satisfaction absent of anxiety and fear. It may be a philosophy of life and influences the way that we perceive a given situation.

**Why do we need joy?** Religious books instruct that we should make a joyful noise. Joyfulness helps us to improve our world view understanding that there is holiness and grace in this world that has suffering.

### ELEMENTS OF JOY

**Acceptance-** Understanding and realizing that circumstances cannot be changed and being at peace with that fact.

**Forgiveness-** Tapping into the holy power to forgive acts that would ordinarily be unforgiveable. Not having unfinished business or unresolved issues in familial relationships

**Grace-**We humble ourselves before God because we are not holy and are tainted by our sinful nature but we can transcend that reality

**Redemption-**We can acknowledge our shortcomings and we will be forgiven

### **INVOCATION**

Participants listen to Gregorian chants in honor of Mary in order to call upon what is holy and good in this world. These sessions devoted to Mary serve as a way to begin prayerful worship of Mary who is regarded as an intercessor to God for humanity

### **INTERCESSORY**

Participants pray for the souls of their departed loved ones as they discover hope and renewal in the rosary. Participants spend time contemplating prayerful intentions on behalf of others. This can be empowering to them since they may feel a little helpless in their respective grief processes. Contemplate how you provided your loved one with hope and read aloud the phrase by Mother Theresa, "Every Sunday, I visit the poor in Calcutta's slums...I cannot help them, because I do not have anything, but I go to give them joy."

### **MEDITATION**

Meditation helps study participants who are suffering through the grief process because it requires them to remain still and quiet. In the stillness, we often hear the holy spirit which fosters greater intimacy between God and people. The most difficult aspect occurs when

study participants prayed and there were no immediate changes in the way that they felt. It is helpful to read and then meditate about the words. A selection from Moschella's work, *Caring or Joy: Narrative, Theology, and Practice* serves as a way for study participants to explore deep feelings using narrative as therapy. One relevant passage from Moschella's book is:

narrative care is orientated toward persons in their relationship to their social, cultural, and political webs of being. Thus narrative care fits well with pastoral theology's shift toward prioritizing contextual communal models and the linkage of care of persons to care of worlds. Narrative care makes room for joy in that it can help people remember themselves as vital, valuable, and interrelated beings, feeling their way along toward the goodness, beauty, and love of God. As human beings, we gather our experiences, emotions, memories, and ideas into stories that help us to understand each other. There is a narrative quality in the way that we experience our lives (16).

### **MEDITATIVE TECHNIQUES TO RESTORE BALANCE**

It is important to focus on breath and to slow it down. Take deep belly breaths and unclench your fists. Untighten your jaw and be mindful of your facial expressions and muscles. Close your eyes and open your imaginations.

### **A PERSONAL QUEST**

The discussion starts with an explanation about what a quest is. It means to link one's life with an encounter with a loved one to determine where the person came from and where they are situated in their religious life. For some people, they seek to venture outside of

the confines of the religious beliefs that they learned when they were children. Or the quest could take the form of an exploration that leads to an affirmation of those long held and cherished beliefs from one's childhood. The personal narrative of that journey which includes the influence that the loved one had on it is the study participant's view of how God works in his or her own life. This view includes familial influences, negative and positive life events, the study participant's values and how the participant views God.

## **Site Visit Meeting Agenda**

Renee Pistone's Doctoral Advisory Board

Date: April 13, 2018

**Place: Holisticare Hospice, Toms River, NJ**

### **Agenda for Site Visit**

#### **Objectives:**

#### **Agenda:**

11:30 Evaluation Session with LAC members and Faculty Advisor

12:00 Presentation of Professional Project Implementation Certification Report Review, Summary Outline of Interview Analysis Themes and Topics/Promising Areas/Themes for Further Attention; Review Results Section in the Report Appendix

Close with Review of Candidate's Self-Evaluation Report

### **Welcome Letter to LAC Members**

Greetings!

Welcome to Renee Pistone's Doctoral Project Lay Advisory Committee (LAC). I am excited and honored that you have joined me. The purpose of the LAC is to include the perspective from the wider community and especially from people who are not ordained ministers. It has been an exciting year for me as I have reached the final phase of the Doctoral degree in Ministry from Drew University!

My vision for this (LAC) is to receive feedback from you about my approaches to the project as I try to maximize the outcomes for each participant in the study. In order to achieve this vision, I shall ask you questions about my selections of narratives and ask for your opinion about how to help hospice caregivers find joy in caregiving. We plan to meet several times over a period of three months. The first meetings are substantive and you will be asked to comment on the questions that are being used in the interviewing of the participants. You will be asked to work collaboratively to provide feedback about the sample narratives that have been provided from Calvary Hospital in New York in order to learn more about this form of research. You will be asked to provide feedback about the project during meetings.

The purpose of the LAC which will be composed of six people is to provide guidance and mentorship regarding the research topic which is: joy in the ministry of hospice. The advisory board is assembled during the research phase which is usually over a period of several months. The LAC members give feedback on the research project and the topics for discussion during the meetings. This feedback is usually done in-person. The research phase of this project usually lasts three months and then my dissertation advisor from Drew University, Sister Dr. Donna Ciangio for a site visit. Thank you and I look forward to working with you on this aspect of my project. Again, I would like to express my sincere gratitude for taking time out of your busy day to be a member of this committee.

Sincerely,  
Renee Pistone



### Participant Feedback After Session **One**

- The sessions with the teacher who learned how to find her own joy in hospice ministry helped me because of the shared insights that were provided.
- It helped me to work in a small group because this is intensely personal for me and I did not want to open up in front of a large group of people.
- Yes, my goal was achieved. I had struggled with depression and a feeling of senselessness before I participated in these sessions.
- I understood most of the content but I found that the handouts were especially helpful since I needed that refresher since the sessions were held weekly.
- The content was easy to read but some of the philosophical items were beyond my education and knowledge.
- Yes, I enjoyed the content and the handouts were useful and allowed me to reflect on the ideas even more.
- Yes but I was nervous during session one and felt more comfortable in sessions two and three.
- I felt shy during sessions one and two but then became more talkative in session three.

### Participant Feedback After Session **Two**

- I had wished that there might have been a fourth session but I understood that I had some work to do alone in the form of soul searching.
- I chose to participate in this project because I wanted to feel good about myself and to learn about spirituality.
- I wanted to help others by participating and sharing my experiences as a hospice caregiver.
- I learned that I knew more than I thought about connecting with God.
- The best of the sessions happened when we shared our experiences.
- It was good when the others explained how they felt and how those feelings could actually be interpreted as joyfulness.
- I enjoyed the times when we figured out together what the meaning of joy could be.
- I plan to continue to read the handouts and materials from the sessions.
- I hope to listen to the Gregorian chants because I found that to be uplifting.

### Participant Feedback After Session **Three**

- It will be important to go back and re-read the materials on a weekly basis.
- Some people may resist this concept of joyfulness in the midst of heartache.
- I was skeptical at first but I would like to share these ideas with other people that I know.
- I think that programs like this can assist others and it has a lot to do with attitude or shifting attitudes.

## **DOCTOR OF MINISTRY CANDIDATE PISTONE'S SELF-EVALUATION**

### **a) Was your main professional goal met? Why or why not?**

Yes, I think that participants have better control over their emotions and can steer their way toward joyfulness. They can also reflect back upon their time as hospice caregivers and fondly contemplate how they brought joy to others.

### **b) Do you think that all participants understood the materials and were engaged during each session?**

Yes, because the questions that they had asked related to minor clarifications about what they should be doing and when. At no time did any participant indicate that they were bored or confused.

### **c) What do you think had worked best during the project?**

Based on my observations, it appeared that all participants enjoyed the sessions and the specific content that was offered to them. I had noticed that they came into the sessions with weary looks on their faces but left smiling. The textual materials versus the music (Gregorian chants in honor of Mary) appeared to appeal to everyone. The participants were from different faith traditions but everyone had agreed that the chants were beautiful and relaxing even if they did not understand their purpose.

**DOCTOR OF MINISTRY CANDIDATE PISTONE'S SELF-EVALUATION****CONTINUED**

**d) Do you think that other people might experience greater awareness of joyfulness in ministry as a hospice caregiver?**

I think that the sessions could be implemented anywhere at any time. We have developed a strong implementation plan that could be set up at another hospice because it would not be hard to train the volunteers.

## HANDOUT ONE OF THREE FROM SESSIONS WITH STUDY PARTICIPANTS

Please read [Psalms 94:19](#) and review this handout a few days after the session and consider the interpretations below\*

### EXPOSITION.

**Ver. 19. In the multitude of my thoughts within me.** When I am tossed to and fro with various reasoning, distractions, questions, and forebodings, I will fly to my true rest, for **thy comforts delight my soul.** From my sinful thoughts, my vain thoughts, my sorrowful thoughts, my griefs, my cares, my conflicts, I will hasten to the Lord; he has divine *comforts*, and these will not only console but actually *delight* me. How sweet are the comforts of the Spirit! Let us turn away from the mournful contemplation of the oppression of man and the present predominance of the wicked, to that sanctuary of pure rest which is found in the God of all comfort. Good will to us, and to give us some evidence and assurance of his love and favor towards us; these are his comforts.

*"Delight."* This is a transcendent expression, which the Holy Ghost in the pen of the prophet David comes up unto. It had been a great matter to have said, they satisfy my soul, or, they quiet me, no more but so, that is the highest pitch which a perplexed spirit can wish to itself. Those which are in great pain, they would be glad if they might have but ease, they cannot aspire so high as *pleasure and delight*, this is more than can be expected by them; but see here now the notable efficacy of these Divine comforts; they do not only *pacify* the mind, but they *joy* it; they do not only *satisfy* it, but *ravish* it; they not only *quiet*, but *delight* it. **Thy comforts delight my soul.** That is, not only take away the present grief, but likewise put in the room and place of it most unspeakable comfort

and consolation; as the *sun* does not only dispel darkness, but likewise brings in a glorious light in the stead of it.

**Ver. 19. Delight my soul.** The original word *wevey*, signifies "*to cause to leap or dance for joy*"; "but the English language will not bear an application of this image to the soul; though we say "to make the *heart* leap for joy."

**Ver. 19.** A text of this kind shows us forcibly the power of Divine grace in the human heart: how much it can do to sustain and cheer the heart. The world may afflict a believer, and pain him; but if the grace which God has given him is in active exercise in his soul, the world cannot make him unhappy. It rather adds by its ill treatment to his happiness; for it brings God and his soul closer together.

**HANDOUT TWO OF THREE FROM SESSIONS WITH STUDY PARTICIPANTS**

Please review this handout a few days after this session and simply contemplate the ideas:

*“If we cannot be happy in spite of our difficulties, what good is our spiritual practice?”*

*~Maha Ghosananda*

Buddhist monks begin each day with a chant of gratitude for the blessings of their life. Native American elders begin each ceremony with grateful prayers to mother earth and father sky, to the four directions, to the animal, plant, and mineral brothers and sisters who share our earth and support our life. In Tibet, the monks and nuns even offer prayers of gratitude for the suffering they have been given: “Grant that I might have enough suffering to awaken in the deepest possible compassion and wisdom.”

The aim of spiritual life is to awaken a joyful freedom, a benevolent and compassionate heart in spite of everything.



## HANDOUT **THREE** OF THREE FROM SESSIONS WITH STUDY PARTICIPANTS

After session three (our final session together) Review these statements taken from an internet blog and consider the ideas:

While it's better to have a miserable moment than day (though, who wants any misery at all?), the Apostle Paul tells us to *always* be full of joy in the Lord. (Phil 4:4)

**And he follows that with, "I say it again—rejoice!"**

The thing to note here is Paul didn't write this while having an "everything is going my way" kind of day. He wrote this during imprisonment and in the context of discussing a problem arising in the church at Philippi.

Search for God — to find joy in miserable moments and — while it's no simple task — it has everything to do with our spiritual growth.

**Now that you have completed all three sessions try to go a step further.**

Desiring to have the mind of someone who wants closer intimacy with God and truly (attempting) to walk the walk does not keep trials from entering our life.

This is where God works in our life because we cannot do it alone.

While God is always there, we have moments that require us to call out... To pray... To sing... and express joyfulness.

How about trying it on your own?

## Joyfulness Assessment Survey for Study Participants Taken

### Prior to Participation in the Study Sessions:

Please check off the box that indicates your response to each statement that best describes your current awareness about your level of joyfulness:

1) I have a lot of fun and love life.

<u>Always</u>	<u>Frequently</u>	<u>Occasionally</u>	<u>Infrequently</u>	<u>Rarely/Never</u>
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2) I often feel blue and am in a bad mood with a dark outlook on the future.

<u>Always</u>	<u>Frequently</u>	<u>Occasionally</u>	<u>Infrequently</u>	<u>Rarely/Never</u>
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3) I continue until everything is perfect and work hard.

<u>Always</u>	<u>Frequently</u>	<u>Occasionally</u>	<u>Infrequently</u>	<u>Rarely/Never</u>
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4) I am open with others and I am open about my feelings.

<u>Always</u>	<u>Frequently</u>	<u>Occasionally</u>	<u>Infrequently</u>	<u>Rarely/Never</u>
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5) I suffer from frequent mood swings and get stressed out easily.

<u>Always</u>	<u>Frequently</u>	<u>Occasionally</u>	<u>Infrequently</u>	<u>Rarely/Never</u>
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6) I feel attacked by others and short-changed in life.

<u>Always</u>	<u>Frequently</u>	<u>Occasionally</u>	<u>Infrequently</u>	<u>Rarely/Never</u>
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7) I love to reflect on things and have a vivid imagination.

<u>Always</u>	<u>Frequently</u>	<u>Occasionally</u>	<u>Infrequently</u>	<u>Rarely/Never</u>
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8) I love art, poetry, and enjoy daydreaming.

<u>Always</u>	<u>Frequently</u>	<u>Occasionally</u>	<u>Infrequently</u>	<u>Rarely/Never</u>
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9) I seldom get lost in thought and rarely look for a deeper meaning in things.

<u>Always</u>	<u>Frequently</u>	<u>Occasionally</u>	<u>Infrequently</u>	<u>Rarely/Never</u>
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10) I am deeply spiritual.

<u>Always</u>	<u>Frequently</u>	<u>Occasionally</u>	<u>Infrequently</u>	<u>Rarely/Never</u>
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### Results from the Joyfulness Assessment Survey:

Question Number	Always	Frequently	Occasionally	Infrequently	Rarely/Never
1. Joyfulness	33%	0%	0%	0%	67%
2. World Outlook	0%	67%	33%	0%	0%
3. Achievement-Seeking	0%	33%	33%	0%	33%
4. Friendliness	0%	33%	33%	33%	0%
5. Emotional Stability	0%	67%	33%	0%	0%
6. Trust	33%	0%	0%	0%	67%
7. Imagination	0%	67%	33%	0%	0%
8. Creative	67%	33%	0%	0%	0%
9. Stoic	67%	0%	0%	33%	0%
10. Spirituality	33%	0%	33%	33%	0%

Most study participants indicated that there was involvement with the religious and spiritual aspects of life.

1. Joyfulness-67% responded that they did not have a high level of awareness of joyfulness in their lives
2. World Outlook -67% of study participants indicated that they feel depressed
3. Achievement-Seeking -33% advised that they tend to be perfectionists
4. Friendliness-33% of study participants indicated that they make friends easily
5. Emotional Stability-67% advised that they frequently suffered from mood swings
6. Trust-67% of study participants advised that they did not feel attacked by others.
7. Imagination-67% of study participants advised they often reflected on

matters

8. Creative-67% conveyed that they were on the creative side
9. Stoic-67% advised that they do not search for deeper meanings
10. Spirituality-33% indicated that they were infrequently spiritual and no one checked off rarely/never

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