III. Varieties of Catholic Healing

Unsung Heroines
Parish Nurses in the Roman Catholic Church

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Introduction

"Good theology is articulated experience." The Catholic chaplain at the Newton-Wellesley Hospital, Ann Lomuto, shared this insight with me during the course of my site visit to her workplace. As a student of theology, this statement resonated with my own search for a way to interweave the heady theology of academic discourse with people's lives. Throughout the course of my research in the Catholic community of Greater Boston, I have encountered many women who, through the practice of their ministry, live out a theology that is articulated through their vocations as parish nurses. Parish nursing is in an exciting stage of development here in the greater Boston area. As more and more people (almost 99 percent are women) enter the field, a variety of challenges have emerged. Among parish nurses themselves, there is a common acknowledgment that the process of professionalization of the field may alter its organic nature, threatening to move parish nursing away from its person-to-person, parish-by-parish needs-based assessment. The changes this process may bring present internal questions to practitioners in the field.

At the same time, the tremendous growth in and success of parish nursing itself present great challenges to the related fields of health care and ministry. Parish nursing has grown largely out of the process of nurses leaving positions in the public sector because of dissatisfaction with the work environment, which is a strong indictment of our current managed care system. Parish nursing also encourages the Catholic Church to think more deeply about the profound connection between faith and health, inviting the Church to participate actively in the project of healing itself and its parishioners. As women in the Church move into ministerial roles formerly assigned to clergy alone, questions arise regarding the status of women in the Church. Throughout the history of the Church, women have constituted the largest body of parishioners, donating time, money, and resources to the upkeep of the institution. Their work as parish nurses and chaplains designates a profound shift in the role of women in the Catholic Church. As women lead the way as parish nurses, they initiate changes in the leadership and power structure at the grassroots level. Through its efforts to make visible the connections between faith and health, parish nursing demands that the Church articulate more clearly its own commitment to caring for its parishioners.

This year, I have had the opportunity to meet and interview a number of women involved in health ministry through the Catholic Church. This field includes hospital chaplains and parish ministers. The focus of my research is primarily on the work done by women as parish nurses. Parish nursing has emerged in the Catholic Archdiocese of Boston over the past five years, a more recent development than hospital chaplaincy. Because there are some overlapping philosophies and aspects of care provision, I will address Catholic chaplains as their work relates to the work of parish nurses. Parish nursing offers a model of women's activism, whereby women work through traditional roles as caretakers to transform the structures of power and authority within the Catholic hierarchy, moving the Church toward a more egalitarian model of leadership at the parish level.

History

Parish nursing is a practice that began during the 1970s in Minnesota under the guidance of a Lutheran minister named Granger Westberg. Pastor Westberg served as a hospital chaplain early on in his ministry and was overwhelmed by the stories of patients who were severely ill because they did not receive early treatment. Among the hospital staff, nurses were the most responsive to Westberg's concerns about the efficacy of health care: "Nurses convinced me that the field of preventive medicine

would never go anywhere if it remained only in the hands of physicians."[1] In 1984, Westberg moved his ministry to a local Lutheran church, where he worked with nurses and other pastors to develop a prevention-based holistic method of health care.

In the Greater Boston area, parish nurses may receive training through the Caritas Christi Office of Parish-Based Health Care Ministry in Norwood, Massachusetts, directed by Bob Short.[2] Currently, there are approximately 110 area churches working with Mr. Short's office. While Mr. Short does outreach to parishes to get them interested in starting parish-based health ministry programs, it is really the women themselves who direct this process. Of the seven parish nurses I interviewed, all except one had heard about parish nursing through their own nursing network, developed a proposal, gathered support, and provided the resources to their respective parishes to begin the program. Often working outside of the traditional boundaries of clergy-directed parish management, these nurses' special knowledge in the field of health care affords them substantial freedom to initiate programmatic and structural changes to the Church's ministry.

Praxis

Many parishes begin health care ministry with a health care needs assessment (checking for loneliness, isolation, stress, etc.). As a number of health care professionals have pointed out, because nurses are often more trusted than other professionals, they are excellent people to ask questions within the context of health care assessments.[3] Commonly, parish-based health care provides support for the elderly in the parish, as well as lending support to new mothers. Health counseling may include talking with people about confusion regarding what a doctor has just told the patient about medications, conversations about a person's health (the parish nurses offer advice, not diagnosis), making referrals, setting up wellness or preventative programs, and offering programs that deal with topics such as death. Parish nurses can visit with members of the congregation, but they also are able to put care recipients in contact with an extensive network of health care resources.[4] So, parish-based nursing can have numerous components, including:

- health education through wellness or preventative programs;
- advocacy for people in the health care system;
- referrals for support services;
- companionship and care for the elderly and for young mothers.

There are many reasons for the emphasis within parish nursing on non-invasive care. Without orders from a doctor, nurses do not have a prescription to do invasive work. Parishes are also concerned about insurance liability. But more importantly, the locus of the care is pastoral—it is an expression of care and compassion. As Mr. Short has reminded me on several occasions, there are three things required for healing to take place: conversation, compassion, and touch.[5]

Faith and Health: The Ties That Bind

The bond between faith and healing begs exploration; parish nursing provides a model for understanding the ways in which faith can inform both caregiver and receiver, beckoning us toward a methodology of care that is rooted in a commitment to and concern for the human person as a whole being. This means that attention must be paid to physical aches as well as to the less tangible, but no less important, emotional, mental, and spiritual pains that people encounter in their lives. Parish nursing accounts for these various needs through a standard of practice that defines the parameters of care they provide, as well as through the articulation of an approach to care often referred to as a "ministry of presence."

These components of healing point toward a central tenet of parish nursing and other health care models, such as hospital chaplaincy, the "ministry of presence." I first heard this term used by the director of health care ministry at St. Elizabeth's Hospital, Kelly Dunn. Ms. Dunn referred to the work of Catholic chaplains as a "ministry of presence," which is a deviation from the more traditional Catholic understanding of ministry as contained within the priestly sacraments. Traditionally, parishioners who are ill receive the sacrament of the dying or anointing of the sick.[6] According to this process, sick parishioners are blessed with holy oil by a priest, who resides over the sick bed much in the same way he might reside over the altar—as an intercessor before the hands of a mighty God, with little attention paid to the particular illness or distress of the anointed person. This traditional model of healing in the Church posits ultimate authority and value on the priest, rather than on the person who is suffering. In the years following Vatican II, as the numbers of priests have declined and demands for pastoral services have increased, the Church's position on this practice has undergone a radical shift. Moving from dogmatic rites to a pastoral model, in keeping with the spirit of Vatican II, space has been made in the Church for new models of

pastoral care to emerge. Accordingly, parish nursing has developed as lay members, especially women, have found opportunities to take greater leadership in the life and ministry of the Church.

Chaplain Ann Lomuto describes parish ministry as an approach to meeting people's needs, physical and otherwise. When she goes to visit with a patient, she makes an assessment about what a given patient needs and provides counsel to the patient. For example, she works with cancer patients to understand how emotions contribute to what is going on with their bodies during treatment. People respond to chemotherapy very differently and may view it as something poisoning. Ms. Lomuto helps patients to visualize chemo as a healing agent. In this way, she addresses the physical symptoms of the cancer, while also modeling the importance of meeting individuals where they are and providing a creative space where the caregiver's expression of concern can meet and ease patients' fears and anxieties.

Like other chaplains, Martha Sullivan discusses her work as a ministry of "presence": "As chaplains, without saying it, we bring the presence of God." This can involve official prayer or just a reminder of God's presence. Ms. Sullivan tries to help the patients develop a sense of God's ongoing presence and care. Ms. Sullivan was originally a nurse. A mother of six, she has been the primary caretaker for her children, because her husband died twenty years ago of cancer. Reflecting on this terrible loss, she said: "At the time of his sickness, I learned what is really important. We can't change what happens, but we can change how we go through it."

Marie Bollitta, a pastoral care associate at Immaculate Conception Church in Newton, also describes her pastoral care work as a "ministry of presence." When people are at Mass, Sister Bollitta makes a point to circulate and talk with parishioners to hear their concerns and find out what's happening in people's lives. She carries a notepad to record concerns for which people would like to have prayers said. "You have an opportunity to connect with people at a deeper level. Ministry of presence allows for a deeper ministry." For Sister Bollitta, the ministry of presence "grew out of ministering to individual families. The ministry of presence exudes a level of trust. You have a sense of trust. If you do not have that trust, people will not come for counseling. You get to know people in all stages of life. You support them in their wellness, their brokenness, and their dying."[7]

Among the parish nurses I have interviewed, there is a commonly held belief that, while attention to people's needs through prayer and compassionate presence may ease suffering, a physical cure is not always possible. Modeled after the notion of Jesus as healer, parish nurses and hospital chaplains believe that healing can be possible for everyone. According to Ms. Dunn, in chaplaincy training, the difference between "healing" and "curing" is made very clear. She emphasizes that everyone can be healed but not necessarily cured. Ms. Dunn expressed a desire to meet people where they are and help them to deal with perceptions of prayer as leading to a cure. This might mean encouraging people to expand their images of God, moving toward the image of a compassionate God who walks with us always or the God who cared for Jesus through his death. This integration of faith with overall health provides patients and parishioners with multiple sources of strength on which to draw when they are faced with illness or even death.

Models of Parish Nursing

Because the field of parish nursing is still in the early stages of formation since its inception in the Boston area five years ago, there is still a significant amount of flexibility in its structure.[8] It is important to note, however, that within this loose framework, parish nursing has been successful primarily in suburban parishes, where many women have training as nurses and, because they are not the primary wage earners for their respective families, often have free time to volunteer in their parishes. I tried to address this discrepancy of socioeconomic status and race (all of the parish nurses whom I have met are white) in a number of interviews, but I came away with unsatisfactory and inadequate findings. Mr. Short suggested that there are simply more women with access to education who have opted to live in suburban communities and, hence, serve only in those areas of the state. He also thought that perhaps the meaning of the role of nurses within the context of some urban African American contexts—in which the women nurses act as supporters for faint parishioners—could contribute to difficulties in beginning a parish nursing program in this context.[9] There is only one program, and a fledgling one at that, which is in an urban setting in Boston. This parish nursing program, run by Jean Brown, has been difficult to develop because of lack of financial resources and also because of a lack of available qualified volunteers.[10] Clearly, many people would benefit from a parish nursing program that addressed the needs and demands facing people who live in an urban context. As parish nursing develops, further attention must be devoted to expanding the recipient base for this service.

Among the parishes that currently have this program, I would like to highlight three parishes in which parish nursing has blossomed. All three share the benefit of paid parish nurses and a commitment to preventive, holistic health ministry, while simultaneously exemplifying the importance of meeting the needs of each particular community as each parish nurse sees fit.

The first is Immaculate Conception Church in Malden, where Mary Joyce is the parish nurse. Paid by the Visiting Nurse's Association, Ms. Joyce works approximately thirty-two hours a week as a parish nurse (again, this is significant because the majority of parish nurses working in Catholic churches in the area are not paid). When I asked Ms. Joyce about her role as the parish nurse, she emphasized her role as an interlocutor able to link her parishioners with services to sustain them. She combines this common-sense approach with her ministerial skills to meet immediate physical needs as well as offering care that is holistic, modeling a ministry of presence.

Through her work at the parish, Ms. Joyce addresses the concerns of parishioners that may not be readily apparent. "When people suffer, one of the toughest ways people suffer is mentally. I think it's tougher than the physical suffering. I think it can give people courage and comfort. . . ."[11] Ms. Joyce reaches her parishioners through eucharistic ministers, who deliver communion to the homebound, as well as through regular visits to a nearby housing development for the elderly, where Ms. Joyce can provide health assessments and information to residents regardless of their religious affiliation.

Ms. Joyce shared with me her own approach to parish nursing: "I think what we're trying to do, a lot of it, is prevention. I think we're also trying to work holistically. I focus a lot on the physical, but not exclusively. A lot of the things you read on parish nursing, a lot of the problems are where people don't take care of themselves. The choices people make, there are things people could do differently to make themselves better, which is physical, but also has a spiritual dimension. Why don't people take care of themselves?" Ms. Joyce's own response to this question has come in the form of her parish nursing work. Along with the parishioners and local elderly population whom she serves, she also demonstrates care and concern for the nurses of the Visiting Nurse Association, who work out of a more secular context. It is this ongoing effort to care for both the patients and for other health care workers through the provision of health care education and support services that makes Ms. Joyce's parish nursing program so powerful.

Another parish nursing program that has been responsible for providing support and training to many parish nurses throughout southeastern Massachusetts is the program in Fall River, Massachusetts. Based at St. Anne's Hospital, the director of this program, Sister Carole Mello, refers to their work as congregational health ministry, emphasizing the ecumenical nature of the program. With nurses from the local synagogue and several Protestant churches, this is a health care program that has come alive through the intermingling of religious traditions and the ties they make between faith and health. In Fall River, there are about two hundred nurses working as volunteer parish nurses. According to Carole Mello, the Fall River program is "based on educating and giving direction to the nurses, who go out to their own parishes and synagogue to do health prevention and promotion."[12]

It is worth noting that this parish nursing program includes a center that serves as a primary site of training for nurses and provides a location in which parish nurses in the diocese can meet regularly. They gather to debrief, engage in seminars, and compare notes about new developments in the field of parish nursing. This center creates an opportunity for women to gather resources and energy to continue their ministry. As the community of parish nurses grows and works collaboratively, women can mobilize to create positive change in their congregations and communities through this network of mutual support.

Speaking of the nurses with whom she works, Sister Mello emphasizes their ability to give support to parishioners that combines physical and spiritual matters: "I think it's because I see in the hospital how people go home and there is such a need for them to get physical as well as spiritual care. . . . It's [parish nursing] a wonderful service for those people who can't get out. The nurses are wonderful people to work with; they're so giving."[13] Carole can be included in this ministry. As a coordinator, her own work is primarily centered on educating other parish nurses, drawing together nurses from different faith backgrounds, and finding ways to meet the demands of Fall River's diverse parishes, which are often segregated by ethnicity.[14]

Finally, I would like to discuss, briefly, St. Mary's Catholic Church in Franklin, Massachusetts, where Nancy Rafter acts as the parish nurse. With information from her training sessions in Fall River, Nancy and her group began a program at the

church. She coordinates the parish-based health ministry program for a parish of fourteen thousand people! As the coordinator of the Health and Homebound Ministry, Ms. Rafter makes home visits and assesses the needs of the parishioners. She goes to homebound parishioners to see if they might need a nurse from the Visiting Nurse Association, meals on wheels, or other services. Most of the parishioners whom she visits are elderly.

Every parish nurse has a different kind of spirituality and comfort level with spiritual issues, evident in the structure and interest of each parish. Ms. Rafter has become more comfortable with the spiritual aspect of her ministry over time. She sometimes prays in their homes with people she visits. They might pray together for the person to find a good nursing home, to adjust to change easily, or they may pray about the losses that person is experiencing. Ms. Rafter describes her parish nursing as a call to ministry rooted in a belief in the importance of treating the whole person, which is not possible when the physical is separated from the spiritual.

The parish now has workshops on topics ranging from stress management and teen parenting to spirituality. There is a mothers' group that addresses toddlers and infants, nutrition for children, prayers for childcare, and practical things, such as having baby equipment to give to parishioners who need it. They are beginning to look at teenagers and at assisting parents in communicating with their teens. What is perhaps most striking about Ms. Rafter's program in Franklin is the scope of its content. Because she works full time and is paid for her work, she is able to accomplish a tremendous amount of work. The result is a vibrant program in which the physical and spiritual needs of parishioners can be addressed together.

Conclusion

The common thread that runs throughout parish nursing and hospital chaplaincy (as I have observed them) is the commitment to combining physical needs assessment with emotional, mental, and spiritual concerns. Whether one uses the language of a "ministry of presence" or the demand for a "holistic" approach to health care, the methodology is interrelated; these parish nurses go out into the community to meet people where they are. By treating parishioners' illnesses holistically, the ministry of presence—a way of being together that invites compassion and community—is allowed to emerge. This is a tradition that runs deep in the history of the Church. Yet, at the same time, these women are creating something new in the life of the Church, as well as in the field of managed care, by refusing to conform to a system that compartmentalizes human beings and provides services based on these divisions. Through their nursing training and commitment to faith, these women see their patients and parishioners as whole human beings, whose needs, whether great or small, cannot be extracted or separated, but must be met as one.

Notes

1. Granger E. Westberg, *The Parish Nurse: Providing a Minister of Health for Your Congregation* (Minneapolis: Augsburg Fortress, 1990).

2. Because parish nursing is not standardized, forums for training vary widely. However, there is an endorsed curriculum that is recommended as a framework for training parish nurses. The national center for this endorsed curriculum is in Illinois, where nurses may go to learn about parish nursing. However, this journey can be expensive, so other alternatives have been developed in the Boston area. Locally, aspects of the endorsed curriculum are used by Mr. Short's office, the nursing program at Boston College, and at the Fall River congregational health ministry center. Area nurses may receive training through any of these programs, but Mr. Short's program is both geographically convenient and amenable to nurses' schedules.

3. Conversation with Bob Short, director of Parish-Based Health Care Ministry, Caritas Christi, Norwood, Massachusetts.

4. Conversation with Bob Short, October 2000.

5. Conversation with Bob Short, March 2001.

6. Robert Dickinson, *God Does Heal Today: Pastoral Principles and Practices of Faith-Healing* (Carlisle, U.K.: Paternoster Press, 1995). See the chapter on the Roman Catholic Church.

7. Interview with Marie Bollitta, pastoral care associate, Our Lady Help of Christians, Newton, Mass., February 2001.

8. I am using the terms "Greater Boston" and "Boston area" to include those cities and towns immediately adjacent to Boston proper, such as Newton, Malden, and Brighton. However, I do not include Fall River in this group, although I will address the parish nursing program there. Unlike many of the programs in Boston, Fall River's parish nursing program is semi-urban and very diverse.

9. Interview with Bob Short, April 2001.

10. Interview with Jean Brown, parish nurse, St. John Chrysostom Parish, Roxbury, Massachusetts, November 2000. Ms. Brown said that she is the only one in urban Boston with a parish nursing program; she thought I'd probably have to go to the suburbs to see any further programs.

11. Interview with Mary Joyce, parish nurse, Immaculate Conception Church, Malden, Mass., April 2001.

12. Interview with Sister Carole Mello, St. Anne's Hospital, Fall River, Mass., April 2001.

13. Ibid.

14. Fall River is about 62 percent Portuguese, and it has been hard to find nurses in these parishes. Carole Mello goes into these churches to conduct programs and to identify nurses through those programs.