

Marks Portfolio

Final Draft

Submitted October 13, 2023

Kristy Sibley

Bridgeport United Church of Christ

Spiritual Autobiography & Faith Statement

My spiritual foundation was laid in a conservative, serious, legalistic church and home environment. I have loved God since I can remember and for years longed to please him and to be close to him. My sincerity has always been deep and true. Being raised in the Restorationist Movement in the Church of Christ taught me a love of knowledge and certainty and a sincere love of God. It also embedded in me patriarchal and performance-based religion. I'm grateful for the people who taught me what they knew and believed. And I'm also grateful to have found God in other spaces, through wider lenses, and in the process of fully affirming my femaleness and my giftedness before God and the church.

Living in the Church of Christ world, marrying someone from it, and doing professional ministry in it taught me a lot. I love ministry. I love helping people. It's a really special way to live – centered on God and others. It can also be a real minefield to make space for self-care, healthy boundaries, and receiving love and care from others. When my former husband was fired from youth ministry in the Church of Christ, it was a real identity shift for me. I struggled to know where my life was going and who I was. I had certainty about those things until that event. Suddenly, nothing was clear. This was when my faith deconstruction began. I started to sift through what I believed, what made sense to me, and what needed to be released. I started finding my way as me, not as the person I thought I was supposed to be. I released theology on eternal suffering in hell, rejection of God's people based on sexual orientation or gender identity, bootstraps American evangelicalism, hypervigilant fixation on behavior modification due to "sin," sexual purity culture, patriarchal church and family systems, and the insidious ways racism hides in plain sight throughout church structures and gatherings. I created community at home outside of church walls. I followed the Holy Spirit out of the churches I knew. I eventually followed her back into church; it was just a really different church. Bridgeport United Church of Christ showed me that I could participate in church community and live into the justice work the Holy Spirit was prompting me towards all along.

I decided to study theology and found a program that really suited my needs for a cohort-based, experiential learning model. I began to rebuild my Christian faith and identity through study, rooted in community. I began to reimagine Scripture as a place we can go back to, a place to remind us of our history and the generations of faith that came before us, a place for inspiration and grounding and stories about the nature of God and people. It is not designed for me to apply an ancient document as some sort of modern rulebook for my individual, personal life as a western Christian. My degree was rooted in leading through community discernment and I began to learn how to lead groups of people by listening alongside them, on the watch for what God was calling us to at Bridgeport. I found my way into chaplaincy at the beginning of the Covid-19 pandemic, a wonderful marriage of my undergraduate studies in Psychology and my graduate degree in Religion as Missional Leadership.

Doing seven units of CPE has created developmental leaps I could never have imagined. I continue to grow in self-compassion, courage, and embodiment. This internal work led me to leave my 17-year marriage and to forge a new path for my family. I am being formed in relationship with people in the hospital setting first at a level one trauma center, then in specializing in Palliative Care at the VA. I continue to discern what it means to treat people in crisis the way Jesus would. I live into God's preferred option for the poor, advocating for marginalized folks in our four walls getting the level of care they need and deserve. I continue to examine and practice my faith both in prayer and meditation and as I engage the people around me. I steward my gifts of intuition and insight alongside self-love, kindness, and wisdom. I seek

Spiritual Autobiography & Faith Statement

honesty and authenticity in myself and in others. I look for the movement of the Holy in others, rooted in my beliefs of the Incarnation.

I believe that Jesus Christ came and lived among us, that his death and resurrection made a way for all humans to participate in the kingdom of God now and through to eternity. I believe humanity was made as a result of the overflow of God's love within Godself in the Trinity as a way of sharing in that community of abundant love. I believe that this community within God is also the inspiration and necessity of the church. Humans, being like God, are healthier and more able to participate in the kingdom of God in community. The world needs the church to be a voice for God "still speaking" today. I believe that all living things reflect the beauty, creativity, and love of God. All living things are worthy of care and dignity.

I also believe that humans are complicated, that humans can be like God but we are not God. We have the capacity to reflect God in amazing ways. We also have the ability to cause great harm individually and systemically. We are not able to fully live into the values of love and care for self and others even when we deeply long for it. In order to participate in the kingdom of God now, part of my work has been to hold the complex spectrum of human nature as both beautiful and fraught. We are not one nature and seeing the world in a binary is dysfunctional.

There are limitations to what we can be and do as humans. It is one of the many reasons we need God. This means that my childhood grandiosity demonstrated in a desire to save everyone from demise is not only impossible, but it's also not my job. I certainly can and do make an impact. Being a hospital chaplain who acknowledges the inherent dignity of patients is a great way for me to channel my lifelong desire to alleviate suffering. As the church, collectively we can make the world a much better place than it is right now and I believe the political, social, and spiritual work we do as the people of God is part of that.

Understanding My Call to Authorized Ministry

It has always been part of Christian community to have leaders, regardless of what that process has looked like or how it has played out. In the United Church of Christ, we create supportive community and see what gifts emerge among us. We have structures to support members who feel called to discernment and the church is also discerning with them. The cultivation of the call is a shared experience between ministerial candidate and the church. Call comes within a context and is nurtured and explored together. We ask the questions, “What is God doing in and through our community in regards to this person’s presence, giftedness, and way of being? How do we nurture it, challenge it, and support its use?” Discerning a call is more than simply acquiring an advanced degree. It is an unveiling of one’s gifts, one’s sense of purpose and place in conjunction with a community’s awareness of our shared direction and natural responsiveness to the leaders among us. The church is learning to ask, “What is happening among us through this minister?”

As is clear in my spiritual autobiography, the discernment of my call and my vocational placement as a chaplain has been a lifelong unfolding. And, the process of discerning call in community often has twists and turns. When I first came to Bridgeport, I had church trauma. I had rigidity and suspicion that kept me from being able to trust that church was a safe place. I was not open to having a call during that time. My community and my reverend sensed my rough edges and invited me into deeper intimacy and vulnerability year after year. There were specific experiences that created significant leaps in my journey and times where things were mostly static, but discerning a call, working with personality differences, and navigating religious trauma included a kind of push and pull dynamic that I sometimes found intense.

Discerning my call has involved a lifelong love of and experience with ministry. Finding hospital chaplaincy and the self-awareness made accessible to me through the CPE experience, allowed me to integrate many avenues of interest, learning, and passion for me. Utilizing my experience in business, non-profits, churches, teaching, and traveling abroad has given me a lot of people skills. Having both degrees in psychology and religion, finding a way to implement theories and modalities from both disciplines has been incredibly useful. I have a brain that is able to layer approaches on top of each other in a way to synthesize many different ways of seeing people, the world, the human experience, and trauma into one way of being with others. I am a really good chaplain. This work suits my skillset and gives me a joy. It feels like a privilege almost all the time, which is about as good as any call can be while still living within the confines of the human experience.

My theology of chaplaincy is rooted in the incarnational truth that all bodies actually matter and that every person’s life is important to the heart of God. It allows me to practice God’s preferential option for the poor because many of the patients I work with are houseless, disenfranchised, traumatized, living with mental illness, and actively grieving. These are the most precious people to God and I have the privilege of being a companion to these valued creatures of God every single day. I get to embody my political view that it is unjust the way some people in our city are marginalized and discarded by providing high quality care and affirming the inherent dignity and value my patients have. My presence is a physical manifestation that God shows up when things are dark and frightening and that humans can tolerate suffering better when we feel seen and are not left alone.

As seems to be God’s way, developing this theology through practice and embodiment has also supported my own mental health and well-being by continuing to reinforce my need to have healthy boundaries and strong differentiation between myself and others. Being a companion with others and creating a container together for whatever is being explored or

Understanding My Call to Authorized Ministry

experienced, allows me to be a co-creator in relationship. I have developed new neural pathways to access my sense of spaciousness, not relying on myself to be a source of healing or wisdom for others. This is a much more sustainable way to live into my call and I am grateful for this learning.

Being called and ordained within the United Church of Christ has great personal meaning to me for many reasons. One, I was raised to believe that only men were called. I remain in community with many members of my former churches and I believe wearing my collar publicly would give little girls like I was an opportunity to imagine a different future than they are being told they can have. Representation makes a significant impact and being part of that in a little girl's life would be incredible. Two, the UCC is where I found a place where I can live into my values of justice, peace, and faith while not having to lose something that has been deeply precious to me my whole life – church. It would feel like less true to my experience being ordained anywhere else. My experience in the UCC has been formative and personal to me. I owe my church a great deal. Three, it matters to me which Christian community I represent in the hospital setting. Patients often ask me when tradition I am part of and saying “UCC” immediately signals to those who might be looking, that I am a safe person for people of all backgrounds, even though I am Christian. So many patients are skeptical of Christian clergy for valid reasons. To be able to share my theology when asked and to represent our community in a different environment is an honor and privilege I don't take lightly.

Working Together for Justice & Mercy

I think of Jesus often as I work with patients and their families at the hospital. I have had the tremendous privilege of being with people in some of the worst moments of their lives. I work with people who experience housing insecurity, lack of access to basic social supports, overwhelming addiction, and untreated trauma. As I uphold God's preferential option for the poor, I believe my patients are God's favorite people. I am drawn to working with them. Treating marginalized people as full humans made in the image of God is an act of resistance to the racist, capitalist, sexist systems upheld in our society. This is my work in the world.

It can be challenging to work for justice and mercy within a system that has its own entrenched racism and discrimination and as someone who is Chaplain to both patients and staff, including on-campus police. This challenge has only been heightened by the Covid-19 pandemic and its impact on frontline workers as tensions and burnout are higher than ever. One time, I was walking down the hallway of the ER and saw that security was trying to get a patient to leave. He was filthy. No physical contact had been made, but I could feel the tension in the air, like the flame of violence could be sparked at any moment. I chose to stand nearby with my chaplain badge on full display. The patient began addressing me, sharing about why he didn't want to leave and how he was feeling. I came to stand right next to the officer as a person of peace and provided empathy for the patient and validated his feelings. I also was able to communicate that his time in the ER was over and direct him to resources he might need. My approach took more time. The security officers allowed it. Together we were able to support the patient leaving without violence. He received empathy and validation. After he left, I found out that he was with us due to injuries he had incurred interacting with police just outside our building. He was here for injuries he got from police and then police had surrounded him so he would leave. I couldn't bind his wounds or provide him with a home or give him long-term counseling to address his trauma. But I could put my body within his line of vision and work alongside police to give him the dignity and respect he deserved as a human being. It seems Jesus may have done the same.

Towards the end of my residency at Legacy Emanuel, I created a research project on how social location impacts people's hospital experience and trauma processing. One of the working theories of trauma is that it creates a dilemma as a result of disorientation. But when people who have been generationally traumatized, trauma can be experienced as "just another thing" to add to the pile that reinforces the expectation that trauma is not in fact, disorienting, but something that is inevitable. I wondered if this theory of disorienting dilemma could be rooted in the experience of those who live with the privilege of expecting that trauma will not be part of their lives day after day. So when it does happen, it is truly shocking and disorienting. How does social location impact the experience of trauma when privilege is taken into account? I began this conversation at Legacy Emanuel as a way of challenging that narrative and acknowledging my lived experience as a chaplain in the Randall ER. One day, an African American family came after an infant in the family was found deceased during sleep (SIDS). The family did not seem disoriented by the loss. They were devastated. But I saw a sense of "this is just another thing that happens to us" as opposed to living with the privilege of assuming sudden, unexpected loss would never happen to them. Because it had already; time and time again. I think this is part of working for justice and mercy within the hospital system, to be aware that the lens through which we assess a situation spiritually must include the social location of the people involved.

Chaplaincy is often described as a dance. I think this language reflects the hospitality of the work. Hospitality is not one directional. It is participatory for all parties. There isn't a formula or a checklist. Sometimes my approach to working with someone who doesn't demonstrate emotional vulnerability is to go first, to share my feelings or experience of them.

Working Together for Justice & Mercy

Oftentimes, that opens up a space for the other to also explore and invite me into their hearts. We make spiritual assessments and write and implement plans of care with spiritual interventions. But it is the relationship that informs my clinical practice. Transformational spiritual care requires presence, responsiveness, creativity, and vulnerability. This is what it is to offer and to be offered the radical hospitality of God in relationship with others.

My work is done in community, even if some of my spiritual care is provided one-on-one. My call involves covenant with multiple communities: my local church, my hospital setting, and the larger United Churches of Christ. After the global upheaval of the Covid-19 pandemic, these communities are in a full revision of what our roles are in society and how we adapt to a new world. In the role of a chaplain, my call is to hold space for the pain that this kind of change creates and to listen and reflect back what I hear the community saying. It can be incredibly disorienting. My graduate program focused on communal discernment and shared leadership, which has helped me hold this space in all my covenantal relationships. The community is discerning purpose, boundaries, needs, and roles in this time. A chaplain is an important member of the community and is especially needed in times of loss and transition.

Applying theological anthropological theories such as James Loder's concept of the void, has helped me establish healthy boundaries in this work and in community. I have learned to be with people in their voids. Chaplaincy is about being with people as they explore their own void, the darkest most scary places within them. It is not about taking away or taking on other people's work. Often justice work puts leaders at risk for over-functioning and burnout, but this differentiation between me and others helps me to healthfully hold my deepest spiritual value – to be with others when they feel alone. We are in a global void right now and have been for some time. I am not afraid or anxious when big feelings and heavy losses come to the surface in community as we engage this reality. In fact, I see it as a huge relief to heal and grieve collectively. The more that we're able to experience the fullness of the pain and loss of these experiences, the more fully we'll be able to change and move through and with them rather than away or against them. Processing grief is how we allow loss to change us in beautiful, new ways. When we deny grief or just try to get back to what life and community was like before as if the loss never happened, that is when we find ourselves stuck in our grief. We deny it. We don't move through it or with it. We try to stand in opposition to it and we are harmed as a result. We're unable to acknowledge how we've been changed by the loss. Community becomes fractured, brittle, siloed. But when we see grief as evidence of love and loss as an integral part of the human experience and we feel our feelings and cry out to God, community can be reborn, informed by loss. This work is needed in all the communities with whom I am in covenant.

In the hospital setting, my mission and outreach is unique. I am called into often chaotic and active situations like during a code, in the operating room, at the moment when someone is taken off life support, when someone is taking their final breaths, after a baby is born dead, when a family gathers to hear their medical options for their loved ones, when family rushes into the Emergency Room looking for answers after an accident. My mission is my presence as a representation of the love and presence of God; one who is called to be less anxious, less judgmental, than the patient is in that moment. I can bring calm, love, peace, grace. People often look to me to see if they are okay, just as a child does with their mother. My mission is to be the presence of love, of peace, of justice in my hospital community. That presence overflows into community with my church and my denomination.

Nurturing UCC Identity

I found my local church, Bridgeport UCC, long before I knew anything about our denomination as a whole. The first time I attended, I cried throughout the service. I felt like I had walked into a dream. I had not known what I needed in a church community until I experienced it for the first time. Having left a conservative Church of Christ as a result of a traumatic firing experience (my now former husband), I was living as if I no longer needed church. I had found a way to build community in other ways and thought that would be enough. Then I walked into Bridgeport. I found a community that not only was not going to get in the way of my spiritual growth by encouraging over-functioning and codependency like I had experienced in the past, but that they would support and celebrate the fullness of my humanity in Christian community. That was in 2015.

Learning more about the history and polity of the UCC has been an affirming experience. I have been a part of my local congregation for the last eight years, serving as the Vice Moderator for Council for two years, participating in Justice and Witness Ministry, serving as a delegate at Annual Gathering several times, sending my child to Camp Adams, and conducting many projects required by my graduate program at Bridgeport. I have known for some time what Bridgeport has come to mean in my life and in my children's lives. It has been a community web for me, a place I can go in any season, peak or valley and find sacrament, ritual, hugs, kindness, righteous rage, hope, and ultimately, family. But having a way to contextualize what I have had at Bridgeport into the greater system and identity of the UCC through taking a UCC History and Polity course has been enlightening. Taking the course provided affirmation I did not even know I still needed that the UCC is the place where I want to continue to navigate my own personal integration and the complexity of what it is to be a hospital chaplain in a world that is full of mystery and contradiction. I found so many of our defining characteristics to be values about which I care deeply and utilize daily in my ministry. The ones I find particularly compelling are belonging, generational discernment, doubt, and covenant.

An essential aspect of belonging for the UCC is that belonging comes first and is extravagantly welcoming. Rather than discerning what everyone should believe and ascribe to in order to determine belonging, the UCC set out to offer belonging without requiring uniformity in beliefs and practices. Being non-credal as a commitment to avoid trying to use words to fully capture or contain God, the movement determined to be inclusive. We don't treat God as an object to be known, but as a mysterious presence we engage collectively. In my community, I find that this mysterious presence is the source of the belonging that we give and receive from one another as a reflection of the extravagant welcome of God. This also connects to my values as a chaplain who welcomes and is welcomed by my patients into relationship.

Learning about our commitment to doubt as well as ongoing discernment was one of many moments of confirmation that this movement is the place for me to be in community and answer my call to chaplaincy. Working with people in the darkest moments of their lives, I am committed to curiosity about the mysteries of God and life, rather than being a chaplain who assumes or pretends she understands everything. I think this posture makes space for others to explore their own faith rather than feel compelled to deny the doubts they feel, even as they face death or try to take on my faith as some sort of talisman against sorrow. I see part of my role as chaplain as normalizing the human experience. Naming the uncertainty we feel in incredibly powerful. Feeling doubt and awe at the mystery of the Divine is a common thing to experience in crisis. Faith is not the absence of doubt, nor is doubt the absence of faith.

The UCC recognizes that change takes time and uses the larger bodies of organization in the denomination like the General Synod and the Annual Gatherings to compel individual

Participating in Theological Praxis

autonomous congregations to become Just Peace churches or Multi-racial Multi-cultural. These grassroots movements, along with Open and Affirming, and Extravagant Welcome, among others, are a reflection of both the freedom and the challenges of being a diverse community. Each church has the freedom to pursue what matters most to them and these values are not universally adopted at one time throughout the denomination. This remains a challenge and is an essential piece to who we are and why we came together in the first place. We did not set out to create forced beliefs and uniformity. It takes longer and is more work for humans to grow through covenantal loving relationship rather than by hierarchical force. The only way change is authentic and compelled by love is the way we do it, through love and clear, honest communication, rather than shame and posturing through power. Being in relationship with people we love and sometimes struggle to understand is the essence of covenant. It is how Jesus changed the world, and it is tough and slow work. As the sole head of the church, it is the leadership of Jesus and the example of his life that informs our approach to community.

The polity of the UCC is organized by this relational covenant. Rather than determining how much money each congregation will give to the denomination, each congregation makes a monetary commitment through covenant. Ordained ministers are in covenant with God, their local church, and the denomination to pursue their call to ministry. This emphasis on covenant reflects a relational theology, a non-hierarchical value, that love and commitment goes in both or even multiple directions. It values the contribution of everyone in community, not just those who are in leadership or who have higher income. Covenant is based on love and commitment. It is also not threatened by freedom. Covenant does not seek to control or manage but to steward, to be connected. We both belong and are free. We are committed in covenant and autonomous. We are united and diverse.

In chaplaincy, I have learned to identify when someone is splitting. Splitting refers to the human tendency to create binaries in our worldview. It feels more comfortable for something to be “either” this “or” that. This is how children navigate the world to understand and feel safe in a complex reality. But many adults never grow past this way of being. I have learned that the healthier one is spiritually, psychologically, and relationally, the more they are able to hold that things can be “both” this “and” that. Two things can be true at the same time; things that might otherwise be considered mutually exclusive. When I seek to open my mind or reframe an old idea, I look for the binaries in my thinking and work towards rapprochement¹, which is holding the both/and of my reality. This is pertinent because the UCC is doing this all the time. It is part of who we are and it is why we hold values that cause tension. We are many things that could be held against each other in a binary, such as united and diverse. However, we come together in community to create a space that is not “either” this “or” that. This causes some to not understand what we really believe or who is in or out of our communities because we are so extravagantly welcoming. But the diversity of us, the complexity of us, even the wildness of us, is a reflection of this mysterious presence of God, that simply cannot be contained in a split world.

¹ Rapprochement is a term coined by Melanie Klein, an object relations theorist in the field of psychology. I was trained in her theory, among others, during my unit on Personality Formation in my CPE residency at Legacy Emanuel. An example of a clinical intervention for a chaplain implementing Klein’s theory is to identify when a patient or family member is utilizing splitting and offering a reframe that includes a both/and methodology rather than an either/or as a means of supporting integration.

Participating in Theological Praxis

It has been one of most longstanding and sacred practices of my life to reflect on my theology and to continue to evolve as a spiritual person who loves Jesus. I have spent years deconstructing my conservative faith tradition and finding my way to a progressive theology that truly supports my experiences as a person on this planet who loves God, loves myself, and loves others with an open heart. My friendship with Jesus and my appreciation for the way he showed us how to live has given me a sense of purpose in my work at the hospital. The example of Jesus allows me to find grace, openness, and understanding for every person I encounter, in ways that my own history, bias, and judgment would not typically allow. It also supports me being less judgmental and harsh with myself.

I continue to engage and reflect on my theology and I have no intention of ever stopping. Just as I want to grow as a person emotionally and relationally throughout my life, I want to always be on the watch for the movement of God in the world and in my world. This continues to inform how I engage my personal beliefs and values and it is a core value of the UCC as a continuing testament of God still speaking. I believe that God moves among us, that the birth and life of Christ reminds us that God is with us, and that my work in the hospital is a manifestation of God's love for all. My first priority in my work as a chaplain is to radiate the love of God, demonstrating that we are not alone in our pain. God is with us as we are with each other.

In addition to my values as a chaplain who is Christian, my faith is something that supports me in this work personally. This call can be incredibly intense and challenging. My work in Coda, my support system of friends and family, and my spiritual practices and relationship with God all keep me safe and held in sometimes fraught dynamics as people engage the intensity of bridging the gap between life and death. The Holy Spirit reminds me what is or isn't mine to take responsibility for and helps me discern my place and my role in the lives of the people I seek to support. It can be tempting to get overwhelmed and filled with despair because of all the pain and suffering I witness and engage every day. My faith informs my clinical interventions by helping me see and value the humanity of each person, allows me to hold the behold and experience the Mystery of God through the work of the Holy Spirit, and have the maturity to see and engage paradox. It gives me the energy and balance to be healthy and boundaried as well. I continue to remember that my role is to be with others in their void. Their void is their own, which helps me continue my differentiation work as someone who has a history of merging with others.

I have had the tremendous privilege of working as a hospital chaplain alongside witches, Buddhists, Roman Catholics, conservative evangelicals, and Humanists. I have learned so much from each spiritual care provider and I know my patients have as well. Chaplaincy is about supporting people as they engage in meaning making. There is no one way to make meaning. There is not one superior framework. I know my meaning making is informed by Jesus and the story of God through Christianity, rooted in a passion for justice and in the inherent value of all people regardless of status. For others, their meaning making comes from other beliefs and experiences. My job is to support their meaning making process and also to provide care when those frameworks fail. Sometimes, a traumatic experience rattles the frameworks that have worked for us before. That is a terrifying thing to feel on top of whatever is happening to cause this deconstruction of ideas and beliefs. I also have the privilege of offering reframes for beliefs that might be causing unhelpful meaning making for a patient.

With my background as a former conservative evangelical Christian, I am particularly skilled at interacting with and identifying the values of other Christian groups. This is certainly a

Participating in Theological Praxis

helpful skill working at the VA. Being able to speak their language and support them as they engage their faith in times of heartache is an asset in this work. However, sometimes it is difficult if someone with conservative beliefs values the same beliefs that harmed me. This was one of the biggest lessons I learned in my residency. I was working with a woman at Randall Children's Hospital whose teenaged son had just been diagnosed with cancer. She kept holding up all the men in her life as being really sacred and important while diminishing herself. As she continued to tell her story, it became clear that she was actually the reason her son's cancer had been discovered, she was the one who had been there day and night, and supported all these men whom she held in such high regard while downplaying her vital contribution and labor. I felt angry and kept trying to point out her own sacredness and value in her family system. It was only through a verbatim presentation that I learned that I was projecting my anger at having my humanity denied in my own family system and original church onto this woman, who seemed to be coping well with the belief system that men are superior to her. It is not my job to come into that space and try to change anything in someone else. I can offer reframes when it is causing harm, but that must be evidenced in them, not in me. It is a sacred place in each of us, the place we hold our deepest beliefs and ideas of God or the Divine. Theological diversity is really important to me in the hospital setting because it is rooted in patient needs. The patient population is diverse, so the spiritual care staff must be as well. Our UCC theology supports this well as we also value diversity over uniformity. But every once in awhile, valuing theological diversity may require immense self-awareness to appropriately inform my clinical interventions and have clinical boundaries attuned to the patient's needs rather than my own.

One of the things that drew me to the UCC was our interfaith and ecumenical partnerships. I am really passionate about justice and reducing suffering, which is one of the values that informs my work as a chaplain. Being able to attend local events with the Interfaith Movement for Immigrant Justice, or host our newly-housed neighbors on our property through Beacon PDX, putting my faith into boots on the ground action is deeply important to me. It helps me cope with my own feelings of powerlessness over the life and death I see every day in the hospital. It gives me a place to channel my energy systemically upstream while I work one-on-one downstream at the hospital. This protects me from burnout and compassion fatigue and gives me an outlet for my righteous anger.

My call to embody the UCC Ministerial Code is a little unique given the four-way covenant I'm being called to as a hospital chaplain. Though I am capable of and open to pastoral teaching and leading within my church community and have really enjoyed the times I have been able to do that, especially all my seminary projects performed at Bridgeport related to community discernment, my call is to the hospital environment and my patients and families there. I am committed to participating in and offering my skillset to my local church, my denomination, my regional conference, and my hospital. It brings me joy and pride to represent the United Churches of Christ in the hospital setting and to share the love of God with people who are hurting in some of the worst days of their lives. In particular, working in Palliative Care as a Chaplain at the VA, it has been a tremendous privilege to spend hours with people in the last days of their lives. I provide spiritual care for people making meaning and finding peace, with the support of my four-way covenant in the UCC, which provides me with accountability, encouragement, and grounding for this important work.

Engaging Sacred Stories & Traditions

Scripture is full of stories about the sacredness of the human body and how God cares about the physical healing of his creation. Jesus cared about physical suffering and took the time and energy to restore people physically, not just spiritually. While there is certainly evidence that without our basic physical needs being met, we cannot truly focus on higher level of needs,² I think Jesus spent so much time healing the sick and casting out demons because human suffering moved him to compassion. This is one of my biggest assets as a chaplain; I am easily moved by the suffering of humanity. It is also what used to inform my savior complex fueled by grandiosity, thinking that I could actually abate the suffering of others. Discerning my call in hospital chaplaincy has given me a way to channel this deep desire to reduce human suffering in a direction that I actually can facilitate. I cannot heal the human body. Even my physician colleagues do not have power to heal as Jesus did. But, I can be emotionally attuned and energetically present with others while they suffer. And I believe that reduces suffering, when it is seen and held in community. Finding a place to allow this compassionate energy to flow through me is honestly how I prevent myself from burning with rage at the injustice in the world. As I do this work, I continue to participate in the kingdom of God now, just as Jesus did in his ministry.

Knowing Scripture well and being able to speak the language of Scripture has given many of my patients a sense of peace and comfort in a very vulnerable time in their lives. Praying over them, holding their hands, using Christian language, reading their favorite passages aloud, and referring to Scriptural stories casually has allowed Christian patients to feel understood by their Chaplain. It is such a normal thing for people to reach towards their familiar faith in times of fear and uncertainty like a long hospital stay or a new diagnosis. I have the privilege of reminding them of God's presence even in the hospital, even in the operating room or the intensive care unit. I also work with many patients of different faith or from a spiritual but not religious worldview. Being able to provide them with meditations, coloring books, sacred texts in their own religion, offering reflections using their language and framework, and facilitating visitation from their own faith leaders is one of my favorite things about being a hospital chaplain. I want every patient in Portland to have access to spiritual care. Our department has a huge closet of resources and tools I get to make available for our patients while they are inpatient. In this way, I am reminded of the extravagant welcome of the UCC. Differing creeds do not limit the love of God and the way God shows up in the human experience of suffering and connection. I get to provide spiritual care to everyone who wants them, not only the people who see God the way I do. That fills me with so much joy.

Both hospitals I have worked at have a chapel. These spaces are communal places for people in the hospital to practice their faith and connect with God. At Emanuel, if I was working the Sunday 12-hour shift, I was responsible to conduct a weekly interfaith church service. At VA, we do not have services as most of the staff is limited on the weekends, but every single religious holiday of every faith is represented in that sanctuary, complete with guided meditations and reflections so everyone has access to the sacred space. Creating space for spiritual practice is an important part of my work. At the VA, my Palliative Care Chaplain Fellow partner and I conduct a monthly memorial service for all the Veterans who have died that month that we have cared for by our consult team, whether outpatient or inpatient. This is an

² Maslow's hierarchy of needs demonstrates that one's basic human needs must be addressed, such as: air, water, food, shelter, sleep, clothing, before one even has the bandwidth to pursue the fulfillment of higher needs, such as: love, respect, self-esteem, reaching one's full potential, freedom. One could argue that Jesus healed the body to make the way for a spiritual healing. But I think he actually cared about both.

Engaging Sacred Stories & Traditions

important time to support our colleagues in Palliative Care and to do our own sacred grief work as almost every Veteran we work with is dying. Being able to lead the service with my partner and to offer this kind of spiritual care has been one of my favorite practices of this fellowship at the VA.

Sometimes my role as the Chaplain on the care team is to advocate for patients whose faith informs their medical decision-making in ways the system may not readily understand. Explaining why it is valuable for a patient from the Jehovah's Witness faith not be given blood products, or why a Baptist or Pentecostal might not go on hospice because they are waiting on a miracle, is incredibly important for the patient to be seen and heard for who they are. While autonomy is a known value in the US health care system of ethics, when it comes to religion, it can be easy to dismiss these concerns or values without a Chaplain on hand to act as a spiritual translator on behalf of the patient and their family. This translation is not limited to simply explaining the belief or preference, but it includes what is underneath that value to the patient specifically as I come to know them and how their faith supports their meaning-making. For some, the act of dying or being sick is the ultimate opportunity to demonstrate their faith. Being there to witness their love of God or what brings meaning to them is deeply important to me, whether the practice is shared by me or not.

A personally beloved clinical intervention I provide as a hospital chaplain is offering sacramental support and spiritual ritual. Ritual has played such an important role in practicing my own faith. Being able to offer a patient a tangible physical reminder of their faith such as a baptism, communion, confession, marriage, prayer at time of death or birth, or ashes on Ash Wednesday is a reminder of the presence of God no matter where we are. All of these things happen in the hospital because ritual does not know the bounds of property. People cannot always rely on discharging home to meet these needs for ritual to provide comfort, connection, and peace in transition and loss. Sometimes it takes the bending of some rules to sage the hospital room of a Native American patient or to sneak in a support dog when a patient with PTSD has not slept in weeks. This is an opportunity to express creativity in how I can support a patient addressing their spiritual or emotional needs. One of my favorite memories of my residency was giving and receiving the ashes on Ash Wednesday with my colleagues in the chapel. There is no place like a hospital to remind us that we are dust, and to dust we will return.

Exhibiting a Spiritual Foundation & Ongoing Spiritual Practice

My relationship with God has been at the center of my life since I was a child. I have always loved God and wanted to have a sense of connection and peace that I believe comes from communing with God regularly and openly. The way I have used language to describe God and how I have interacted with my understanding of who God is in relationship to humans has changed quite a bit over time. I think that is more of a reflection of my own human development, maturing brain, and life experience than it is representative of God themselves changing in my life or changing in general. God is often a tool folks use to project human needs onto and of course, I have not been an exception to that pattern. God has been a being that I have turned to for comfort, peace, and grace. God has been a friend, a lover, a father and mother, and a guide. In a lot of ways, I have experienced God as one who has been accommodating to my developmental needs for them over time. Meaning, I don't think that God as Godself has been exactly what I wanted God to be in every moment of my life. But I also don't feel like God has corrected me very much when I have needed to imagine them as what I needed. It's almost as if God is that parent who sees me projecting or blaming or fawning and isn't offended by my childish ways of interacting during certain seasons of my life. There were many years where I believed God was intimately involved in my day to day life, directing everything with a specific purpose for me. I have had other seasons in life where I imagined God as very uninvolved in the details in the lives of specific people, though never uninterested or uncaring. God has loved me and been with me in every version that I have been of myself from the self-absorbed to the distant and everything in between.

As my theology became more progressive over time and my human development has matured as an adult in the last ten years or so, I have come to find spiritual practice and ritual as essential needs. Being grounded in my sense of identity, inherent value, and me-ness, I am able to be in the world as someone who is less reactive, more secure, and less anxious. This is a critical skill for me to have as a chaplain and I have found in real-time traumatic events, it has been calming for the people around me to have someone else who is not escalating in panic. Taking the time to read inspiring books, being in guided meditation, journaling my feelings and experiences, connecting with trusted friends, my therapist, and my spiritual director, attending and participating in my church community with authenticity and humor, and reflecting on what is going on in my internal world in real-time during an interaction, has given me a stronger sense of knowing and of self. I believe whole-heartedly in the UCC value that God is still speaking. Because of that, I implement modern narratives and modalities alongside ancient rituals like prayer and meditation. I listen to other people's stories for a living and as a hobby. These practices are part of what keeps me rooted to the earth and connected to God as I do my ministry. I am in relationship with my powerlessness and my sense of agency, which continues to be attended to during these critical spiritual practices. I am a student of the human experience and the wisdom of stories. This supported the development of my most basic and critical clinical intervention; my presence.

Cultivating a sense of presence as a form of ministry seems easy, but in an often chaotic, intense environment, I see this as a deeply spiritual practice and discipline. It is also a form of resistance to capitalism, which tells me to always be thinking ahead and multi-tasking, which takes me out of the present moment. Being present can be surprisingly difficult and requires regular attendance to maintain. Part of developing the ability to be present and non-anxious in intense situations is to cultivate joy and celebration in my day to day life. When I worry about all

Exhibiting a Spiritual Foundation & Ongoing Spiritual Practice

the things that could happen that I'm afraid of, things that I am exposed to so much in the hospital environment – worries my kids will get into a car accident, concerns related to unaddressed trauma, the possibility of debilitating disease, it is grounding in the present moment that allows me to release my fear for now and continue to acknowledge my powerlessness.

Being seen and understood is an inherent human need. As a chaplain, an important part of my call is being with others in this basic need to reflect, to validate, to support people in their own work and experiences. I wonder sometimes if this is something we project onto God, that God has a need to be understood accurately by humans, because this isn't something that is actually possible given our limitations and yet we often act as though God is someone we can truly understand and know. I wonder. The Trinity is God's own community of peers where I imagine any need that is there to be deeply known and understood is met, if God has that need at all. While I think it might be human hubris to imagine we can truly understand God, it feels easier to believe that God wants to be in relationship with humans, even if only on our level this side of eternity. To become a human being in order to share our experience on this planet shows me that God cares to be connected to the people she made. Perhaps our own need for connection comes from the community of God in the Trinity and how we connect to others is through the spirit we each have from God to commune together.

An important part of engaging with my own spirituality is not utilizing it to continue unhealthy patterns in my life. It used to be appealing to treat spiritual practices as a checklist of things to accomplish or achieve. I could easily fill my schedule with things that technically support my self-care and self-love in a way that becomes exhausting and overwhelming. For me, spiritual practice is about having a toolbelt of things I know support my peace and my connection to God and then having the presence of mind to know when and how to best address my needs in the moment based on the tools I have cultivated. Sometimes what is needed is a nap. Rest has become a spiritual discipline for me. Slowing down in ministry has been vital for both my personal well-being and the quality of my work.

I recently went through a process to name my highest values as part of my intention-setting around my new home and life with my girls as a single parent. One of my highest values in life is growth. It is so important to me to continue to evolve and develop over time. Adulthood has many phases and presents opportunities to shift into deeper levels of maturity if growth is a high value. Many choose not to do this. There is so much loss in growth and it can be incredibly painful. I can see the things I have lost because of my commitment to growth, which includes even my long-term marriage. It has been consistently hard for me to not be able to bring others along in my growth who do not share this value with me. And, that loss has been a necessary one for me to become healthier, stronger, and more in touch with my own humanity. It is a mainstay in my life and something I must do. I have learned that I am deeply intrinsically motivated, that I do not require others to inspire me to grow. Of course, I am inspired by others to grow; but the motivation I have for growth comes from within, which is why I think I have had the privilege and honor of growing a lot over the last few years. Though this value has cost me a lot, I always seem to feel the closest to God when I am in this place of leaping and losing. Perhaps this is because God is close to the brokenhearted. I feel connected to God when my courage is required to step out in faith in these places of growth. Going through the process of becoming ordained and standing in my own calling as a minister of God has certainly been a step of faith for me.

Strengthening Inter- & Intra-Personal Assets

This mark has been a focal point in my CPE experience. The exploration of self, utilizing personality theories, theological anthropology, personal therapy and supervision, a community learning model, and a clinical environment has been incredibly rich. I wish every adult could have a year of CPE in a residency context. And I'm having the privilege of doing a second year in a fellowship setting. Learning how I became myself as a personality, investigating and re-writing what informs the principles from which I have organized my values and relational patterns, and taking risks with new ways of being and relating has fundamentally changed my relationship with myself. It has been completely life-changing. Because the way I love and care for and know myself has fundamentally changed, that has ripple effects on my relationship with God, community, and my past experiences. My history with over-functioning and compartmentalizing my own needs and humanity created patterns where I dismissed myself. I felt impatient with my needs. Now I realize that in focusing on others and denying myself, I was not only hurting myself in a real way, but I was also harming others by over-focusing on them to avoid my own work. This learning has also been the impetus for leaving a seventeen-year marriage last year, reconciling myself to the truth that the relational container I had with him did not have the capacity to hold a healthier me who is differentiated and not codependent or caretaking.

Recognizing my own codependency has allowed me to step back and allow others to do their own work so I can focus on mine. Rooted in my self – my needs, my feelings, my desire, I offer clinical interventions and personal love in relationships from a different place. I don't violate the autonomy and selfhood of others. This also helps me address the grandiosity that was underneath my codependency. As a way to cope with a childhood led by parents who didn't take responsibility for their children, I learned to take responsibility for things that were not mine in order to help my siblings and to help myself live in a more stable environment. Tending to that pattern is releasing my childhood self from a role I never should have needed to take.

I learned how to do this work within the supportive environment of my CPE cohort. Having that safety and learning to trust others with the deepest parts of who I am, created a beautiful explosion of growth in my life. I had no idea how much I was living in a way that ensured I didn't have to rely on others. Learning to allow myself to be loved and held in deeper ways and seeing that I needed their help and benefitted from vulnerable relationship was life changing. I also learned that conflict is healthy and does not have to end attachments when handled appropriately. My CPE supervisor was a significant part of this growth as well. I am so grateful for the self-learning that has begun to integrate in me from the support of God, in community, informed by my life experiences.

Continuing my own differentiation work, I am better able to navigate family dynamics with patients through the lens of human development. This often becomes even more complex for families depending on their theological views around diversity of belief and obedience of adult children. I provided care to the parent of a patient we had in the ICU who was a college student. Her father was talking about his deeply held Christian faith and how he had worked so hard to put his children, including the patient, through Christian schools. He narrated his disappointment at his daughter "falling away" since she came to Portland to study. The patient was unable to communicate verbally, but had been fighting some of the interventions her father was trying to provide like reading her Scripture. The more he talked about his daughter, the more

Strengthening Inter- & Intra-Personal Assets

it became clear to me that his comfort in holding onto Scripture during this time was not being experienced by her in the same way. I said something like, “I wonder if what is comforting to you is not what is comforting to her right now.” He later asked her if she wanted him to continue reading Scripture to her and she had gestured no. Thankfully, he stopped. I understood that developmentally, she was trying to find her own way separate from her father and his beliefs. And I was able to advocate that he might consider her healthy attempt to differentiate from him in how he provided care for her and give her that developmentally-appropriate space.

Part of how my codependency work informs my chaplaincy includes moving from a philosophy of care rooted in one-directional care (“I’m here to serve you”) to a relationship that is created by two people (“Let’s create a container to explore together.”) This framework is a shift from a Self psychology taught by Heinz Kohut to Intersubjectivity theory by Robert Stolorow, incorporating Winnicott’s concept of creating a holding container. Not every patient is able to do work in this way, which is why it’s important to have a diversity of approaches and tools. But this approach, being able to co-create a container with someone who is hurting in which they can do their own work and be in their own void with an empathetic companion, was not accessible for me when I first responded to my chaplaincy call. I had to do my own work with my feelings of powerlessness and build my capacity to be in the presence of great suffering and not try to fix it or change it or take responsibility for it.

An aspect of strengthening my intra- and interpersonal skills is utilizing my natural communication skills. I love reading, writing, and speaking. I have been in love with words for as long as I can remember. Being able to describe with words what I do and why I am doing it has been an asset in this work. Having a sense of what other people are feeling and what might be underneath their words has been important in chaplaincy and in church community. I really try to understand what is going on for others without it needing to be how I would react to a situation for me to be able to have empathy. It’s easy for me to imagine being in someone else’s shoes. This skill is often utilized in daily charting and in rounds on the Palliative Care team.

In the congregational setting, my communication skills were an asset when I was Vice Moderator for two years as we had “roommates” in a Jewish community who shared our building. There was tension related to sharing space that had been coming up for the years. Our Moderator had more of a “hot headed” personality. Together, she and I met with their leadership and I was able to see both sides and clarify what the needs of each community were. My participation helped keep the Moderator calm and improved our relationship with Shir Tikvah until they eventually outgrew our space.

Building Transformational Leadership Skills

Leadership skills are a vital part of my role as a hospital chaplain. Currently, I am part of an inter-disciplinary team at the VA doing Palliative Care. We conduct most of our visits as a team, rather than one-on-one, like I was originally trained to do as a chaplain. Members of the other disciplines have different training, though we act as a team to achieve our goals, which depend on the reason our team has been consulted. Sometimes the medical team can be interrogative, as they are trained to ask several questions, have patients give them ratings from 1-10, and solve problems. My role is quite different. I try to ask few, if any questions. My goal is to avoid any temptation to solve or fix. My job is to stay grounded in activating situations, to slow the team down when I can see the patient or family member is still processing the last thing that was stated, and to read the relational dynamics in the room. Sometimes I have to interrupt a doctor and ask for a pause. Sometimes I circle back to something significant that was stated but glossed over by another clinician. I say this to highlight that working on a team requires a lot of coordination and leadership. I came into this fellowship thinking that leadership was about power and giving or receiving it in relationship with others. Now I am learning a shared experience of leadership. It is not that my colleagues are not doing a good job and require me to step in to right the ship. It is simply that we have different specialties and we each see things the others miss. This highlights the value of working with people from different disciplines. It has been incredibly formative to be able to utilize my emotional intelligence to advocate for patients and their families, especially when they are processing difficult, medically technical information.

I have an old pattern that prefers to defer to the authority of others, especially if I perceive they have more knowledge or experience than I do. I am the youngest of seven children, and I am doing spiritual work in a medical facility. I am also considered a trainee at the VA, though I have been doing this work full-time for almost two years. Being new to a high learning curve environment like the VA, all of these factors made it a challenge for me to step into my pastoral authority on the Palliative Care team when I first started. I was also raised in a movement that did not endorse women, so it has taken me some time to find my way of being a clergyperson who is also female-identifying and has a trauma response of fawning and freezing as well as a history of codependency. The more that I have learned how to look within for my own knowing and intuition, the more I have been able to access my own spiritual creativity in this work and increased my comfort level with leading the team in a visit.

I am on a rotation at the VA where I work for two months in the inpatient hospital wards and then do two months rotating at the Palliative Care clinic appointments. The team is largely the same, but the dynamics are quite different. With inpatient, we often work with patients for at least a week, rounding on them daily, and having as much time as we need to make our assessments and provide interventions. During clinic appointments, they are only an hour at most, with visits back to back for hours. Often family members come and the whole group is crammed into a small clinic room. Everyone has needs and questions and we only get to see each patient about once every four months because our caseload is too large. All of our patients must have a life-limiting illness to be put on our service. There is a feeling of scarcity of time and resources in this dynamic and it can activate a desire to fix or control what is inevitably unavoidable – that our patients are all dying no matter what we do.

One Monday afternoon, I was in clinic with our social worker who has been doing this for twelve years and our supervising physician. I had just learned Chakra Theory in one of my

Building Transformational Leadership Skills

didactics and how to identify which Chakras people were in and possible interventions. A veteran came in with his wife and daughter. He had Parkinson's and dementia and required the assistance of his daughter to get him to his seat and position his feet on the floor. Immediately I could tell his wife and daughter were way up in their sixth or seventh chakras. They were speaking rapidly and had several things they wanted to address. They had not seen the Palliative Care team in over a year and the veteran had experienced a lot of decline. They needed logistical support at home. I noticed the veteran was in really different place than his family energetically (this is common), and wondered what was going on for him in all the anxiety and intensity. At one point, in all the flurry related to accomplishing the tasks the family wanted to address, one of them leaned over to me and said, "you should talk to him about death. He's been worried about that lately." Immediately, I lit up and turned the veteran, beginning a second conversation. I had never seen a clinic appointment broken up into separate visits in this way, but my instinct was that it was the only way for the team to meet both the veteran and his family where they needed support. The veteran spoke slowly and calmly about his concerns while the rest of the team engaged the family. The veteran was in his first and second Chakra, very grounded and rooted in his right to be here in the moment. I began talking very slowly and using simple words to explore what his fear was specifically about regarding death. Later, I invited his wife to join us and have a lower Chakra interaction with her husband by explaining what we had talked about, having him touch her, and speaking calmly in hopes that she would get lower as well. She did and had a really positive interaction about his worries that death would create a separation between them. The family noted that they would have never known the specifics regarding his fear of death and asked that I continue working with him. I follow up regularly.

The leadership that I demonstrated was in having a side-by-side intervention with a veteran while the rest of the team worked with the family in the higher Chakras and then facilitating a time where the group could come back together before the end of the clinic appointment. It also required that I have a sensitivity to how his disease was impacting his experience, which is often a marginalizing thing for patients to go through in medical environments once their capacity regresses and their communication is impacted. His daughter mentioned that she thought the veteran enjoyed speaking with me so much because I was slow and used simple words and waited patiently for his response. Part of the progression of his disease means that he needs more time. I have found myself in many situations with patients whose capacity is greatly diminished and they have been some of the most profound of my clinical experience thus far.

I provide spiritual leadership on the Palliative Care team during rounds, in offering moments of reflection when a veteran dies, by performing a monthly remembrance for the patients we've lost, and by being present to the experience of the team and offering moments to debrief after difficult visits. I work in a shared office space with other chaplains who are newer to the work, in their residency year, and have a chance to offer mentorship to them as well as the interns I specifically mentored during my residency. I provide feedback to my leadership often, including my supervisor and my preceptor, helping shape their experience even as those with a higher level of authority in the department than me. It is important to me to reflect what I see and hear to the people around me who are open to that experience. As a chaplain, this is what leadership looks like. Not the push and pull dynamic I have seen in some leaders, but in a shared model, where everyone matters and they bring different skills and training to the table.

Caring for All Creation

I have always had a tender heart towards all creation. I collect spiders in jars and take them outside. I am the proud grandma of my daughter's rabbit, Cotton, who runs around my house like a wild and free little bun. I am deeply concerned about the state of the planet and what everyone can do to ensure it continues on for some time. This care was taught to me by my mother and has always been intuitive in me. I have also taught it to my own daughters as a basic value. We are part of a larger ecosystem and we have the privilege and responsibility to tend to that responsibility out of love and care. Learning about God's plan to redeem all of creation, not just humanity, was an enlightening part of my seminary education. It affirmed what I already knew in my body; God cares about all creation and that is the source of why I have always cared because I am of God.

The learning that has been new and different around care and creation for me has been about learning to care for myself as an essential and important created being. I had many years where I took care of myself so as to care for others, that I thought my value came from how I could contribute to others as opposed to having inherent worth regardless of my productivity. This has been a tricky thing to un-learn. Our society loves to keep women over-functioning as much as possible in order to avoid paying us for our labor and acknowledging the value we bring. Through CPE, I learned to recognize that I have a relationship pattern with myself where I "push through" when I get tired or discouraged. I tend to keep going without a lot of thought about the option to pull back.

Last fall, my unit of CPE at the VA focused on Internal Family Systems (IFS), through the work of Dr. Richard Schwartz. His theory is that we all have many parts, some parts that even cause incredibly destructive behaviors, but that our parts themselves are not inherently bad. Parts are created through trauma and they are often pieces of us frozen in time when the trauma occurred. Sometimes we exile parts we'd rather leave unacknowledged. We have protector parts that swoop in when they see danger and cause us to behave sometimes defensively or inappropriately. The goal of IFS is to integrate our parts by getting to know them, showing them compassion, relieving them of the duty they felt they had to take on during the traumatic event, and ask them what they would prefer to do instead. This integration can help us to live more into our Self, which is compassionate, creative, and confident. Doing this work out of Self has been when my spiritual care has been most transformative.

Learning how to talk to my part that pushes through and developing the ability to listen to my body has been an important thing for me to develop. I am teaching my body that I am safe to tell what she needs because I am learning to reliably listen to her and respond. This pattern runs deep and will continue to take time and re-patterning, but learning IFS and listening to what my pushing through part was trying to protect me from has increased my self-compassion and my commitment to self-care on this basic but necessary level. In learning how to listen to my body and trust her, I am also working with my relationship to power, even within myself. How we relate to our bodies in our own mind is deeply related to control and power. I was taught to see my body as something to manage both by our diet culture and by the church that taught me my body was wicked and a source of temptation for others. Trusting the knowing that is stored in my body, the wisdom and the trauma waiting there for me, is a form of sharing power with her. My

Caring for All Creation

mind is less separate from my body than it was when I started CPE. This work is difficult for me and ongoing.

Taking care of my body is part of how I care for God's creation. If I don't recognize my own preciousness, I am not loving others from a place of grounded authenticity, but from a place of yearning, striving, pushing. The kinds of situations I find myself in as a chaplain, there is no way to fake anything. The intensity is very high. Pretending to love, performing care – it does not hold up. The truth that surfaces in these heightened settings comes through. For me, that is a huge gift because it requires that I be real. I needed that for me. It gives me joy and peace and confidence to live in my own authenticity. I also need that to fulfill my call, which goes beyond me.

Addressing this pattern is complicated because I work in the healthcare system, which has a tendency to run staff ragged. As I have learned more about my own patterns, I also have had to set boundaries for myself within a system that would prefer that I continue the pattern with no regard for my own sustainability and health. Learning to take care of myself in a system that incentivizes pushing through has made this even more challenging. I have also come to terms with the reality that my self – my time, my energy, my spirit – is a limited resource. One of my goals after my fellowship ends in September is to take a sabbatical for a few months and rest and recover for my last two straight years of CPE in a global pandemic during an unexpected divorce.

Another way of seeing my limitations as a finite resource and acknowledging my responsibility in stewarding the resources of God and creation is to acknowledge that I myself am the resource that I am stewarding. This includes how I utilize my time on shift at the hospital and how I pace myself energetically. I must stay grounded in my own limitations of time and energy. This skill in chaplaincy is called triaging, which is considered an essential skill in an often fast-paced changing environment, where even in the middle of a shift the plan or the priorities must be re-evaluated. If I spend too much time in a patient's room who isn't utilizing me, if I don't take breaks to make sure I'm fresh and ready to engage, if I don't rest and recover when I'm off shift, I am not stewarding myself and honoring myself as a limited resource.

Burnout is a very real concern both in all ministry settings, and in the hospital staff. I cannot over-function in this work and continue to be a resource for others. I must love and care for myself, recognize my own limitations energetically, emotionally, physically, and spiritually. If I don't first love myself, how can I love others? The difference in my growth now is that I don't do one in order to do the other. I don't love myself so as to love others. I love myself because I am worthy of my love and care. I love others for the same reason. The motivation for loving myself is no longer in service of the illusion that if I love myself more, I can perform longer and better. It takes the capitalism out of it and roots my care in affection and self-compassion. I do not manage my energy as if I am a machine without a spirit. I tend to self and I tend to others, because I deeply care. The tending of self and others certainly impact each other. They are not totally separate. But they are not only in service of each other.