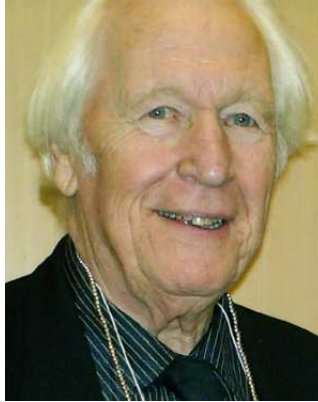




In Memorium
Reverend Carl Tuyl
April 11, 1925 – May 5, 2010



Hello everyone,

Once again I greet you with greeting of peace and blessings. With the arrival of Spring, we are reminded of the annual change in climate, that is so important to our existence on earth. It also serves us a reminder to change our lifestyle for healthy and enjoyable life. Just as the vegetation springs with new life at this time, we must also examine our course in life and reshape our thinking and commitments.

This week, I was asked by one of my former office colleagues, why I am so involved in volunteer work, to which I replied, that I do so to help others and together we can make this world a better place to live. It has been my hobby since my youthful days. I am always reminded of my faith values, that God help people, who help His creation.

OMC is a vehicle that we can use to traverse this vast land for finding opportunities to serve humanity, by providing Spiritual and Religious care to those in need. It is a Divine gift that we must cherish.

As we come to the end of our fiscal year and end of my two years term, I urge all members and supporters to take stock of our achievements and shortcomings, to help steer the course of spiritual and religious response for overcoming future challenges.

God bless.

Imam Abdul Hai Patel, President.

Rev. Carl Tuyl was born and raised in the Netherlands. During WW II, while the Nazis occupied Holland, he joined the Dutch Resistance, was subsequently captured and endured severe punishment in a Nazi concentration camp. Post WW II, Carl immigrated to

Canada where he and his wife, Martha, had 4 children – Corrie, Dian, Alice and Derek. While in Canada, Carl decided to enter Calvin Theological Seminary of the Christian Reformed Church (CRC) where he obtained a Masters of Divinity degree.

Carl's accomplishments were numerous and included: pastor of 5 large CRC parishes, Director of Chaplaincy Ministries for the CRC in Canada (1990 – 1995), Executive Director of the OMC (1995 – 1999), advisor to Queen's Theological Seminary, volunteer chaplain at Kingston Penitentiary, consultant for spiritual and religious care for the City of Toronto. He wrote a weekly magazine column, authored a book on the history of spiritual and religious care in the institutions of the Province of Ontario, co-authored a program of religious education for public schools, hosted a religious TV program, and authored several other books.

Carl had a keen interest in the multi cultural/multi faith mosaic of Canada/Ontario/Toronto. He conducted workshops on multifaith spiritual and religious care, mediated between Peel Regional Police and the Sikh community, coordinated spiritual and religious care in institutions for the City of Toronto and planned conferences for professional care givers.

He was instrumental in the development of the OMC in its present form including the signing of the

Memorandum of Agreement with the Provincial Government which is still in effect today.

His sense of humour and story telling abilities are renowned to the point of becoming urban legends. So many of his friends, family and acquaintances have a "Carl" tale (or three) to tell. He certainly lived life to the fullest and to the end. During the last week of his life, Carl had dinner with a group of cronies he referred to as "the old orphans", meaning senior men who had lost both parents. The day before he died, he enjoyed lunch with his "Florida Bunch". Carl had a book "in the works" and was scheduled to fill in during an associate pastor's sabbatical.

COMMENTS from OMC staff and board members:

"Carl was a tremendous force in the establishment of OMC and will be remembered with great respect and fondness." **Liz Chappel**

"Carl is remembered for his dedication to the work of multifaith. But even more for his humanity, his eloquence and intelligence. I never had a restaurant meal with Carl where he failed to learn the name and establish a friendly relationship with the staff!" **Adam Prasuhn**

"Carl was a giant in more ways than one and could not be easily ignored. He was committed to his faith to the very end. Not only that, he was not afraid to give his heart, soul and mind to any cause he believed in whether it was to his country of birth, the Netherlands, or his adopted country, Canada. He has truly made a difference to his faith group, to us as Chaplains, and not to forget our organization, the OMC. His death gives us ample reason to reflect on the journey he has travelled through life." **Will Kroon**

"His passion for and commitment to Spiritual and Religious Care made him a truly remarkable personality. Carl and Michael Steeves were the 2 primary individuals who were responsible for my involvement with OMC over the years and many others would credit Carl as well." **Ron Weiss**

"Carl's leadership went a long way to shape OMC formation. I vividly recall the day when he persuaded me to join the council." **Harsharam Singh**

The spiritual caregiver as a liaison officer:
Relational experiences, spirituality
and the search for meaning

by Dr. Hetty Zock



Dr. Zock is an Associate Professor in the Faculty of Theology and Religion Studies, University of Groningen, The Netherlands. The following is from her keynote speech delivered at the 4th International Conference on Spirituality and Mental Health last Spring.

Spirituality in Canada and the Netherlands

Looking for some information on the website 'Statistics about Canada', I noticed that it did not list a topic 'religion', 'spirituality', or 'faith'. Might Canada be as secular as the Netherlands, I wondered? Yet Wikipedia reports that 72% of the Canadians list themselves as Catholics or Protestants, and that only 16% of the population reports 'no religion'. In the Netherlands, this is almost the other way around. Our country is one of the most secularized countries in the world – the second most secularized country in Western Europe, after Sweden. A recent research shows that at this moment, 64 % of the population has no religious affiliation, and it is expected that in 15 years this percentage will have increased to 72%. Religion is to a high degree deinstitutionalized and individualized, although religion is coming back in the public debate, especially because of the growing number of Muslims living in the Netherlands. Church membership, of course, is not indicative of what is going on in the religious field on a deeper level. But it definitely influences how spiritual care gets shape in a healthcare setting, and that is the topic of my lecture today.

As the saying goes, a fish only learns the importance of water when it is caught, and out of water. You don't notice things that are basic but unproblematic. Ask asthmatic persons about the wonder and mercy of being able to breathe freely. In a similar way, it is telling that in our time there is a great deal of talk

about 'identity', 'self' and 'self-realization', and a craving for becoming an autonomous and authentic individual. Being in relation has become the object of longing too. In sum: there is a tension in our individualized time between the need for autonomy and individual self-realization on the one hand, and the longing for communion and connectedness on the other (McDargh 1983; Zock 1999).

In the first part of my presentation, I will argue that the core issue of our individualized era is the search for relational meaning, and I will show how this search is intricately related to contemporary spiritual longings and practices. Meaning can only be found by being in relation, and spirituality is about being-in-relation. In the second part of my presentation, I will present a model of spiritual care that is being developed in the Netherlands, which focuses on helping people to get (more) connected – with themselves, their life-history, their loved ones, their environment and the transcendent.

I. THE TURN TO THE SUBJECT AND THE SEARCH FOR RELATIONAL MEANING

According to Canadian philosopher Charles Taylor (Taylor 1989 and 2007) this turn to the subject is crucial for an understanding of the contemporary search for a morally and spiritually meaningful life. He sees the development of the modern notion of the self as the consequence of the loss of the natural, cosmic order of meaning. The self has become 'disengaged' from the cosmic order. The subject has to turn inwards, to find moral and spiritual sources. To put it in psychological terms: a meaningful life can only be constructed by the individual, and can only be shaped through one's own life-experiences – in the personal life-history. Our personal life-history has become the locus of the search for meaning. We can only experience meaning in and via our own daily experiences and activities.

It must be noted that this applies both to people who are anchored in a religious tradition and/or institution and to the growing numbers of people who are looking for moral and spiritual meaning, outside the traditional religious institutions and traditions. In short, the search

for meaning is to a high degree individualized. Contemporary people have a deep need to talk about themselves, their lives, with psychotherapists or pastors, in groups of fellow believers.

This focus on the 'self' is often morally judged as 'selfish' and 'individualistic'. While meaning can be found through personal experiences. Donald W. Winnicott has convincingly demonstrated that self-realization and identity formation indeed are intrinsically relational processes. Human beings are constituted in, and by, relationships; we live in a relational matrix. Winnicott emphasizes that it is when the innate drives of the True Self get in touch with the world outside, the object-world, that authentic meaning may be experienced. The mutual interaction between subject and world as a precondition for experiencing the world as 'real' and life as meaningful is important. Faith as a relational capacity lies at the basis of all human development and relationships, and, all human religious behavior. Religious faith is a specific form of, a realization of faith (Eigen, 1982, Zock 1999). Thus the search for relational meaning is at the core of modern identity processes.

By focusing on 'faith', relational psychoanalysts closely link 'religion' and 'relation'. The relational psychoanalysts Ronald Fairbairn and Harry Guntrip see religion and psychotherapy as more or less functional equivalents, aiming both at 'healing' disturbances in relational functioning, and at helping to form new, good relationships. It is often claimed that the term 'religion' is derived from the latin 'religare', which means: making connections, relating. Religion is a relational phenomenon, it is about being part of a greater whole – it has to do with transcendence, in the general meaning of the world: transcending the boundaries of individual persons. As illustrated by the famous Secretary of the United Nations, Dag Hammarskjöld: 'In faith – an unbroken living contact with all things'.

So 'religion' and 'relation' are seen as closely linked. Religion is a way to get in-relation-with. Charles Taylor notes that the turn to the subject and the focus on autonomy are closely linked with the loss of

transcendent meaning, and the increasing dominance of immanent worldviews. After all, 'autonomy' is at odds with the religious attitude of 'heteronomy': orientation on and the willingness to surrender to a 'higher', 'greater', 'other', 'transcendent' power – a god.

So the key issues of contemporary identity processes concur with that of the spiritual search in our time: it is about the search for being in-relation without losing one's authenticity. Let me make clear at once that religion is definitely more than this. Yet I think that in a health care setting the relational aspects of the spiritual search are the most important. In healthcare, we encounter human beings who are vulnerable and who have experienced a breach in their life-story. This particularly applies to people who have life-threatening diseases such as cancer, or who are seriously disabled and have to move to a nursing home. Patients have to 'rewrite' their life-story, as it were, so that it incorporates the breach and the experienced existential feelings and thoughts. They need to get reconnected to their own life story and life.

Paying attention to 'spirituality' would enhance patients' well-being and even their health. It is part of the 'integrated', or 'holistic' view of care, that many healthcare institutions profess at the moment. In the holistic care model the human subject, as a whole, is at the center attending to the physical, psychosocial and spiritual dimensions. We all know that in these economically hard times, 'humane' aspects of care are not taken care of, because they cannot be mechanized and are hard to rationalize.

II. SPIRITUAL CARE IN THE NETHERLANDS

I now come to the second part of my lecture, in which I will focus on spiritual care in a secularized context, taking my own country as an example. When talking about spirituality in the Netherlands, two things are striking.

First, that there is a lot of talk about spirituality outside the traditional religious realm. The traditional experts – the pastors and chaplains – are lagging behind. And second, that in a lot of the new theorizing, spirituality

is conceptualized in terms of 'connectedness'. Spirituality is considered to be a relational phenomenon par excellence.

For example, Spirituality, the pastoral supervisor Hans Fibbe argues, is first of all an activity. The essence of spirituality, he argues, is 'something that comes from the other side, as it were'. Fibbe distinguishes four dimensions of 'spiritual connectedness':

1. connectedness with yourself, by integrating thinking, feeling, willing.
2. connectedness with other people; a prerequisite here is a balance between being able to connect and being able to be on your own;
3. connectedness with your body, nature and the physical world; this is about being 'grounded'.
4. finally connectedness with 'the transcendent, the ground of being'. This may be conceived of in whatever Higher 'something'. Essential here is the consciousness 'that there is more' than the three-dimensional reality. There clearly are religious overtones here.

A case study: Mrs. van Lime

It is the middle of the night. Mrs. van Lime, a 75-year old woman who has undergone knee surgery, is lying in bed in a hospital in a small Dutch town. She has received a second knee prosthesis; - her other knee was operated on two years ago. She has a visual handicap, high blood pressure and she is in pain. She has a husband who has Alzheimer's disease and is in a nursing home. She is feeling terrible and does not know how to cope. Despite being a member of the Protestant community, she has not learned to pray. The idea of a merciful God is unimaginable for her. How does the hospital chaplain approach her when he visits her next morning?

Since about 1990, the most frequently used term for a chaplain in Netherlands is 'spiritual caregivers'. The term 'spiritual' is considered more encompassing. More importantly, the task of spiritual caregivers is changing. They are supposed to give spiritual care to

all patients, irrespective of their religion. In practice, the spiritual caregivers are becoming more and more existential counselors focusing on dealing with existential and spiritual issues. This situation, however, is not yet reflected in the training and in the institutional position of spiritual caregivers with denominational training.

This gap between training and position raises a difficult question for the profession. What is the professional identity of spiritual care? And most importantly what are the differences between spiritual caregivers and other healthcare professionals who pay attention to the spiritual dimension as well? Here the Dutch spiritual caregivers encounter two main problems:

1. the elusiveness of spirituality,

What does 'spiritual care' mean in a country which is to a high degree un-churched and where there is an enormous diversity of meaning-making practices? People are spiritually inarticulate and unaware of spiritual distress. They cannot express their needs. Therefore one has to dig up the spiritual needs, and develop a new language to talk about spiritual issues with patients.

2. the blurring of the professional identity of spiritual care.

Because spirituality is a broad and elusive phenomenon, it is not clear who is in charge of spiritual care. And, as in the US, doctors, nurses who get interested in spirituality, develop diagnostic tools for spiritual distress. So there is a need for a model of spiritual care that specifies the tasks and competences of the different groups of caregivers. The Dutch spiritual caregiver Ren van Lantman, offers such a model.

The model focuses on a holistic view on care and an interdisciplinary way of working, on the life-story of a patient. He specifies the task of the spiritual caregiver in a holistic care context and argues that all caregivers should start with the life-story as told by the patient against the background of his or her life-history. All caregivers approach the patient with the question: How

are you doing today? and each professional (doctors, nurses) focus on the primary aspects of care for which s/he is in charge. The spiritual caregiver, however, is the only professional whose task is to focus exclusively on her subjective experience. His primary goal is of 'establishing connectedness'. For example when he asks Mrs. Van Lime (the case mentioned above) he aims to help her get connected with herself. The 'ethical core' of the profession is to invite the person to express feelings and thoughts, fears and longings, in the light of her life-history.

According to Lantman, the specific focus of the spiritual caregiver's listening to the patient's stories is that of 'philosophy of life'. This may refer to all dimensions of practiced religion. This may or may not be anchored in concrete religious beliefs and practices. So when Lantman speaks about 'worldview dimensions', he rather indicates 'lived spirituality': how people take a stand in life, how they position and experience themselves.

Lantman distinguishes 'worldview dimensions' in life-stories through three manifestations: the social sphere, the historical sphere, and the transcendental sphere. The spiritual caregiver pays special attention to what gives the patient ultimate meaning in life, what brings the patient faith, hope and love. The spiritual caregiver carefully explores the social and historical sphere, looking for 'transcendent' meaning. The most important thing in this particular situation and moment is that Mrs. van Lime gets connected to her feelings and expresses her feelings – because that is something she is not used to at all.

It is Hanneke Muthert, a spiritual caregiver in a psychiatric hospital, who has coined the metaphor of the spiritual caregiver as a 'liaison officer'. In the case of Mrs. van Lime, the spiritual caregiver can explain to the nurses her severe attitude towards painkillers and 'complaining'. In her case, the spiritual caregiver offers himself as a dialogical partner, explores her feelings and thoughts, and focuses on the existential dimension of her experiences. This is what Lantman calls 'establishing connectedness'.

Conclusion

In modern times, personal experience has become crucial for meaning-making. Spirituality is closely linked with the search for relational meaning, and spiritual practices are increasingly found outside the traditional religious sphere.

For good care, a 'humane' treatment by all healthcare professionals is of the utmost

importance, focusing on the patient as a meaning-making subject and paying attention to the spiritual dimensions.

The specific function of the spiritual caregiver is that of a 'liaison officer', helping patient in relating to herself, her feelings; to other persons; and to 'transcendent' be it nature, the universe, or a god.

CARING FOR THE HUMAN SPIRIT: IN FAITH AND PRACTICE

by Robert Mundle

Robert Mundle was 3rd place winner of the 2009 OMC Essay Contest. The following is his winning entry.

Defining spiritual care poses a perennial challenge to chaplains. Recently for example the lead article of the February 2008 edition of *Vision*—the monthly newsletter of the National Association of Chaplains—recognized the struggle that chaplains have in general, and Roman Catholic chaplains have in particular, in defining themselves and the services they provide. Among others, this article cites such well known Catholic resources as the General Introductions to the Pastoral Care of the Sick and the Catholic Encyclopedia to reveal a prevailing lack of detail information for such terms as chaplain, pastoral care, and spiritual care. I hereby take up this challenge and attempt to provide my own definition for care of the human spirit according to my Roman Catholic belief system and practice.

I define myself as a lay Roman Catholic health chaplain. By virtue of my Baptism, along with the mandate of the Second Vatican Council, and inspired by the healing ministry of Jesus Christ, I am called to participate actively and fully in the Church's life and mission, including an invitation to chaplaincy, which is a broader and more intense field of ministry open to the laity than ever before.

Defining care of the human spirit from my belief system and practice thus begins with the understanding that ministry is characteristically a public service and that Catholic health care ministry is rooted in the commitment to promote and defend human dignity, which extends from the theological anthropology that humankind is created in the image and likeness of God.

Next, I refer to the Ethical and Religious Directives for Catholic Health Services which states clearly that pastoral care is an integral part of Catholic health care directed to spiritual needs that are often appreciated more deeply during times of illness, and that the pastoral care encompasses the full range of spiritual services, including specifically, a listening presence; help in dealing with powerlessness, pain and alienation; and assistance in recognizing and responding to God's will with greater joy and peace.

Thus rooted in respect for human dignity I summarize the key component of the caring for the human spirit to be: listening, relationship, insight, and action. I will illustrate these points with examples drawn first from scripture and then from my own experience in chaplaincy.

The gospel story of Jesus on the walk to Emmaus offers an excellent model of spiritual care. In this story, Jesus comes alongside two wayward travelers who had been his disciples and who are now despairing, confused, and in much spiritual distress in the turbulent emotional wake of Jesus' recent crucifixion. Jesus first appears to them not as himself, but simply as a fellow human companion on the journey – one who shows concern, who asks reflective questions to them and who listens deeply to his story. As the two arrive at their destination they invite Jesus to stay with them and so he joins them for a meal, thus exemplifying that caring for human spirit is not about the giving or of the receiving of advice, but at its heart is about relationship. And in the course of the two travelers' relationship with Jesus, in which they were mindful of their own heart burning within them, a most revelatory insight flashed between them, one that kindled renewed spirit amongst them and that reestablished meaning, purpose and hope in their lives. With the insightful illumination of Jesus' divine presence among them that did not fade even as his physical presence vanished before their eyes in the breaking of the bread, a new course of action filled with promise lay ahead for the two disciples who were thus inspired to return to Jerusalem to proclaim

the good news that indeed Jesus Christ is risen!

As a hospital chaplain I likewise come alongside those who are suffering spiritually, among the patients and family members I meet each day, as well as among my fellow interdisciplinary colleagues from time to time. As I accompany others during critical moments along life's journey I seek to listen to their stories attentively, and to reflect with them upon the deeper meaning that their stories and thoughts might reveal and hold for them. By the bonds of such extraordinary relationship I seek to be a reliable companion and hope to spark new and meaningful insight for them as well as for me that will lead the way forward to renewed purpose and action in our respective lives.

One such relationship I had with a patient's family member early on in my career has stayed with me ever since. A nurse had referred me to offer support to a grieving woman who was keeping vigil at the bedside of her dying husband. I entered the patient's room with some trepidation, yet resolved to be open to whatever I might experience within. After closing the door behind me, which muffled the constant noise and distraction in the nursing unit, I introduced myself and walked over to the bedside where I came alongside this woman, solitary in her anguish, and stood there in silence with her. By the presence I offered her companionship during a most difficult time and an attentive and reflective listener should she wish to talk.

And she did wish to talk. She invited me to listen as she revealed her spiritual pain to me unfolded in one story of loss after another, and not only about her dying husband. We thus descended into the still dark waters of her grief, to where deep calls upon deep, and to where a sacred silence resounds. I felt that we shared there a most extraordinary sense of peace amidst the encircling gloom of her grief. This is where I came to know conclusively that providing a listening presence to others in times of distress is indeed caring for a human spirit. For in my experience as we returned slowly once again to the surface I remember how clumsily I closed our encounter by offering to help her in any way I could, to which I will never forget her response ---"You already have." Her reflective and caring words affirmed my fledgling effort in chaplaincy; they resonate within me still, and inspire me to continue on.

Just as respect for others listening and attentive listening fosters relationship, relationship facilitates insight, and insight inspires new action. Thus grounded in respect for others listening, relationship, insight and action are the stepping-stones of effective spiritual care that continue on in repeating sequence. And as difficult as caring for the human spirit may be to define formally, for chaplains in general, for Roman catholic chaplains in particular, and for lay Roman Catholic chaplains especially, it is for me nothing less than this: to act intentionally in the service of others upon the realization of the divine presence within and among us that is revealed in extraordinary moments of deeply felt human encounters, whether they be on the dusty road to Emmaus, on a busy hospital ward, or indeed when and wherever we may happen to come alongside our fellow travelers on the journey of life.

Some Reminders

Our annual Chaplain's Educational Conference will be held on September 26-28, 2010 at Jackson's Point, Toronto.

Spiritual and Religious Care Awareness Week (SRCAW) will be celebrated October 17-23rd.

Our theme this year is: **Partners in Holistic Care**

For further information please visit our website at www.omc.ca or call our office at 416 422 1490.

OMC AT A GLANCE

The Ontario Multifaith Council:

- consults and advises the government of Ontario on faith group matters relating to the provision of spiritual and religious care in government run or funded institutions
- ensures the availability of persons (Board members/appointees and volunteers) with adequate understanding, ability, qualifications and appropriate status within their faith group
- collaborates with the Government in providing multifaith awareness training and education to persons who work or volunteer in government institutions and transfer payment agencies

Please email us with your suggestions and content submissions. If you would like to write something for the newsletter, please let us know.

Send all newsletter comments and inquiries to:

newsletter@omc.ca

For other inquiries contact:

The Ontario Multifaith Council,
789 Don Mills, Suite 208, Toronto, ON
M3C 1T5, (416)422-1490, www.omc.ca