

“Care giving is a matter of the heart”
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Mercy Regional Medical Center & St. Columba Parish
Durango, CO

Thank you for the invitation to be with you today. As one of 77 million Baby Boomers the topic of “Care Giving” is a major concern for me. More than a headline issue it became a way of life when my four siblings and I assumed the role of primary care givers for our dad five years before his death at age 90 in 2004. Prior to his first stroke and gradual immobility due to osteo-arthritis he was very independent. Ditto for my 87-year old mother. She has had a slow and combative recovery from a fall that resulted in a broken hip in October 2006. The recovery was slow because she had never been a patient in a hospital all her life and therefore didn’t know what to do with this trauma and the pain following surgery. The recovery was combative because she is Irish. Having rebounded physically two years ago she is gradually rebounding attitudinally and reclaiming some of her former lifestyle, like shopping. More frequent trips to markets and malls have now earned her, within the family, the nickname, “Our Lady of Wal-Mart.” Suffice to say recovering some of her lost independence has not only improved her morale, but has improved ours as well. Now if we could only get her to spend more quality “recycling” time with her circle of friends at church and the Ladies Volunteer Fire Auxiliary and less time with Ben Matlock, Lucy Arnez, The Golden Girls, Jessica Fletcher and Barney Fife, her life in Clayton, Delaware might improve greatly over the couch-potato life she spends in Mayberry. Does any of this sound familiar?

I assume we're here today because we are familiar with these scripts. They are written, not by Hollywood writers or mystery novelists, but by aging parents, a graying culture, families struggling with terminal illnesses, children with chronic diseases, sons and daughters returning from two war fronts with catastrophic wounds, abusive domestic relationships and a health care system that is overtaxed and on the brink of change or extinction. In many cities and neighborhoods today houses are not the only security faced with foreclosure. Hospitals too are vulnerable to a shaky economic forecast.

Today I am going to focus on three themes that I believe enhance our roles, our ministry, our lifestyles, and our vision as care givers. Those themes are:

- 1. Biography as Care Giving.**
- 2. Spiritualities of Care Giving.**
- 3. Storytelling as Care Giving.**

The first theme will be personal in nature. I am going to share some chapters and verses of my life story as a care giver. The remaining two themes will include interaction with you and some brain and heart exercises in small group settings.

As the workshop progresses I will challenge you to keep the image of "*the heart*" dominant in your consciousness and imagination. It is over emphasized in the health care world, but under emphasized in the spiritual world. I will argue that the heart is a major player in both worlds and color our relationships with people specifically those with whom we interact with as care givers.

1. Biography as Care Giving

Every AA meeting opens up with the famous one-liner, *“My name is ---- and I am an alcoholic.”*

It is a crucial first step in taking ownership of one’s spiraling behavior into the disease of alcoholism. With this first step a certain amount of inner pressure is released freeing the alcoholic to befriend the demon that has seditiously ruled his/her life. I would like to borrow the power of that one-liner and say, *“My name is Paul and I am a care giver.”*

It’s not just a title I use, but it is part of my identity. Unlike many people I didn’t stumble into care giving unawares. The truth is I learned it in a care giving environment. It began in my childhood. My siblings and I were born and raised in a small town in Kent County, Delaware with a population of 1200. We were a minority Catholic family living among majority Methodists and Episcopalians. My parents believed we earned respect not just by being good practicing Catholics, but also by practicing good citizenship. As we grew up we were expected to provide care for certain elderly neighbors. I assumed responsibility for a widow, Mrs. Euneita Fenton. I would clean her house once a month, mow her lawn in the summer, shovel snow from her sidewalks in winter, do errands, get her medicine from the local pharmacy and when I was old enough to drive, take her to church. We never asked to be paid for this because that would violate the motivation of providing service as a neighbor rather than a worker.

Two other incidents in my early formation as care giver are branded in my consciousness. An African-American family in town lost their home in a fire.

One day when we came home from school my mother instructed all of us to take a brown bag go upstairs and fill it with clothes we didn't need. Then we delivered the bags to the family. We also invited them to our house for a Sunday dinner. A second incident involved a family where the husband and breadwinner lost his job. We went food shopping with mom and then delivered the bags of food to that family. Laced throughout these examples are memories of mom getting up during the night walking down the street to the firehouse and helping prepare coffee and hot chocolate for volunteer firemen who were working to put out fires. My extended family was also good role models. My Aunt Eleanor, a registered nurse, visited an elderly shut-in couple every Sunday after church to give Mr. Hall his insulin shot. My Aunt Mary, bookkeeper at the local Catholic parish, would have me deliver envelopes to certain people on my bicycle. Only later did I find out they contained money from the church poor box.

When it came time to practice care giving for our own dad nearly ten years ago we were prepared. The same for our mother nearly three years ago when she needed surgery and physical therapy for a broken hip. It has dawned on me only recently that my parents not only raised five children, but they raised us to be care givers. There is a story in the first edition of "Chicken Soup for the Soul" that speaks to this vocation.

"David, my next-door neighbor, has two kids ages five and seven. One day he was teaching his seven-year-old son Kelly how to push the gas-powered lawn mower around the yard. As he was teaching him how to turn the mower around at the end of the lawn, his wife, Jan, called to him to ask a question. As David turned to answer the question, Kelly pushed the lawn mower right through the flower bed at the edge of the lawn – leaving a two-foot wide path leveled to the ground.

When David turned back around and saw what had happened, he began to lose control. David had put a lot of time and effort into making those flower beds the envy of the neighborhood. As he began to raise his voice to his son, Jan walked quickly over to him, put her hand on his shoulder and said, "David, please remember....we're raising children, not flowers!" (page 84).

For the purposes of sharing my biography as care giver, my parents raised their children to be care givers. The fruits of their role modeling were evident at the funeral of our dad. Over 600 people attended. The same care was extended to our mother during her hospitalization and recovery. She received over 400 cards, bouquets of flowers, fruit baskets and cheer from a wide circle of friends she has cared for over the years. Is it any wonder how witnessing this kind of care giving nurtured in me a desire to practice it as an ordained priest. My siblings do the same in their own life vocations and within their circle of friends and neighbors.

I guess I could say that "care giving" is part of our family DNA. It is what identified us as members of the Mast-Burke family growing up in Clayton, Delaware. Along with learning the 3 R's in school we were also home schooled in the meaning of good hygiene, good manners, tolerance of people with different ethnicities, respect for the law, respect for elders and neighbors, etc. Our parents were the pillars in our small town culture who shaped our values, provided the discipline we both craved and despised as well as the example of care and love that extended beyond our family boundaries. Beginning ten years ago these two people who supported and loved us began to need our love and support in their advancing years. At that point "care giving" ceased being a term and became a new calling for me and my siblings. We didn't panic or go online

to research this new animal called “elder care.” Rather, each of us in our own way accessed insights and wisdom stored in our hearts from our life experiences. These were grounded in the formative years of living and learning the value and meaning of honoring our parents.

As someone who practices “care giving” as a profession I am very aware of the awesome burden of care required by individuals whose family culture did not include “care giving” as part of the orientation for life within the formative years. I have seen fear cascade over adult children whenever they are forced to enter the ranks of the army of adult child elder caregivers. Most of them are clueless about the breadth and width and depth of the unexpected life changes they face. My family, I have come to believe, is an exception. In raising us as caregivers my parents prepared us for the day when we would assume that role with them. It has bonded us together as siblings in a new way and made us the objects of new respect in a community where our practice of “care giving” with our parents is the exception and not the norm.

Spirituality has a lot to do with how we got to this stage of becoming adult child caregivers. My parents were both religious and spiritual. My mother is a devout Catholic and my father was a practicing Mennonite. They made that combination of religious traditions work for the 62 years of their marriage. The result is a family that is a breed between the Walton’s and the Simpson’s. My mom is no June Cleaver. My dad was not a Homer Simpson. They were part of what Tom Brokaw aptly named as the title of his 1998 best selling book, *“The Greatest Generation.”*

A pivotal piece of the DNA of that generation is a spirituality that sustained them through the Great Depression and World War II. It was a strong piece of the energy that fueled new investments and vision in higher education, converted a wartime economy into a peacetime economy, made breakthroughs in medicine, gave birth to Medicare and encouraged prophetic voices to dream about federal civil rights legislation. As a Baby Boomer I am not only an offspring of their generation, but I am also linked to their values of *“personal responsibility, duty, honor and faith”* (page XX).

The value of “faith” and its offspring, “spirituality” is, I believe, a necessary antidote in the vocation of care giving to the physical, emotional and psychic strains it is placing on caregivers today. Let me now speak to the second theme, *spirituality* and how it is inextricably linked to care giving.

I want to access a *spirituality of care giving* through the lens of a motion picture. In 1994 Hollywood made a movie entitled, “Forrest Gump.” It was an enormously popular film which garnered thirteen Academy Award nominations and won seven. The film touched an American nerve and consequently spoke to every American heart that saw it. Woven into the movie is the theme of care giving and a certain type of *spirituality* that formed the heart of Forrest Gump as a care giver.

The opening scene shows Tom Hanks as Forrest Gump sitting on a bench waiting for a city bus. A box of chocolates rests on his lap. He turns to a stranger next to him and asks if she wants a piece of chocolate. She declines

and that evokes in him a homespun wisdom saying of his mother, *“life is like a box of chocolates; you never know what you’re going to get.”*

Then he begins to recount marker events in his life that puts a face on that saying. He never knew he would get leg braces as a boy. He never knew he would become a speed runner. He never knew he would take care of his mother played by Sally Field. He never knew he would fall in love with Jenny. He never knew he would serve in the Army during the Vietnam War, become friends with Bubba Smith or save the life of Lt. Dan.

He never knew he would meet President Johnson, become a table tennis champion, start a shrimp business, marry Jenny, help her die of cancer, have a son and become a father. For Forrest Gump these were human experiences when his life was like a box of chocolates.

I was fascinated with the movie, not only because of the superb acting, themes and music, but because I am a certified chocoholic. I saw the movie a first time through the lens of entertainment. I saw it a second time through the lens of spirituality. It spoke to my inner life in a way that inspired me to tweak the wisdom saying into these words: *“the spiritual life is like a box of chocolates, it’s not what you get, but what you do with what you get.”* That was the hidden grace in the movie, namely, not that Forrest Gump had all those memorable experiences, but what he did with them that made them memorable and life changing. Staying true to his character as a mentally slow person enabled him to engage those experiences in a way that helped him stay grounded in being a selfless, genuine and generous friend to everyone who entered his life and vice

versa. From this perspective the movie could have been titled, *“The Gospel according to Forrest Gump.”* What he did with his life experiences spoke volumes to how care givers can do the same with their experiences.

The hidden grace of conversion in the vocation of care giving is not that I have to care for an aging parent, someone with Alzheimers, a child with Autism, a sibling with lung cancer, or a neighbor with dementia, but what I do with that call. This strikes at the heart of what the mystics call, *“the spark of the divine in us.”*

Many care givers today feel imprisoned by the limitations placed on them as care givers. Gerard Manley Hopkins, the great 19th century English Jesuit poet once called the human spirit, *“an imprisoned skylark.”*

When it comes to developing a spirituality of care giving we have two choices. We can keep the skylark in us imprisoned by anger, anxiety, fear, resentment, or we can set it free by giving our heart to a spirit that will teach us how to embrace a new wonder of life by the way we embrace a new call to care giving. Remember, it’s not what you get, but what you do with what you get. This insight strikes at “attitude” and the “disposition of the heart” in the interior life and not at personal schedules, or inconveniences, or bad timing which are elements of the exterior features of care giving. This brings me to six pillars of our Judeo-Christian story that express a diversity of spiritualities of Care Giving.

II. Spiritualities of Care Giving

1. The Jewish Tradition.

One thing you can do with your call to care giving is invite Yahweh into it by the way you connect with the Psalms. No book of the Hebrew Scriptures is more beloved than the Psalms. No other book of the Hebrew Bible is regularly bound by itself, except the Psalms. It is a treasured piece of your faith tradition. Pious Jews often carry a small volume of *Tehillim (Psalms)* or keep a copy on their nightstands. Other books of the Bible are studied and discoursed, but the psalms are prayed or recited with special devotion. Why? Because they express a profound sense of God's nearness whenever Jews feel an unsettling sense of God's distance or absence. The Psalms are the mantra's Jewish care givers can chant when they need to connect with a God who desires to comfort, console, strengthen, heal and care for them. The Psalms break the deafening silence of God by inviting Yahweh into a despairing relationship with an abusive aging parent, or a disheartened relationship with a teenager tired of chemotherapy. Inviting God into these wounded relationships enables the care giver, running low on morale and hope, to give their heart to the God who desires to replenish those inner empty wells. When care givers join the psalmist in crying out to God they are asking the Beloved One to pay heed to their anguish and be present to them in a way that God was present to their ancestors in their anguish. This is how Jewish hearts are converted again to their Hebrew God. It is a heart turning away from the emptiness of despair and being healed by giving the heart to the divine healer. This is a profound special way for those in the Jewish tradition to

move beyond their care giving struggles and to having an intimate connection and love for the God who desires to be there with them. The Book of Psalms converts their sense of God's absence into God's presence. For the Jewish people the Psalms help make care giving a matter of the heart.

2. The Anglican Tradition

What the Book of Psalms does for Jewish care givers, the Book of *Common Prayer* should do for care givers of this tradition. It is a book linking you with God in your daily life and is a way for you to access God to nurture your life of piety the way you access GOOGLE for information. The 1552 Book of Common Prayer is for many reasons the foundation of Anglican spirituality. It is liturgical which means it invites you to sometimes step out of your narrow, suffocating world of care giving demands and deadlines and into a larger world where worship of the living God expands and renews your heart.

It invites you to pray with a litany of saints who draw you into a wide circle of "angels and archangels and the whole company of heaven." It is biblical, including offices of morning and evening prayer. It nurtures faith that comes by hearing and speaking a redeeming Word to those who sometimes question their own worthiness of being redeemed. This kind of "unworthy" voice all too often freezes the heart of overstressed care givers. To borrow a memorable phrase of Bernard Shaw, "the hope is that the worshiper will do with his ears what he does with his eyes when he stares."

The Book of Common Prayer exists so that ordinary men and women in extraordinary life situations can begin and end the day with devotions that do not

depend on the mood swings of those we care for, but in joining other pilgrims in hearing the word of God will help them keep their hearts centered on the kind of worthy praise of God that recycles the spiritual life. The Book of Common Prayer is for Anglican care givers what the Book of the Psalms is for Jewish care givers. A copy should always be accessible so the divine Care Giver is easily accessible.

3. The Methodist Tradition

The Methodist tradition has its roots in John Wesley's (1703-1791) spiritual journey. It began with a genuine inner struggle from which he emerged with a profound transformation of life and with a new sense of mission. You can't read his spiritual journey without sensing the unnamed presence of a divine care giver. The rich spiritual heritage he gave his followers was a changed perspective on understanding the life of faith. After his conversion faith was no longer about "works or righteousness." Rather, it was about Jesus Christ freeing him from himself for a new life of service as a disciple.

The fruits of his spiritual journey give credence to an old Sufi saying: "*we do not see things as they are; we see things as we are.*" The converted John Wesley saw things with a heart readjusted by an experience that began with an inner struggle and ended with inner assurance. Somewhere in that struggle he became free to take his heart back from an evil spirit and give it to a holy spirit, from a life-diminishing spirit to a life-giving spirit.

This great eighteenth century prophet is the founder of the Revival movement. It combined Proclamation of the Word, Evangelization and Nurture of those in

spiritual formation as the centerpieces of his vision of Christian witness. He believed that discipleship is a gift of God, but it is costly. It requires the ongoing transformation of one's life, a renewal of the mind in the image of God, a recovery of the divine likeness and an ongoing conformity of one's heart to the heart of the holy Redeemer.

Allow me to be bold and suggest that two centuries before the first medical heart transplant in Cape Town, South Africa, John Wesley as founder of the Methodist movement preached and gave witness to the phenomenon of spiritual heart transplants.

While Jewish care givers have the Book of Psalms and Anglicans have the Book of Common Prayer to nurture their spiritual heart transplants, Methodists have the great hymns of John Wesley and the tradition of discipleship. It may behoove care givers in the Methodist tradition to carry some of those hymns with you. Whenever the one to whom you are giving care pushes the wrong buttons in you, or vacuums out all of your patience, or increases your blood pressure to alarming rates, then step away from that moment and sing a John Wesley hymn that reconnects your heart to care giving as a form of a pilgrimage of faith. This is one way to experience John Wesley's freeing of himself from himself, and by taking back your heart from the voices of anger and impatience you center it again in the heart of Jesus, who desires to become your care giver. Then you step back into the room and your care giving becomes a witness as the divine care giver in you becomes the divine care giver in them. This piece of Methodist

spirituality promotes a discipline that enables one to get free of a resisting heart so that the grace of God can flow out to others from a free heart.

4. The Baptist and Quaker Traditions

These two spiritualities stretch back to the contemplative traditions of the middle Ages. The first Baptists date back to 1612. The first Friends date back to 1648. They emerged as a religious tradition by strongly reacting against efforts to impose uniformity in worship. The key to their devout life lay in sincere, heartfelt responsiveness to the Holy Spirit. Two political giants were products of this spirituality. William Penn of Pennsylvania founded a Quaker colony in 1682 that was built on tolerance and Martin Luther King, Jr. drew his inspiration for the Civil Rights movement directly from Ebenezer Baptist Church in Atlanta. Among Quaker, *nurture* is linked with the family and the Friends Meetings where they try to attune themselves to the *Light Within* that is the Holy Spirit. They bear witness to the conviction that spiritual growth and development depends on God and not on humans.

For the Baptists the sole rule of faith is the Bible. It is the chief Sacrament for them. In Quaker spirituality, the Inner Light as the source of Revelation and guidance takes precedence over the Bible. Whereas Baptist worship is high powered and emphasizes the preached word, Quaker worship has been silent emphasizing “waiting on God.”

What these two traditions offer their care givers is: (1) the Bible as a source of ongoing spiritual comfort and renewal and (2) silence as a form of inner nurture and waiting with a God who wants to comfort in quiet and not in words. But,

these two sources of spiritual strength become rivers of grace when shared with others. So, the Baptist care giver needs to have a companion who can share scripture passages that can be taken by the care giver and used for centering them in the presence of God. Similarly, the Quaker care giver needs to find another Quaker who invites them into silence as the spiritual antidote to the chorus of loud voices that may be interfering with their being centered in the presence of God.

5. The Roman Catholic Tradition

Roman Catholic spirituality began to be shaped in earnest through Western Monasticism in the sixth century. Spiritual giants who took brushes to hand and added new strokes and colors were: Ignatius de Loyola the 14th century Spaniard and author of *The Spiritual Exercises*, Theresa of Avila and John of the Cross, the Spanish 16th century Carmelite mystics and architects of contemplative renewal through *The Interior Castles and Dark Night of the Soul*, Francis de Sales, the 17th century French visionary of spiritual renewal of the laity and author of *Introduction to the Devout Life*, Therese of Liseiux, the 19th century French Carmelite contemplative who was God's instrument of *a spirituality of the little way*, and Dorothy Day, the 20th century American Catholic social activist and architect of *The Catholic Worker Movement*. There are many others, but I choose to highlight these because the seeds of their role in spiritual renewal continue to bear fruit for Catholic care givers today who have diverse spiritualities.

These “Saints” can be invoked by Catholic care givers today as spiritual companions who walked the paths of illness, (Therese of Lisieux of tuberculosis), surgery (Ignatius Loyola whose leg never set after two attempts following a war injury), rejection, (Theresa of Avila met stiff resistance to reforming the Carmelites), darkness, (John of the Cross was abducted by his own religious community and kept in a dark cell for nine months), and isolation (Dorothy Day was harassed by the hierarchy for her social politics). In connecting with them we connect not only with those pieces of trauma in their stories, but what they did with it, namely they invited God into it. That becomes a healing source of inspiration in accessing the divine in our own trauma stories so that we can find God in all the roller coaster moments with those we serve as care givers.

These saints had to ask the same care giving question as we do: *who will I give my heart too?* For them there were only two choices: an evil spirit that fuels our inner lives with darkness and restlessness, or a Holy Spirit that frees the inner live from spiritual toxins and recycles us with hope and healing.

Catholic care givers would do well to find a spiritual director or a spiritual companion. They are the extended family of caring voices that can refer anxious and burdened care givers’ to the saints. Especially the ones who walked their paths centuries before and can help us to find a way through the maze of care giving today by doing with it whatever it takes to reverse darkness with light, inner enslavement with inner freedom and desolation with consolation.

6. The Afro-American Tradition

This tradition began as early as 1518, but the years from 1600 to 1800 featured the most extensive and protracted dislocation of Africans to the New World. This dark chapter in our history is known as the slave trade to the Americas. One way to filter this story is through the lens of a pilgrimage of a people toward freedom. It began with the rapid rate of black conversions to Christianity following the Emancipation Proclamation by President Lincoln in 1863. It picked up steam with the founding of the NAACP in 1910, the Supreme Court overturning school segregation in 1954, Rosa Park's civil defiance in 1955 that triggered a bus boycott in Montgomery, Ala and the non-violent revolution of the Civil Rights Movement with the prophetic legacy of Dr. Martin Luther King, Jr. in the 50's and 60's.

Two key elements constitute the centerpiece of this spirituality. First is the role of the *black preacher*. They are not only concerned with the psychological and spiritual wholeness of their congregations, but they are the dominant moral voice of healing for the community. In this respect they are "liberation practitioners" among their people. Second is the role that *black music* plays in the spiritual revival of Afro-American Christians.

The author James Baldwin, in an article entitled "*Many Thousands Gone*" in *Black Expressions*, has captured this piece of their culture in these words: "*It is only in his music.....that the Negro in America has been able to tell his story.*" Not only does music define black culture, but it also defines black spirituality.

The lyrics and cadence are joined at the hip making the vocal singing and the rhythmic swaying expressions of their soul journey from Africa to the Americas, from the ghetto's to the suburbs, from earth to heaven as an ongoing pilgrimage of inner liberation for the glory of God.

Afro-American care givers need to seek out the moral voice of their preacher when the inner voices of demons create static with the voices that desire to nurture them as care givers. They need a hymnal close by so they can sing as a "liberation" hymn that frees them from the kind of meanness and short tempers that so quickly steal our hearts from care giving that is meant to be recycling for self and for others.

I titled this retreat *Care Giving is a matter of the Heart*. By connecting it with six faith traditions I want to close by offering four concrete suggestions how these traditions can be a more pro-active and supportive player in the vocation of care giving. The heart of the individual care giver can be healed and transplanted in an ongoing way by faith communities that live and celebrate their traditions as people who are in the wholistic healing and spiritual transplant business.

First, there is a need today for local churches to create a *Care giving for Care givers* ministry. It should be ranked among the music, faith formation, social justice, evangelization and stewardship ministries. And it needs to be listed as a viable ministry on the church bulletin masthead and website. It could include some type of support group, a prayer line for those who need to be spiritually recycled by the prayers of those who are not care givers, volunteers who can relieve care givers each day so they can spiritually transplant their heart by

replenishing their inner wells of hope, and a *“when you care enough to send a piece of your heart”* card writing form of outreach.

Second, each of the six faith traditions I mentioned need to be more imaginative in creating ways to include care givers in their worship services. They must no longer be the “silent” parishioners who suffer by sitting in pews in silence as care givers.

They have faces and names that need to be revered and hearts that need to be spiritually transplanted. Some churches now have shrines to their members who are serving in the military on two war fronts. Other churches have shrines to all the victims of abuse, neglect, murder, suicide, etc. Still others have shrines to their high school and college graduates. What about a shrine to care givers? What would that look like? How will it promote faith community support and spiritual nurture? For those where shrines are not part of their faith tradition then I invite them to claim the heart of their traditions. Jewish communities can imagine how they can form a *“Psalms for care givers”* group, Anglicans can claim the heart of their tradition and form a *“Common Prayer group for care givers,”* Methodists can claim the heart of their tradition and glean passages from the Bible that speak about God being a care giver then passing them on to care givers, Quakers can claim the heart of their tradition and form an *“Inner Light”* group and call care givers to step into silence and give their hearts to it, Catholics can claim the heart of their tradition and adapt the memory of Saints and the power of the sacraments in a way that they become rivers of grace for care givers, Afro-American Christians can claim the heart of their tradition and imagine

how they can harness the energy of their music to revive the wounded spirits of care givers.

Third, the curriculum for the faith formation of youth needs to include a spirituality of care giving. Part of that formation should require them to visit nursing homes and parishioners whose homes are also places of care giving. The process begins with “thinking outside the box about faith formation.” It doesn’t just happen in classrooms. It also needs to happen in the same places where the Judeo-Christian God met and cared for people, like in an exodus, on mountaintops, in caves, on battlefields, in exiles, in the houses of sinners, in gardens of agony, on fishing trips, and sometimes in temple precincts. The homes of care givers are now a sacred ground where young people can be formed into future spiritual care givers. They need to return from these sacred places and reflect, as a learning community, on how the experience was something like the divine physician converting their consciousness and spiritually transplanting their heart.

Fourth, hospitals, nursing homes and health care systems need to collaborate with local parishes and faith communities in integrating the tradition of music into the enterprise of health care. This requires “outside the box thinking” when it comes to health care envisioning itself as a partner in a faith-based initiative. Most ICU’s, humming with the racket of beeping monitors and buzzing medical devices, along with the chatter of visitors and staff, diminish a patient’s room space as anything but a sanctuary for rest and renewal. Music, when viewed as a form of healing therapy can help ease patient’s pain, lower blood pressure,

reduce anxiety and quicken a patient's ability to get well, faster. Suffice to say it can often be cost-effective. According to a 2007 survey of U.S. health facilities, music therapy has been shown *"to affect sleep patterns, improve stroke patient's memories and decrease the amount of sedation medication needed for some patients,"* (USA TODAY, 6-17-08, pg. 9 D).

All of the above are necessary pieces in developing a contemporary spirituality of care giving. They all are integral to care givers answering the question, what do I do with this, in a way where choices emerge that cleanse their hearts from the build-up of bad emotional plaque so it remains the primary organ of love and life for those they care for.

III. Storytelling as Care Giving

This final section is brief because we are going to become storytellers and discover it as a liberating form of care giving. So I will close with a story intended to tease your imaginations and touch your hearts. I hope it touches your own experience as a storyteller to unleash new and undiscovered potential in viewing care giving as a matter of the heart.

"There was once a teenage girl who would much rather had gone to the mall with her friends but was pressured by youth members of her church into delivering flowers to residents of a nursing home. One elderly lady, noticing her long sad face, said to her, "You don't really want to be here, do you, child?" The girl objected saying, "No, no. I do, I do. I'd rather be here than any place." Interrupting the girl's defense, the old woman leaned over to her, patted her on the hand and said, "That's okay. You can't force the heart."

This story speaks to care givers taking care of themselves spiritually. It gives meaning to the wisdom saying, *“What you focus on determines what you miss.”*

Telling a story with one person in a group setting like this highlights how just one person as the listener to someone’s story in their faith communities are integral to the vocation of care giving.

So we’re going to practice storytelling now as a form of care giving. Each of you here has a story inside you about being a care giver or caring for a care giver. In telling the story to another, hearts connect first with each other and then with God. I want you to listen to the inner stirrings, and the movements in the stories that awaken in you to the presence of God. The feedback is a way to share with the storyteller the pieces of God in their story they have missed because they have not yet have discovered the power of storytelling as a form of spiritual care giving. My hope is that as you get better at telling stories of care giving so your heart will be spiritually formed to the heart of the divine care giver who will be “the way, the truth and the life” in the way you practice care with your self and with others. Thank you.

Rev. Paul G. Mast is a priest of the Diocese of Wilmington, Delaware. Ordained in 1972, he has graduate degrees from Fordham University, The Catholic University of America, a Doctorate of Ministry from the Mundelein Seminary and a Certificate in Spiritual Direction from Neumann College in Aston, PA. His website address is: <http://www.gospelsoftretreats.org>