Pastoral Care Handbook

to accompany

The Project Compassion Pastoral Care Training Program for Lay Ministers

Rev. Charles S. Vavonese, M. Div., M.Ed., C.A.S.

Project Compassion is funded by the Mother Cabrini Health Foundation

Mother Cabrini
HEALTH FOUNDATION

The Legacy of Mother Cabrini

Photo: Mother Cabrini visiting patients in one of the hospitals she founded.

The youngest of 13 children, Frances Cabrini was born on July 15, 1850, in a small village called Sant'Angelo Lodigiano near the city of Milan, Italy. She grew up enthralled by the stories of missionaries and made up her mind to join a religious order. Because of her frail health, she was not permitted to join the Daughters of the Sacred Heart—the order that had educated her and under whose guidance she obtained her teaching certificate.

However, in 1880, with seven other young women, Frances founded the Institute of the Missionary Sisters of the Sacred Heart of Jesus. She was as resourceful as she was prayerful, finding people who would donate what she needed in money, time, labor, and support. She and her sisters wanted to be missionaries in China; to facilitate this, she visited Rome to obtain an audience with Pope Leo XIII. The Pope told Frances to go "not to the East, but to the West" to New York rather than to China as she had expected. She was to help the thousands of Italian immigrants already in the United States.

In 1889, New York seemed to be filled with chaos and poverty, and into this new world stepped Mother Frances Cabrini and her sister companions. Within days of their arrival. Mother Cabrini organized catechism and education classes for the Italian immigrants and provided for the needs of the many orphans. She established schools and orphanages despite tremendous odds.

Soon, requests to open schools came to Frances Cabrini from all over the world. She traveled to Europe, Central and South America, and throughout the United States. She made 23 trans-Atlantic crossings and, over the course of her travels, established 67 institutions: schools, hospitals, and orphanages.

Within 34 years, she established an astonishing 67 hospitals, orphanages, and schools to address the spiritual and physical needs of others. Her energy was fueled by an intense focus on serving Jesus in whatever he asked of her.

In 1909 Mother Cabrini was granted citizenship in the United States.
Her activity was relentless until her death. She died in Chicago on December 22, 1917, at the age of 67 from chronic endocarditis—a life-threatening inflammation of the inner lining of the heart's chambers and valves. She was canonized in 1946 by Pope Pius XII, becoming the first American citizen to be named a saint. Four years later she was given the title of Patroness of Immigrants.

Today the Missionary Sisters, their lay collaborators and volunteers work as teachers, nurses, social workers, administrators, and members of institutional boards of trustees. They can be found on six continents and 17 countries throughout the world, wherever there is a need.

The Project Compassion Pastoral Care Training Program for Lay Ministers

At the Last Supper, as an act of humility and servanthood, Jesus washed the feet of the apostles, and then said, "I have given you an example, so also you must do. (Jn 13-14-15). In these words, Jesus called his disciples and all those followed after them, to a life of service.

This **Pastoral Care Training Program** is designed to prepare volunteer Pastoral Care Ministers to carry out the mandate given by Jesus at the Last Supper by allowing them to build on their present knowledge and experience and expand their ministry skills so that they may bring the care and concern of their parish family, and that of Christ, to those they visit more effectively. The Program was developed by Father Charles Vavonese who has taught all levels including the graduate level and has over fifty years of pastoral experience.

The program is a hands-on and practical approach to pastoral care which is delivered in video format. Each video provides a wealth of concrete information that volunteers will be able to begin using immediately.

The Program includes:

- **Introduction to Pastoral Care I**
- **Introduction to Pastoral Care II**
- **Introduction to Pastoral Care III**
- Spirituality for the End-of-Life
- End-of-Life Moral-Medical Issues
- Introductions to Palliative Care
- Pastoral Care for Life's Losses

Pastoral Care I, II, and III, which are bolded in the list above, are required videos for the Pastoral Care Program. The viewer may then elect from any of the two electives out of the four additional videos. These videos are available at www.compassionandcope.org. It is advisable to view the three Introduction to Pastoral Care Videos I, II, and III in order. The additional "electives" may then be viewed in any order. *Pastoral Care for Life's Losses* and *End-of-Life Medical Moral Issues* are recommended electives.

Expanding Your Pastoral Care Skills

Each of us brings to our ministry a wealth of information, yet there is still more to learn. It is helpful to view a plan for enhancing your Pastoral Care skills as an expanding spiral. It may be limited at the beginning of your ministry and as you continue to learn and reflect on your experiences if ministry, the spiral becomes larger and moves upward because your skills become broader and more sophisticated. This is called a continuous growth model—and because of your continuous growth you will become a better minister to the people and families you serve.

Feedback Form

At the end of each of the videos you view, you will be asked to complete a two-question feedback form and, when you are done and click "send", the feedback form will be automatically emailed to the Project Compassion Office. In return, you will receive a certificate indicating that you have successfully viewed the video which you may share with your pastor.

Resources For Pastoral Care Ministers

Pastoral Care Handbook

This *Pastoral Care Handbook* is a print version of the course material and is available for you to download from www.compassionandcope.org.

The *Pastoral Care Handbook* will serve as a reference for you as you undertake your ministry to the homebound. It includes some supplemental topics not included in the videos.

Coping with A Serious Illness

As with so many things in life, illness does not come with a user's manual. Being diagnosed with a serious medical condition, brings unfamiliar and sometimes challenging situations for our patients, families, and loved ones. In clear and concise language, the booklet titled, *Coping with Serious Illness,* a publication of Trinity Health, offers practical suggestions identified through the collective wisdom of an expert panel of caring healthcare professionals and clergy. The booklet provides the readers a resource to help navigate illness both successfully and with greater confidence. Pastoral care ministers should review this booklet and share it with the people they visit. It is available for download from www.compassionandcope.org

Resource Articles

There are several one-page articles that deal very succinctly with End-of-Life Moral-Medical Issues and Palliative Care. These articles were written by Father Charles Vavonese and Dr. Paul Fiacco and published in the Diocesan Newspaper of the Diocese of Syracuse, *The Catholic Sun.* You are encouraged to download these articles and share them with the people that you visit. The articles are available at www.compassionandcope.org.

Other Videos on Project Compassion Website

There are a number of other videos on the Project Compassion website that deal with a variety of end-of-life issues. You are encouraged to view all these videos at your convenience so that you will be able to recommend the videos to the individuals and families you visit.

From the Author

Thank you for participating in the Project Compassion Pastoral Training Program. I am confident that the information presented in this program will help you to build on the pastoral knowledge you bring to this ministry. It is my hope that this curriculum will further empower you to bring the care and concern of the parish family, and that of Christ, more effectively as you visit the sick. I would like to conclude by offering a blessing to you as you undertake this vital ministry.

A Blessing for You Who Visit the Sick

May the Holy Spirit who has called you to the
Pastoral Care Ministry come upon on you,
That you may unite your talents with the gifts of the Spirit
For the good of all you serve.
May you be blessed with the wisdom and understanding to recognize
The deep needs of those in their care.
May you be blessed with the courage to speak hope in darkness.
May you be blessed that you may offer to those they visit,
Your care, by listening, loving, and supporting.
I ask all of this in the Name of the Father and of the Son and of the Holy Spirit.
Amen.

Father Charles Vavonese

A Context to Understand Pastoral Care

Learning the definition of Pastoral Care is a very good place is to start to understand this context. We begin to develop a working definition by first defining the word "pastor."

The word **"pastor,"** Pastoralis, comes from Middle English and Latin—meaning shepherd, the herdsman. For Christians, the Ultimate pastor is Christ the Good Shepherd.

Pastoral Care a Working Definition

While there are many definitions of Pastoral Care, the following definition is particularly useful for our understanding of ministry.

Pastoral Care is:

> An outreach of compassion, often accompanied by an action of care, as part of, or on behalf of a faith community
>
> --Jeanne Stevenson Moessner

Pastoral Care is grounded in compassion—from its Latin roots it means "cum passio" or to suffer with, and so we walk with the people we visit on this difficult part of their life's journey.

From its definition, pastoral care is **always** an act of **compassion**. It **may** or **may not** be accompanied by an **action of care**, something simple such as giving food to someone who is hungry or something more complex as attending a family meeting with the doctor of a relative to discuss treatment plans for a family member who is at his/her final stage of life. Pastoral Care is **always** done as part of, or on **behalf of a faith community**.

The Goal of a Pastoral Care Visit

The goal of a pastoral care visit is to help those to whom we minister, to better know the love of God.

We do this by:

- Being present to those who suffer in imitation of Christ.
- Nourishing the patient's relationship to God through pastoral care, prayer, and the Sacraments.
- Helping Patients express their thoughts and feelings to be able to understand them.
- Comforting patients as they address their physical, spiritual, and emotion needs.
- Supporting patients and their families as they cope with illness, death, and grief.

Who are the People We Visit?

Many of the people you will be visiting are homebound and receiving what is called palliative care.

The following comments will give you only a brief introduction:

- In short, palliative care is specialized medical care for people with a serious illness for which there is no cure, but for which there is treatment that will lessen the severity of the symptoms of a disease. It does this by:
    - Treating, preventing, and relieving the symptoms of the disease, such as pain management, but not curing the underlying illness; and
    - Providing the patient and family with spiritual, emotional, and social support.

- Palliative care begins after a person has received a serious diagnosis of a progressive illness such as cancer, chronic obstructive pulmonary disease (COPD), or congestive heart failure for which there is no cure. Palliative care continues through the time when the patient enters Hospice care and sometimes beyond.
- Since the end-of life may be a very spiritual time for many, your role as a pastoral care minister is extremely important.

For more information, view the video describing palliative care which is part of the Pastoral Care Training Program (www.compassionandcope.org). You are encouraged to watch it for a fuller understanding of palliative care.

- Dr. Paul Fiacco and I have also written an entire article dealing with palliative care which was published in the *Catholic Sun*. The article is available to download the Project Compassion website: www.compassionandcope.org.

St. Marianne Cope, A Pioneer Providing Palliative Care to the Sick

We at St. Joseph Health in Syracuse, New York (NY) have a very powerful model of individuals providing palliative care. It is rooted in the example and charism of St. Marianne Cope who, with a group of fellow Franciscan Sisters, founded St. Joseph's Hospital in Syracuse and St. Elizabeth Hospital in Utica, NY.

Baptized Barbara Koob, St. Marianne Cope, (1838 - 1918) was born in Germany and raised in Utica, NY. In 1883, as the Superior General of her religious congregation, she responded to a letter from the King of what was then called the Sandwich Islands (now Hawaii), to minister to people with Hansen's disease (leprosy). At the time, this was an incurable illness which most commonly slowly progressed over a number of years. Because the disease is highly contagious, those diagnosed with Hansen's were quarantined on the island of Molokai.

When St. Marianne and the Sisters arrived, they found people with open sores and disfigurements placed in a filthy compound. On this desolate island, she and her Sisters worked heroically and with few resources to meet the medical, social, emotional, and spiritual needs of the sick. She provided healthcare, along with healing for mind, body, and spirit, by creating a community that supported the individual with dignity and respect, thus improving the quality of life for her patients. Without a formal name for the care she offered, St. Marianne provided her patients with exemplary treatment; this care is now known as palliative care.

While at St. Joseph's Health, and on the island of Molokai, St. Marianne was a pioneer in her time, requiring her Sisters to use stringent handwashing before and after ministering to patients to prevent the spread of disease. Not only did she offer life and dignity to the people of Molokai but the various methods of sanitation she implemented on the island meant that she and the Sisters could spend decades caring for their patients without ever becoming infected.

Robert Lewis Stevenson's Visit to the Community of Kalaupapa on Molokai

So striking was the care that St. Marianne Cope and her Sisters provided the residents of Molokai, where the Sisters helped the sick to thrive during their remaining days, that in May 1889 the Scottish poet Robert Louis Stevenson docked his boat on the shores of this happy community. Stevenson, who had suffered since childhood with tuberculosis, had embarked with his wife, her son and his mother aboard the chartered schooner yacht, the *Casco,* on a cruise of the South Seas islands in search of a favorable climate in which he could work without coughing. The sea air did, in fact, improve his health; and it was while there that Stevenson made a side trip to the island of Molokai, to meet St. Marianne (Sister Marianne, at the time) and see firsthand the leper community there.

St. Marianne welcomed the author and showed him the community where she and her sisters lived and worked, caring for the helplessly sick patients. For eight days, Stevenson resided in the settlement's guest cottage—observing the daily lives of the lepers in the community and helping St. Marianne with their care. He was so inspired by the determined efforts of the Sisters to create a warm and fulfilling life for the patients in her care, that he penned a very moving poem in their honor:

Reverend Sister Marianne
Matron of the Bishop Home, Kalaupapa

To see the infinite pity of this place,
The mangled limb, the devastated face,
The innocent sufferers smiling at the rod,
A fool were tempted to deny his God.
He sees, and shrinks; but if he look again,
Lo, beauty springing from the breast of pain! –
He marks the sisters on the painful shores,
And even a fool is silent and adores.

Today, this poem stands not only as a tribute to the work of St. Marianne and her Sisters, but it also stands in recognition of what has come to be known as palliative care and how it can improve the quality of the lives of those who have illnesses without a cure.

With St. Marianne Cope as our model, Pastoral Care Ministers should strive to demonstrate these qualities at each visit:

- Be a person of deep faith who is willing to share their faith.
- Recognize the God-given worth and dignity of each person.
- Communicate–in words and actions–God's care and mercy for all.
- Is compassionate–able to relate to the pain of others.
- Enjoy being with people.
- Is a skilled listener, and
- Respect the privacy of others.

Goal of a Pastoral Care Visit

The Goal of a pastoral visit is to help those to whom we minister to better know the love of God. We do this in a number of ways:

- By being present to those who suffer in imitation of Christ
- Nourishing the patient's relationship with God through Pastoral Care, Prayer, and the Sacraments
- Helping to express the patient's thoughts and feelings to be able to understand them
- Comforting patients as they address their physical, spiritual, and emotional pain
- Supporting patients and their families as they cope with illness, death, and grief

How Does Pastoral Care Happen?

I would like you to reflect on the following excerpt.

> *Still while we honestly ask ourselves which persons in our lives mean the most to us, we often find that it is those who, instead of giving advice or solutions have chosen to share our pain and touch our wounds with their gentle hand.*
>
> *The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not-knowing, not curing, not healing and face with us the reality of our powerless, that is a friend who cares.*
>
> *--Henri Nouwen*

To get the full power of this excerpt, and to ensure that it shapes the pastoral care you provide the persons and families you visit, read the excerpt meditatively a second time.

Three Components of Pastoral Care

From this article, we can glean three components for providing pastoral care. They are:

- **An Active Presence** – We need to be there for the person and be engaged, not just physically present.

- **A Trusting Relationships** – It is through the quality of interaction between the patient and the pastoral care minister that a relationship of trust develops.

- **Compassion** – The tie of all the dimensions of pastoral care together is the compassion that we express within that relationship of trust.

What do we mean by Active Presence, Trusting Relationship, and Compassion?

Active Presence: Humility and Awe

We demonstrate active presence by approaching the patient with Humility and Awe. We give evidence of this by this by:

- Recognizing that we don't know the truth of this person's life

- Recognizing and respecting the fact that we are not yet aware of what God knows, so…

    - Go gently.
    - Imitate the respect that God wants each person to have.
    - Recognize that each person is on a journey.
    - God is in that journey—in some way.
    - You have the privilege of walking with them on this journey; and
    - We can never assume that we know what the patient is dealing with even if we have been down that same road.

Building A Trusting Relationship

We build trusting relationships by recognizing that**:**

- Each person is a child of God, and totally and unconditionally loved by God as he/she is.
- Each person comes to you where they are, honor that.
- Understand that every person is unique and reacts to life situations differently.
- Realize that you have not walked in their shoes.
- Their sense of the spiritual is shaped by their life.

- Their spirituality may be different from yours—honor theirs.

A Strategy for Building Relationships

A very effective strategy for building relationships is to, on the very first visit, begin by asking the patient if you can tell them some things about you and what brought you to this point in your life. Share as much as you feel comfortable with—this will be different for each pastoral care minister.

If we want to build a trusting relationship, we first need to demonstrate to the people we visit that we trust them. When you share information about yourself, you are showing the patient that you trust them. This lays the groundwork for them to begin to trust you.

Compassion is the most important and most complicated of the skills required for pastoral care:

- It is the skill around which all other skills revolve.
- From its roots, cum -with, *passio*—as mentioned earlier—we walk with the patient at this point in their journey of life.

- You have the ability to walk with individuals, although they are in pain.

- You do not feel the feelings, but you are able to let the other person know that you understand them; this empathy is the ability to reflect back the feelings of another.

- This says to the person: "I get you." and "You matter to me."

- Empathy is in contrast to sympathy which evokes sorrow or pity for someone else.

- We show Compassion by the way that we take in and process another's verbal and nonverbal communications.

Below is an example:

Person: "I cannot remember where I put my phone."

Minister: "You sound upset because you lost your phone."

Person: "Yes, I am really lost without it."

We show compassion for another by the way that we take in and process their verbal and nonverbal communications and by what our verbal and nonverbal communication says to the patient. In a sense, you are saying, "I get you. I understand what you are dealing with."

Specific Ways to Showing Compassion

Compassion can be shown by:

- Communicating that the other person is important to you
- Communicating that you care about them
- Communicating that you understand the other person's perspective
- Communicating the other person may feel safe and comfortable with you

Communicating that the Other Person is Important to You

Ways that you can communicate to the other person that they are important to you include:

- Observing the subtilities of the other person's behavior

- Body Language, tone of voice, and facial expression—all of which can be adjusted as needed; for example:
    - You can ask, “It sounds like you are getting tired, would you like me to visit you on another day?”Talking with a patient about what is important them—not what is important to you.
        - “Last time I was here, you were telling me about some of the family issue you were dealing with…”
        - “If I understand you correctly, you are saying…”
    - Be attentive to your own body language, tone, cadence, facial expressions.

Communicating your Care and Concern

- Be thoughtful and considerate:
    - “I thought you might like a copy of this week’s parish bulletin, so I brought you one.”

- Demonstrate humility:
    - “I am not sure when the parish picnic is scheduled, but I will check and get back to you.”

- Avoid talking to another person about the patient as if they weren’t there:
    - “It sounds like he is having a bad day today.”

- At all costs, avoid being condescending:
    - “You probably would not be interested in that book, it is a pretty tough read.”

Communicating that you Recognize the Other Person’s Perspective by:

- Taking a genuine interest in the other person:

- After sharing some things about yourself, as mentioned above, you may ask the patient, “Please, tell me about yourself.”

- Helping people feel needed, and their values are affirmed:
  - “I enjoy coming to see you each week.”

- Affirming the other’s qualities and strengths:
  - “Thank you for showing me your paintings; you are a very gifted painter.”

- Other examples of phrases that affirm and communicate that you understand the other person’s perspective include:
  - “I can see why you think so.”
  - “I hear you.”
  - “Is seems to me that you are feeling _____. Is that right?”
  - “Would you like to tell me how you are feeling?”
  - “Am I getting this right?”
  - “I can see your point.”

- Avoid invalidating, discounting, or denying someone’s feelings, perspective, or experience
  - Avoid saying things like: “It is not as bad as you think.” or similar statements

Communicating so Others May Feel Safe and Comfortable with You

- Allow the patient to speak freely, to express their thoughts and feelings without judgement:
  - “I would like you to know that I am here to share your journey.”

- Help the person accept the present situation:
  - “It sounds like you are dealing with a great deal of issues.”

- Avoid trying to rescue the patient or to fix others' problems:
    - "It sounds like you are feeling lonely, I think that need to get a dog."

- Avoid laying guilt, blame, or being sarcastic or indifferent:
    - "If you had not overeaten for all of these years, you would not be in this position."

- To do this well, it is necessary that you listen to all of the patient's comments and in their entirety. Try not to be formulating your response to their questions or comments while they are speaking, but truly listen to what the patient has to say. Do not interrupt when the patient is speaking.

Models of Effective Listening and Responding

While compassion is the foundation of a pastoral interaction, the pastoral care minister must be a skilled listener to be able to take in and process both verbal and nonverbal communication, and then to be able to assist the patient with understanding their own feelings. Listed below are a number of models that enhance the skills of a Pastoral Care Minister to effectively listen and process what that the patient is sharing.

General Models for Effective Communication with Patients

- Repeating
- Restating
- Reflecting
- Responding

The Pastoral Care minister should note that it is normal to feel uncomfortable using these techniques—especially as they begin to practice using them. Please do not let this discomfort stop you from using them. Be assured that with practice, your skills will grow, and you will be able to use them very effectively.

REPEATING Back to the Person What You Have Heard Them Say in Their Exact Words

Patient: "I am worried about all the tests that the doctor is taking."

Minister: "You are worried about all the tests the doctor is taking."

Patient: "I am concerned that so many things are unknown."

Minister: "Unknown?"

Patient: "Well, we just don't know."

Analysis:

When you repeat what was said, it helps the other person to continue with their line of thought and it lets them know that you are actively listening. This affords them the freedom to talk about the issue in a manner that is comfortable to them.

RESTATING What the Person Has Said Using Your Own Words, but Capturing Their Ideas and Feelings

Patient: "I am concerned that my daughter is in trouble with the law."

Minister: "You are worried about your daughter being in trouble with the police."

Patient: "I am not sure what I need to do to help her."

Minister: "You are unfamiliar with legal situations and do not know how to plan to help her."

Analysis:

Once the person feels heard and understood they are more likely to offer more information or become more self-aware. By restating, the speaker has an opportunity to correct your understanding, if they feel it is needed.

REFLECTING Allows You to Act as a Mirror for Other's Issues and Feelings. This enables them to feel heard and understood.

A Simple Example

Patient: "Today has been just one crisis after another."

Minister: "It sounds like you are having a difficult day; would you like to talk about it?"

Clinical Example

Patient: "My doctor says that the operation went well and I should get better, but I am in such pain that I can't believe it."

Minister: "You have difficulty understand why you are having so much pain since the doctor says you should be getting better."

Patient: "With this pain, I cannot even think straight."

Minister: "It sounds like the pain is pretty severe pain; have you shared this with the nurses or the doctor?"

Analysis:

Underneath what is being said are frequently the person's deepest feelings. In this case, reflecting connects the pain that the patient is feeling with the doubt and skepticism about the medical care she received.

Another Example of Reflecting

Patient: "I can't get over it."

Minister: "Get over it?" (Repeat)

Patient: "My husband was talking to me this morning and now he is dead. I just can't believe it."

Minister: "I am sorry for your loss. It must be so difficult to deal with a loss like this."

Analysis: The minister captures both the emotional content and the information that the patient has shared and lets the patient know that he/she is understood and affirmed.

This is why Reflective Listening is a valuable tool for the Pastoral Care Ministers

- Reflective listening enables the speaker to know that their feelings have been perceived, understood, and acknowledged in the way they intended.

- You are listening to another so that you can "hear" not only the content of what the other is saying but also the emotion that they are expressing.

- It says that you see and understand what they are going through and acknowledge their emotions without shaming or judging them.

- You can reflect to both the content of what they have said, and the emotion as well.

- This enables the individual to speak more about the situation if he/she would like to.

- Reflecting does not mean that you agree disagree with the speaker.

- Nor does it mean that you feel the feelings.

- You simply reflect back the content and understood feeling of what the speaker has said. This permits speakers to process their own statements.

- When someone listens and validates another's feelings, they are no longer alone or invisible in their distress.

- This feeling of affirmation provides a safe opportunity for individual to speak more about the situation.

- Here are some examples that might be used to affirm and validate another's feelings:

    - "I am here for you."
    - "I can see why you think so."
    - "I hear you."
    - "It seems to me that you are feeling…."
    - "Would you like to tell me how you are feeling?"
    - "Am I getting this right?"
    - "I can see your point."

RESPONDING: Sometimes Words are not enough--tears express what words cannot, a nod can indicate support.

Patient: "My pain is getting easier to manage now. I can sleep most of the night."

Minister: "That is encouraging."

Patient: "I was worried I wasn't going to heal."

Minister: (Gives a slight smile and a nod) "It sounds like you are making progress."

Analysis:

Responding is a more intimate way than words for connecting with a patient. A touch, a smile, a nod, or another appropriate nonverbal gesture can demonstrate caring and encouragement in a way that words alone cannot.

Well Intentioned Statements that are Not Helpful

While we have illustrated above some of the things that a Pastoral Care Minister should say, sometimes with the best of intentions, people try to comfort others who are in pain in less helpful ways.

In some cases, they reflect how **the Pastoral Care Minister** thinks that the individual in pain should be feeling, rather than affirming how the patient actually is feeling. For that reason, these types of statements are less helpful. Out of politeness, the person may not articulate the responses indicated.

Below is a series of scenarios that illustrate how some individuals might interact with a patient in an unhelpful way, followed by an analysis of the conversation, and then followed by a more productive exchange which attends to the person's feelings and allows them to share their concerns. Understand that unhelpful statements:

- Lessens trust

- Can shut down the conversation since the person is often not able to respond truthfully

- Can be followed by a more productive exchange that attends to the patient's feelings and allows them to share their concerns.

Classic statement that is not helpful

Minister: "I am sorry to hear about your cancer, but I know (sometimes "in my heart" is mentioned for added emphasis) that you will be okay."

Side Bar:

Reader—Think for a moment, what would you be feeling if you were this patient?

More effective: Acknowledge the feelings of the person to whom the Pastoral Care Minister is communicating with:

Minister: "I am sorry about your cancer diagnosis; would you like me to go to your next doctor's appointment with you?"

Analysis: You can see how much a different statement changes the quality of the minister interaction with the patient.

Scenario 1: At A Wake

Minister: "It is all for the best."

Person: "What do you mean, "It is all for the best", I just lost my husband. How is that "best" for anyone?"

Analysis: From the person's strong reaction to the statement, this may actually make their grieving process more difficult because it glosses over the person's feelings of loss.

More Effective

Minister: "I am so sorry about the loss of your husband."

Person: "Thank you, I will miss him very much."

Scenario 2: At a Wake

Minister: "God takes the "good souls" whose work on earth is done."

Person: "I hate God. I want my husband back."

Analysis: The person's angry response indicates that the statement is not comforting. This type of response, in addition to being theologically inaccurate, builds a wall between God and the mourner and does not assist the mourner to process their grief. It would be more helpful to address the feelings that the speaker is articulating.

More Effective

Minister: "I am so sorry for your loss; I can't imagine your pain."

Person: "Thank you. I am devastated. I can't imagine what my life is going to be like without him."

Scenario 3: At a Pastoral Visit

Minister: "I know this is a great loss, but you will get over it in time."

Person: "I will never get over this."

Analysis: This statement trivializes the mourner's pain. It is important that we do not tell people where they should be in the grief process.

More Effective

Minister: "I am so sad that you have to experience this loss."

Person: "Thank you. I appreciate your support."

Scenario 4: A Pastoral Visit

Minister: "I lost my wife last year; I know exactly how you feel."

Person: "You have no idea how I feel."

Analysis: No one can know another's pain, and we should never attempt to do so.

More Effective

Minister: "I am sorry you lost your wife; I will remember her in my prayers."

Person: "Thank you so much for your kind words and prayers."

Summary

While all of these statements seem well-intentioned and safe to say to a grieving person, they tend to be a way to shield the Pastoral Care Minister from the discomfort of having to deal with the person's pain. As demonstrated, more effective communication acknowledges the feelings of the person to whom the Pastoral Care Minister is ministering.

General Confidentiality Procedures

These are general guidelines. Always follow the guidelines for your parish, diocese, or faith community.

- It is a privilege to provide pastoral care to the members of your faith community.

- This comes with the responsibility to keep the private information you gained in the process of your pastoral visits and other conversations.

    - Always follow the procedures of your parish, diocese, or faith community.

- In this light, the visit should not be spoken of, or referred to with others not entitled to this information.

Possible Exceptions

- Information that involves self-harm or harm/threats towards others. Immediately report this to your parish leadership and, in addition, if the patient is in a facility, report this to the nursing staff.

- Information that you have received permission to share.

- Information that is public knowledge.

- Information that is required by law or other Church/institutional policy.

- Information shared with your supervisor as necessary to prepare for future visits—preserving anonymity.

- If you are unsure about the advisability of sharing information, check with your supervisor.

Preparations for A Pastoral Visit

Review: Goals of A Pastoral Care Visit

To help those to whom we minister to better know the love of God

- Being present to those who suffer in imitation of Christ.
- Nourishing the patients' relationship to God through pastoral care, prayer and the Sacraments.
- Helping patients to express their thoughts and feelings.
- Comforting patients as they address their physical, spiritual and emotional pain.
- To support patients and their families as they cope with illness, death, and grief.

Preparation that Each Pastoral Care Minister Should Undertake Before for Visiting

- There are three areas of preparation that the Pastoral Care Minister should attend to before each pastoral visit:
    - Spiritual Preparation
    - Personal Preparation
    - Practical Preparation

Spiritual Preparation

- Spend time in prayer and reflection before you undertake the important work of a pastoral care visit.
- Ask the Holy Spirit for guidance as you speak to and listen to the person and family you are visiting.
- Remember, as a pastoral care minister when you enter the life of another, you are walking on Holy Ground.
- Review the Goals of a Pastoral Visit.
- Take care to find ways to connect the persons you visit to the parish community. Some of the ways that this might be done are:

    - Taking a parish bulletin to the home each time you visit.

    - While you may not be able to do this on the exact day, take time to bless the families' throats near the Feast of St. Blase, take ashes to the family at the beginning of Lent, and bring Palms to the family during Holy Week.

    - Also, during Lent, the Easter Season, and the Christmas season, parishes frequently give books and pamphlet to parishioners; be sure to take these to the sick you visit.

A Prayer Before Visiting those who are Sick

O Jesus, Divine Physician,
I seek your blessing
As I prepare to visit those who are sick.

May my eyes see your face,
In the face of each person I meet.

May my ears listen with attention,
To the stories of anguish, joy, loneliness, fear and pain.

May my hands be your hands,
Your consoling hands of peace.

Finally, may your compassion overcome me and
Guide mu every word, and action,
As I carry your Word of love and hope
To each person I visit today.

I ask all this, in the Name of the Father
And of the Son,
And of the Holy Spirit.
Amen.

Personal Preparation

Be aware of your emotions, mood, or anything else that may be affecting you negatively. If necessary, reschedule the appointment if you are experiencing any of these emotions or other emotions which may interfere with your ministry of caring.

Some challenges that might affect you from being fully present are:

- Have you recently experienced an emotional event that is still on our mind?
- Are you feeling excessively scared?
- Are you feeling excessively uneasy?
- Are you sick or not feeling well?

If necessary, reschedule your visit. You may want to discuss these emotions with your supervisor or another trusted advisor.

Practical Preparations

- Make an appointment that is convenient for the patient, family, and/or their caregivers.
- On the day of the appointment, call the home to confirm the appointment time and ask if anyone is sick. If there is someone that is sick, reschedule.
- Wear a mask and other personal protective equipment (PPE), when appropriate.
- Wash or sanitize your hands before entering the home.
- Ask where you should sit (not on the patient's bed, etc.).
- Ask, "How are things going?" (This is an open-ended question that allows them to choose the topic of their response.)
- Notice the person's level of energy or pain and be mindful of them. You may need to conclude your visit earlier than planned.
- If the patient appears to be straining to hear you, make adjustments as necessary (i.e., speak louder, or sit closer to the patient).

Bringing Closure to Your Visit

- At an appropriate time, it is a good idea to close your visit and offer a prayer. (Please see the section of this *Handbook* that deals with Praying with Patients).
- Set a date and time for your next visit that is convenient for the person that you are visiting. This may be changed if necessary.
- Ask If the patient would like to have you pray with them—more details will follow.
- Determine if there are tasks that you need to complete before your next visit. If so, review them to be sure that you both have understood them.
- Thank the person and their family for the privilege of being able to visit them.

Practical Thoughts After the Visit

- What were the issues discussed?
- Was there a major concern discussed?
- Did anything surprise you?
- Is there a need for follow-up on any issues?
- Did the patient request to see a priest for the Sacrament of Reconciliation or the Sacrament of the Sick?
- Did the patient voice any other request?
- Were any sensitive issues discussed (referred to in the "Confidentiality Procedure" in this *Handbook)* that require disclosure to your supervisor? If so, do this promptly. Do not discuss these issues with anyone else.
- The "Confidentiality Procedure" in this *Handbook* also permits you to share information as necessary to prepare for future visits with your supervisor only—while preserving anonymity.

Spiritual Reflection After Your Visit

- These interactions with patients can be very powerful, or you can feel there was little interest in your ministry. Your presence and ministry are a conduit for the power and presence of the Holy Spirit.

- You are a vessel God uses to touch the person in need. So, the outcome, whatever the impact, is what God is doing, through you. You enter the room in humility, as God's vessel.

- You will experience a host of feelings after the visit. You may need to pray for yourself or have another pray for your own hurt to be healed.

- Some impressions are useful to talk about and share with another person, such as your supervisor, respecting the confidentiality policy.

- Turn the patient over to God's care; do not take their burden home with you. Know that it is not appropriate for you to carry their pain or despair. The burden is theirs to carry with God; this will keep you from being worn out and allow you to be of use to more people.

- Rejoice that you were used as a vessel in the hands of God to do His work. Remember the words of St. Paul, "All things work for the good of those who love God." Romans 8:28

Spiritual Care Office

Most hospitals have a Spiritual Care Office, the Pastoral Care Minister and the patient's family should feel comfortable contacting that office for resources and support.

It might be advisable for a Pastoral Care Minister to take the opportunity to introduce yourself to the office staff.

Privacy Laws

Due to privacy laws, hospitals are no longer able to inform churches that a parishioner has been hospitalized. It may be helpful that the church includes the following announcement or one similar in the parish bulletin periodically.

> *Due to privacy laws hospitals are no longer able to inform the parish when someone goes into the hospital. If you have a family member in the hospital and would like that person to be visited by a member of the parish staff, call XXX-XXX-XXXX and make that known to the parish.*

Publishing the names of those who are sick in the parish bulletin.

While in most cases, people appreciate being placed on the parish sick list so that the rest of the parish can remember them in their prayers, this is not always the case. A prudent policy might be to periodically include something similar to the statement below in the parish bulletin.

> *Our parish welcomes the opportunity to include individuals on the parish prayer list in our weekly bulletin, and will do so if a family member contacts the parish offices (XXX-XXX-XXXX) and requests this.*

Visiting Patients in the Hospital

Being hospitalized presents a particular source of stress for many people. It places people in an unfamiliar and sometimes intimidating setting and is often a time of uncertainty regarding a diagnosis, treatment, and outcomes. In addition, there may be financial and other concerns that the patient is dealing with as well. Appropriate pastoral care will focus on the feelings that the helper needs to express and process.

At the same time, being hospitalized can be a very spiritual time. Within the healthcare setting, with its uncertainties, many people turn to God and may welcome your visit. At the same time, some people may be angry with God and may not want to speak with you. You should be aware that this may happen; do not take it personally. It is not advisable to respond to the anger.

When visiting a patient who is hospitalized, appropriate attention should be given to family members who might be seated in the waiting room.

An Emergency Admission

An emergency admission to the hospital frequently involves significantly more stress due to the unplanned nature of the admission. Special attention should be given to the family who may be gathered in the waiting room.

Guidance for Visiting a Patient Who is Hospitalized

- Wash your hands or use hand sanitizer before entering a room and on leaving a room.
- Knock if the door is closed; if there is no answer, check with the nursing station before entering.
- When you enter a room, acknowledge each person in the room cordially.
- If there is another patient in the room, acknowledge them with a brief greeting and then return your attention to the patient you are visiting.

- Introduce yourself and indicate the church you represent.
- Comply with all signs on the door to the patient's room. If you do not understand what the sign requires or directs, inquire at the nursing station.
- Respect all hospital policies.
- If a doctor, nurse, or other hospital personnel comes into the room, excuse yourself and wait in the hall until they have finished their task.
- Ensure enough time for your visit so that you are not hurried; do not look at your watch or phone.
- Position yourself so that the patient can clearly see and hear you; do not stand over the patient.
- If the TV is on, ask the patient to mute it.
- If a patient is especially engaged in a particular TV program, ask if they would like you to return at another time and if so, what time would be good for them?
- Begin with an open-ended question like: How are you doing today?" or another question appropriate for the patient.
    - The use of the open-ended questions allows the patient to speak about his medical issues or another topic that might be of concern to them.
- Limit the number of questions you ask; patients should not feel like they are being interrogated.
- Focus on the patient—not on you.
- The patient may be confused regarding time of events or future prognosis. Accept this.
- Gauge the duration of your visit by patient signals: verbal and nonverbal. If the patient appears to be in pain or tiring, conclude your visit tactfully and offer to visit at another time. In some cases, the patient may want to continue speaking; honor their decision.
- When confronted with the stress of having a family member in the hospital, other family members have anxiety and a variety of other needs. Take time to speak to the family member if they are in the waiting room and assist them to talk about their feelings.

- Know that, at the time of a hospitalization, family conflict may arise. Be attentive to this.
- If the patient is unconscious, do not conduct a conversation in their presence. Though unconscious, the patient may hear and remember conversations.
- Do not touch, lean, or sit on the bed.
- Do not visit if you are sick in any way.
- If the patient is sleeping, do not wake them. Be prepared to leave a note indicating who you are and that you visited them and will come back at another time.
- If the patient is out of the room for tests, again, be prepared to leave a note indicating who you are and that you visited them and will come back at another time.
- If the patient complains about the Church, the hospital, God, other institutions, etc., just listen to their feelings. It is not a good idea to engage the patient in debate at this time. Often when people are powerless and frustrated, they will vent their feelings, in anger, at any ready target. This also often includes hospital personnel. Do not take this personally.

Contacting a Priest When the Patient is Hospitalized

At times, the patient or family may request the presence of a priest, assist them to contact the nursing station and/or the Spiritual Care Office and request the appropriate referral. If the reason for their request is for the administration of the Sacrament of the Sick, be sure that the nursing station indicates in the message that the patient or family is requesting that the patient receive the Sacrament of the Sick. A family member may also contact their parish office directly and request the presence of a priest.

If your parish has a different procedure for contacting a priest for the Sacrament of the Sick, follow your respective parish's procedure.

Praying With Patients

At first, Pastoral Care Ministers may find praying with patients an uncomfortable or awkward experience. In most cases, this is because they are not familiar with praying with others, or they may know what to say. Be assured that you will become more comfortable praying with patients the more that you do it. The suggestions below may be helpful.

- Prayer should be part of every pastoral visit.
- It is a good idea to ask the person if you can pray with them. If they decline this, respect this and mention that you will remember their intentions in your own prayers.
- While you may pray at any point in the visit, it may be a good idea to pray at the end of the visit. This allows you to pray for intentions that the patient may bring up during the visit.
- It is a good idea to ask the patient, "What would you like us to pray for?" They may have issues or concerns (e.g., another relative may be in need) or there might be a special favorite whose intercession they are seeking, for example).
- Be sure to include some of the concerns that the patient has shared with you during the visit.
- You may want to include a ritual prayer, such as the Lord's Prayer, or a spontaneous prayer—or both.
- It may be appropriate to include a very brief passage from Scripture or one of the Psalms—especially if the patient has a favorite selection.
- In your prayer with the patient—short and concise is fine.
- If you find yourself stumbling or groping for words—keep going! God is not concerned with eloquence. Meaningful prayer comes from the heart.
- Use vocabulary that the patient and family will understand.
- It is a good idea to include intercession in each of the prayers you offer.
- In some cases, where a healing is not possible, you may include the following intercession:

    - *That the Lord Jesus be with _____ and that he/she the Lord's presence on every step of the journey.*
- It is always appropriate to include the following intercession:
    - *That the Lord Jesus grant _____ and his/her family peace, courage, comfort, wisdom, and strength on his journey*

Pastoral Resources

There are a number of pastoral resources that are available to help those who visit the sick be more effective. One that is very popular is *The Catholic Handbook for Visiting the Sick and Homebound.* It is published by Liturgical Training Press (1-800-933-1800 or email at orders@ltp.org) and is published in a three-year cycle to mirror the readings the Liturgical Cycle. This resource is available at a very nominal charge.

The *Handbook* includes:

- The Gospel for each Sunday and Holy Day of Obligation with a brief explanation of the reading which the Pastoral Care Minister can share with the person and family they visit.
- It also includes the official rites and many prayers that the Pastoral Care Minister can use for prayer with the patient and family.

Preparing for the Sacraments

The Sacrament of Reconciliation

- Some of the people you visit may not have been to church or the Sacrament of Reconciliation in a long time. Or they may have had a less than positive experience of the sacrament.

- It is important that you take your time and do not rush to have the patient receive the sacrament until they are ready.

- The person may want an opportunity to talk about the sacraments with you before receiving them.

- Assure them that the Sacrament of Reconciliation is truly a welcoming home. It may be helpful to read and discuss the Parable of the Prodigal Son (Luke 15: 11-32).

- You may wish to enhance the patient's understanding of the Sacrament by viewing together Bishop Barron's video *The Sacrament of Reconciliation* which is available on YouTube.com. The Pastoral Care Minister should view this video before offering it to a patient.

- Assure the person that whatever their past, there is only sorrow for their sins and you will make the priest who will hear their confession aware of their concerns.

- Some patients will indicate that they do not remember how to go to Confession. Assure them that the priest will guide them and treat them in a very kind pastoral manner.

- Assure the patient that the priest will have had considerable experience dealing with individuals that have been away from Sacrament and that they will find that the celebration of the Sacrament will not be as stressful as they anticipated.

On the Day the Priest Arrives

- It will be helpful to be present when the priest arrives to introduce the patient to the priest.

- Then tactfully retreat to another room to ensure that the patient and the priest have privacy.
  .
- You may rejoin them after the Sacrament has been completed.

The Sacrament of the Sick

Background

Since the Second Vatican Council, the Sacrament of the Sick has undergone a significant change. Before the Council, the Sacrament of the Sick was called Extreme Unction, or the Last Rites. It was exclusively reserved for a person at the point of death. Some of the people you visit may not be familiar with these changes.

While the Sacrament is still a preparation for death, its permitted administration is now broadened to include those who are facing surgery and the elderly whose frailty becomes pronounced. It is not uncommon that individuals do not understand this shift and may hesitate to receive the Sacrament. The following summary will familiarize you with the Sacrament so that you can accurately explain it to those you visit.

The full article dealing with the Sacrament of the Sick was published by Father Charles Vavonese and Dr. Paul Fiacco and is linked here; it is also available in the download section of this video and this pastoral handbook. As a reader of this *Handbook*, you have permission to download the article and give it to anyone who requests it.

History

As prophesied by Isaiah, the Messiah would be a healer and during his public Ministry, Jesus frequently healed the sick and in the Gospel of Mark, Jesus gave the apostles the power to heal. The Epistle of James documents the fact that the sick in the community were encouraged to present themselves to the elders who would lay hands on them and anoint them with oil. The Early Church continued with the intention of healing spiritual and physical suffering.

These are some of the major points in the history of the Sacrament of the Sick. The early Church practiced the Anointing of the Sick with the intention of healing spiritual and physical suffering. Between the 9th and 16th Centuries the Sacrament was called Extreme Unction and was given as a preparation for death, emphasizing the forgiveness of sin. At the Second Vatican Council (1962-1965) the Council Fathers restored Sacrament to original intent and officially called it the Anointing of the Sick, reaffirming the healing nature of the Sacrament. It now emphasized physical **and** spiritual healing because God's grace affects the whole person—not only the soul.

Today the Sacrament is called the Sacrament of the Sick. The number of individuals that may receive has increased. Those who now may receive the Sacrament include: persons who are seriously ill or in danger of death; persons who have a significant illness; those preparing for serious surgery involving anesthesia; senior citizens and those in a weakened condition, even if not seriously ill.

The Effects of the Sacrament

The effects of the Sacrament are:

- The grace of the Holy Spirit is given so that the sick person may receive the remission of sins;
- The raising up and strengthening of the sick person's soul to be able to bear the trials and hardships of sickness;
- Sometimes brings about physical healing; and
- The Sacrament God imparts salvation, reconciliation, and comfort.

Redemptive Suffering

The Sacrament of the Sick provides the sick person with the assurance that Christ is with them in their suffering. It provides the sick person the grace to unite their suffering with the sufferings of Christ for the Salvation of the world.

Viaticum

Viaticum is the Eucharist received by a dying patient. It is the spiritual food for one's "Passing over," to the Father from this world. The patient may receive the Sacrament of Reconciliation and the Sacrament of the Sick if the patient has not been anointed recently. If appropriate, the priest may recite the Prayers for the Dying. If a priest is not present and the patient is near death, the Pastoral Care Minister may recite the Prayers for the Dying found in *The Catholic Handbook for Visiting the Sick and the Homebound*

Reception of the Holy Eucharist by the Home Bound

What follows are some general guidelines which have adapted from those prepared by the Diocese of Saginaw. They are reprinted with their permission. Please understand that each parish or diocese may have their own procedures for distribution of the Eucharist. Learn these policies and follow them.

Diocese of Saginaw
Office of Liturgy
Implementation of the 3rd Typical Edition of the Roman Missal
Reprinted with Permission

The Ministry to the Sick and Homebound and Distribution of Holy Communion

Pastoral Introduction

The faithful who are ill are deprived of their right and accustomed place in the Eucharist community. In bringing Communion to them the Extraordinary Minister of Communion (EMHC) represents Christ and manifests faith and charity on behalf of the community toward those who cannot be present at the Eucharist. For the sick, the reception of Communion is not only a privilege but also a sign of support and concern shown by the Christian Community for its members who are ill.

Procedure and Pastoral Care Notes Concerning the Rite of Communion with the Sick and Homebound

Before Visiting

- Be sure that your ministry is coordinated with the pastor pastoral administrator, or parish staff/trainer in order to provide comprehensive pastoral care in the parish community and to avoid any duplication of services.

- Collect information about the person who is sick and other helpful information for your visit to the home or hospital.
- Wear attire appropriate for ministry.
- Ensure that the visitation to the sick and/or homebound is scheduled in advance.
- Carry the Blessed Sacrament in a pyx—a small receptacle commonly used for distributing the Eucharist to the sick or homebound; have respect and reverence for the presence of Christ.
- When transporting the Blessed Sacrament to the sick, ministers should avoid any activity not in keeping with the reverence due the Blessed Sacrament.

As You Begin the Visit

As you begin your visit, share greetings and introductions; give some ideas from the Sunday homily and a bulletin (if the person shows interest in the life of the parish.)

Listen to the conditions and desires of the person who is sick, ask if the person desires Communion at this time.

Invite Catholic members of the family to participate and receive Communion. Bring extra copies of the Liturgical rite/order of worship for the sick and/or homebound, for other members of the family members to follow along.

Know that the relationships with the person who is sick is a key factor. The minister brings the comfort and concern of Christ.

Be aware of the feelings that may arise in you when you enter a person's home or room—this could occur as a result of the person's appearance, hospital equipment, and the environment. When it is difficult to look at the person because of their physical condition, concentrate on their eyes.

Take proper time for an introduction and personal sharing. Listen attentively. If you are uncertain or suspect sensitive conditions, check with the family or the nurse for more information.

Be sensitive to feelings of lowliness and depression. Consider the situation and desires of the sick person and make a decision based on this information before beginning the Communion Rite.

Be prepared to face refusal or rejection by either the person who is sick or by a family member. Be ready to offer a modified service in such cases.

If the person does not wish to share Communion at this time, ask if they would like to share in a short blessing prayer.

Be aware of making referrals when other services are needed (e.g., confessor, counselor, doctor, etc.).

Do not try to solve problems.

If the sick wish to celebrate the Sacrament of Penance, encourage them or the family to be in contact with the parish priest. You may also wish to relay the message yourself.

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The pastor, pastoral administrator, or parish staff/trainer of the Extraordinary Ministers of Communion for the sick should be available to those visiting the sick in order that they might share their feelings and experiences and/or address any pastoral issues.

The Rite of Holy Communion

Pace the ritual sensitively; do not hurry.

Be aware of the sick person's ability to follow along and participate. Go slowly. You may need to say the responses for them.

Adapt to the situation of each person and each visit.

If a family member suggests setting a simple table with candles and holy water, agree with this but do not insist upon it when the family is not ready or is unfamiliar with the practice.

Give a small portion of the host to a person who has difficulty swallowing. Check with a family member, nurse, or doctor in cases of special feeding.

Wait for the person to swallow the host; offer water if necessary.

Be prepared with a cloth in the event the person has problems. Return the cloth with the piece of the consecrated host to your pastor or delegate.

Take time to pray reverently and to be present with the sick person and the family.

Be sensitive to the proper time to depart.

Frequently Asked Questions about Taking Holy Communion to the Sick and the Homebound.

When do I take Communion to the Sick Person?

It is best to take Holy Communion directly from the community's celebration of the Eucharist (either Sunday or weekday Mass) in the

parish church. If this is not reasonable and no substitute is available, please take the Blessed Sacrament to the person as soon as possible, showing respect for the presence of Christ.

If taking Holy Communion is only part of my visit with the sick or homebound person, should the prayer and Communion be at the beginning or end of our time together?

There is no set rule, but most people find it more comfortable to spend some time in conversation before sharing prayer and Holy Communion. The conversation could include ideas from the homily and reassurance that the parish prayerfully supports the person. If the sick or homebound person prefers time for private devotion, it is suggested that you visit before prayer and indicate that you will leave immediately upon the distribution of Communion so as to allow time for quiet reflection and devotion. This respects the privacy of the person while also honoring the importance of communal prayer as part of the Eucharist.

What Prayers do I Say When I Take Communion to the Sick?

The sample liturgy that follows is available for your use. It is also permissible to use prayers in the booklet, *Pastoral Care of the Sick Rite of Anointing and Viaticum* (The official Prayer of the Catholic Church). Since your focus should be on the needs of the sick or homebound person, you may adapt the prayers to fit the situation. Consider the person's illness, pain level, tiredness, and ability to concentrate; also, be considerate of others responding to that person's physical needs. If longer readings are desired, you may use the Scripture readings of the day or Sunday or choose any appropriate reading from the Bible.

If Others Are Present, Should I Invite Them to Pray and Receive the Eucharist?

Yes, others should be invited to join in prayer; all Catholics who are participating may be invited to receive Communion.

Are the Sick or Homebound Required to Fast an Hour before receiving Communion?

No, they may receive Communion at any Hour and need not adhere to the normal fasting regulations.

What Should I Do if the Sick or Homebound are Unable to Swallow the entire Host?

If the host is dropped and there are no health concerns, the host may be picked up and consumed. If the host is dropped host due to health concerns or the person removes the host from his/her mouth, then the host should be taken to the parish and given to the pastor or delegate to be dissolved in water and poured into the church sacrarium—not down a drain. Always, consult your parish priest about this. Of course, if anyone decides or refuses to receive the Communion, you should respect this wish.

What Do I Do with the Pyx When I am Not Using it?

The Pyx should be kept in a safe and respectful place when not in use. Take the pyx to the community's celebration of the Eucharist on the day of visiting the sick. When a minister no longer needs the pyx, it is returned to the pastor, pastoral administrator, parish staff/trainer, or to the parish office.

A Sample Rite for Distribution of Holy Communion to the Sick and Homebound

in the Parishes of the Catholic Diocese of Saginaw

(Reprinted with permission)

INTRODUCTORY RITE

GREETING

All: In the Name of the Father and of the Son and of the Holy Spirit. Amen.

Minister: May the peace of the Lord be with you (and all who live here) always.

All: And with Your Spirit

PENITENTIAL ACT

Minister: My brothers and sisters, to prepare ourselves for this celebration, let us call to mind our sins.

Option A

ALL: I confess to almighty God, and to you, my brothers, and sisters, that I have greatly sinned, in my thoughts and in my words, in what I have done and what I have failed to do.
(Striking their breasts, they say)
Through my fault, through my fault, through my most grievous fault: therefore: I ask blessed Mary, ever-virgin, all the Angels and Saints, and you my brothers and sisters to pray for me to the Lord our God.

Option B

Minister: Lord Jesus, you healed the sick: Lord have mercy.
All: Lord have Mercy.

Minister: Christ Jesus, you forgave sinners: Christ have mercy.
All: Christ have Mercy.

Minister: Lord Jesus, you heal us and bring us strength: Lord have mercy.
All: Lord have mercy.

Minister: May almighty God have mercy on us, forgive us our sins, and bring us to everlasting life.

All: Amen.

TH READING OF THE Word

(The minister may proclaim the day's reading(s), or a favorite gospel or reading from Scripture. You may also choose one of the following verses from the Scriptures.)

> Jesus says. "Come to me. All you who labor and are weary and find life burdensome, and I will refresh you. Take my yoke upon your shoulders and learn from me, for I am gentle and humble of heart. Your soul will find rest, for my yoke is easy and my burden light." (MT 11: 28-30)
>
> Jesus says, I am the vine, and you are the branches. If you live in my and I in you, you will produce abundantly. Apart from me you can do nothing." (Jn 15:5)

Jesus says, “I myself am the bread come down from heaven. If anyone eats this bread he shall live forever; the bread I will give is my flesh for the life of the world.” (Jn 6:51)

Jesus says, “I am the say, and the truth, and the life; no one comes to the Father but through me,” (Jn 14:16).”

We have come to know and believe in the love God has for us. God is love, and he who abides in love abides in God, and God in him.” (I Jn 4:16)

Reception of Holy Communion

Minister: Now let us pray together to the Father in the words Our Savior gave us:

All: Our Father, who art in heaven, hallowed be thy name; thy kingdom come, they will be done on earth as it is in heaven. Give us this day our daily bread, and forgive us our trespasses, as we forgive those who have trespassed against us. Lead us not into temptation but deliver us from evil. Amen.

Minister: Behold the Lamb of God, behold Him who takes away the sins of the world. Blessed are those called to the supper of the Lamb.

All: Lord, I am not worthy that you should come under my roof, but only say the word and my soul shall be healed.

(The Minister Distributes Holy Communion then observes a few moments of silence)

CONCLUSION

(The Minister recites the “Prayer After Communion of the day or other prayers for health and, if appropriate “Healing” such as:

Loving God, we thank you from coming to us as nourishment in the Most Blessed Sacrament of the AltarPour out your Spirit upon us, and in the strength of this food from heave, grand us strength, healing, and peace. We ask this through, Christ our Lord. Amen.

Minister: (While making the Sign of the Cross on him/herself)

+ May the Lord bless us, protect us from all evil and bring us to everlasting life.

All: Amen.

Spiritual Care

The time after a person has received a terminal diagnosis can be a time of challenge as well as personal and spiritual growth. Pastoral Care visits can be especially helpful at this time. It is important that the person, and not the Pastoral Care Minister, guide the conversations. The Pastoral Care Minister conveys to the person that he/she is available to talk about "tough" topics. At the same time, the Pastoral Care Minister needs to be adequately prepared to participate in these discussions competently.

Spiritual care for patients with a life-threatening illness can be facilitated in many ways depending on the needs of the patient. These may include helping patients find individual meaning, peace and, if desired, facilitating reconnection to religious practices and traditions.

Ways to Engage Persons in Spiritual Issues

The Pastoral Care Minister should be aware of clues that the patient may be struggling with spiritual issues; indicate your willingness to discuss some of these difficult issues. At the same time, it is critical that the Pastoral Care Minister honor the patient's privilege not to talk about spiritual issues.

These are ways that the Pastoral Care Minister can help the person to discuss these spiritual issues:

- Get to know the person—they are more likely to discuss spiritual concerns when they know and trust someone. Ask what's important to them and what you can do to help.
- Some people may be unsure of how to raise the subject. They may ask a general question, such as "Where do I go from here?" It can be easy to

misunderstand what someone is asking, so gently ask what they mean if you are unsure.

- Some people will want to talk about their spiritual concerns. Be guided by the patient and give them time to explore their worries, but do not problem solve.
- Listen to what is important to the person, with empathy, without passing judgment or dismissing their concerns.
- Resist the inclination to avoid, or push down, difficult feelings.
- Assure them that you are willing to share their life's story– recognizing that it may include a great deal of pain.
- Yet at other times, the most fundamental Spiritual Care that a Pastoral Minister can provide a terminal patient is their supportive presence. The Pastoral Care Minister needs to be comfortable sitting in silence and simply being present to the patient.
- Try not to feel that you always need an answer—questions about life and its meaning are complicated. Just being with the patient and listening will benefit the patient.

In this light, this previously cited reflection on pastoral care takes on new meaning:

> *Still while we honestly ask ourselves which persons in our lives mean most to us, we often find that it is those who, instead of giving advice or solutions have chosen to share our pain and touch our wounds with their gentle hand.*
>
> *The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not-knowing, not curing, not healing and face with us the reality of our powerless, that is a friend who cares.*
>
> *--Henri Nouwen*

When patients are ready, they will share their concerns. When this happens, it is important that as mentioned above, the Pastoral Care Minister guides the patients to work out their own answers.

An Example of Such a Conversation may go this way:

Patient: "I was wondering, what do you think God is like?"

Minister: "What do you think God is like?"

Patient: "I think that God is one of the most loving and caring beings."

Yet, at other times, it may be appropriate to gently encourage persons to explore their concerns. Since it may take significant courage for patients to share their concerns, when they do share their concerns, listen without judgment or diminishing the importance of their concerns.

These are some of the needs that a patient might have:

- For someone to listen as they share their life story
- For someone to share the pain and sorrow that has been part of their lives
- For someone to ask, "Why is this happening to me?"
- For someone to ask, "Did I make a difference?"
- For someone to help them discover the meaning, purpose, and value of their lives;
- For someone to ask, "What gives my life meaning?"
- To connect with religious practices and traditions
- To heal the transgressions and misunderstandings in the past
- To feel a sense of belonging and be surrounded by loved ones
- To feel hope, peace, and gratitude
- To ask, "What did I do to cause this?"

- To ask, “Is there a God?”
- To ask, “What will happen to me after I die?”
- To ask, “How will I be remembered?”

Again, be aware, the patient may not want answers to these questions, but has a need to ask them and have them heard by someone that they trust and care about.

Assisting Persons Desiring to Reconnect with Their Religious Practices

At this point persons facing a life-threatening illness may seek to reconnect to their religious practices (e.g., such as prayer and reception of the Sacraments). It is important that the Pastoral Care Minister be aware that this desire may be raised and respond to it with gentleness.

At an appropriate time, the Pastoral Care Minister may take this opportunity to engage the patient in a discussion about the Sacrament of the Sick, the Sacrament of Reconciliation, and/or the Reception of the Eucharist. When this happens, the Pastoral Care Minister may find it helpful to review the material in *Introduction to Pastoral Care II* video or the material previously cited in this Manual that deals with preparing patients for the reception of the Sacraments.

In addition, some patients may also find it comforting to have a meaningful religious symbol or item at their bedside such as a Rosary, Crucifix, prayer card, and so forth. Ask if you can bring one with you at your next visit for them. Ask if they have a special saint that they pray to or who may be their patron.

Pastoral Care for Families of Patients with Life Threating Illnesses

Those who are close to the person with a life-threatening illness may also have spiritual needs at this time. These are some of the ways that the Pastoral Care Minister can assist them:

- Be aware that they may feel unable to take time for themselves. Sometimes those close to the patient feel guilty when taking time for themselves while a loved one is dealing with a life-threatening illness; assure them that taking care of themselves will enable them to take better care of their loved one.

- Make them aware of emotional, practical, and spiritual resources that are available to them at this time. This could include counseling, respite breaks, and accessing their parish priest or deacon, chaplaincy, or spiritual care services.

- Encourage them to look after their own well-being. Acknowledge the care they are giving is important, but they need to look after themselves too. It can be emotionally, as well as physically, tiring.

Other Resources for patients and families can be found on the Project Compassion Website

At an appropriate time, you may want to suggest that the patient views the videos for the family of a person with a life-threatening illness on the Project Compassion website www.compassionandcope.org. The Pastoral Care Minister may offer to view these videos with the patient.

Helping Families Heal Relationships

In most families there are transgressions and misunderstandings from the past that have caused pain. These become particularly poignant as one of the members of the family faces death, and there is a desire to heal the past and come to peace.

In his book, *The Four Things that Matter Most* (2014), by Dr. Ira Byock, offers four things (a fifth statement was added later) that Pastoral Care Ministers can

suggest that family members can say to one another that having the power to make a significant difference in their lives.

The statements are:

1. Please forgive me.
2. I forgive you.
3. Thank you.
4. I love you.
5. I am proud of you.

Pastoral Care Ministers should not present these statements as something the patient or a family member “should say”, they are not obligatory. When the pastoral care minister senses the patient or the family is open to dealing with these issues, the Pastoral Care Minister might say something like, “I have found that families that say these five things to one another lower conflict and heal family relationships.” You may want to consider them.

Family members may respond to these statements in any way that they feel comfortable. Some family members may prefer to discuss these statements, while others will be more comfortable writing the answers out. Encourage them to use whatever medium is comfortable for them. Remind them that their responses will not be perfect and that is acceptable, because the healing power of these statements is conveyed by the sentiment of what family members say to one another not by the content.

Having said these statements alleviates the regrets and recriminations, as well as a sense of missed opportunities, that sometimes follow the death of a loved one. Dr. Byock further observes that when people have said these things, there is no need to say anything else because there is nothing left to say. The power of this healing is truly incredible.

Not only do these five little statements have a powerful effect on patients and their families, but they also correlate exceptionally well with what researchers dedicated to understanding the spiritual needs of the dying and have described as several important goals of spiritual care. These include hope, meaning, forgiveness, love, reconciliation, and gratitude.

Note:
The Pastoral Care Minister should conduct additional research to fully understand the implications of this strategy, before suggesting it to a patient or family.

Elizabeth Kubler-Ross' Stages of Death and Dying

In her 1969 book, *On Death and Dying*, Elizabeth Kubler-Ross a Swiss-American psychiatrist identified the stages of death and dying that many people travel through. Having a basic understanding of these stages and appropriate pastoral care at each of these stages will enhance your ability to assist the terminal patient.

To understand what a patient with a terminal illness experiences, it is important to remember that while persons around the patient are losing one individual in their lives, however important, the patient with a terminal illness is losing everyone and everything in their lives.

While these stages are presented in a linear manner, a patient may move from one stage to another, and then return to the previous stage. This is perfectly normal.

Stage1 – Shock and Denial

Shock and denial are not only the first of all the stages of death and dying, but they are also the most common emotional responses that arise when someone becomes aware of any type of bad news.

Shock and denial are frequently a temporary defense mechanism which protects the individual from the full force of the information regarding their difficult diagnosis. They may say things like, “No, it can’t be true. Not me!” “The lab must have made a mistake.”

Like all of Kubler-Ross’s stages, shick and denial can last hours, days, and for some people even longer. In the case of a person who witnessed the death, the person might progress through denial more quickly though not necessarily. In the case of someone having received the news that a soldier has died overseas and because the person has not seen the body, the person may remain at the denial stage longer.

Pastoral Care

Caregivers and loved ones do not to repeatedly remind the patient of the bad news. Allow the patient to work though the denial phase at his/her own pace. Honor the patient’s defenses; they will give them up when they are able to deal with the serious diagnosis. In the meantime, provide them with generous support.

Stage 2 – Anger

Anger is the second stage of death, and it comes right after the patient accepts the diagnosis/ circumstances. The person may wonder, “Why me?” They may feel rage and resentment, which might also be directed at other people as well as at God, at the family, or at the doctors and nurses that cared for the patient.

Pastoral Care

Anyone at whom the anger is directed should recognize this as a natural response and acknowledge the patient’s emotion and should not respond or react to the patient’s anger. The patient needs to be allowed to express his/her emotions freely and have these emotions acknowledged by others.

It is important that the Pastoral Care Minister or anyone else, not try to take the anger away from the person by trying to explain why they should not be angry. The Pastoral Care Ministers and others should simply accept the anger and create a safe space where the person can express it.

Stage 3 – Bargaining

In this part of the death and dying stages, a person might bargain for less pain, more time with dear ones, or a miraculous cure. Once a patient feels vulnerable and helpless, they will try to regain control by bargaining. In an attempt to postpone the inevitable, they may even seek to make a deal with God. They might say something like, "I will do this… If I could only live to see my son get married.," or "I will do that… If I could live to see my granddaughter make her First Communion."

Pastoral Care

Bargaining is a defense mechanism that attempts to give the patient time to delay the inevitable. Caregivers should take time to listen to the patient while gently giving the patient time to work through this phase by accepting the feelings that the patient expresses.

Stage 4 -- Depression

Once time passes, a dying person realizes more and more the fact that the inevitable will happen no matter what they do. This is when they might become depressed and mourn the pain and loss that they have experienced and that which is to come.

Pastoral Care

Patients may not want visitors at this time. The Pastoral Care Minister should check in with the patient periodically thus indicating that they remain available to them when the patient is ready.

At this point in time, patients need the assurance that they are loved and cared about. Kind words and consistent availability are especially helpful during this time.

Phase 5 – Acceptance

Finally, there is acceptance. It is a coming to terms with the inevitable. While this stage is not a depressed one, it is also not a happy or joyful phase either; it is frequently void of feelings. This period is represented by peace and calm. It is the stage in which patients truly accept their situation without trying to fight it anymore. For some, their illness might lead to death before they arrive at this stage.

Pastoral Care

Caregivers and family should feel perfectly comfortable sitting with the patient in silence and to be available to discuss some of the critical issues that patients may want to discuss at this time.

Grieving

Grief is an almost universal experience through which individuals go through after they have experienced the loss of someone or something that was important to them. Since it is a common experience, it is important that Pastoral Care Ministers become familiar with the process so that they can minister to those who are grieving.

Terms

Since there are many terms that are used when discussing grief and loss that are sometimes used interchangeably, listed below are working definitions for these terms. Note that these terms, while distinct, build on one another.

Loss

Loss is not being able to keep or have access to something to which a person has attachment. It is having someone, or something taken away from a person with whom they had a close attachment. It brings about emotions and changes.

Grief

Grief is a deep sadness, feelings, physical changes, and normal process that accompany a profound loss. This is important because it should **not** be considered a disease or abnormal response. It is probably the most intense and painful process a person will go through. The Pastoral Care Ministers support and understanding will have a strong impact on the person as they experience grief.

Mourning

Mourning is part of the grieving process; it frequently involves a ritual such as a wake, funeral, or burial. There is a social dimension to mourning.

Bereavement

Bereavement is the name that is given to the whole process of mourning, including the state of intense grieving that follows a loss.

Project Compassion Pastoral Care Resources

The Project Compassion website www.compassionandcope.org has two videos that will be helpful to those who are providing pastoral care to those who are experiencing the loss of an individual or the loss of something that is important to them.

They are: *Grieving*, and *Pastoral Care for Life's Losses*. In addition to providing background for those ministering to others, it may be helpful that those experiencing these losses view these videos with the Pastoral Care Minister or own their own.

A Model of Pastoral Care for Those Grieving

In his book, *Grief Counseling and Grief Therapy*, J William Worden (2018) presents one of the most frequently cited models of grieving which articulates tasks that individuals experiencing grief of any type frequently move through, to be able to integrate the loss they have experienced into their lives.

In Worden's model, persons may move through tasks in different orders, or work on several at the same time, or even revisit tasks that felt "completed" earlier.

There is no set timeline to completing these tasks, although they generally occur over months or years, not days or weeks. Worden points out that while it is essential to address these tasks to adjust to a loss, not every loss we experience challenges us in the same way. If a loss challenges an individual beyond their ability to cope, despite support from family, friends, Pastoral Care Minister, or clergy, it may be appropriate to suggest that the individual seek professional counseling.

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A Worksheet for Understanding
Worden's the Four Tasks of Mourning

The following worksheet developed by Therapist Aid LLC (2020), presents an exceptional model for understanding Worden's Four Tasks of Mourning.

Introduction

After a death, survivors are left to face the pain of grief, and a new world without their loved one. **Mourning** is the process of adapting to loss through the completion of four tasks.

Keep in mind that adapting does not mean forgetting—it means finding a way to cherish the memories of a loved one, while continuing to move forward in life. It means adjusting to a world without the deceased, while holding a place for them in your heart.

Task 1: Accept the Reality of the Loss

After death, it's common that the reality of the situation is minimized or denied. To complete this task, the reality of the loss must be fully accepted both intellectually and emotionally.

Task 2: Process the Pain of Grief

Grief involves painful emotions, such as sadness. Anger and guilt. It can be tempting to avoid these feelings. Burying them rather than facing them. However, working through grief means confronting, naming, and making sense of these emotions.

Task 3. Adjusting to a World Without the Deceased

The death of a loved one will usually bring about a number of life changes. These can range from minor changes in daily routines to the adoption of an entirely new world view. The third task is about navigating these changes and adjusting to the world without the loved one.

Internal adjustments are changes to ones' identity. Survivors may need to answer the question. "Who am I now?" They may experience changes to their self-esteem.

External adjustments include taking on new roles and developing new skills. Survivors may have to take on the tasks that were handled by their loved one, such as cooking and childcare.

Spiritual adjustments are changes to beliefs, values, and assumptions about the world. For example. A belief that "the world is fair" might change after a loss. The survivor may choose to reaffirm, modify, or replace their previous worldview.

Task 4: Find a Way To remember the Deceased While Moving Forward

Moving on doesn't mean forgetting. It means finding a place for the deceased in one's thoughts—a place that is important, but still leaves room for others.

Variables that Affect How People Work Their Way Through the Grieving Process

- One of the variables of how people deal with loss is the intensity of the relationship with the deceased. In some cases, grieving is a forever process.

- Grieving is different if a parent has died.

- Losing a child is a forever grief because the grieving person is losing their future. Every time that there is an occasion at which the child would have participated, such as a First Communion, or graduation, the grief will return anew.

- Men and women grieve differently.

- A 3-year-old child will grieve differently than a child of 8; their understanding of death is different.

- Two people grieving the same person's death will grieve differently because their relationship with the deceased is different.

- Events that are going on in a person's life before the death will sometimes make the grieving more difficult. This might include a crisis such as a loss of employment, or a divorce.

- Concurrent losses most frequently make grieving a more difficult experience.

- Different cultures grieve differently. These cultural differences need to be respected and honored.

- The type of death affects the way people grieve. A person grieving the death of an individual who died in a car accident will be different than a person grieving the loss of an individual that has died from a chronic disease.

- People with a strong support system will grieve differently than a person with a limited support system.

Pastoral Care for a Person Grieving

- **Listen with a caring heart**. Affirm their feelings and assure them that this is part of the grieving process and that you are willing to provide them support as you journey with them through the grieving process. You may need to reinforce this many times. It is important that individuals acknowledge the grief and not be tempted to move on and bury feelings that arise.

- **Encourage the grieving person to feel** what they are feeling and express those feelings without judgment, in the safe environment that your relationship with them provides.

- **Assured them** that their grief is a normal response to loss; the process through it is hard work. While grieving is painful and no one likes to be in pain, you cannot and should not rush through it. The only way through grief is through it.

- **Honor** where the grieving person is in the grieving process and do not attempt to hurry them through the grief process.

- **Help them understand that people grieve differently**; everyone's journey through grief is different and there are many variables that can affect it. They should not compare themselves to others.

- **Encourage them to recognize** that while grieving you may experience periods of restlessness, outbursts of crying, irritability, and low energy. At times it might feel like you "are going nuts." These are all part of the grieving process.

- **Share with them** that grieving is a long process, not of 3 or 6 months, or even a year or more. Some days the grief will be more intense; other days it will be less painful. This is normal.

- **Help the grieving person** to talk about their memories of their life together with the deceased person and to share photos of them with you.

- **Anticipate** that holidays, birthdays, and anniversaries will be difficult for persons who are grieving. Call them the day before the event, if possible, to let them know that you understand the coming event will be difficult for them and offer to provide them support. Let them know that they may call if they need help getting through the event.

- **Suggest** they rely on prayer and other religious resources that are meaningful. They may want to talk with a clergyperson of their faith. If so, assist them to by facilitating that meeting.

- **Encourage them to practice self-care** though this might be difficult; keep medical appointments; try to eat regular meals; and try to stay on a sleep schedule. Physical exercise often helps those who are grieving to feel better.

- **At an appropriate time**, encourage the grieving person to develop rituals to celebrate the deceased's birthday and other holidays.

- **If appropriate, suggest** that the grieving person consider joining a grief support group and offer to go with them to the meeting when they are ready. The grief group should be faciliated by a trained individual. If they

decline the suggestion, honor their response; they may decide later that they might benefit from a grief support group.

- **Help them to understand** that while life will never be the same, that does not mean that they cannot have a productive life that is joyful.

Planning A Funeral

For some people approaching death, planning their funeral may be a comforting activity. Caution needs to be taken and the patient might ask about this possibility, or the Pastoral Care Minister might raise the subject at an appropriate time if the person seems open to this. In any case, honor the patient's wishes.

In other situations, the Pastoral Care Minister may be called upon to assist a grieving family in planning a deceased relative's funeral. In either case the following material will be helpful.

An Important Resource

When Catholics dies, the Church celebrates a particular set of liturgical rites to help us through the immediate days of grieving to express our belief in eternal life and to help us pray for the individual who has died.

Through Death to Life, which was written by the Rev. Joseph Champlain, a deceased priest of the Diocese of Syracuse and published by Ave Maria Press, contains the prayers, blessings, and Scripture readings available to individuals as they prepare their own funeral or for mourners as they plan a loved one's funeral Mass. Since this booklet contains appropriate reading from both the Hebrew Scriptures and the Christian Scriptures, individuals from other denominations may find this helpful.

The Pastoral Care Minister will, with the approval of the pastor, may guide the individual or their families in using this booklet to choose prayers and readings and to make decisions about a few other parts of the funeral. Once choices have been made, they may be recorded on the selection sheet at the end of the booklet, and then pass it along to the priests or other pastoral minister so that the parish staff can make final preparations for the liturgy.

This booklet will help bring order to these days of hard transition and deep sorrow by helping families plan the funeral Mass of a loved one.

Overview of the Catholic Funeral

In most cases, it is helpful for the Pastoral Care Minister to briefly explain the outline of the typical Catholic funeral rite.

Introductory Rites

A Catholic funeral begins at the door of the church, where the body of the deceased is received, and mourners are welcomed. The priest and assisting ministers meet the family and other loved Ones at the entrance of the church, where the coffin is brought inside. The priest greets them and sprinkles the coffin with holy water, recalling the water of baptism through which the deceased entered the Church and was claimed for Christ. Family, friends, or parish representatives then drape the coffin with the pall, a white cloth that recalls the white garment in which the deceased was clothed at baptism.

The entrance procession then begins, usually accompanied by the opening hymn. Once all have reached their places, a symbol of the Christian life such as a bible or a cross, a symbol of the Christian life of the deceased such as a rosary, a crucifix, a prayerbook, or a Bible may be placed on the coffin.

The Liturgy of the Word

The Order of Christian Funerals calls for either one or two readings before gospel reading. When two readings are used before the Gospel, it is preferable for each to be proclaimed by a different reader. A Responsorial Psalm is sung as a prayerful response to the first reading and an Alleluia or Gospel Acclamation is sung to prepare all gathered for receiving Christ present in the proclamation of the Gospel which is proclaimed by priest or deacon. A brief homily and the General Intercessions conclude this part of the funeral. Individuals may offer appropriate suggestions to be included in the General Intercessions.

Liturgy of the Eucharist

The Liturgy of the Eucharist follows the Liturgy of the word. It may begin with the family members or friends of the deceased bringing forward the offerings of bread and wine. The priest and assisting ministers receive the offerings and prepares them and the altar for the Great Eucharist Prayer that follows. This prayer offers to God our praise and thanksgiving by recalling what Jesus did on the night before he died while at supper with his disciples. The priest consecrates the bread and wine, which become for us the body and blood of Christ.

The Communion Rite then begins with the Lord's Prayer, which is followed by the exchange of a sign of peace and the Lamb of God. Those present who are Catholics are prepared to receive Holy Communion then come forward to do so while an appropriate hymn is sung.

Final Commendation and Farewell

This is often the most difficult time for mourners during the funeral liturgy since its purpose is to help them say a final farewell and entrust their loved one to the tender mercy of our God. Where permitted, a member of the family

or another loved one may speak briefly after the closing prayer about the one who has died. The final commendation then follows with a few words of explanation from the priest or deacon, a song of farewell that all sing together, and a prayer of commendation.

When customary, the coffin is sprinkled with holy water and incensed. The sprinkling is another reminder of baptism in which the one who has died was claimed for eternal life and the incensation helps mourners express their profound respect for the body as a dwelling place of the Holy Spirit. A procession to the place of committal concludes the funeral liturgy. This final procession of the funeral rite mirrors the journey of human life as a pilgrimage to God's kingdom of peace and light, the new and eternal Jerusalem.

At the Cemetery

At the cemetery some final prayers often are said before the burial. Depending on the parish custom, this burial and the prayers may be offered by a priest or deacon and, depending on the parish custom, they may also be led by a Pastoral Care Minister or a lay person.

Music

This outline did not treat music at funerals; this is because customs for music vary widely among parishes. Before assisting in the planning in the funeral, contact the parish to ask about their customs for music at funerals.