

# The *MAST* Journal

*The Journal of the  
Mercy Association in Scripture and Theology*

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## **The Body Challenged, The Person Healed**

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Dear Sisters, Associates, Companions and Friends of Mercy,



The original inspiration for this issue was to pay attention to women who have endured the cancer scare-- breast cancer-- and lived through the process of diagnosis, treatment, radiation, chemotherapy, and management or recovery. My sense was that this life-changing health crisis has been handled as a private issue for many of us, even though breast cancer is so common a diagnosis.

The original urge was to invite Mercy women to share their own stories of breast cancer—to acknowledge that the individual story is really a public narrative about the sisterhood's grappling with a life-threatening condition. There is also a distinction in dealing with any illness. A person's body can suffer an affliction or illness, but as a person one can still feel healed. Some of the story is surely about the difference between facing a health challenge to the body, but finding wholeness-- spiritually, emotionally, intellectually, and relationally.

The MAST Journal Editorial Board expanded on this initial thought and threw the net wider—extending the story-seeking to women who have dealt with the crisis of life-threatening major surgery—e.g. other forms of cancer and heart surgery, and invited those who had had brain surgery and organ transplants. Since our Journal offers theological reflection, we wanted to place health challenges in the context of palliative care, sacramental anointing, and being remembered at our death for what we did in life to be healers. Each story is unique. Each of the illness-survivors describe how the experience impacted and changed them.

Lisa O'Connell, a married woman and retired elementary school teacher living in Santa Barbara, has gone through the cancer ordeal recently. Her narrative, "A Year in My Life," sums up the period from July 2016 to September 2017 with arresting detail about her medical treatment for breast cancer. Lisa shares the impact treatment had on her spouse, family, and the friends around her, as well as her roller-coaster cycle through chemo, her struggle to stay present to what was happening, her preventive surgery, and her gratitude for coming out on the other side.

Marian Clare Valenteen, R.S.M., a 34-year survivor was diagnosed with breast cancer in 1983, right on the heels of an admired friend in the community who had cancer, but declined treatment and died shortly afterwards. In "Being Introduced to Breast Cancer," Marian Clare acknowledges she had a "light case" but also narrates the challenge of embracing recommended treatment even while she determinedly adjusted her schedule to meet the demands of her duties as a grade-school principal. She was able to go through her treatment without a disruption of her ministry.

Claudette Schiratti, R.S.M., a liturgical musician serving Catholic, Jewish and Protestant congregations, discovered she had cancer a week before Christmas in 1991. In "Memories of a 26-Year Cancer Survivor," she describes the disruption to her life at that crucial time, the support she received, and changes in medical practice between then and now. Over the decades, she still remembers particular people, both in the Mercy community and in her ministry, who had a role in her recovery and healing. She is grateful to The MAST Journal for the invitation to make her story more widely known.

Marilyn King, R.S.M., proposes a humorous title, "Three Strikes, I'm In: The Learning Curve of Sickness" in which she recalls three major health challenges over past decades in which she had to face the possibility of being "out"—through breast cancer, blood poisoning and heart attack. She lives in rural Kentucky, so had to deal with the added stress of getting to a medical center with the resources to treat these issues.

Genevieve Durcan, O.S.C.O, who lives with Marilyn King at *The Laura*, a contemplative center in Kentucky, shares her ministry of spiritual direction. In “Opening the Door: Spiritual Direction for the Dying,” Gen tells the story of a woman, herself a spiritual director, who knew she was dying and seeks spiritual direction. “Susan” is a “composite directee” of several persons she has accompanied in the final chapter of their lives. The director-directee dialogue she creates is inspiring for anyone waiting for the door of death to open to new life.

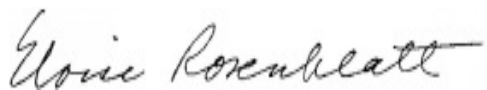
Sharon Kerrigan, R.S.M., and Patricia Talone, R.S.M., in “Palliative Care: An Emerging Medical Model,” outline a significant shift in medical care. Persons with serious illness, who can’t be cured, might think their only option is hospice care, and that they are preparing for death. The authors describe a different model-- palliative care-- as entry into long-term management of illness, with the recognition that a complete cure may not always be possible with available therapies. But acceptance of palliative care doesn’t signal that death is imminent.

Julie Upton, R.S.M., a sacramental theologian, describes a series of ecclesial revisions to what we associate with “extreme unction” in “Anointing and Care for the Sick.” The rite of anointing is a sacrament for healing. Its reception is not limited to persons on their deathbed. Julie selects prayers from the revised Rite which show how the anointing ritual and prayers for healing and strength can be adapted for individuals facing surgery, for those who feel the effects of age, and for those recovering from a health crisis. In addition to offering consolation for individuals, the Rite of Anointing is very powerful in a parish or a communal setting.

The issue concludes with a homily by Mary Haddad, R.S.M., at the funeral Mass for Sister Elizabeth Burns, R.S.M., Ph.D., a nursing educator at Marillac College and St. Louis University School of Medicine. After her retirement, she traveled to Ghana, Africa, first as a Fulbright Scholar. Later, at the invitation of then Bishop Peter Turkson, she was director and grant writer for the Archdiocese of Cape Coast Health System Services. She developed programs to address women’s health issues, notably obstetric fistulas, and raised funds for priest, religious and laity.

This issue invites readers to reflect on what health means, on the many dimensions of healing, and to look to women who have courageously faced life-threatening illness, women who are still living among us. Finding our own power to be healers, in the spirit of the gospel, does not require us to be free of illness, no longer in chemo, or spared another health crisis. That power comes from telling our own story, an act of recovering wholeness of heart, mind, memory and spirit, despite the set-backs the body has suffered.

Yours,

A handwritten signature in cursive script that reads "Eloise Rosenblatt". The ink is dark and the signature is fluid, with a long, sweeping underline.

Eloise Rosenblatt, R.S.M.  
Editor, *The MAST Journal*

# A Year in My Life

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*Lisa O'Connell*

## June 2016

A week after my daughter's wedding I return to radiology for a follow up mammogram to take a second look at the suspected benign cyst found last November. I contemplate the word benign and all the comfort it brings. Very little has changed since last November. Except that my sister's triple-negative breast cancer has returned and is in her lungs and brain. "Statistically speaking," my own radiologist says to me, "it's nothing more than a benign cyst." We both know there's only one way to be sure and I agree to a biopsy. And so, begins a year of — I don't know what else to call it — new life. Certainly, Life as I never imagined it could be lived. That qualifies as new, right?

## July 2016

A biopsy of my left breast is scheduled for the fifth, but it's distracting to try to summon enough oohs and aaahs as the fireworks explode over the harbor the night before. My husband drives me over to the radiology department where I turn myself over to a gentle young doctor who explains everything slowly and carefully, including leaving "markers" wherever his probe takes a sample. Three samples, it turns out. Afterwards, we begin the wait for a pathology report.

My sister is massively dehydrated and is in the hospital a few days later when I get the call, sitting at her bedside. It is cancer. Stage One, also triple-negative. Clearly, I tell myself, there is some mistake. They've mixed up my results with someone else's. And then I look down into my sister's face and she apologizes to me. Actually, tells me she's sorry as if she has begun this family slide into illness. We hold each other and pray and shed tears and miss our mother together.

Two weeks later I submit to gnarly procedures including placing a wire next to the tumor in my upper left quadrant that I wear for a few hours until I'm taken to the surgery center where my surgeon meets me in the operating room. He is masked and gloved and still has his distant bedside manner. He expertly removes a tumor smaller than a cranberry and sees nothing else in the three sentinel nodes, nor in any ducts. I recover for a few hours and go home with hope it's all behind me now. And yet, I know it isn't. I begin recording lists of blessings and gratitudes in my journal. Things like "Republican convention is over!" and "Isabel's Chicken Divan."

The following week I meet first, my radiology-oncologist, and later, my medical oncologist, the new quarterback of "Team Lisa." I fall a little in love with him. He is reassuring and positive, warm and encouraging, takes his time with my husband and me, explains and answers questions. He graduated from the Ivy League school my nephew attends so I know he's got to be smart.

But it's his sense of being in charge, of being more powerful than this disease--a sense I had one morning last week-- and then no longer had that same evening. At least not in my left breast. We become a team that afternoon and my new quarterback calls the shots. His first call is whether it is safe for me to leave in a few days for a month of vacation in Europe that we've already planned, and to discuss the next play when I return. That is just what happens.

We arrive early at Los Angeles International Airport, and I am overwhelmed with emotion and the stress of physical exertion since my arm and chest are still somewhat tender. People everywhere are so kind in a variety of ways. I have a cup of indifferent tea,

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close my eyes, and thank God for feeling my feelings. For feeling alive.

### August 2016

We traipse around Russia with a tour group, but e-mails begin to arrive from home. My sister is declining rapidly and may not make it until we get back in three weeks. We cut our trip short. Upon my return I find her diminished, in a hospital bed in her living room, attended by Hospice. I spend hours each day reading, singing, laughing, talking, trying to feed and comfort her. Her biggest wish is to prepare a chicken curry dinner with all the condiments--thirteen of them--and we make plans which will never happen. She rallies briefly as I share travel impressions, but sleeps more and more until she one day decides the pain is beyond her and asks for morphine. We all gather to be with her.

I call my brother who immediately hops into his car and drives the 360 miles from Napa to Santa Barbara, arriving late that night. My daughter arranges for a priest to come from Mission Santa Barbara after my sister asks for one. She's been married four times, which is a problem for a Catholic, but he comes to anoint, forgive and comfort her. I have never been more grateful for the rituals of the Church, giving us something to say, to think about and to do before the leave-taking we know is coming.

And the leave-taking comes with her husband, her son, and her brother all at her side in the early morning. My daughter, husband, and I return a few hours later and find her beautifully washed and dressed by the Hospice angels who have been caring for her the past two weeks. She takes my breath away as I lay my head on the pillow with hers. This is a perfect and beautiful, peaceful death. No more fear, pain, nor suffering. Exactly as she wanted it.

As we each do. That night we all gather at our house and put on a chicken curry spread that would do her proud, sharing stories and memories, weeping and loving one another. God is very much with us and so is she.

### September 2016

I have a chemo port placed and soon begin the A-C-T regime of 16 doses of drugs that will eventually make me feel that my hold on life is loosening, my resolve is weakening, that I can't do what I have agreed to do. My daughter makes a 16-link paper chain for me to be photographed with after each treatment, sort of a reverse-Advent-calendar that will mark the treatments left until I am finished with chemo. My hair falls out, I am sick, I am weak, my eyelashes fall out, my toenails turn black. I feel so light-headed in the bathroom that I have to sit on the side of the tub and then lie down in it for several minutes, unable even to call out to my husband for help. I wonder whether it's worth it.

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My family buoys me up with loving gestures, flowers, and offers of reading aloud to me. My daughter orchestrates an elaborate rota of friends eager to do something, anything. They bring meals on my infusion nights and some nights after, most of which I can't eat, but my family does. They bring flowers, they take me for walks. They text and send emails and cards. Those far away call to try to cheer me on and sometimes I even

feel up to holding the phone. All this time I teeter on the edge of telling God how cruel this disease is, asking why I deserve it, and promising if I am spared I will try to figure out what His plan for me is and do it.

I read Psalm 22 and understand the feelings of abandonment, groaning under this load, and, by night, I have no rest. At least not for several days after each chemo treatment when I'm loaded up with steroids. Those are the times I feel good.

On other days, I am grateful for a foot and calf massage, for the fact that my daughter and her new husband have such ironic senses of humor and they still can make me laugh, and for my family and friends' attentions. I get, for the first time, how important I am to them because for the first time, some of them actually tell me. I vow to tell people how important they are to me. Often. I hope I remember. I can hear the Mission bells three times a day from my bedroom and I stop and listen to them. My husband brings me fresh flowers every week and places them across the room from me where I see them as I doze on and off.

### October 2016

Starting with my fifth infusion, I am down to a single drug which I tolerate better than the double doses I just finished. I have agreed to genetic testing to help us understand why I have this cancer. I get the results and learn I carry a mutation called BRCA1 which means that my oncologist tweaks my single drug and adds a second one that will further scramble my genetic "misspelling" so that it doesn't continue to replicate. I marvel at such miraculous possibilities and continue down the path which suddenly turns into something more dark and difficult than what I'd imagined.

I am sick nearly all the time --so much so that a few times they let me skip a week until my bloodwork shows my "numbers" returning to a more normal range. A friend introduces me to the meditations of Mark Nepo and I read and reflect on what he has to say as often as I can. He is himself a cancer survivor and helps keep me mindful of the dozens of ways Life is a precious gift. I miss Halloween and tell my husband that whatever treatments I am going to have, I will be healthy next year and will pass out candy to costumed kids. Period.

### November 2016

There is a presidential election. I dress in white and proudly cast my ballot for the first woman president in our history. We sit with friends that night and watch the results in disbelief. 2016 is a triple whammy year: My sister dies, I get cancer and my candidate loses an election. To make matters worse, I feel so fragile each Sunday that I stop going to Mass and feel further alienated and alone.

Thanksgiving arrives and so do my brother and his wife. My daughter and her husband are here but my son is still in Chicago finishing up his thesis so he can be home by Christmas. Because of low bloodwork numbers I have a week's reprieve, so I pull on my wig and enter the dining room where I sit at the table with my beloved family until the smells and tastes are too challenging and I have to leave. My family cooks and decorates. They are doing all the things I used to have

down pat. And will do this again, next year, I promise myself. I give thanks for my oncology nurses, for the final weeks of President Obama, and for a friend who drops a bag of fresh scones or loaf of bread on our porch nearly every Saturday morning.

### December 2016

I continue ripping links off my Chemo Chain and order a few Christmas gifts on line, not getting out for much shopping. I find hand-painted coffee mugs with the initials of each of my beloved nurses and fill them with assorted candies and gift certificates for a pedicure and personal thank you notes. Such a tiny gesture for such magnificent women. I become dehydrated and need to go back to the Cancer Center for some fluids. My son comes home and pitches in, coming to Chemo, taking turns with my husband who reads aloud favorite passages out of the paper, the *New Yorker*, and the *New York Review of Books*. Different friends sit with me during Chemo. A few

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take me on gentle walks until I gasp for air. My daughter and her husband leave for the other side of the country to spend Christmas with his family in New Hampshire. My husband finds the boys' choir of King's College Chapel on the radio and I listen to them with distant, weak delight. Once in Royal David's City never sounded more beautiful. I can't make it to Christmas Eve or Christmas morning Mass, but next year I will, I promise myself.

### January 2017

My daughter learns through genetic testing that she also carries the mutant gene that gives us such a high probability of developing breast and ovarian cancer over the course of our lives. We hold hands as she takes it in and again I ask God why. I listen to the silence of His answer. I wrap up in a blanket and watch the least amount of the Inauguration I can stand, and the following day I watch the women's marches all over the country, knowing my daughter is down in Los Angeles representing the two of us in her Nasty Woman T-shirt and pink hat. Her husband has taken my place at her side. My brother drives down and I'm so weak he has to crawl onto my husband's side of the bed for a proper visit, laying his head on the pillow next to mine. He brings me tea and egg salad and we talk and reminisce and share family stories. The paper chain hanging in my study window is getting really short and I take heart. I thank God for the blessings and mercies He has heaped upon my head with the friends and this family I have. How could I ever doubt He is near, I wonder.

### February 2017

My daughter turns 31 and four days later her husband turns 32. I am able to bake a cake and get to See's to buy a massive box of Valentine chocolates to give to my Chemo nurses. On the 16th, my final bag of Chemo drugs is delivered to the chair where I am

tethered to tubes through my port. On the bag, the oncology nurse who fills each dose has written "Woo Hoo! Yipee!" I thank her and bless God's name. I break apart the final link in my Chemo chain and begin my slow recovery. Since I've had a few weeks off from treatment, I have extended my finish date by

three weeks. My husband and I had scheduled a cruise from Panama through the Canal and up the coast of Costa Rica. I know it is important to my husband who has been such a constant strength during my ordeal and I want him to be able to do all the things I know I won't.

A week later we fly to Panama City. I am weak and bald and

smells bother me, but I scrub my hands with antibacterial soap and go. The first few days I insist my husband goes on as many excursions as he wants -zip-lining through the jungle canopy, snorkeling, hiking, kayaking. He comes back each afternoon to tell me of his adventures and I smile and nod along with him.

About half-way through the week I feel a sort of quickening within. Life is returning, in moments here and there. I begin to feel almost normal. I still have peripheral neuropathy and am sensitive to smells. My taste buds are still ravaged and my bald head and drawn-on eyebrows still shock me, but there is no doubt that I am on a different path now. I send emails to my friends and manage to work on a few watercolors for the travel journal I'm keeping. I take a boat ride in Quepos through a mangrove swamp and avoid looking at the yellow boa that was spotted along the way.

### March 2017

By St. Patrick's Day I am able (sort of) to host our annual party and our friends show up telling me how great I look. I don't really believe them, but I do feel better. I spend time with another friend who has been dealing with mesothelioma for nearly a year

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and we vow to celebrate the end of our treatments at a favorite restaurant. I have not kept a very good Lent this year, but I make it back to Mass and begin to refocus my mind and heart. I return to my radiology oncologist who maps exactly where I will receive the 32 doses. I am tattooed with three blue dots, ready for my first dose. And so one chapter ends and another, I hope easier one, begins.

### **April 2016**

I meet a young woman in the waiting room at radiation and we become friends. I listen with new ears to the gospel about Lazarus being called forth from the grave, knowing full well that I, too, have been somehow restored to life. I am now focused on the necessity and desire to make what remains matter. How do I begin, I wonder. My brother flies down on Holy Thursday and we have Easter dinner on Saturday so he can be part of it before he flies back on Sunday. I listen to the story of the Resurrection the next morning. New Life emerging from the darkness of death. We host an engagement celebration for the son of my best friend from college, surely an omen of renewed connections, love, and new beginnings ahead.

### **May 2017**

My newly made friend from radiation meets me on the final day of my treatment with flowers, stays while the nurses toss confetti at me and give me a certificate. She takes me to coffee afterward. I do the same for her some weeks later. My friend with mesothelioma dies in the hospital where I received my radiation treatments. I am asked to speak at her memorial. I am able to do it. For her.

### **June 2017**

My husband and I invite a dozen friends who have been tremendously supportive for the past several months to high tea to celebrate. I thank them for being my village, for working so hard to bring me to this place of health and new life. My hair begins to grow back. My eyebrows and eyelashes, too. I am stronger, able to return to the YMCA, nap less and

less, do more and more. I begin work on a novel I've long thought about. I go back to plays, films, and concerts, an opera. I meet a surgeon I've been referred to for removal of my ovaries. Turns out it's more than that and we discuss a hysterectomy.

### **July - September 2017**

My husband and I spend a dreamy month in Europe and begin to reconnect as a couple. We come home and have what we hoped would have been a celebratory dinner, now of course muted, at our favorite restaurant with the husband of my friend who has died of mesothelioma. I see my oncologist and radiologist and they both tell me I am no longer a cancer patient. Now I am a cancer survivor. They both recommend the hysterectomy for protection. I think it over, I pray about it, talk to several people, read everything I can find, and discuss it with my surgeon once more. We agree about what I actually want her to do and proceed. This time is different. This is preventive. I have no more disease, no race against the clock, no more drugs waiting to attack my will to live. I am back at Mass, my prayer life has strengthened, and my focus and heart move in a life-affirming direction. Again, I dip into Psalm 22, only this time I notice the passage:

I will proclaim Your name to my brothers  
(and sisters)

I will praise You in the congregation.

And so, I write and speak and bear witness to what I have endured and done. I give thanks each day for those medical professionals who have worked so hard to get me where I am today. And not just me, but all the people who come to them in a steady stream, week after week, year after year. Some make it and some don't, yet these professionals continue to devote themselves not just to treating us, but to curing us. Their goal is to offer support and compassion so that each of us may become whole again. To be raised from the depths of our disease. To be our truest best selves, to live our fullest life surrounded by people who love us and share that love every single day. That is my goal, too. ♦

# Three Strikes, I'm In: The Learning Curve of Sickness

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*Marilyn King, R.S.M.*

In 1993 I began a series of lessons—about life. What follows is a sharing of three experiences in which I learned in a very up close and personal way the Paschal Mystery of life and death and life.

## **Strike #1: Breast Cancer**

In a tone of assurance, the doctor told me in 1993 that I had a 60 to 70 percent chance of surviving breast cancer. I'm not sure I heard anything more after that because I immediately imagined myself in the 40 to 30 percent who would be facing ... death! There I was, a "theological scholar," having studied and taught about the centrality of the Paschal Mystery in the life of the believer for 30 years and suddenly the hoped-filled promise of everlasting life vanished. I felt I was about to fall into a black hole. How many times had I accompanied others in their dying process, including most of my own family? How many wakes and funerals had I attended as a Mercy Sister? But ME? All my teaching, all my words of comfort to others suddenly seemed shallow. Maybe "life after death" is just a theory, a comforting psychological projection. I was really scared.

As it turned out, following this diagnosis of my cancer I had scheduled a meeting of my "Circle Group," a biannual weekend meeting of a group of Burlingame Mercies who lived and ministered beyond California. (We called ourselves "the far-out group"). I decided to write them and ask if we could talk about death that weekend! And that is what we did.

This weekend sharing was a grace that shaped my understanding and experience of community in a very fundamental way. It was a tangible experience of the living Body of Christ at work and of the strength of shared faith. Some shared their own fear of death. Others spoke of their confidence in the

promise of lasting life. Others spoke of the close relationships they have with those who have "passed on." As the weekend went on, I felt us healing one another.

After my cancer surgery which took place at the beginning of spring, I began my radiation treatments. Since I live in rural Kentucky my drives to the hospital took an hour each way. The Sister I lived with suggested that I take these daily opportunities to let spring come alive in me as I drove along the rural roads lined with blooming trees and flowers. I looked at my cancer not as something to battle, but as an uninvited guest now gently invited to leave.

As it turned out, these six weeks of treatment did bring me new life. In my journal, I wrote: "I am now facing a radical way of life, a time of life which calls for radical choices and very focused attention. When I think of death and my mortality now I try to think of those who live in the communion of saints. They are alive and real and if they are real so the other side of death must be real. Heaven is for real." Such a gift to embrace.

## **Strike #2: Blood Poisoning**

Some years after my cancer I faced death again, in 2013. It seemed to come out of nowhere. God has gifted me with good health for the most part. I never get sick to my stomach. But one day that all changed when, out of nowhere, I became severely nauseous—for hours. I finally called the Sister I lived with to take me to the hospital and by the time I arrived I was delirious. Diagnosis: blood poisoning!

Where that came from I still don't know, but there I was again on the edge of death. Luckily there was a bed for me at the end of the hall of the small hospital down from the road from where I live. After a quick diagnosis and immediate treatment, I began to feel myself again after a few days. In fact, I

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convinced the doctor to release me before he wanted to, assuring him that I lived close enough to the hospital that I could quickly return if something went wrong. All during this period I did not suffer that dread and fear of dying, as I had with my encounter some years previously. I had learned something from that encounter and took a step in my “ministry of sickness.” What was that step?

Word got around to the nursing staff that I was going home and, surprisingly they started coming into my room and saying they weren't sure I should go, or, more exactly, they didn't want me to go. Somewhat surprised by this response, I asked why they weren't happy for me. Even more surprisingly they said, “Because you are the light at the end of the hall!” I realized that as I felt better I had used my “free time” to ask them about their families and their own concerns—something unusual for their patients. This time confrontation with death did not cast me into self-concern, but freed me to care for others who care for others. A big step.

### Strike #3: Heart Attack

As the new year of 2017 began. I experienced a third encounter with death. One morning in January as I was preparing my morning coffee I suddenly felt as though a lasso was thrown around my shoulders. I waited for about a half hour until I realized that something serious was happening to me. Again, I called the Sister I live with and told her I thought I

should be taken to the hospital. Once more she packed me into her car and off we went.

I was taken immediately into the emergency room and heard the doctor say, “She has ninety minutes left. We need to medivac her to Louisville.” Then a scene from M\*A\*S\*H took place. I was rushed to a helicopter within minutes and took off for a 25-minute flight to the city hospital.

What happened on that flight was something of a mystical experience for me. There was a small window in the helicopter by the stretcher on which I had been secured. It was early morning and I could see white clouds reflecting the new day's sun. All I could think of was that I was going to wake up in heaven. In fact, I hoped that was going

to happen! Any fear of death was gone. “Is this it?” I asked myself. I was full of joyful expectation.

Well, it wasn't time yet. I was operated on and recovered quickly and well. I was overwhelmed by the love and care of so many friends that I would say to them it was almost worthwhile being near death again to be so loved.

### Conclusion

I have had the gift of three curve balls being thrown at me—breast cancer in 1993, blood poisoning in 2013 and a heart attack in 2017. In this “game of life” I learned so much about the meaning of my faith, the love of my community, the importance of giving to others during these “strikes.” I know at least one more will be coming at me at the real end of this life—when I slide at last into home. ♦

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# Memories of a 26-Year Cancer Survivor

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*Claudette Schiratti, R.S.M.*

Thanksgiving, 1991. What is this strange sensation in my breast? A trip to the doctor for a mammogram and a follow up visit to a surgeon suggested the need for a biopsy which led to breast cancer surgery December 18, a week before Christmas. Not good timing for a church musician. I was really scared at first and went to a reflexologist, an iridologist, and drank pau d'arco tea, in addition to praying for health and asking for prayers.

My immediate family had all died of various cancers. My sister died at age 28 of Hodgkin's Disease (in the 1960s after she had died, treatment improved for that disease). My Mom had lung cancer which went to the brain. Dad had cancer of the esophagus which went to the liver. They had all smoked. As a result, I exercised, did not smoke and followed a healthy diet. Because I had taken care of myself, I was really angry when I received the diagnosis.

Several of the Sisters were with me when I went in for the biopsy. I used some curse words when the surgeon gave me the verdict. One of the Sisters later gave me a "damn it" doll so I wouldn't say curse words out loud. It helped release anger by banging the doll around.

My appetite was not affected. I tried some foods that I didn't ordinarily eat, like tofu, seaweed, and couscous, but I decided I didn't care for them. For a while, I didn't enjoy barbeque. One time after receiving chemo, a friend took me out to dinner and we had barbeque. At that time, it didn't sit well with me. I associated it with chemo. I have since gotten over that.

## Remembering Support of Friends

After the biopsy but before the surgery, I was playing the organ with the Kansas City Symphony for Mozart's Requiem. Was this a prelude to my own requiem?

One of the members of the symphony who was currently in treatment for a very aggressive breast cancer took me aside and assured me that keeping a positive attitude was key to going through the process. She was an angel for me. In the long term, her cancer prognosis was more serious than mine, but I have seen her years later and we both are doing well.

While I was in the hospital (back then you could be there for forty-eight hours, but things have changed over the years), musical friends visited me, telling me how busy they were preparing for Christmas services. I told them that I would be happy to trade places with them. Since then, I don't ever complain about playing services, remembering the brief period of time that I was not able to do so.

Leaders at the Lutheran church where I was Director of Music were so understanding. The pastor's wife had been through it and warned me of the possibility of lymphedema and the importance of caring for the arm from which the lymph nodes had been taken. (Again, things have changed over the years. Now a sentinel node or nodes are taken, much fewer than before.)

The pastor encouraged me to return as soon as I was able. I actually missed only Christmas and two Sundays.

My good friend Sr. Donna Ryan took charge of asking friends to be with me for eight-hour stretches for the first week. I soon discovered that I did not need that much care. Community and friends bringing meals, calling, visiting, were great helps.

## Embracing the Tiger and Other Forms of Healing

I asked friends to accompany me when I went for chemotherapy. Their companionship helped pass the

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time. My good friend, Fran Reeder, told me to “embrace the tiger.” So, while I was receiving chemotherapy, I spoke to the drugs, saying, please take from my body all that is destructive and leave all that is good.

Fran also often did therapeutic touch with me. My oncologist prescribed Zophran, an anti-nausea drug which I took immediately before receiving chemotherapy. I did not experience nausea, thanks be to God.

The Regional Leadership Team invited me to prepare prayer for the Institute Leadership Conference meeting in Colorado Springs in the Spring. What a joy to prepare prayer during that time! While I was there, I visited with Sr. Elaine Pacheco who gave me a wonderful massage. I learned that massage was good for helping the chemotherapy go through your body, relaxing you, and helping the healing. I had them often.

### The Hair Factor

Sr. Mary Kay Liston accompanied me to find a wig. I had been warned to get a wig before losing my hair so that I would find a close match. As I lost my hair through January – May, the wig was warm. Another friend lent me a long blond wig as a joke. A few times I wore it and surprised people! People also gave me scarves for my head. As the weather warmed, the wig became too hot and I chose from the many colorful scarves to wear. In July 1992, I was attending a Mercy Justice Meeting in Pittsburgh in a non-air-conditioned gym with ceiling fans. Even the scarves became too warm. So, with a ¼ inch hair covering, I dispensed with the scarves.

One day I was working out at Gold’s Gym and a woman with ¼ inch hair covering like mine, walked past me as I was cycling on the stationary bike and told me how much she liked my hair. I didn’t get a chance to ask her if she had gone through the same

experience as I had, or if she was admiring the Sinead O’Connor look, which was in style at the time.

In August, I did a performance with three men. One was a pianist; two were percussionists. Before the concert, they were teasing me by saying that this was probably the first time I had been in a concert with men when my hair was shorter than theirs!

### Support from Survivors

A *Reach for Recovery* volunteer visited me shortly after surgery. What a blessing she was! At that time, she was a 25-year survivor. The last time I saw her at a *Reach for Recovery* event, she was a 39-year survivor. Since then I have lost touch with her. Her kindness to me led me to become a *Reach for Recovery* volunteer. We are all people who have experienced breast cancer. The program is part of the American Cancer Society.

When I visit people (now it is more phone conversations than home visits, another change over the years), I tell them, “Welcome to the club in which none of us sought membership”! Over the years I have spoken with women who are getting support and others who are getting none. Everyone goes through the cancer crisis differently, some wanting or thinking they need to go it alone, others knowing the need for support.

My oncologist, a very compassionate man, looked like a teenager when I first met him. At first, after chemotherapy finished, he checked me every 3 months, then every 6 months. Once I reached 5 years, he checked me once a year and at 10 years he released me. For a number of years, I sent him a card at Thanksgiving telling him that I was still around, thanks to his good care.

At the time of the cancer diagnosis, the saying, “Don’t sweat the small stuff” was common. How true that statement is, and most things and situations that we get upset about, are small compared to health and life.

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### Living in the Present

I am daily grateful to be a 26-year survivor of breast cancer. Positive attitude, prayer, supportive community, friends, and good medical practice helped me through this scary adventure.

I am grateful for each day of life, whatever it brings. Life and relationships are important. Taking deep breaths, being kind and enjoying each day are important to me.

Recently I learned that my surgeon died. I sent a note to his wife saying how good he was.

I was very fortunate to have good medical care from my primary physician, through surgery and oncology.

Fortunately, research continues to progress regarding treatment of all cancer. To remain active as a *Reach for Recovery* volunteer, we are asked to attend a yearly update session. Treatments change as the research advances.

I want to thank *The MAST Journal* for the opportunity to reflect on this experience. I hope this reflection might help someone else going through a difficult experience. ♦



# Being Introduced to Breast Cancer

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*Marian Clare Valenteen, R.S.M.*

The following story will seem incredible to you, the reader, as it is to me, the writer.

I was 47 years old, a member of the Sisters of Mercy for thirty years, and an elementary school principal, when I learned in 1993 that a person I greatly admired, a wise and witty Sister of Mercy, had been diagnosed with breast cancer. She had decided not to accept recommended treatment. I did not see myself as someone who shared her health condition. Nor did I share her significant decision to decline medical treatment. It was not because it was “breast cancer” -- which I knew nothing about. It was because I considered health decisions personal and private.

The phrase “...which I knew nothing about” is significant and deliberately chosen. Up to that point, I knew no one personally who had had breast cancer. In this day and age, that hardly seems believable. But it is the truth.

Within a short time of learning she had cancer, that Sister died. I was not able to attend her funeral. But on that very day I felt for the first time a lump in my left breast. I actually found myself in denial. I thought it was just an empathetic response to my terrible feeling of loss-- that dear person so tragically and so suddenly gone. I kept checking the lump for a few succeeding days, and began to accept that it was real, not imagined.

I made an appointment with my primary doctor who assured me that the lump was real. He ordered a mammogram which did not show a lump as such. But a biopsy was taken on a Friday. On the following Monday, a surgeon I didn't know called me in the principal's office at the elementary school, and told me that I had breast cancer and he wanted to perform

a mastectomy. I said, “When?” And he answered, “Yesterday!” I told my community and faculty on Tuesday. I went to the hospital on Wednesday. I had the mastectomy on Thursday, the fifth of May, 1983.

I was hospitalized for a week and then was allowed, at my request, to go home to my convent. I was directed not to take on any school tasks for another week. There was only one more month left in the school year! During the week in the hospital, I do recall a very special evening when I was alone and wondering how this was all going to play out. I happened upon the wonderful chapter in Luke's Gospel (5: 13-14) when a leper says to Jesus, “Lord, if you want to, you can heal me!” And Jesus responded, “Of course I want to, be healed!” I prayed that prayer that evening and many times since then about all kinds of healing that I need!

I began chemotherapy at the beginning of June, which consisted of one injection, two weeks of one pill a day, and two weeks with no medication. That was my treatment for six months through November. I was advised to get ready for feeling very sick and probably losing my hair. Neither occurred, although my hair became thinner.

Our school in northern California was about to adopt a year-round calendar for the first time. Starting August 1, we had an orientation, with all that that entailed, for staff, parents, and students. The calendar transition happened and kept me nice and distracted! I was never confined to bed and I did not miss any school day.

In November, it was time for radiation treatments. When I learned what would be involved, I asked if I could set up a schedule that would not interfere with my principal's responsibilities at

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school. I was able to arrange it. I had four treatments each week for five weeks. I drove from Oakland to San Francisco on Monday afternoon for a treatment after school. I stayed overnight at a convent in San Francisco, had a treatment on Tuesday morning, and returned to Oakland for school on Tuesday and Wednesday. Then I drove to San Francisco on Thursday afternoon for a treatment and had the fourth one on Friday morning before going back to school in Oakland.

I did not have any side effects from the radiation—only that my skin suffered some burns. However, I was allowed to continue the schedule as long as I chose to. I finished the treatments before Christmas.

That concluded my treatment for cancer except for check-up appointments every few months for about a year. No more medications since 1983!

I will attest here that since that time, I have never missed a monthly self-check of my right breast in 34 years! I have a marker in my desk calendar that I do not move until I have done so. And that does not happen without a prayer that I am open to whatever I “feel” and will try to deal with any “bad news” as I am able with God’s loving help. The same applies to having an annual

mammogram in all of the intervening years. That is never a casual appointment. I do realize that I had an unusually “light” experience of cancer. However, the new knowledge I have gained through talking to other cancer survivors has been deeply significant and helpful in many ways. I find it impossible to say to myself that I am cured.

I don’t share my story except as a “magnificat” of praise and thanksgiving. I have been told that my story gives hope to others whose personal history or of others close to them has been close to impossible to accept or endure or look beyond. I don’t even pretend to know what others are going through. Our bodies are our own and unlike any other person’s.

The more I have learned over the years and shared with others, the more amazed I have become with the realization of my own good fortune and blessing. Neither my mother nor my younger sister, who are both now deceased, had cancer. But my grandmother and three of my mother’s sisters all died of cancer in the years after my own diagnosis, surgery and treatment in 1983.

We are all just walking each other home. May it always be with tender compassion that we assist one another in the mystery of the journey. ♦

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# Opening the Door: Spiritual Direction for the Dying

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Genevieve Durcan, O.S.C.O

*“You may have until Christmas, but I can’t promise.” The door closed behind him. The day was sweltering. Still, my blood ran cold as I heard the Doctor’s words—even after years and years of living with this disease.”*

Susan opened our session by recounting her shock from hearing the “sentence” of her approaching death. A spiritual director herself, she asked me to accompany her during this last part of her earthly life. She wanted me to explore with her how to open the door to her next life. She asked simply, “How do I enter into this dying process? Please help me.” (“Susan” is a combination of several directees.)

## Introduction

One of the characteristics of our 21<sup>st</sup> century is that we are living longer, with better quality of life and more productive lives. However, whether we cross over into eternity in our 90’s or in our 40’s, we all must face the dying process. This moment of final surrender is the most fully human act of our lives. To accompany someone on this last journey is a sacred privilege and a great joy.

For anyone, but especially for the person of faith, the final segment of life on earth can be its most significant time. It may bring with it the anticipatory joy of finally coming home, arriving at the end of our journey in this earthly life.

On the other hand, this time of facing death may be suffused with the fear, pain, and agony of having to let go of all that we know-- to leave behind home, family, friends--everything and everyone. Most often it is this latter experience of fear and dread that can plague our thoughts and feelings. Facing death affects our relationships, both with others and with God. Although we all must go through this

individually, a spiritual guide can help the process be life-giving.

## Spiritual Direction for the Dying

With many experiences in our lives we look to a friend, a mentor, a grandparent, a business associate to help us see what it is that is happening in our lives. They help us allay our hesitations, weigh the pluses and minuses of a choice before us, and clarify our priorities. However, when it comes to dying, there is nothing that can be done to help us decide whether or not to go through it. The fact is before us. It is how we live towards this ultimate moment of our life that we must decide.

Spiritual direction of the dying calls for a special kind of accompaniment. We may think Hospice chaplains or parish priests who come to the bedside of the dying best offer this ministry. However, in my experience, this often has not been the case. Perhaps it is not in their “job description.” In fact, is it not the trained spiritual director who may be the one called to this ministry? If so, what would help prepare the spiritual director to accompany someone at this sacred time of their life?

## Preparation for This Ministry

Possibly the first step in preparing for spiritual direction for the dying is to look at your own attitude towards this great mystery of life. How many conversations have you had recently that even touched the topic of death? What are your feelings and beliefs about your own death? Have you ever articulated them to anyone?

We know that death is a passing over, a crossing over into the arms of God forever. And yet, this end time is often clouded by the unknown. Mental confusion may plague us and our attempts at prayer might seem futile.

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If you have never focused on this inevitable event in your own life, your spiritual accompaniment of a dying directee could be inauthentic. This kind of personal pondering is necessary to know if you are or are not called to this special ministry. Being with someone who is dying inevitably brings to the forefront the reality of your own eventual death.

### Beginning the Ministry

Perhaps the first challenge in the process of walking with someone who is dying is how to bring up the topic. Susan made it very easy for me to assume this role for her, because she broached the subject. But what if the directee is avoiding the topic? Of course, the director must be sensitive in this case and needs to discern if the directee does not want to talk about dying or if s/he may be hoping the director begins the conversation.

If it seems that the directee does want to talk about her dying, a simple question to that effect probably is one of the best ways to begin. If the answer indicates that the dying person wants to speak of her/his struggles, it seems important to clarify right away if you are the person s/he would like to share this most sacred, perhaps most difficult part of his/her life's journey. Perhaps you hear God inviting you to walk with him/her?

### Possible Scenarios

If you discern that this is a ministry to which God is calling you, what are some exchanges that may follow? Perhaps the following sample dialogues will help a spiritual director ponder the meaning of death and how to accompany someone who is in the dying process.

As a sample of some of the conversations that may arise during the direction sessions, I now offer some "dialogues" adapted from real conversations between a spiritual director and a directee who is preparing for death.

## Dialogue One: Opening the Door

**Spiritual Director:** Susan, you shared with me how the reality of your death hit you when your doctor closed the door behind him after telling you his prognosis. It was quite a blow, wasn't it?

**Directee:** Oh, yes. All of a sudden everything I thought I knew about dying didn't help at all. I felt I was facing a blank wall.

**SD:** It is so hard. There is no guide book for dying. But you know, the very fact that you are asking for help at this time of your life is such a healthy sign. Many people cannot do this or even know to do this. I feel so privileged to accompany you at this time. You mentioned you

felt you were "facing a blank wall." Can you imagine that wall now and see faintly a door in it?

**D:** Yes, I'll try. In fact, this reminds me of the place in the Bible when Jesus says, "Behold I stand at the door and knock."

**SD:** So can you see yourself at the door, standing beside Jesus?

**D:** Yes, I can, and it is such a comfort. I can even hear him say, "I am the Way. Stay with me and I will

show you the way beyond the door which leads to eternal life." I'll try.

**SD:** What a wonderful grace! Let us take time now to stand together at that door and feel the security of Jesus being with you at this new time in your life journey.

(End with silent prayer.)

## Dialogue Two: No One Understands

**SD:** How has it been for you now that you have had some time to process the Doctor's diagnosis?

**D:** Why do people tell me how good I look when they and I know I am dying. This is not about a "let's pretend." It is so easy to get caught in

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pretense. I've done it over and over myself with others.

**SD:** What do you mean by "pretense"?

**D:** The person I have been so concerned about projecting to others is not who I really am now. I am so much more. Quite understandably most who come to see me are comfortable with the person they have known before my diagnosis. They want our relationship to be "as usual." But the ground under my feet is as unfamiliar to me as to them. I don't know how to invite them into this new dimension.

**SD:** I think I'm hearing you say that you want them to be with you, yes? Maybe you can just share with them what you are experiencing. I am ready to listen. Invite me.

**D:** I deeply believe that God promises us that nothing will be lost, that all will be taken up into glory. Jesus says, "I go to prepare a place for you." I am looking forward to seeing that place!

**SD:** Sounds so good! And remember Paul assuring us that "Eye has not seen, ear has not heard, nor has it entered into our hearts what God has prepared for those who love him." What does that promise make you feel?

**D:** Well, I admit that those are comforting words, but to quote St. Paul again, he says that "we are groaning as we await the redemption of our bodies." It's this kind of two-sided reality of death that nobody wants to let me talk about. I want them to be with me as I voice my frustration and resistance. I remember this quote: "Blood red mystery of all this is that God has loved the world in its destitution." Destitution seems to be seeping into and out of every pore of my body. Destitute of strength, independence, mobility, normalcy—even a simple lunch with a friend or two. It is so hard and I feel so alone.

**SD:** Have you tried to pray when you feel such destitution?

**D:** Oh, yes, although I feel all I do is complain.

**SD:** Nothing wrong in that. Remember Jesus complained in the garden. Could you share with me how you voice your complaints to God in your prayer?

**D:** Something like this: Dear Jesus, does everyone have to go along these unfamiliar halls alone? Is there someone who will listen and talk with me about these experiences?

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**"Dear Jesus, does everyone have to go along these unfamiliar halls alone? Is there someone who will listen, someone I can see and hear."**

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I know you hear me, but I want someone I can see and hear. It feels so demeaning to lose all ability to self-direct; to be told when to have my sheets changed, when to shower, when and how often I may or may not go outside, take a drive—let alone have my car. I know you faced death, a horrible death. But I need your help. I am so puzzled, resentful,

even angry.

**SD:** Susan, that is such a wonderfully honest sharing! Until we meet again why don't you keep listening for Jesus' responses to your prayers.

Let us thank God together now for the graces of your prayer. (End with spontaneous prayer.)

### Dialogue Three: Meaning in Suffering

**SD:** How was last night for you? Are you able to sleep well?

**D:** Last night was a night of tears.

**SD:** What brought on those tears?

**D:** It was a black night for me.

**SD:** What did you do?

**D:** I held tightly to my small crucifix and I tried to unite this black night of fear, doubt, confusion with Jesus in the garden. I played "The Old Rugged Cross" over and over and over, sobbing at times, still at other times, wondering if I could go on, feeling abandoned. Then I realized I was not alone. I was with Jesus and he was with me.

**SD:** Your holding tightly to your crucifix speaks volumes to me about your bravery. Would you

like to share what was that like for you—being with him?

**D:** Being with Jesus I realized that his suffering was for all of us and so I joined my suffering with his for all the world, especially for those who do not even have the “luxury” of preparing for death, but are suddenly killed or do not have the faith to see that death is not the end.

**SD:** So you are experiencing a kind of rejoicing within the doubt and confusion?

**D:** Well, I did remember what the psalmist says, “And with the dawn, rejoicing.” There was exhaustion, quite honestly, but a oneness I hadn’t experienced before. It was not Jesus asking this of me alone. I was united together with the exploited, raped, crushed and dying people of our world. We were together, united on the cross. And I heard Jesus say, “Fear not, I am with you.”

**SD:** So there is not only a sense of joy that comes with your suffering, but also a sense of suffering with others who are in pain?

**D:** Yes, suffering with Jesus and others and yet struggling to trust.

**SD:** It sounds to me that you are feeling that there is meaning in your suffering. And, not only is Jesus with you, but you are with others in

their pain. Your suffering is a profound ministry. Why don’t we take time now to name those people with whom and for whom you are spending these days and hours waiting to one day soon “share in the glorious freedom of the children of God.”

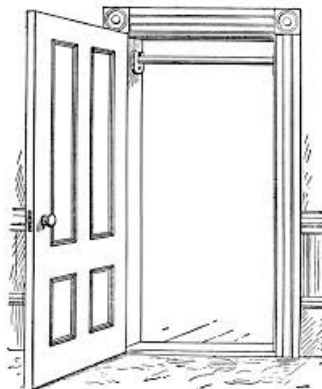
### Conclusion

These scenarios are a combination of actual sessions with dying people. Of course, each person and each situation is unique. However, it is my hope that the three dialogues are representative of the sharing that can occur between a spiritual director and a person who is facing the end of life.

The dying have a tremendous need to share and process their relationship with God, themselves and others at this time of final surrender. Consequently, I close with this question: “Could God be calling you to this unique ministry?”

### Epilogue

As Susan slipped in and out of consciousness the last day, she became very clear and in an urgent voice said, “Open the door.” I assured her the door was open. Then lovingly and clearly, she said, “Come in, Jesus, the door is open.” Some moments later she left with Him. ♦



*“Ask, and it will be given to you; seek, and you will find; knock, and it will be opened to you.” (Matt.7:7)*

# Palliative Care: An Emerging Medical Model

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*Sharon Kerrigan, R.S.M. and Patricia Talone, R.S.M.*

*Even a brief perusal of scripture, literature, poetry and songs testifies that suffering is a part of life and may come as the result of illness, violence, natural disaster, loss, or a multitude of other causes. Unfortunately, some persons today turn to suicide or euthanasia to eliminate the suffering associated with a life-threatening illness. Neither solution is plausible from a Christian perspective, nor does the death of the one nearing life's end achieve its stated intention-- eliminating suffering. While the sufferer is no longer alive, his or her loved ones continue to suffer loss.*

*This article explores a far more viable alternative to the suffering associated with chronic or terminal illness – that of palliative care. It is our belief that palliative care resonates with and reinforces the long-standing Mercy moral impulse to comfort those who are suffering in ways both spiritual and practical.*

## What is Palliative Care?

Palliative Care emerged from the hospice movement sometime in the 1970's. The term "palliative care" was coined by Dr. Balfour Mount to distinguish this modality from that of hospice.<sup>1</sup> The two programs, while related, are not identical. "All hospice is palliative care, but not all palliative care is hospice."<sup>2</sup> Both approaches treat the whole person with the support of an inter-disciplinary team usually consisting of a physician, nurse, chaplain, social worker and often a physical and/or occupational therapist.<sup>3</sup>

However, the goal of each discipline remains distinct. Hospice provides compassionate care to an individual who has discontinued all curative treatment. The patient or surrogate judges that further treatment would be more a burden than a benefit to the patient. Ordinarily with hospice, a physician indicates that the patient has a life-expectancy of six months or less to live. On the other hand, palliative care offers support to anyone who receives a diagnosis of a life-threatening illness. These patients continue to accept curative treatment in addition to palliative care.

In 1992, palliative care became recognized as a medical specialty. Dan O'Brien, Ph.D., maintains it

is a hallmark of contemporary Catholic health care because of the similarities between the two methodologies.<sup>4</sup> To understand the relationship between the two philosophies better, we believe a brief review of the biblical roots of the Christian healing tradition will be useful.

## The Biblical Healing Tradition

Any Christian healing tradition is rooted in the Hebrew Scriptures and in Jesus' healing ministry. The Jewish people believed that God was the source of all health (Ex. 15:25-26). God's instruments of healing were the prophets (1Kings 17:8) who frequently used balm to minimize or control a sick person's pain (Ezek. 27:17; Jer. 51:8; Jer. 8:22). A second theme within the Hebrew texts was the belief that God healed the whole person (Is.53:5). These two important themes were repeated in the New Testament as well.

Eighty percent of the Gospel stories relate to Jesus' healing ministry. He healed the sick, raised the dead, touched and cleansed lepers and made each person whole (Matt. 10:8). In the story of the healing of the crippled man at the pool of Bethesda, the author of the fourth gospel uses the word "whole" six times

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(Jn. 5:6, 9, 10, 11, 14 and 15). Here, the evangelist says that Jesus made the man whole and returned him to health (Jn. 5:8-9). It is important to note that in these healing accounts, the sick person returns as well to the community that gives him or her life as a family member or neighbor. Thus, the Biblical texts reveal a compassionate God who heals the person in body, soul and spirit.

These same characteristics are found within palliative care as well. Clinicians treat the symptoms of the person's disease and the side effects of its treatment through pain control, medicine, and psychological and spiritual support. If a patient's disease is curable, palliative care can help one to heal more quickly.<sup>5</sup> Given this reality, why haven't more people chosen to receive palliative care?

### **Within the Healing Tradition**

Christians have been caring for the sick and dying since the dawn of Christianity. Followers of Christ welcomed the sick into their homes. Even hermits, cloistered monks and cloistered nuns provided a clean bed, a hot meal and prayerful accompaniment to sick and weary travelers. This divine impetus is deeply embedded within the Mercy charism. If one were to survey Mercy archives around the globe, one would discover accounts of the early sisters going out by twos into the homes of the sick. Especially during times of epidemic like cholera (e.g., Mother Baptist Russell in San Francisco) or the 1918 Spanish Influenza pandemic, Sisters of Mercy along with scores of other religious, went into the homes of the sick to bring comfort in a time of loss and distress.

The sisters sought out the sick in their homes. They bathed weakened patients, changed and washed bed linens and night clothes. Often, carrying meat bones and vegetables in their baskets, they prepared a hearty soup or stew for the patient and his or her family. One of their goals was to leave the family

clean and comfortable.<sup>6</sup> But their intention was also to serve God's sick people. Their care arose from a deep sense of the love of God and love of their neighbor. It is precisely because they followed a crucified savior that they were able to embrace others who were suffering. It is this same spiritual impulse that drives Catholic health care to offer the best palliative care possible to those who need it.

### **Palliative Care: An Emerging Model of Care**

If palliative care is so good, why do we not hear more about it? Why don't we see such programs in infirmaries for women religious? There are a few reasons why people do not select palliative care. First, the specialty is new and has a limited number of certified physicians. These specialists are predominantly located in the Northeast within large hospitals.<sup>7</sup> This reality limits the knowledge and availability of these programs.

A second reason that a limited number of people are enrolled in palliative care is because 40% of the patients enter the program when their disease is more advanced and this presents more challenges to the care-team. An example of this delay in treatment was experienced by one of our Sisters of Mercy.

Diagnosed with cancer, she had a period of remission, but the cancer returned several years after diagnosis. Her physician recommended palliative care to her to minimize potential hospitalizations and to control her pain and discomfort. However, because of the rapidity of the progression of her disease, she moved into hospice within a short time.

Dr. Michael Preodor, a palliative care practitioner, recommends that instead of waiting, all who get a diagnosis of life-threatening illness should consider entering a palliative care program.<sup>8</sup> He is convinced that palliative care offers a patient the most optimum care. Gerontologist Myles Sheehan recommends that all post-acute care residents be placed in palliative

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If one were to  
survey Mercy  
archives around the  
globe, one would  
discover accounts of  
the early sisters  
going out by twos  
into the homes of  
the sick.

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care to control the various domains of pain and discomfort associated with the aging process.<sup>9</sup>

The Carmelite Sisters for the Aged and Infirm have designed and implemented a formalized palliative care program for all residents of their nursing homes. Upon admission, each resident receives assessment and is then placed in palliative care, which tailors its services to the patient's particular needs. Staff who work with the Carmelite Sisters receive initial and on-going education to provide maximum palliative care services.<sup>10</sup> It is our hope that this trend continues throughout the country to serve those with chronic and life-threatening illnesses whether they reside in long-term care, assisted living or in their own homes.<sup>11</sup>

Our desire to see palliative care integrated into health care for persons with chronic or terminal conditions arises from the same impetus that urged the early Sisters of Mercy to go into the homes of the sick poor. There is more to caring for the sick than providing physical needs. Our tradition teaches us that "Life, health, all temporal activities are in fact subordinated to spiritual ends."<sup>12</sup> These words, delivered by Pius XII at an International Congress of Anesthesiologists are often quoted when ethicists distinguish between ordinary and extraordinary means to preserve life. But the Pontiff was likewise urging these distinguished physicians and scientists to recognize that it is in the human, spiritual outreach to our sick sisters and brothers that we most truly follow the suffering Christ. ♦

## Endnotes

<sup>1</sup> Catholic Health Association, *Palliative Care and Hospice Care: Even When We Cannot Cure* (St. Louis, MO: Catholic Health Association, n.d.):5.

<sup>2</sup> *Ibid.*, 2.

<sup>3</sup> *Ibid.*, 1.

<sup>4</sup> Dan O'Brien, PhD. "Palliative Care: A Hallmark of Catholic Health Care," cited in presentation in Catholic Health Association Archives, <https://www.chausa.org/publications/health-progress/archives/dan...>

<sup>5</sup> Catholic Health Association, *Palliative Care*, 6.

<sup>6</sup> For a fuller account of the 1918 Flu, see: Patricia Talone, "All God's Sick Children: One City's Response to the Flu Pandemic of 1918," *Health Progress* (November-December, 2007), pp. 38-42. Much of the material for the article came from interviews described in Francis Edward Tourscher, *Work of the Sisters during the Epidemic of Influenza, October 1918: Records of the American Catholic Historical Society of Philadelphia* (Vol. 30, No. 1-3, March-September, 1919).

<sup>7</sup> Supportive Care Coalition, "Bridging the Gaps in Palliative Care and Innovative Connections," *Mission Report*, 2016.

<sup>8</sup> Michael Preodor, M.D., "What in the World Do We Do Now? Caring for People with Life-Threatening Illness," Presentation at Presence Health Saint Joseph Medical Center (June 16, 2015).

<sup>9</sup> Myles Sheehan, S.J., M.D., "Barriers to Palliative Care in Long-Term Care Settings" Presentation for Catholic Health Association (December 6, 2016). See also: Sheehan, "Establishing a Palliative Care Program in Long-Term Care," Presentation for the Catholic Health Association (February 22, 2017).

<sup>10</sup> Avila Institute of Gerontology and Carmelite Sisters for the Aged and Infirm, *Implementing Palliative Care*. (Avila Institute of Gerontology: Germantown, NY, 2016).

<sup>11</sup> Martha L. Twaddle, M.D., believes that the next frontier for palliative care will extend into the home, with hospital or health system partners providing this much-needed service. See Martha L. Twaddle, "Community-Based Palliative Care," Presentation for Supportive Care Coalition (December 15, 2015).

<sup>12</sup> Pius XII, "The Prolongation of Life," November 24, 1957 in *The Pope Speaks* 4 (Spring, 1958):395.



# Anointing and Caring for the Sick

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Julia Upton, R.S.M.

For almost forty years now I have been teaching students about the Church's pastoral care of the sick through the sacrament of anointing of the sick. We always discuss the scriptural, historical, theological and pastoral dimensions of the sacrament, but until now I was never able to add a personal dimension. When I was scheduled for a total hip replacement earlier this year, I knew I wanted to receive the anointing of the sick for the first time. I asked our pastor if he would anoint me before surgery and so one morning after the Mass which many of the sisters in our neighborhood attend, he gathered people in a circle around me and celebrated the sacrament which at least one theologian has called "the forgotten sacrament."<sup>1</sup>

Forgotten? Yes! It is easy to forget about a sacrament that is almost never seen and rarely experienced. That was the point Bausch was intending to make when he used the term "forgotten sacrament." Whereas the principal locus for all of the other sacraments is the parish church, anointing of the sick is most often celebrated at a patient's bedside. It need not be that way, but it generally is, which makes it difficult to teach or preach about the sacrament meaningfully.

## From Extreme Unction to Anointing of the Sick

Those of us who came of age prior to the Second Vatican Council learned to refer to this sacrament as Extreme Unction or the church's last rites. We thought that these rites were reserved for people on their death beds, and too often people waited until a person was just about to breathe his or her last before calling the priest. All that changed, however, in 1964 with one sentence in the *Constitution on the Sacred Liturgy*:

"Extreme Unction," (or "last rites") which may also and more fittingly be called "Anointing of the Sick," is not a sacrament for those only who are at the point of death. Hence, as soon as any one of the faithful begins to be in danger of death from sickness or old age, the fitting time for him [*sic*] to receive this sacrament has certainly already arrived.<sup>2</sup>

Even before the ritual was revised in 1972 practice began to shift. It was almost as if the Church collectively sighed, "Of course!" As with each of the other recommendations of the Council, there followed the appointment of committees (*consilii*) that developed or revised this and the other sacraments and sacramentals. A revised multifaceted ritual: *Pastoral Care of the Sick and Dying: Rites of Anointing and Viaticum* resulted and includes sections on visiting the sick (including children); bringing communion to the sick in various settings;

the sacrament of anointing of the sick outside of mass, within mass, or in a hospital; care of the dying, including a penitential rite and viaticum (communion for the dying); and rites for exceptional circumstances.

The rites it contains presume that care of the sick is the responsibility of the whole community, although a priest presides at the sacrament of anointing of the sick itself. Even within the rite there are prayers for specific needs of the sick-- for those in extreme or terminal illness, in advanced age, before surgery, for a child or young person, for example.

## Healing Rather Than Curing

It is important to keep in mind that the purpose of the anointing is healing not curing. Listen to some of the prayers and you will hear what I mean:

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It is important to  
keep in mind that  
the purpose of the  
anointing is  
healing not curing.

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Father in heaven,  
 through this holy anointing,  
 grant Cheryl comfort in her suffering.  
 When she is afraid, give her courage,  
 when afflicted, give her patience  
 when dejected, afford her hope,  
 and when alone, assure her of the support  
 of your holy people.  
 We ask this through Christ our Lord.

This is the prayer for one advanced in age:

God of mercy,  
 look kindly on your servant  
 who has grown weak under the burden  
 of years.  
 In this holy anointing  
 he asks for healing in body and soul.  
 Fill him with the strength of your Holy Spirit  
 Keep him firm in faith and serene in hope,  
 so that he may give us all an example of  
 patience and joyful witness to the power of  
 your love.  
 We ask this through Christ our Lord.

Yes, the Church continues to minister to its dying members, but its ministry to the sick is much broader. Unfortunately, it is only the “last rites” that seem to find their way into the movies, and even among Catholics one finds this fragmented understanding of the Church’s ministry.

### **New Testament Tradition and Christ as Olive**

The earliest references we have of anointing of the sick are found in two passages from the New Testament. In Mark 6:12-13 we read that the apostles were anointing. “So they went out and proclaimed that all should repent. They cast out many demons, and anointing with oil many who were sick and cured them.”

However, it is the passage from the Letter of James 5:14-15 that gives more explicit detail about the ministry of the community and therefore can be seen as a kind of blueprint for the sacrament that developed. “Are any among you sick? They should

call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord. The prayer of faith will save the sick, and the Lord will raise them up; and anyone who has committed sins will be forgiven.”

The use of olive oil in Christian theology and practice is an interesting application of Mediterranean practice that became infused with Christian symbolism. The Syriac Christian theologians Araphat, Ephrem and Cyril of Jerusalem all write about Christ as the Olive, the source of the oil, the “Light-giving Olive.” In Ephrem we read, “The Olive is the symbol of Christ, for from him spring milk, water and oil; milk for babes, water for the young, and oil for the sick.”<sup>3</sup> In her essay “Caring for the Sick: A Historical overview of a Central Ministry of the Church,” Lizette Larson-Miller notes a play on words in which Messiah and Oil [in the Greek *christos* and *chrism*] are almost exactly the same.<sup>4</sup>

Although we cannot trace the history of any of the sacraments with precision because there was so much variation across local churches, the three elements found in the Letter of James—the prayer of faith, the laying on of hands, and the anointing with oil—are constants in all the extant rituals. By the twelfth and thirteenth centuries, however, these elements came to be linked with confession of sins and *viaticum* (communion for the dying) and as a result what had once been common rites for the sick became a ritual preparation for death.

### **Other Healing Rituals**

Historically there were other rituals used in the pastoral care of the sick as Larson-Miller points out in her essay: “the use of water, blessed and given to drink as a healing agent ... also central to healing at many pilgrimage shrines.... In addition to water, the giving of blessed bread (or other foodstuffs) to the sick was prominent in the early church and at

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---

pilgrimage sites throughout history.”<sup>5</sup>

When I was a child I recall that Mother would bring home blessed bread that was distributed after Mass at a nearby Franciscan church.

### **Planning a Parish Communal Anointing**

One evening our parish Liturgy Committee met to plan for the parish’s annual celebration of communal anointing of the sick. The pastor was unable to attend the meeting that night and had the deacon chair the meeting, which might be why the conversation took an unusual course. Our celebration was usually held on a Saturday afternoon in early autumn, but the committee that night had another idea. Rather than having the celebration at a time when no one else would attend, we began to wonder what it might be like to celebrate the sacrament during Sunday Eucharist, and not just at one Mass, but at every Mass that week. That way everyone in the parish would have an experience of seeing this “forgotten” sacrament at least once. As we talked the plan grew, and fortunately the pastor liked our concept. We imagined that those who had once attended a particular Mass but were now too ill to attend would be there once again on that Sunday and be strengthened not just by the sacrament but by the prayer and presence of the community.

They turned out to be wonderful celebrations, but we underestimated the long-term impact that seeing all those people would have on the community. Long after that Sunday passed the sick remained with us and in our prayer spiritually on a deeper level than we had anticipated.

### **Meaning of Presence at the Death of a Lector**

On another Sunday morning in a different parish I was leading song. Right before Mass began, one of the Eucharistic ministers came up to me and told me that I absolutely must visit one of the lectors who was near death. In those days, I was also coordinating the parish lectors, so I promised that I would visit Fede at

home directly after Mass. Although she had already received Holy Communion that morning, Fede and her family wanted another kind of communion as it turned out, and I was happy to be with them on the journey.

In our experience of serving as Ministers of the Word, the parish lectors had not only developed that warm and living love of the Scriptures, but they had also come to share that with each other and with the broader community. For Fede and for her family they wanted someone in that moment to be that nourishing presence of the Word too. They didn’t need me to do anything, just to be with them in the time of this great passage from

one world to the next. It was a privileged moment in my life to be called forth like that. In the years since it has led me to deeper reflection on the levels of communion and the modes of presence.

### **My Own Experience of Anointing**

My own experience of receiving the anointing of the sick stayed with me long after the oil had seeped into my body, mind and spirit. It calmed me more than I expected and I was confident that the Church’s prayer was not just strengthening me but also my surgeon for whom we prayed:

God of compassion, our human weakness lays claim to your strength.

We pray that through the skills of surgeons and nurses your healing gifts may be granted to Julie.

May your servant respond to your healing will and be reunited with us at your altar of praise.

Grant this through Christ our Lord. Amen.

### **Reforms of Vatican II**

We are blessed to be living in the aura of the reforms of the Second Vatican Council, which first identified the need to adapt the number of anointings to the circumstances of the sick.<sup>6</sup> This was one of the last sacraments to be revised and revisions published by the International Commission on English in the Liturgy. The rituals for Anointing of the Sick

benefited from previous revisions, as well as the lived experience of the reformed Eucharist. The resulting ritual book, *Pastoral Care of the Sick*, is much broader than formal sacramental anointing. It provides prayers and rituals that the minister can adapt to the particular circumstances of the sick.

In the decades following the reform, many of the faithful have developed precisely that “warm and living love of the Scriptures”<sup>7</sup> of which the Bishops gathered at Vatican Council II could only dream. A wise and gentle minister can now draw on that love of Scripture, and comfort the sick with anointing and prayers grounded in this renewed ecclesial vision. ♦

## Endnotes

<sup>1</sup> See William J. Bausch, *A New Look at the Sacraments* (New London, CT: Twenty-Third Publications, 1983).

<sup>2</sup> *Constitution on the Sacred Liturgy (Sacrosanctum Concilium)*, §73.

<sup>3</sup> Robert Murray, *Symbols of Church and Kingdom: A Study of Early Syriac Tradition* (London: T&T Clark, 2006): 115-116.

<sup>4</sup> Lizette Larson-Miller, “Caring for the Sick: A Historical Overview of a Central Ministry of the Church,” *Liturgical Ministry* 16 (Fall, 2007): 172-180.

<sup>5</sup> Larson-Miller, 175.

<sup>6</sup> CSL, §75.

<sup>7</sup> CSL, §25

## MERCY ASSOCIATION IN SCRIPTURE AND THEOLOGY

MAST, The Mercy Association in Scripture and Theology, met for the first time in June 1987 at Gwynedd-Mercy College in Gwynedd Valley, Pennsylvania. Called together by Eloise Rosenblatt, R.S.M. and Mary Ann Getty, twenty Mercy theologians and Scripture scholars from fourteen regional communities formally established the organization to provide a forum for dialogue and cooperation among Sisters of Mercy and associates. The stated purpose of the organization is to promote studies and research in Scripture, theology and related fields; to support its members in scholarly pursuits through study, writing, teaching and administration; and to provide a means for members to address issues within the context of their related disciplines. This work is meant to serve women, the Church, and the Institute.

MAST has been meeting annually since then, and the organization now numbers fifty, with members living and working in Australia, Canada, the Caribbean, Central and South America, as well as in the United States. Aline Paris, R.S.M., currently serves as MAST’S Executive Director. MAST will hold its next **Annual Meeting at Mercy Heritage Center, Belmont, NC, June 15-17, 2018**. Members act as theologians in the Church and carry on theological work in their respective disciplines and ministries. They also seek to be of service to the Institute of the Sisters of Mercy of the Americas by providing a forum for ongoing theological education.

For information on becoming a member and being added to MAST’s mailing list, contact the association’s Executive Director, Aline Paris, R.S.M. by e-mail at [aparis@csm.edu](mailto:aparis@csm.edu) or by mail at College of St. Mary, 7000 Mercy Road, Omaha, NE, 68016.

Dues can be paid by check, payable to MAST and sent to association Treasurer, Marilyn King, R.S.M., 220 Laura Lane, Lebanon, KY, 40033-8155. E-mail [mheleneking@windstream.net](mailto:mheleneking@windstream.net).

Since 1991, The MAST Journal has been published three times a year. Members of the organization serve on the journal’s editorial board on a rotating basis, and several members have, over the years, taken on responsibility to edit individual issues. Maryanne Stevens, R.S.M., was the founding editor of the journal, and Eloise Rosenblatt, R.S.M., currently serves in that capacity.

# Homily for Liz Burns, R.S.M.: A Heart for Those in Need

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Mary Haddad, R.S.M.

**Editorial Note:** *Those imbued with the spirit of Mercy continue to serve in many ways, even in their later years. Sister Elizabeth Burns, R.S.M., Ph.D., a brilliant and scholarly nurse, had taught at Marillac College and at St. Louis University School of Medicine as an instructor and as an assistant professor. At the University's mandatory retirement age of 70, Liz traveled to Ghana, first as a Fulbright Scholar at the University of Cape Coast. At the invitation of then Bishop Peter Turkson, she then served for ten years as a project director and grant writer for the Archdiocese of Cape Coast Health System Services.*

*During her time in Ghana, Liz developed programs to address women's health issues, notably obstetric fistulas, a condition that results from unattended labor and causes urinary or bowel incontinence. Furthermore, she helped raise money for the Archdiocese's outreach to the poor and needy and supported and counseled priests, sisters and laity serving in the West African country.*

*Mary Haddad, R.S.M., had been Liz's leadership team liaison while Mary served on the St. Louis Leadership Team. When she learned of Liz's death, she contacted Cardinal Turkson to inform him of the death of his long-time friend, whom he lovingly called his "white mother." The MAST Journal shares Mary Haddad's remarks delivered at Liz's funeral.*

Cardinal Peter K.A. Turkson, Prefect of the Dicastery for the Promotion of Integral Human Development at the Vatican and past President of the Pontifical Council for Justice and Peace, gave a Lenten Talk at Villanova University on Thursday evening February 25, 2016. While in Philadelphia Cardinal Turkson received word that Sr. Elizabeth Burns, R.S.M. (Liz) died on Thursday morning at Catherine's Residence in St. Louis, Missouri. He immediately made arrangements to fly to St. Louis for a quick three-hour visit to pay respect to this remarkable woman of Mercy.

Liz met Cardinal Turkson when she was a professor and Fulbright scholar at the University of Cape Coast in Ghana, West Africa. She later served as project director and grant writer for the Archdiocese of Cape Coast, Ghana. At that time, Cardinal Turkson was the bishop of Cape Coast. Their friendship spanned decades continuing with his move to Rome in 2010. One would believe that the influence Liz has had on Cardinal Turkson is reflected in his writings on Mercy. The following is an excerpt from his recent presentation, "Care of Creation as a Work of Mercy" given at Villanova.

"Mercy derives from the Latin word *merces*—'reward' or 'gratuity.' But even more than gift, merit, grace, and the forgiveness of debts, mercy has a whole other meaning. 'Mercy' is often used to translate *miser cordia*, the Latin word for compassion, or, literally, 'having a heart for those who are miserable, poor, in need.' Here we speak of an emotional state of entering into someone else's plight and sharing in his burdens."

Having a heart for one in need is iconically Mercy. When health issues forced Liz to leave Ghana and return to St. Louis, she did not return willingly. In fact, she would often let it be known that she had wanted to be buried in Ghana. Leaving Ghana was very painful for Liz, and no one knows that better than Cardinal Turkson as he too responded to a call to serve at the Vatican and leave his beloved country.

During one of his U.S. trips, Cardinal Turkson scheduled time in St. Louis to visit with Liz; perhaps a Mercy response that was mutually beneficial. And now several years later, he returned to St. Louis without hesitation because, as we know so well, burying the dead is a corporal work of Mercy.

In “Care of Creation as a Work of Mercy”, Cardinal Turkson continues to reflect on mercy. He reflects

In the parable of the Prodigal Son, while the young good-for-nothing was still afar off, “his father saw him and was filled with compassion; he ran and put his arms around him and kissed him” (Lk 15:20). This kind of mercy or *miser cordia* wells up from within. It is like a spring forming in the depths and then welling up and flowing out and over.

Mercy “is a courtesy that graces our social interactions with a touch of kindness.” Cardinal Turkson’s kindness and compassionate response to the death of Sr. Liz Burns is worth telling, for such kindness wells up and flows out and over, touching the hearts of others. And truly, doesn’t this reflect one with a heart of Mercy?

Like Catherine McAuley, Liz Burns responded in faith to God’s Mercy, and she committed her life

to God as a Sister of Mercy. Throughout her life of service, Liz mediated God’s Mercy to a world in need. Without a doubt, Liz’s legacy will continue through the many people she touched, including Cardinal Peter Turkson.

We heard in the first reading Paul’s heartfelt expression of love and gratitude to the Philippians.

“I give thanks to my God at every remembrance of you, praying always with joy in my every prayer for all of you.” Such expressions of love flow from the heart of Mercy, welling up, flowing out and touching the hearts of others.

And so, Liz, as you continue on this journey into the mystery of God, please know that we will always be giving thanks as we remember you.

And in turn we trust that your spirit

will continue to be present, welling up, overflowing and touching our hearts with Mercy. Liz, may you rest in God’s peace. ♦

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to be present,  
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with Mercy.**

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## BOARD MEMBERS

The Mercy Association in Scripture and Theology publishes the MAST JOURNAL begun in 1991, three times a year. Members of the Editorial Board are: Sisters Eloise Rosenblatt, Editor, (West Midwest), Patricia Talone, (Mid-Atlantic), Marilyn King, (West Midwest), Aline Paris, (Northeast), Sharon Kerrigan, (West Midwest), Mary-Paula Cancienne, (Mid-Atlantic) and Prof. Jayme Hennessy (Salve Regina University).

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Ellen Smith, R.S.M. layout, and printing by Ministry of the Arts, La Grange Park, Illinois.

## *Discussion Questions*

**(Durcan)** If you have accompanied people in the last chapter of their lives, what characterizes your spiritual approach if the person is Catholic, and what is your approach if the person has not been practicing their faith, or is not Christian?

**(Haddad)** If you have familiarity with healthcare, what is the appalling condition of women's health in developing countries that Elizabeth Burns addressed? What treatment and care are routinely lacking to women outside the U.S.-- in what might be called "the missions"?

**(Kerrigan-Talone)** *All hospice is palliative care, but not all palliative care is hospice.* The community's Durable Power of Attorney (DPA) document seems to presume that a sister will not choose to prolong her life using extraordinary means. Does the definition of "extraordinary means" have a different interpretation if a patient goes on palliative care? Is "extraordinary" a time-bound term? What if "extraordinary" is now a more common medical practice?

**(King)** What health conditions might you expect to deal with, given your family history? What health issues that you've actually had, could you never have anticipated or compensated for? Does expectation or lack of it make a difference in your recovery?

**(O'Connell)** What were the circumstances that led to your diagnosis and surgery? What choices did you have to make about timing, place, and follow-up for medical intervention and treatment? What couldn't you choose? Did you feel empowered, overwhelmed, challenged, relieved, companioned, isolated, hopeful, depressed, calm and practical? What could you have never imagined you would face?

**(Schiratti)** What was interrupted in your life, your work, your relationships, when you got your diagnosis? Were doctors and staff sensitive? What inner resources—spiritual outlook, family background, work-history, education, help of friends--were particularly valuable in getting you through the long haul? Do you think the way women suffered this health challenge in the past is different from the way you suffered or coped with it?

**(Upton)** *The rites it contains presume that care of the sick is the responsibility of the whole community, although a priest presides at the sacrament of anointing of the sick itself. Even within the rite there are prayers for specific needs of the sick-- for those in extreme or terminal illness, in advanced age, before surgery, for a child or young person.* If you had an idea to plan a para-liturgical service at home to pray for healing and support of someone you know, what elements of the Rite could you incorporate?

**(Valenteen)** What feelings and concerns arose as you faced the changes you had to make, once you were diagnosed? How did you prepare and plan? What help was especially meaningful to you? How do you distinguish "cure" from "healing" and how would you describe what they mean for you now, on the "other side" of where you started?



***Shining Lamp: The Oral Instructions of Catherine McAuley***

**Mary C. Sullivan, R.S.M., Editor (The Catholic University of America Press, 2017), ISBN 978-0-8132-2926-3, pb. \$19.95.**

Review by Mary-Paula Cancienne, R.S.M., Ph.D.

We are, once again, grateful to Mary C. Sullivan, R.S.M., for her scholarly efforts to recover and present the history of the foundress of the Sisters of Mercy and the early history of Mercy's nascent community. This time her work focuses on the "Instructions" that Catherine gives to young novices during their novitiate year and as preparation for vows, as well as spiritual counsel and religious guidance she imparts to the sisters on other occasions and retreat days. This meticulously edited volume, with notes any research detective will appreciate, includes a history of how the various "Instructions," delivered in the 1830's, became a later compilation. Sullivan cross checks the material with shorter writings she calls "archetypes" that originated in convent collections, demonstrating how the sisters very purposefully and carefully took notes on Catherine's talks.

Sullivan's purpose is to offer scholars in many fields, as well as all those who are interested in Mercy, "the original inspiration of Catherine McAuley and her understanding of the Christian and religious life." She does this by recovering Catherine's own words, or as closely as those can be faithfully determined.

The text is divided into three main parts: 1) introduction and explanation of editorial methods; 2) the body of Instructions, itself divided into five chapters, along with editor's notes; and 3) Sullivan's own comments on the contemporary relevance of Catherine's teachings.

Sullivan contextualizes the "Instructions" in the midst of 18th-19th century European Catholic religious literature and thought, drawing lines of influence from particular authors, including several Jesuits. However, she also demonstrates the influence of many others, even Teresa of Avila. This contextualization is important to anyone reading the material because it locates Catherine within the broader continuum of Catholic spiritual literature. Writers in the tradition reflect the language of their time in describing a seeker's quest for God and how a relationship with God can be understood. Sullivan's project is useful because the "Instructions" can sometimes sound archaic and out of step with today's world. She helps the reader go beyond the language of the text and hear universal human struggles and desires, even cross-cultural longings, to grow in greater love of God and neighbor.

As Catherine's teachings unfold, she illuminates the vows. Sullivan notes that the "Instructions" do not focus on ministry. A dedication to service is already assumed, and there will be plenty of time for this later. Rather, the "Instructions" are aimed at preparing the sisters for the journey and giving nourishment to hearts that will sustain those efforts. The "Instructions" are about shaping the disposition of the person who responds to the call of Mercy. This is the heart of the "Instructions."

How does one realize the gift of a novitiate year, or a retreat day? These times are for focusing on the source and goal of the religious life-- the love of God, and how to imitate the life and teachings of Jesus Christ. That is, how do we become more like Jesus Christ, which focuses on the virtues and conduct of Jesus. How does he demonstrate humility, poverty of spirit, charity, and obedience?

Meditation is not enough. Catherine suggests that sisters use the daily examen to understand themselves. Then they commit to practicing the virtues, especially humility, poverty of spirit, chastity of desire for God, obedience--a particularly difficult challenge-- and charity as a way to foster union in community. It is notable that almost every one of the virtues that Catherine emphasizes and illuminates has been denigrated and sidelined in today's culture. But if Mercy continues to serve at the margins, this edition of the "Instructions" will be a gold mine to those translating the charism of the Sisters of Mercy in today's world, and assisting that charism to continue and flourish. ♦

## *Contributors*

**Genevieve Durcan, O.S.C.O.** has been a spiritual director for about 35 years, both at Our Lady of the Mississippi Abbey in Dubuque, Iowa and presently at The Laura in rural Kentucky where she resides. Her certification in spiritual direction is from Mercy Center in Burlingame, California. Subsequently she has participated in seminars and workshops in spirituality, spiritual direction, and theology.

**Sharon Kerrigan, R.S.M.** (West Midwest) holds a Ph.D. from the Graduate Theological Foundation, a D.Min. from Chicago Theological Seminary, and an M.A. from Loyola University. She has been a professor of social science and religious studies as well as an administrator in college and university settings. She has been an adjunct professor at St. Xavier University and System Director of Mission and Spirituality for Provena Health and Provena Senior Services. She is currently Assistant Administrator at Mercy Convent in Chicago, involved in the construction of the retirement center for Sisters of Mercy. She serves as a personal contact person for West-Midwest community members, and is also on the Editorial Board of the *MAST Journal*

**Marilyn King, R.S.M.** (West Midwest) has served as Director of Lifelong Formation and Education at St. Joseph Proto-Cathedral in Bardstown, Kentucky where her principal ministry is with Adult Faith Formation. She lives at The Laura, a place designed to balance ministry and prayer, community and solitude, and simple living among rural people. She received her doctorate from the Graduate Theological Union in Berkeley in the field of philosophical theology and spirituality. Her dissertation was on purity of heart as the central focus of Thomas Merton's spiritual theology. She is a frequent contributor to *The MAST Journal* and serves on its Editorial Board.

**Lisa O'Connell** is a writer and retired teacher, and innovator of teaching methods for elementary school students. A product of Catholic schools, she graduated from Loyola-Marymount University in Los Angeles and earned her teaching credential at University of California at Santa Barbara. She writes fiction, non-fiction, and screenplays. She lives with her family in Santa Barbara and recently completed a year's treatment for cancer at the Cancer Center of Santa Barbara.

**Claudette Schiratti, R.S.M.**, (West Midwest), holds a Master of Sacred Music Degree from the University of Kansas with concentration in organ, an M.M. in Piano Performance from Catholic University of America, and an AAGO Certificate (Associate American Guild of Organists). Her ministry has basically been as a liturgist/musician in parishes in Omaha, Nebraska, and the Greater Kansas City Metropolitan area. She retired from the Office of Worship of the Diocese of Kansas City-St. Joseph as Diocesan Director of Music. Currently she plays for services in Catholic and Protestant churches; four years, for a Reformed Jewish synagogue. She teaches organ and performs on piano and organ in ensembles. In her retirement, she also volunteers at the Kauffman Center for the Performing Arts, which houses one of the finest performing halls in the world, and at the KC Repertory theatre.



**Patricia A. Talone, R.S.M.** (Mid-Atlantic) recently retired after serving fifteen years as Vice-President Mission Services for the Catholic Health Association in the U.S.A., in St. Louis, Missouri. Prior to joining CHA, she served as VP for mission services and ethicist for Unity Health in St. Louis, a subsidiary of the Sisters of Mercy health system. She holds a B.A. from Gwynedd-Mercy College, an M.A. from St. Charles Seminary in Philadelphia, and a Ph.D. in theological ethics from Marquette University in Milwaukee, Wisconsin. She served as associate professor in humanities from 1988 to 1997 at Gwynedd. She has served on the boards of the Mid-America Transplant Services and the National Catholic Aids Network. She has authored numerous articles in health care and theological journals. She lectures both nationally and internationally on mission and health care ethics. She serves on the Editorial Board of *The MAST Journal*.

**Julia Upton, R.S.M.,** (Mid-Atlantic) is Provost Emerita and Distinguished Professor of Theology at St. John's University in New York where she has taught since 1979. She holds a Ph.D. in Theology from Fordham University and is Professor in the Department of Theology and Religious Studies at St. John's University (NY), where she has taught since 1979. Her most recent book, *Worship in Spirit and Truth: The Life and Legacy of H. A Reinhold*, was published by Liturgical Press in 2009. She is now working on a biography of liturgical artist and social activist Adé Bethune. She is the Subscription Manager for *The MAST Journal*.

**Marian Clare Valenteen, R.S.M.** (West Midwest) holds a B.A. in English through the University of San Francisco and an M.A. in Educational Administration through San Jose State University. She taught elementary and secondary grades for a decade, and was principal of three different Catholic elementary schools for a total of 28 years. Then she was Superintendent of Catholic schools in the Diocese of Stockton, northern California, for seven years. She had a six-year term on the regional leadership team of the former Burlingame Community. Since 2009, she has been an organizer of northern California consultation meetings, and is a member of the Conveners Council of the WMW Community.



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