

A. BASIC PATIENT DATA

Chaplain – Robert Baral

Patient – AB, 55+ year old widow

days in hospital – 4; length of visit – 40 min

Unit – medical/surgical

Religion – Protestant, no Church

Significant Others – daughter & multiple grandchildren @ home

Theme – “Helping People Find Solace & Hope in The Midst of Burdens:
Breaking Through The Feeling ‘FINE’ Line – ‘Feelings I’ll Never Explore’
& A Theology of Suffering.”

B. FACTS OF THE CASE

Patient AB admitted for shortness of breath due to pleural effusions, fluid also in the lungs and fluid buildup in the belly due to cirrhosis of the liver. Patient is a smoker. Patient has had several previous chest needle drainage procedures to relieve pleural effusion collection of fluid outside the lungs in the chest cavity. She underwent another chest needle drainage this morning. The patient plans to now go back home tonight against medical advice of her Doctor. The patient’s Nurse asked me to visit, perhaps hoping I would convince the lady to stay in hospital further.

C. BACKGROUND INFO

Mrs. B’s husband died just a few years ago of liver failure after severe suffering. The patient cared for him at their home until he died. She cries suddenly on and off when talking of him, then changes the subject back to her beloved many grandchildren at home. The patient’s only daughter is now in prison. Mrs. A has had legal and physical custody of her grandchildren, raising them by herself, with support from her sister, who is watching over them now in Mrs. B’s home. Patient A has not taken her medications for a year.

Mrs. B’s Doctor recommends a liver drainage catheter placement operation to relieve ongoing fluid buildup in her belly and chest due to ascites and pleural effusions caused by her liver problems. However, the patient A feels she can not take the chance of possibly dying or being incapacitated from surgery from either long term complications, nor even the expected time needed for short term recovery.

A feels the intense need to return home tonight to care for her several grandchildren, even though her sister is adequately caring for their physical needs now. In spite of the Doctor's and Nurse's opinions that Mrs. B is not physically ready for discharge, she insists on going home today after the procedure.

D. CHAPLAIN'S PREPARATION

As the patient A was occupied by other caregivers for a time, I briefly reviewed the chart before visiting, which I usually do not find needful. As the Nurse relayed, it was evident this lady was seriously ill. The patient was noncompliant to her Doctor's orders, not taking her medications for an entire year, and remained undecided about having the liver surgical procedure.

I became aware that I was sharing the concerns of the Nurse as a fellow Nurse. I felt anxious for the patient, concerned for her physical wellbeing, thinking in my mind what her Nursing discharge plan should ideally look like: "Patient will schedule surgical procedure before discharge, will be compliant to the Doctor's orders - as evidenced by taking her medications – and will call 911 if shortness of breath resumes, or else!"

It required self awareness for me to put these thoughts and feelings aside. I did not need this detailed medical and nursing information to be a Chaplain to this lady. Thinking in Nursing mode was comfortable, but distracting me from my pending mission here. I closed the chart, closed my eyes and prayed silently for GOD to give me a spirit of pastoral comfort and compassion for this lady. I confessed, "GOD, this lady doesn't need me to be another Nurse for her. Help me to be her Chaplain."

E. INITIAL OBSERVATIONS

This is a frail, elderly looking female. She appears aged beyond her years. She makes immediate eye contact with me. I offer her my hand. She looks tearful. She speaks full sentences per breath. She talks rapidly. There are no pictures at the bedside. There are no cards, children's drawings or other items of encouragement. No symbols of Faith either. It feels sterile, cold and alone to me. Mrs. B is very pleasant, emotionally warm and open to my offer of a visit.

F. THE VISIT

P = Patient AB; C = Chaplain

C1 – Hello Mrs. B? [Immediate eye contact]

P1 – Yes?

C2 – I am Bob, one of the hospital Chaplains. [I extend my hand]

P2 – [Pt takes my hand.]

C3 – I was talking to your Nurse, who asked me to drop in. Can I offer you some company?

P3 – Yes, certainly. I'm A.

C4 - [I move chair to pt's bedside and sit down]. And what brought you into our hospital, A?

P4 – I was short of breath. But I'm fine now.

C5 – I see. [I think, “Ma’am, you are ‘FINE’ as in ‘feelings I’ll Never Express!’” I can see she is winded at rest while speaking.] I’m glad to hear you’re breathing better. And what does the Doctor say is causing this?

P5 – I had fluid collecting in my chest, a ‘pleural effusion.’ I had a chest tap today and I’m doing fine now.

C6 – I see. [Again ‘FINE,’ – as in ‘Feelings I’m Not Exploring.’] You had fluid collecting in your chest and the ‘chest tap’ has helped you to breathe better now. You’ve had this before?

P6 – Oh, yes. I have liver cirrhosis. This was my 4th ‘chest tap.’ The fluid builds up in my belly and chest.

C7 – So this is an ongoing problem. [I am concerned for Mrs. B’s seeming nonchalance at having had 4 chest taps, the 4th just this morning. I think, “Mrs. B, you’re going to kill yourself if you go home now!]] And what are your plans now?

P7 – They want me to stay longer. But I have to get home tonight.

C8 – And who is waiting for you at home?

P8 – My many grandchildren. I have custody of them. They need me to be with them now.

C9 – You have your many grandchildren at home and you feel you need to be with them as soon as possible. [Now I understand why this lady feels she needs to be home so urgently. My feelings shift from worry for her through the Nurse’s eyes to seeing her worry for her grandchildren as devoted grandmother through the Mrs. B’s eyes.) Are they your son’s or daughter’s children?

P9 – My daughter’s. She’s in prison. [Patient explains briefly why her daughter is in prison. I recall feeling very sad for them all as she shared.]

C10 – I'm so sorry. That must be very difficult on you. [I feel I want to DO something to make everything better for them, but I know I can't. All I can "do" is "be" with this lady in the present as fully as possible.]

P10 – I'm the only one they have and I need to be home for them. I've been here long enough.

C11 – And who's taking care of them now at home? Do you have help from your children's father?

P11 – He's out of the picture. My sister is there. But my grandchildren need me to be home again.

C12 – It sounds like you do have some family helping you, that most of this is on your shoulders, but there are others that are stepping forward. [I wonder if this observation might slow this lady down to think about better self care. I think to myself with sarcasm, "Right! Like I'm an expert on good self care! Chaplain, heal thyself!"]

P12 – Yes. My sister does what she can. But she has her own life.

C13 – I can appreciate a little better your urgency to go home tonight. But are you well enough to go home tonight? What do your Doctor and Nurse say about these continuing pleural effusions? You said, "They want you to stay longer?" [I am consciously working to not impose my solutions on this lady. I feel admiration for this lady's love for her grandchildren. Passing thought - I wish I had such a grandparent like her when I was a kid!]

P13 – He wants me to have a shunt called "TIPS" put into my liver, so that I won't have all this fluid always building up. [Pt shows me a brochure on the procedure. ¹] I haven't decided. It could make me better or worse. I can't be laid up.

C14 – A, I hear that you're struggling with whether or not to have this procedure. And you're afraid that it might delay your return home to your grandchildren?

P14 – Maybe it will help or maybe it will kill me. Chaplain Bob, I can't take the chance. What if it kills me? Who will care for my grandkids?

¹ 1, "Transjugular Intrahepatic Portosystemic Shunt (TIPS)," THRCM. "...is a procedure to treat complications of severe liver disease by diverting blood away from the blood vessels in the liver. A needle is placed in the jugular vein in the right side of the neck to make a small hole. Needles and long, thin tubes called catheters can then be placed through the neck into veins in the liver. A needle is inserted to make a connection between a branch of the vein that carries blood to the liver (portal vein) and another vein in the liver. This channel is then expanded. A tube called a stent is inserted to allow blood to flow more easily through the liver. This tube is left in place..."

C15 – I see. That’s a tough choice. [Short silence. I offer my hand to Mrs. Mrs. B. She takes my hand and cries deeply. I let the time pass unhindered. I give her control. I am aware that I need to be careful not to slip into a “You should take better care of yourself” or “Here’s what you should do to fix these problems” mode. It’s her life and her family. Not mine.]

P15 – I’m sorry, Chaplain Bob, for crying. I need to be strong.

C16 – You don’t need to apologize for needing to cry. Your grandchildren are very important. What are the tears about? [I am aware this is a make or break question moment. Either Mrs. B will open up and face her “FINE” feelings or she will close off and go into bunker mode.]

P16 – My husband died a few years ago from liver failure. He died at home. He suffered so much. I took care of him until he died. I’m sorry for crying. [Patient A tries to stop her tears without success.] I have to be strong.

C17 – I’m so sorry for your loss. You don’t have to apologize to anyone for crying for your husband. That speaks of a deep love between you two. [I give the Mrs. B permission to cry again. I become slightly tearful in response.]

P17 – I guess I’m in denial. I never got over him dying. [Pt closes eyes. I continue to hold her hand. A Doctor comes into room. Mrs. B gives me permission to stay. The Doctor tells her that he is concerned with her going home tonight. Mrs. B but does not share with him why she feels she needs to be home immediately. The Doctor then exits.]

C18 – Your Doctor seems concerned for you. I hear your feelings that you want to be home tonight with your grandchildren. Do you feel you’re well enough to go home tonight? [I must not allow myself to be the instrument of the Nurse and Doctor. But I think it’s very reasonable to be this lady’s Advocate for her by asking her the question outright that she might not be able to ask herself.]

P18 – I’ve been through this before. I know how much I can do. I’ll come back to the hospital if I get short of breath again.

C19 – It sounds like it’s important for you to take care of yourself, so that you can continue to be there for your grandchildren.

P19 – I know I need to take better care of myself. I shouldn’t smoke. I haven’t taken any of my medicines for the last year.

C20 – And why haven’t you been taking your medicines for the last year? [I wonder if maybe this lady secretly wants to die so she can be with her husband in Heaven and escape these heavy burdens. This suspicion makes me afraid for her and her family. I wonder if I should just ask her this question outright. I decide not to, but to listen some more.]

P20 – I don't know. I've just been too busy. [Pt A closes her eyes and cries briefly again. I am holding her hand. Long silence.] I know I should take better care of myself.

C21 – And in taking care of yourself, it sounds like you do have others here to help you, like your sister. Taking care of yourself also means giving yourself permission to find safe people and spaces to grieve over your husband's death. Taking care of yourself might also mean asking others for more help and not being "strong" all the time. And it might mean getting this surgical procedure done, or at least a second opinion.

P21 – My sister does what she can. [Pt shares further...]

C22 – Do you and your sister have other support, other family, a Faith community? [Maybe there's someone I can call to support this lady in some way. Maybe I should be asking more of how she feels and stop looking for a way to help fix her life? No, that is not fixing. That is being her Advocate for her when she can't right now. Both are part of pastoral care.]

P22 – I have Faith. My Faith gets me through. I don't have a Church now. But my family does. I'm Protestant. My other family is Catholic. [I think, she should see the religious mix of my family!]

C23 – Do you find some support there, in your family's Church?

P23 – Yes. When I need it. The Priest comes to visit us at home.

C24 – [I think to myself, "Mrs. B, you certainly need it now! But it doesn't sound like you're getting that support because you haven't asked."]

A, I wonder if this might be a time when you should reach out for more support from your family and your family's Church?

P24 – I'll call them tonight when I get home. But I absolutely need to go home tonight. My grandchildren need me.

C25 – [She is determined to go home tonight. It's not my place to tell her not to. I don't need to be yet another voice telling her she should not. She already knows that. I need to listen with empathetic ears.] Yes. I hear that they need you very much. And I think they need you to take better care of yourself. Your daughter and grandchildren are very blessed to have you here for them. [The Nurse comes in check on the patient and give medications. The Nurse suggests Mrs. B delay her discharge home to at least see one of our Social Workers for possible outside help for herself and her grandchildren. She declines. The Nurse leaves clearly frustrated. This was the Nurse's last attempt to dissuade the lady from going home now.]

P25 – I need to get ready now to go home. Thank you so much for talking with me. I need to call home. Chaplain Bob, would you say a prayer?

C26 – A, I am very happy to have been able to be here with you tonight. I appreciate all you've shared with me. I want you to know we have a grief

support group at our hospital that might be helpful for you. I will give you that information. But let us pray now.

P26 – [Pt nods “Yes.” Mrs. B closes her eyes.]

C27 - [I take her hand again. I read from PSALM 56. I pray over all the concerns and burdens Mrs. B has shared with me, that she may know that she has been heard by another human being and, more importantly, by GOD: for her health and better self care; for guidance on this possible surgical procedure; for grief over her beloved husband’s illness and death; for strength and guidance as she continues to care for her grandchildren; for deliverance and release from prison of her daughter; for thanksgiving for her sister’s help; for being able to ask for more help from family and Church; for her tears. We end together with The Our Father, which she says with me.]

PSALM 56:3-11

³ Whenever I am afraid, I will trust in You.

⁴ In GOD (I will praise His Word), In GOD I have put my trust; I will not fear. What can flesh do to me?

⁸ You number my wanderings; Put my tears into Your bottle; Are they not in Your Book?

⁹ When I cry out to You, Then... [the adversary] will turn back; This I know, because GOD is for me.

¹⁰ In GOD (I will praise His Word), In The LORD (I will praise His Word),

¹¹ In GOD I have put my trust; I will not be afraid... ²

P27 – [Pt opens her eyes. Good eye contact. She is tearful. I am still holding her hand. We smile at each other. She is much calmer now.]

Thank you for being here with me, Chaplain Bob!

C28 – You are so welcome, A! [I am going to respect the lady’s decision and her need to end our visit, so that she can get ready to go home now.]

Thank you for letting me be with you. [I give her my card and information about our hospital grief support group.] Please have the Nurse page us any time you’re back in hospital and you need us. [I exit.]

² 2, NKJV, PSALM 56:3-11.

G. PATIENT-FAMILY MEMBER'S EXPRESSED CONCERNS

1. Patient gave permission for me to visit; 2. feels intense need to go home tonight to be with her grandchildren and resume caring for them; 3. fears having liver drainage tube placement operation may cause her death, or lead to prolonged hospitalization, and will in any case delay her return home to care for her grandchildren;

4. cries when talking of beloved deceased husband, his suffering and death, changes the subject, does not allow herself to cry for very long, admits she hasn't grieved his death adequately; 5. acknowledges that she is not taking good care of herself, and that she needs to do so, so she can be there for her grandchildren; 6. downplays the serious nature of her medical condition; gives lip service to the staff's concern that she return immediately via the Emergency Room if she becomes short of breath again.

H. YOUR SPIRITUAL ASSESSMENT

1. Patient fears that she will die soon, and worries what will happen to her beloved grandchildren; 2. despondent re her only daughter being in prison; 3. suppressing her deep grief over her husband's death, feeling this would interfere with her 'being strong' for her grandchildren; 4. fears that allowing herself to grieve her husband's death fully would cause her to relive his prolonged suffering and death from liver failure;

5. Patient fears she will eventually endure the same suffering and death from liver failure, and that having needed surgery might actually bring this about; 6. feels overwhelmed and alone re multiple family burdens; 7. prays to GOD for help, wonders why He has not intervened in the midst of so much suffering; 8. recognizes noncompliance to Doctor's orders for the last year is potentially lethal, but may subconsciously view death as a welcomed escape; 9. feels distant to GOD's Goodness and Love, and has distanced herself from The Church.

I. PASTORAL SPIRITUAL CARE PROVIDED

1. Empathetic listening; 2. therapeutic touch by holding hand; 3. non-judgmental pastoral presence; 4. reflected back patient's burdens and worries so she knew she was heard; 5. encouraged patient to express her feelings, fears, grief and "Why, GOD?" questions; 6. helped patient begin to talk about why she feels the way she does;

7. facilitated patient giving herself permission to grieve her husband's death more fully and identified grief support resource; 8. affirmed to patient she has a right to cry if she needs to; 9. supportive quiet pastoral presence as Doctor and Nurse came in to discuss risks of going home now; 10. helped patient identify other people she could mobilize to lessen her burdens;

11. encouraged patient to verbalize the consequences to her daughter and grandchildren if she does not take better care of herself and does not follow her Doctor's orders; 12. facilitated insight into better self care; 13. used Scripture and prayed with patient when requested to lift up all her concerns to GOD; 14. give assurance that her story has been heard, not only by me her Chaplain for that time, but most vitally by The LORD.

J. OBSERVED OUTCOME

1. Patient freely shared multiple concerns; 2. Patient appreciated her worries and feelings being acknowledged; 3. Patient began to explore her feelings, grief and "Why, GOD?" questions; 4. Patient shared about the terrible pain of seeing her husband suffer and die, and the burden of caring for him at home; 5. Patient shared that she feared suffering and dying in the same way as her beloved husband; 6. Patient allowed herself to cry several times over loss of her husband;

7. Patient shared with me her fears of having versus not having the recommended surgical procedure; 8. Patient felt less desperate with realization that there are more people in her life she could seek more help from; 9. Patient became more peaceful during Scripture reading and prayer, joining me in saying The Our Father; 10. Patient verbalized that she needed to take better care of herself, and committed to asking for more help from family and Church; 10. Patient accepted resource information on grief support resources; 11. Patient seemed calmer and expressed thanks for Chaplain visit.

K. SPIRITUAL ASSESSMENT USING MOUNT CARMEL MODEL ³

Faith – Patient is Protestant, no Church now; family is Catholic, does have Church, which patient sometimes finds some support in. That she is unable to embrace Catholic Faith, and retains Protestant Faith, is a barrier to her receiving fuller support from family and family's Church. Believes in GOD, but feels distant from The Divine. Has Faith that she can take care of all the problems in her family, if only she can remain strong enough.

Meaning – Patient is unable to find meaning in the many tragedies in her life: the prolonged suffering and death of her husband from liver failure, for whom she cared for at home; denying herself the luxury of grieving the death of her husband; that her daughter is in prison; the absence of the father of her grandchildren from their lives; fear that she might suffer and die from liver failure in a similar terrible way to her husband; being non-compliant to her Doctor's orders, poor self care and being undecided about receiving liver "TIPS" medical procedure. Patient copes with absence of meaning in these personal and family tragedies by keeping busy caring for her grandchildren to the point of total self-sacrifice, does not see how GOD is working in midst of these calamities.

Hope – Patient's life vocation is giving herself for the care of her many grandchildren, whom she has physical and legal custody of. Her hope is to continue to live, and be healthy enough to accomplish this task, until her daughter is released from prison and resumes custody and care of the children. Paradoxically, patient admits she is not taking adequate care of herself physically, has not taken her medications for one year, is still smoking, and seems ambivalent re accepting placement of liver drainage system. This may reflect a very deep level of despair, a subconscious feeling that death would be better than to continue to live under so many seemingly hopeless burdens.

³ 3, "The Mount Carmel Model for Spiritual Assessment – Meaning Making; Sustaining Hope; Community Support; Concept of GOD." Chaplain's Orientation Manual, THRCM, p 12.

Support – Patient feels distant to family’s Church, partly because she is Protestant and The Church is Catholic. Patient knows there is help and support available there, but for this and other undisclosed reasons, does not feel she can ask for that support. She reports the only support person she can rely on to some degree is her sister, but this is limited, as “she has her own life.” Patient admits that her sister is reliable and helpful enough to be caring for her grandchildren in her absence, now for 5 days. She declines staff offer to be seen by Social Worker to see what assistance might be available for her and her family.

L. A THEOLOGY OF SUFFERING OFFERED UP IN CHRIST

The question of human suffering, and the silence that often immediately answers the “Why, GOD?” questions, is always pressing on me. David repeats Moses in PSALM 85:15, “But You, Lord, are a merciful and gracious GOD, slow to anger, most loving and true.”⁴ And in PSALM 100:5, we read “Good indeed is The LORD, Whose love endures forever, Whose faithfulness lasts through every age.”⁵

Saint John writes in I JOHN 4:8, “...GOD is love.”⁶ Saint Paul writes in EPHESIANS 5:25 that The Father loves mankind so much, that He gave up The Son to redeem His people from sin, death and separation from Him. In The Sacrament of Marriage, we have a picture of sacrificial, covenantal Love, “Husbands, love your wives, even as CHRIST loved The Church and handed Himself over for Her.”⁷

How to make sense of human suffering, knowing that GOD is, and that He is Perfect Goodness and Love? The clearest answer is to be seen at The Cross, where The Divine Love Incarnate suffered and died on our behalf, that we might live again in Him. The hope of Faith lies in knowing that GOD understands human suffering, and opens His heart to us because He suffered in His Passion on our behalf as one of us.

⁴ 4, NAB, PSALM 85:15.

⁵ 4, NAB, PSALM 100:5.

⁶ 4, NAB, I JOHN 4:8.

⁷ 4, NAB, EPHESIANS 5:25.

Isaiah foresaw this in ISAIAH 53:4-5 in The Son of GOD as The Suffering Servant, “Yet it was our infirmities that He bore, our sufferings that He endured, While we thought of Him as stricken, as one smitten by GOD and afflicted. But He was pierced for our offenses, crushed for our sins, Upon Him was the chastisement that makes us whole, by His stripes we were healed.”⁸

Saint John answers in JOHN 3:16-17, “For GOD so loved the world that He gave His only Son, so that everyone who believes in Him might not perish but might have eternal life. For GOD did not send His Son into the world to condemn the world, but that the world might be saved through Him.” GOD knows what our suffering is because His Son suffered for us. He allowed This Suffering for us because of His Love for us.

The Lord explains further in JOHN 15:12-14 the nature of His union with us, “This is My Commandment: love one another as I love you. No one has greater love than this, to lay down one's life for one's friends. You are My friends if you do what I command you.” In Love, CHRIST gave Himself in our place to suffer and die for us.

This is Total, self-giving Love, given so that man may be in fellowship with GOD, the barrier of sin being put to death. Therefore, GOD knows face to face what our suffering is, not only because He is our Creator and Sustainer, but also because He is our Redeemer. And when we are in CHRIST as part of His Body The Church, our suffering takes on new meaning. Then we may know that GOD knows our suffering, not only from a distance, but also intimately.

The Catechism of The Catholic Church states, “By giving up His own Son for our sins, GOD manifests that His plan for us is one of Benevolent Love, prior to any merit on our part: ‘In this is Love, not that we loved GOD but that He loved us and sent His Son to be The Expiation for our sins.’ [I JOHN 4:10] GOD ‘shows His love for us in that while we were yet sinners CHRIST died for us.’ [ROMANS 5:8]”⁹

⁸ 4, NAB, ISAIAH 53:4-5.

⁹ 5, CCC, # 604.

Matthew Henry comments on I JOHN 4:9-10 on The Father's Mercy and Love for us at The Cross, that "...He loved us, when we had no love for Him, when we lay in our guilt, misery, and blood, when we were undeserving, ill-deserving, polluted, and unclean, and wanted to be washed from our sins in Sacred Blood. That He gave us His Son for such service and such an end. (1.) For such service, to be the propitiation for our sins; consequently to die for us, to die under The Law and curse of GOD, to bear our sins in His Own Body, to be crucified, to be wounded in His soul, and pierced in His side, to be dead and buried for us (v. 10); and then,..."

"(2.) For such an end, for such a good and beneficial end to us - that we might live through Him (v. 9), might live for ever through Him, might live in Heaven, live with GOD, and live in Eternal Glory and Blessedness with Him and through Him: O what Love is here!"¹⁰ By GOD's Love, the satisfaction for our sins required by GOD's Justice is paid for and satisfied by The Suffering of The Saviour on our behalf.

The Catechism admits frankly, "...The world we live in often seems very far from The One promised us by Faith. Our experiences of evil and suffering, injustice and death, seem to contradict The Good News; they can shake Faith and become a temptation against it."¹¹

But it is especially in the midst of such suffering, where our human understanding is bereft of answers to the cry of our souls, "Why, GOD?" that we are called and may take refuge in Faith. We can not know all, or even part, of the answers. But we may trust in The One Who knows all, and in His steadfast Mercy and Love, confessing with David in PSALM 25:1-2, "I wait for you, O LORD; I lift up my soul to my GOD. In you I trust; do not let me be disgraced...!"¹²

¹⁰ 6, Matthew Henry Notes, I JOHN 4, Verses 7-13, II., 3-4.

¹¹ 5, CCC, # 164.

¹² 4, NAB, PSALM 25:1-2.

The Catechism answers hopefully, “It is then we must turn to The Witnesses of Faith: to Abraham, who ‘in hope... believed against hope’ [ROMANS 4:18]; to The Virgin Mary, Who, in ‘Her pilgrimage of Faith,’ walked into the ‘night of Faith’ in sharing the darkness of her Son’s suffering and death; [quoting Pope John Paul II]; and so to many others: ‘Therefore, since we are surrounded by so great a cloud of witnesses, let us also lay aside every weight, and sin which clings so closely, and let us run with perseverance the race that is set before us, looking to JESUS, The Pioneer and Perfecter of our Faith!’ [HEBREWS 12:1-2].”¹³

Why suffering comes upon men is often not immediately, or even distantly, clear. But safe within The Body of CHRIST – The Church – we may have Faith in CHRIST our Head, for He has endured The Suffering necessary to make us His Own. And in Him our Ultimate End, to dwell within The Land promised to our forefather Abraham in Faith, our lives and souls are secure. Suffering offered up to GOD connects us more closely with Him, others, creation and ourselves. Joining to CHRIST’s suffering, we take part in the redemption of the world and of souls, even our own.

Therefore, with David, we may pray in confidence in PSALM 25:5-7, “Guide me in Your Truth and teach me, for You are GOD my Savior. For You I wait all the long day, because of Your goodness, LORD. Remember your compassion and love, O LORD; for they are ages old. Remember no more the sins of my youth; remember me only in light of Your Love!”¹⁴

¹³ 5, CCC, # 165.

¹⁴ 4, NAB, PSALM 25:5-7.

J. REFERENCES

1. “Transjugular Intrahepatic Portosystemic Shunt (TIPS.)” The Reading Hospital Medical Center, West Reading, Pennsylvania. Retrieved 12/19/2008.
<http://www.readinghospital.org/HealthADAM/Content.asp?PageID=ADM003502>
2. “New King James Version” Bible. <https://www.biblegateway.com>.
3. “Chaplaincy Services Department, Chaplain’s Orientation Manual,” The Reading Hospital Medical Center, West Reading, Pennsylvania, 2008.
4. “New American Bible.” Bible Works 7. Bible Works, LLC. Norfolk, Virginia. 2006.
5. “Catechism of The Catholic Church.” United States Catholic Conference. Doubleday of Random House, Inc. New York, London, Toronto, Sydney, Auckland. 1995.
6. “Matthew Henry Notes.” Bible Works 7. Bible Works, LLC. Norfolk, Virginia. 2006.