

UNDER THE RIMS

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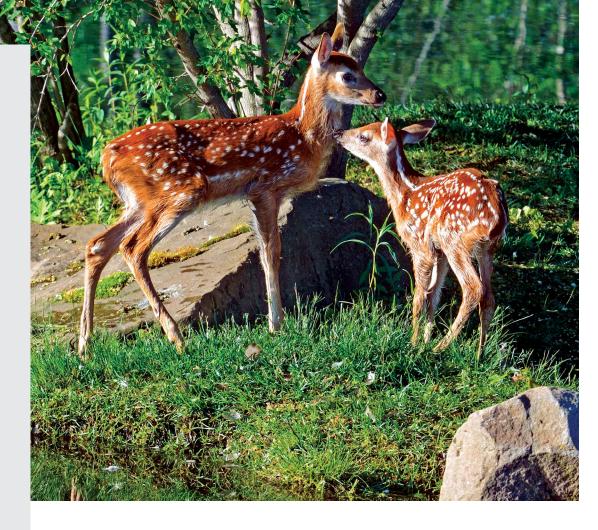


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ABIDING & ADAPTING The Gift of Hope



May the God of hope fill you with all joy and peace in believing, so that you may abound in hope by the power of the Holy Spirit. Romans 15:13

HOPE IS A VALUED GIFT. WITHIN the Christian religious tradition, hope has to do with trust – trust that no matter what life delivers or does not deliver, that we are forever secure in God's graceful keeping.

Hope is something more than wishing. Hope is something more than wanting. Hope is something different than optimism.

The Dutch theologian, Henri Nouwen, shares these thoughts: "Optimism is the expectation that things: the weather, human relationships, the economy, the political situation, and so on will get better. Optimism is an expectation of future events going your way. Hope is the trust that God will fulfill God's promises

hands."

One of the realities that comes to light as we age and mature is life's apparent paradoxical nature. That is, our days on earth are a mix of joy and sorrow, sickness and health, good and bad, easy and difficult, birth and death for every person. Of course, we prefer to skip the sorrow, sickness, bad, difficult, and death experiences. We desire the positives. The reality is, though, that life can be difficult. Life is also fragile.

When a microscopic virus surfaced last year to spawn a pandemic and cause the death of so many people, the fragility of life became more evident. In the face of such fragility, hope is a gift that helps people to advance forward in daily living without succumbing to despair.

Within this issue of Echoes are four articles that orbit around themes of hope, healing, and discovery. Our Director of Pastoral Care, Karl Guhn, offers story about a 97-year-old resident and tells how hope abounds through loving care provided by St. John's United. Rachel Simonson

to us in a way that leads us to true freedom. The optimist speaks about concrete changes in the future. The person of hope lives in the moment with the belief and trust that all of life is in good writes more specifically about how hope is present through compassionate services offered by the St. John's United Hospice team. Carissa Welsh offers illuminating information about the science of human trauma and how trauma holds potential to be an opportunity for personal exploration and growth. Lastly, I summarize perspectives of hope and learning shared by three residents and two employees in the wake of the pandemic.

As you look back on the past year, what have been your experiences with hope, healing, discovery, and personal growth?

Rev. Dr. Tom Schlotterback VP of Mission Advancement

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A GUIDING VALUE

HOPE IS A VERB. HOWEVER, WE really should call it a future tense verb form. Hope always looks forward. It is a positive expectation for a future outcome. If one takes a moment to think about it, it might be surprising that along with our values of dignity and love, we include hope. At St. John's, we provide living opportunities within nurturing environments of *hope*, dignity, and love.

St. John's is diverse enough that we know the value of hope easily applies to a number of our programs. Our childcare, transitional care and adoption agency are programs where hope fits naturally in the work of St. John's. However, hope was defined as a guiding value before any of those programs existed. How do we understand hope in the realm of skilled nursing? How do we reflect hope when the aging process is rapidly taking control of someone's life?

There is a story I tell about a 97-year-old elder who died some years ago. She began life at St. John's in our independent living facility. After a number of years there, she moved to one of our assisted living units for additional support and care. I think she was there about two years when she moved to one of our skilled nursing units. On a day when she suddenly showed a significant decline, nursing called to let me know. It might be a couple of days, the nurse told me, or a week, but death was not far away.

I stopped to visit her that day and found her sitting up in her recliner. As we visited, I asked her if anything felt unfinished, if there was anything else she wanted or needed to do. She reflected in silence for a bit and then responded, "Well there is more I would like to do, but this body is about done." She said it without regret, without anger, without anxiety. She smiled after saying it. We spoke for a bit more. I offered prayer. Then we ended our visit. She died three hours later - a quiet and peaceful passing.

Hope, for this kind and softspoken elder, had taken the form of a promise made to her when she moved to the St. John's campus. When she would need additional support, it would be there. When she needed almost total care, it would be there. When it came time for her body to be finished, we would be there to walk with her. All her hopes were realized every step of her journey here at St. John's. She never found herself abandoned, forgotten, or ignored. Our care surrounded her every moment of her time here.

This is the active form of hope. Hope was always present to her and for her. Hope led the way in her aging process. Hope does not extinguish aging, illness, or death. Hope exists in the caring that St. John's provides for every person who is part of our services. Whether it is a CNA, a maintenance worker, a food service worker, a chaplain, a social worker, a CEO, a childcare provider, a rehabilitation specialist, or any of countless other disciplines and people involved in elder care, we are all part of a chain of hope that shines a light on the pathway forward.

Together with dignity and love, hope is in our care, even in death. No one walks alone here and no one dies alone here. It is important to understand that hope is not for an endless life without pain. This would be a fairy tale wish. Hope takes place within the crucible of life itself. Hope is part of the process of offering the best quality of life for everyone who lives here. A life full of dignity and love is a life full of hope. Through our faith, we know that death does not represent an end, so even in death comes the hope of a future within the embrace of the source of all love.

Moreover, when you dear reader, are part of St. John's through volunteering, lifting us up in prayer, or contributing financial resource, you are part of that chain of hope. It means that no elder journeys without hope throughout his or her time with us. Thank you for being part of an abiding hope at St. John's.

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I HOPE.

I HAVE HOPE.

UNTIL THE END OF OUR DAYS, humans express deep desires and expectations. Beginnings bring out hopefulness – births, graduations, marriages, etc. But can endings be hopeful as well? When the number of our days grows shorter, can hope still be found?

The answer, according to the St. John's United Home Health and Hospice team, is most certainly yes. Acknowledging that the word hospice doesn't automatically resonate with hope for most people, the SJU team works diligently to dispel the many myths about hospice. "Hospice does not mean the end," says Rita Cady, St. John's Hospice Outreach Coordinator. "My mom lived one year – a good year – with the help of a great hospice team."

First and foremost, hospice is not about giving up; rather it is a shift from the curative nature of health care to comfort care for as much time as one has left. In his book *Being Mortal*, Dr. Atul Gawande speaks of seeking to achieve the best day possible when the number of one's days becomes short, even if that means simply enjoying a bowl of ice cream or watching a sporting event on television. Hospice enables patients to live each day to the fullest.

When asked what troubles them about hospice myths, the I6-member SJU team are in full agreement – people wait too long to begin hospice care. The reasons are many: not wanting to disappoint family members or health care providers, not wanting to be perceived as giving up, acknowledging that life is finite. All good reasons. However, when people wait too long to enter hospice care, they are not able to take full advantage of the wide range services available to them and their families. The unfortunate result of waiting too long is that a person's final days are focused on death rather than life.

Finding Hope in Daily Goals

Dispelling the myth that entering hospice care signifies the end, consider this: As a practical matter, Medicare covers the cost of hospice for six months and a patient can be recertified beyond that period if needed, meaning that death need not be imminent when first electing to use hospice services. The intent of hospice is to manage, and be in control of, end-of-life matters.

Many hospice patients live well beyond their medical prognosis, perhaps attributable to the shift in focus from medical treatment of a disease to palliative comfort care for the whole person. Patients report almost immediate relief once curative treatments are stopped and they settle in to a more relaxed daily existence. Side effects from medications cease, as does the routine poking and prodding involved with medical treatment. Some patients even "graduate" from hospice care due to an unexpected period of recovery or restored health.

Living each day intentionally becomes a primary goal of the care team. Hospice recipients are supported by the care team to achieve daily goals both large and small - such as a bucket list travel goal or regaining enough strength to walk unassisted. Other goals are more existential in nature. St. John's Hospice chaplain Pastor Elizabeth Liggett works to guide those who are seeking spiritual clarity. "My work with hospice patients goes well beyond faith and religion," says Liggett. "It has been my experience that people find themselves wondering if and how their lives mattered. Many achieve a holistic understanding of life and death, and that acceptance helps the end to be better."

Finding Hope in Family Support

Strengthening, repairing, or giving closure to family relationships can be the most hope-giving elements of hospice care. The hospice team is there to provide support not only for the patient, but for the entire family. Bereavement and grief support are in place following the patient's death and for many



ST. JOHN'S UNITED HOSPICE TEAM *Photo includes, left to right:* Raschelle Adams, Teresa Huller, Chelsey Schneiter, Cindy Stubbs, Shara Brookie, Josh Bureau, Anna Carroll, Mindy Hurd, Joyce Ostermiller, Saundra Barnhart, Ariel Dehart, Shawna McCoskery, Brooke Rviera, Dr. Michael Temporal, Rhonnie Beauchamp, Elizabeth Liggett

patients, knowing that their loved ones will be supported in their absence brings peace. St. John's Hospice Social Worker Shawna McCoskery stresses that the family support aspect of hospice is as important as patient support. "Family members tell us things that they can't tell others as they begin the grieving process. Oftentimes, they feel that we are the only ones they can cry with. Our team is there with resources to support the grief journey in the year following their loved one's death."

Upon witnessing the care that her father received while on hospice, St. John's Hospice Health Information Coordinator Joyce Ostermiller made a life changing decision regarding her work. "I spent years going through the motions at a previous job until I realized that I was meant to find more meaning and purpose in my work. Through prayer and reflection, I was led to St. John's United." As the families' first point of contact with St. John's Hospice, Ostermiller is an integral part of the team striving to make a difference in the lives of those families. Because where there is life, there is hope. 🗇

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THE SCIENCE OF TRAUMA

As the physical barriers that stood as sentinels surrounding the St. John's campus for the last 15 months were taken down and Summer Concert posters began to displace Visitor Restriction signage on doors, the world appeared to be getting back to "normal." Mask restrictions have been lifted in non-healthcare businesses and many appear to have resumed pre-COVID activities with vigor. However, for some, the transition to life as we knew it has been more difficult. The anxieties of the past - the fears, the losses, and the trauma - are still fresh.

Researchers at the University of Milan have been studying the effect of the impacts of everyday collective trauma that the COVID-19 pandemic had on society. While the experiences of each individual are different, studies revealed common themes: high stakes decision fatigue, traumatic grief and bereavement, loss of roles/self, and social despair and division.

High stakes decision fatigue was experienced by all as we were faced with the unknowns of how to prevent and contain the virus, as well as how deadly the virus actually was. The most intense high stakes decision fatigue was seen in the healthcare field. Especially early in the days of the pandemic, healthcare workers were forced to make rapid life and death decisions, often with inadequate resources and scientific evidence to back up best practices.

Trudi Paulson, LCSW, Director of Family Services at St. John's United, noted that in her practice, COVID added an additional layer of stress for her clients. "It was unusual to have a conversation where we didn't talk about

"Although the world is full of suffering, it is also full of the overcoming of it."

– Helen Keller

COVID." Conversations about increased anxiety, depression and use of alcohol due to social isolation were common for Mike Nichols, LCSW for SJU.

Paulson noted more frequent issues with complicated grief: a disorder when an individual cannot escape feeling lost, alone, and devastated for a prolonged period of time in a way that affects their daily functioning. Because people were unable to gain closure in the traditional ways - attending the death of their loved ones, saying last goodbyes or having a funeral – for many, grief persisted. For the older adults seen in Nichols' and Paulson's practice, the primary challenges were related to physical isolation, not understanding why they had to be isolated, and feelings of powerlessness.

Melissa Pereau, leading psychiatrist and medical director at Loma Linda University Behavioral Health, asserts that post-pandemic, collective trauma will evolve into a global issue. "When felt on the community level, people may question the identity or even future of their society as a whole." Paulson notes that while we are all going through a similar experience — the global COVID crisis — that not all experiences are the same. "We are in the same storm," says Paulson, "but we are all in different boats." As such, each individual will have their own level of trauma and experience of overcoming it.

Considering the variation of individual experiences — healthcare workers still dealing with tragedy and fatigue; older adults who experienced extended isolation; and the collective trauma of the year the world "lost" — what is there to gain? Can things go back normal? Can there be a new normal where people and society evolve into something better? Richard G. Tedeschi, PhD, is a professor of psychological science at the University of North Carolina at Charlotte, says YES.

Reflecting on the long term effects of the pandemic, he writes, "We've learned that negative experiences can spur positive change, including a recognition of personal strength, the exploration of new possibilities, improved relationships, a greater appreciation for life, and spiritual growth." This phenomenon is called post-traumatic growth.

Early humans instinctively knew



this, and traumatic initiation rites became a critical event to mark the passage from youth into adulthood. These initiation rites often forced community members into experiences of physical and mental trials in order to set the stage for profound spiritual transformations. Completing one of these trials meant the individual was an adult in the culture, and closer to or having reached spiritual enlightenment.

Paulson and Nichols have both witnessed positive transformation within their practices. "Clients have come up with creative ways to grieve, to connect with family members, and to learn new skills.' Tedeshi says that we don't need to reinstate initiation rites that involved surviving in the desert alone for three days. "Posttraumatic growth often happens naturally, without psychotherapy or other formal intervention," He says, "and it can be facilitated in five ways: through education, emotional regulation, disclosure, narrative development, and service."

continued on next page

First, learn about what caused the trauma and the disruption to your core belief system, then focus on observing the emotions that emerge as a result. Mindfulness is an ideal method of working through both parts of trauma and "everyone has the ability to be introspective," says Paulson. What emotions are you feeling? What bodily sensations accompany these emotions?

Disclosure is the third step. Find someone to talk to, be it a professional, a close friend or family member. Tedeshi says, "Start by speaking openly about your own struggles and how you are managing the uncertainty. You can then invite others to tell their stories, and listen attentively as they locate their difficulties and come to terms with how their challenges and losses compare with those of others."

Disclosure leads to creating a narrative. Paulson says it can be helpful to ask yourself questions such as, What would I do again?

How did I help others? How did someone help me? What do I want to remember about this experience? How can these hardships lead to a better future?

Finally, examine how you can use this knowledge to be of service. Large scale examples include foundations and non-profits organized in honor of a victim of a traumatic event. Nichols notes that service does not have to be a national effort to be effective. It can be as simple as identifying your strengths and using them to help a person in need. Maybe you will use your witty sense of humor or a sincere, listening ear to brighten the day of a friend. Maybe your able body will do some yard work for a sick neighbor. Or maybe you identify a community need post-COVID and get involved. The possibilities are endless.

Sharon Salzberg, New York Times best-selling author and teacher of Buddhist meditation,

wisely said, "Someone who has experienced trauma also has gifts to offer all of us – in their depth, their knowledge of our universal vulnerability, and their experience of the power of compassion." "Trauma can be a teacher if you let it," says Paulson. "And when we take the time to process and grieve, we can truly see how far we've come." 夺

SOURCES

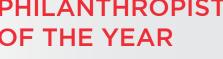
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PHILANTHROPIST **OF THE YEAR**





Stan Hill

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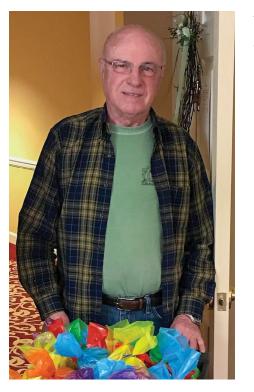
MARCH 11, 2021 MARKED one year since COVID-19 was officially declared a pandemic by the World Health Organization. While those many months were fraught with challenges, stress, isolation, loss, and adversity for people of all nations, there have also been remarkable stories of human resilience, ingenuity, and hope that arose. Some of those stories of resilience and hope are found within St. John's United communities among residents and employed staff.

Five individuals were recently invited to tell about some of their experiences with change, loss, and adversity this past year. They were also invited to speak about their sense of resilience, purpose, learning, and hope. Three are residents and two are employed staff.

Susan and Arnold Clark

Susan and Arnold Clark have lived within Mission Ridge for two years. Both express gratefulness for their beautiful apartment and the lifestyle they enjoy. Although Susan and Arnold are naturally positive and adaptive people, they acknowledged that the pandemic prompted losses.

One loss was the freedom to come and go and to gather with other residents in public as they would like. Another loss was not being able to see people smile, due to the presence of protective masks. Susan came to appreciate how much the simple gift of a smile or a hug means to people, especially when human touch was discouraged. A neighboring resident remarked to Susan one day, "I haven't had a hug in six months." "That reality was very hard on people," Susan said. "So, I began to knock on doors and invite them to sit in chairs across the hallways from one another so that we could visit and offer support. That became important to us all."



Another positive action that Susan took during the pandemic was to bake cookies for all the residents within Mission Ridge. "I first made cookies at Easter and placed them into bags. Arnold delivered the cookies. This became a really big deal to people, so I still continue to bake and bag cookies for residents within Mission Ridge once a month."

While Arnold has enjoyed delivering cookies to their neighbors, what really has kept his spirits high and hope unfading during the pandemic is volunteering time and expertise trimming trees and shrubs. Once the St. John's Grounds staff recognized how able and willing Arnold was with such work, they invited him to go at it whenever he wanted. They also affectionately and appreciatively began referring to him as "the Beaver."

Isabel Nelson



Isabel Nelson has been a resident at WyndStone since June, 2018. She acknowledges that the pandemic was both daunting and challenging for her and her neighbors. "The biggest loss," Isabel says, "was not being able to be with family and friends. We all missed the hugs. Also, having to stay put in our apartments for so much of the time was hard. But I will say, this is a good place to have to stay put."

When asked what strengthened her resilience and kept hope alive during the pandemic, Isabel states, "Well, probably my faith as much as anything; not only from a religious standpoint but faith in other people also. Everyone around me did the best we all could to cope with the circumstance. Once we started to hear the possibility of a vaccine, I became very hopeful and delighted. I'm so glad that it came about so quickly."

When asked what she learned throughout the pandemic, Isabel says, "I learned more about the general goodness of people and how many people there are who are willing to reach out and help when needed."

Hilary Schafer



Hilary Schafer had just been hired to serve as the St. John's United Hospice Volunteer Coordinator when the pandemic set in. She had previously worked as a certified nursing assistant at St. John's in 2009.

"I was so excited to be back working at St. John's," Hillary said, "and then, just as I began my new job, the pandemic happened and I essentially lost my job because there were no volunteers to coordinate. This was a challenge, but it was also a blessing. I was redeployed to work at an outdoor checkpoint station where I was able to meet and get to know all kinds of people whom I would not otherwise have connected with. I made it my mission to smile and be happy with people. My Norwegian grandma tried always to look for the best in every situation. Like her, I do see so much good at St. John's in the people, both residents and staff. They give me hope!"

When asked what helped to sustain her through the months of the pandemic, Hillary states, "My faith in God and working at St. John's. Both helped me through it all. I would pray to God that I could be a light of hope for our residents each day. It was so much for them to manage. As staff, our purpose is to make the days of our residents as awesome as possible."

Within her own home and family, Hillary tells that the pandemic had a surprisingly positive impact. "The pandemic caused us to be together more, which helped us communicate better and spend quality time together. Our family was brought closer together in relationship."

As for her most meaningful learning while living through a pandemic, Hillary says with a smile, "I learned that I could be happy working anywhere within St. John's where I could help people."

Mike Kouwenhoven





Mike Kouwenhoven has worked at St. John's since September, 2006, currently serving as Director of Rehabilitation and Transitional Care.

For Mike, the pandemic was "extremely difficult." He explains that it changed his personal life trajectory in a number of ways. "There were so many losses," he tells. "I didn't realize how much I missed the interpersonal connections with staff, residents, and friends until the pandemic happened. I'm a fairly independent and self-sufficient person, but living through a pandemic has moved me forward to embrace relationships with family, friends, and co-workers all the more." Mike attributes the gift of those relations and conversations as sustaining his own personal hope through the pandemic. "My religious faith was also helpful," he adds.

Throughout the pandemic, Mike observed that many residents struggled with physical distancing and required days of isolation. "It was a very withering experience for some." He also observed, and was a bit amazed by, the high level of fear people had throughout the pandemic. "All types of fear," he said.

Perhaps the most significant learning for Mike that surfaced out of the pandemic was how much he enjoyed providing direct patient care, which he was called upon to do more of during this unusual circumstance. "I came to realize how much I missed that and how much that patient care really fills my cup; really fills my soul."

These are but five St. John's stories of resilience and hope arising out of adversities induced by a pandemic. Every person has stories that arose out of the pandemic — stories that are worth sharing with one another so that hope may abound. \Leftrightarrow



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