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I can’t tell the story of just one ministry experience, my work as a chaplain on the psychiatry units and associate professor at Rush University Medical Center from 1998 to 2019, without including the transition from teaching math at Duchesne Academy in Omaha to being the adult education and RCIA director at St. Bernard’s Church also in Omaha from 1981 to 1987.

The values of JPIC were lived in my family when I was a child. One example was my father who used his weekly day off to drive to the Winnebago reservation about three hours away to provide medical care. All my siblings continued work that had a theme of justice. Peace was following the international news about wars, particularly in the Middle East, and praying the family rosary for peace with Russia. A person could not grow up in Omaha, surrounded by farm land, without experiencing the unity of creation. Duchesne carried on these themes of service, especially through the outreach by Rosemary Mood, rscj, and offered a rich theology to back them. Mystici Corporis in high school, De Chardin and Rahner in college are among the foundations that shaped me for JPIC. The authors we read in the noviceship in 1966 carried on this training.

 My years of teaching in Omaha included an increase in the faculty of persons who were not rscj and were deeply spiritual. I was teaching geometry one day when I sensed how much was given to these young people in the form of personal care in a loving, religious setting. All the faculty, not just rscj, were part of this. I wondered who was there to foster this life for adults.

My masters degree in Christian Spirituality provided credentials for work at St. Bernard’s in Omaha. Half the staff were women who were quite visible and well-appreciated. Through my work with adults, I saw the great suffering many people experience. I realized that people turn to their parish when they need counseling. Those providing the counseling had little training so I asked the Province if I could get a degree in pastoral counseling. After serving several years as vocation director I went on to study that had been approved while I was at St. Bernard’s.

I had always identified with the Society’s mission of making known the love of the Heart of God. Around this time, the General Chapter emphasized working with those who were most in need. I was aware that many people had access to counselors, but that those with serious mental illness might not get the spiritual expertise that could be helpful in coping. My first year of clinical training was at a state psychiatric facility. I provided individual meetings with patients as well as a weekly, simple prayer service. I was amazed one day when a man who never spoke sang the words of the song with us. Another patient shared with me that he had pointed a gun to his head to shoot himself, but saw a picture of the Sacred Heart on the wall and knew that if Jesus could cope with suffering, he could too. My instinct about spirituality and the mentally ill was supported.

I had trained in chaplaincy at Rush University Medical Center which lies between downtown Chicago and the West side where there is often gang violence. When I finished my degree, Rush offered me a job. The department was academic as well as pastoral. With a PhD I was able to provide a yearly research based presentation at Psychiatry Grand Rounds on the role of spirituality for patients with psychiatric diagnoses. I was also able to train Psychiatry residents through a teaching curriculum and by exposing them to how to allow patients to speak about spirituality in their lives by including residents in the weekly spirituality groups. My academic work involved teaching counseling and statistics to students in allied health at a time when there was greater demand for their practice to be based in research that showed the impact of an intervention on health. It was clear that, for chaplaincy to survive, this field also needed to provide research. I was able to produce research papers with the best known leader in the field. In the hospital, the staff and patients came from ethnically, spiritually and economically diverse backgrounds. Without my wearing any special symbol, they recognized me as spiritual and appreciated that kind of presence. Especially the patients with psychotic symptoms expressed with joy that, with the great variety of backgrounds, we could all get along. Wicans, Muslims, Fundamentalists all wanted their spirituality to be known and valued and did that for each other. A woman whose children had been taken from her due to her drug abuse was angry with God. A song I played reminded her of what her father had taught her about religion. Her wise response was “You mean I can hate God and love God at the same time?” Spirituality can only be true when it holds both dark and light. Rush gave me the chance to learn how people from different countries and different religions and cultures enrich an institution that serves both wealthy patients and the underserved poor from the neighborhood.