

Our theme this month is change, an appropriate theme for the new year and a new administration. I will talk about our national change later in the month, but today I'd like to address personal change.

Change is difficult. Even good change is difficult. We go off to college. Our children go off to college. (accel) We get married. We go on vacation. We buy a house./ All events that most of us would consider good. Yet psychologists also identify these events as stressful. Many of us would also agree with that conclusion. Of course, events perceived as negative also stress us.

Here is a personal story of positive change with negative consequences.

In 1997, I accepted my dream job with Ducks Unlimited. I would be doing large scale restoration and creation of wetlands throughout the West. This was the type of work that had motivated me to pursue a masters degree in civil engineering. With my wife's blessing, we moved

from Cleveland, Ohio, to Sacramento, California. That move was stressful beyond anything we had imagined. In hindsight, it shouldn't have been surprising, since I was in a new job and traveling a lot. We had moved away from family and dear friends. We had downsized from a beautiful 1920's French Provincial house-I still miss that house-near Lake Erie to a condominium.

After a little over a year in the condo, we bought a house in Davis, a home where my changing family remained for almost 20 years. We were entering a community that seemed ideal, close to parks, a vibrant downtown and the library. We could walk or bicycle everywhere. Every Saturday morning we would bicycle to the farmer's market, a practice

we continued for many years. We would become friends with the vendors. The school system was highly rated. We were in a vibrant church community. But all of this was anticipated. A month after the move, we were still in the newness, the unknown, the unpacking. Now here is the part that caught me by surprise. I contracted a severe case of

pneumonia after we'd been in the house one month. By doctor's order, I was off work for three weeks and worked part time for another several weeks. It took me months to regain my strength. My illness deeply frightened my wife and my children. We had just moved to our dream community. What was going on?

What I failed to recognize is that all change is stressful (Dah), even positive change. In not acknowledging the stress, I failed to take care of myself. What I remember about that time is that I was burning the candle at both ends. While dealing with the myriad of things involved in moving into a new house, I was also very busy with work and traveling a lot. I was also playing hard, getting out duck hunting on weekends with my boys. Duck hunting, some of you may know, involves getting up at ungodly hours of the morning, so as to be set up in the marsh before dawn. I was routinely getting about five hours of sleep, something I had practiced since high school. I thought it was normal to be nearly comatose with fatigue in the early afternoon. I got a cold, ignored it, and soon had pneumonia. I was on the road. Of course. I spent the worst night in a hotel room I ever hope to spend. Later my boss at Ducks

Unlimited said to me that the organization would take everything and more that I was willing to give it, and warned me to slow down. My doctor admonished me about my sleep habits, recommending eight hours per night.

In researching this sermon, I did some online searching about stress and how to cope with it. Here is a combination list of what I found, with some of my own additions.

- Don't expect stability or particular outcomes.
- Recognize and accept when you are stressed.
- Try to keep humor in your life.
- Celebrate the positives, however small.
- Ask of the situation how much control you really have
- Take action, where you have some control.
- Accept and reframe the situation, where you do not have control.
- Manage your stress. Be kind to yourself.
- Seek support from your family, from friends, from your minister, from professionals.ⁱ

In my situation, after the move, I failed to recognize and accept that I was highly stressed and consequently, did not manage it. I also didn't seek support.

Let's revisit a few of the recommendations on my list./

Don't expect stability. In other words, accept that change is part of our lives. This is one of the basic precepts of Buddhism. Nothing that is part of this earth, this universe, is free from change. Humans all grow older, fall sick, die. All things perishable will decay. All things will pass away, in minutes, days, years, or millennia.

I once had a psychiatrist say to me, when talking about his own experience with cancer, that most of us spend a large portion of our energy attempting to maintain the illusion that we are in control. This brings me to my next recommendations. Evaluate what you have control over and what you do not. Viktor Frankl, the famous Austrian neurologist and psychiatrist, lost his entire family and nearly his own life in the Holocaust. He survived for years in a situation in which he had (Fort.) almost no control. He said this in his book *Man's Search for Meaning*. Paraphrasing, the only thing we have control over, Frankl said, is how we choose to react to a situation.

This is sometimes true. But many times, we do have some control. Recognize where you have control and take positive action. Where you do not have control, make choices about how you will react and accept your situation.

In my work as a chaplain at the Sutter Regional Medical Center in Roseville, I spent many hours with patients who were terminally ill. Sometimes this was a very recent diagnosis, more often it was news that they had lived with for awhile. The hospital is a crucible of personal

change. Almost everyone who enters a hospital as a patient is in the midst of some change due to trauma or illness. Their life has just taken a shift, sometimes minor, sometimes major. (mp) Here are some stories of people whose lives had taken a major shift, and how they dealt with that change.

Rick was in his late 50's. He had just received a diagnosis of terminal cancer. I entered his room on the advice of one of the nurses, who thought he might benefit from a chaplain. Our conversation was short. After introductions and some pleasantries, I asked Rick how he was doing. OK was his unemotional reply. Is there anything you'd like to talk about? I asked. No, said Rick, if I start to talk I'm going to feel things that I don't want to feel./ I acknowledged that that was understandable, that feelings can be scary or lead us into feeling out of control. I bid my

goodbye after assuring Rick that chaplains were available 24/7 if he should decide that he wanted to talk. I don't know that he ever did.

Rick's news was very recent and he was still in a place of understandable denial. I hope that he was able to move out of this place as he had time to digest his news.

Sixty-five year old Sarah had just received a diagnosis that her brain cancer had returned. I was in the room when the doctor presented the news and outlined a new course of treatment. Sarah had already been through several courses of debilitating treatment. The denial here was

both the doctor's and the patient's. The doctor refused to admit that she was going to lose this patient, and instead of helping Sarah with her fear and options for end of life treatment, she advocated more of the debilitating treatment that had already failed Sarah several times. Sarah and her family bought into this denial.

I was able to follow Sarah's case after that visit. Unfortunately, despite treatment, she declined quickly.

My final story takes a different tack. John was still young, in his early 40's. He was dying of liver failure brought about by alcoholism. He was often not coherent, but on the day of my visit, he was fully lucid. John did not want to die. He was filled with guilt and remorse. He was leaving a mother, a wife and daughter. He was afraid of dying. We

explored this. Turns out that John professed himself a Christian, but was sure that he would not be forgiven by God for what he had put his family through. I did not preach to John; that is not the chaplains role. Our role is to meet the patient wherever their theology has taken them. I simply

asked questions. John eventually reached a place of accepting that he would be forgiven by the God he believed in. I saw a physical change come over him. He looked at peace.

I stopped by John's room the next morning. John had slipped into a coma and was near death. I've seen this in the hospital a number of times. It appears that we sometimes do have some control over when we die. In

our conversation, John had reached peace with dying, and having done so, moved rapidly toward death. John's wife and mother were in the room that morning. They had also been able to visit with him the evening before, while he was still lucid.

They thanked me for my visit, saying that John had seemed a changed person. They thanked me for whatever it was that I had done that allowed John to peacefully accept his death. I was grateful for the privilege.

This was tough, emotional work that I did. It was stressful, but at times extremely rewarding, as in the case of John. I also had an incredible support system in my fellow student chaplains and in my chaplain supervisor. Which brings me to my final recommendation for dealing

with change--seek support. One of the reasons we are members of this fellowship is for friendship and support. Make use of them. Make use of me. Short term counseling and pastoral care are a part of what I do. I consider it a privilege to listen./

In conclusion, we should expect change. Recognize what you can control and what you cannot. Seek joy in small things. Ask for support. None of us here should be an island./

May it be so.

ⁱ <https://hbr.org/2016/09/how-to-get-better-at-dealing-with-change> (accessed 1/5/16). <http://au.reachout.com/7-tips-for-dealing-with-change> Accessed 1/5/16