



By Nancy Crowe

# DARKNESS AND AWE:

## THEY LIVE SIDE BY SIDE IN PEDIATRIC CHAPLAINCY

**A**s a student chaplain, the Rev. Lavender Kelley (MDiv '06) walked with a family through the horrific death of an infant during childbirth. The family had no money to claim the body. She held a service with them in the hospital chapel just before the mother was discharged some 24 hours later.

That night, Kelley called the staff chaplain serving as her backup/support person and said, "On the one hand, I am so keenly aware of the vast suffering I just witnessed, but on the other I have this swelling sense of God's abundance and love and amazement and awe. Just this overwhelming sense of awe."

The East Tennessee native had come to Louisville Seminary at age 30 after surviving a bout with cancer and taking care of her grandmother and younger brother. She thought she'd be a chaplain at a domestic violence center or homeless shelter.

"Then I ended up getting into (pediatrics) and never looked back," she said.

Pediatric chaplaincy carries a heightened sense of "where the rubber hits the road. People really are having the worst days of their lives," she said. "There's also a heightened sense of injustice that parents and family members feel on behalf of their children. It just really tapped into everything I feel called to do."

Now a staff chaplain in Spiritual Care Services at the Children's National Health System in Washington, D.C., Kelley is also president of the Pediatric Chaplains Network, which provides vital support to those engaged in the kind of work only a fellow pediatric chaplain can fully grasp.

It's work that has a positive effect on bottom-line outcomes in healthcare, Kelley said. Recent research suggests what makes the difference between patients following through on home care and not being readmitted is psychosocial support from professionals such as hospital chaplains and social workers, she said. "We are the practitioners who are identifying the cracks that certain families will fall through."

A chaplain, for example, may spot where and why a child undergoing a heart transplant might not receive the extensive follow-up care required. The chaplain can then advocate for the family and help the medical team understand what is needed.



From the beginning of her journey as a chaplain, Kelley saw herself as accompanying people in the darkness. "That's one of my gifts — to sit in that answerless place," she said.

It's a place she knows well. During her student days at Louisville Seminary, she was in the midst of a severe depression.

"People like (faculty members) David Hester, David Sawyer, Dianne Reistroffer and Johanna Bos were willing to both say the hard things and be incredibly gracious with me at the same time," Kelley said, adding that they also helped her find affordable medical care. Fellow students Shannon Meacham, Melissa Derosia and Meredith White, as well as a feminist spirituality group, also helped her make it through. She has now enjoyed several years with the depression in remission.

"I made friends with the dark and have wrestled the blessing out of it," Kelley said. "Somewhere, God breathed more hope into me than despair."

While much of her seminary experience was dominated by surviving another day, random lessons stand out. One of these was the time Professor Carol Cook's husband, Lynn Roberson, a chaplain and licensed massage therapist, came in and spoke to her class about healing touch and other bodywork modalities. The session he led formed the basis for a guided meditation she uses with adolescent psychiatric patients today.

"I never had any doubt that Louisville was the right seminary," Kelley said, "and it ended up being so in ways I could never have imagined." ■