



April 2014 Article of the Month

This month's article selection is by Chaplain John Ehman,
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Silton, N. R., Flannelly, K. J., Galek, K. and Fleenor, D. "**Pray tell: the who, what, why, and how of prayer across multiple faiths.**" *Pastoral Psychology* 62, no. 1 (February 2013): 41-52.

SUMMARY and COMMENT: The value of studies lies not just in their conclusions but in their potential to spur discussion and further investigation, and this seems quite true for this month's featured article: a small focus-group study of chaplains on the topic of prayer in pastoral care. The authors observe that "[a]lthough prayer has been widely studied in psychology and in other fields..., surprisingly little attention has been paid to prayer in professional chaplaincy" [p. 42], in spite of some evidence that prayer is "one of the most widely used chaplain interventions with patients of all religious faiths" [p. 42]. The article raises issues important for experienced chaplains as well as students, and from a research perspective the methodology should be fairly easily given to replication.

Eight chaplains from New York City hospitals -- two Catholic nuns and a lay chaplain, a Jewish Reform and an Orthodox rabbi, an Islamic imam, a Lutheran minister, and an Episcopal priest -- participated in a single, 90-minute session moderated by a chaplain researcher. The following six themes were put to the group [p. 43]:

1. the nature and types of prayer chaplains use with patients
2. the context in which they pray with or for patients
3. different religious perspectives about prayer
4. who initiates prayer
5. how the chaplains' Clinical Pastoral Education (CPE) influences their use of prayer as a pastoral care intervention
6. why the chaplains might be more likely to pray with patients of their own or a different religious faith

What follows is an extended exposition of the chaplains' comments about how prayer practices differ among individuals and by faith tradition, about the challenges and benefits of prayer with people of one's own tradition (concordant prayer) or another (discordant prayer), about strategies regarding prayer in patient visitation, and about the practical dynamics of multi-faith chaplaincy with particular religious populations, including confusion over the term *chaplain*. An excerpt from the section on "potential challenges of concordance and discordance" gives a good sense of the flavor of the article:

The participants described a number of examples in which the religious concordance and discordance of chaplains and patients were a source of tension. One of the clearest examples was provided by a Catholic chaplain, who described a situation in which a couple disagreed as to whether or not they should receive a prayer from a discordant chaplain. The case was one wherein an Orthodox Jewish husband preferred to have a concordant chaplain and did not want his wife to

receive a prayer from a discordant chaplain, but the patient wanted a prayer from a concordant chaplain. The chaplain resolved the situation by reciting a prayer as the wife wanted and calling a rabbi to say a prayer to appease the husband.

Other examples involved chaplains and patients who belonged to the same religious faith but different religious denominations within that religious faith. One chaplain mentioned the challenge for someone of one Protestant denomination to offer a meaningful prayer and pastoral care to someone of a different Protestant denomination: "I think the spectrum in Protestantism is so vast and the language so particular...that when you're with somebody from the other end of the spectrum, language is a huge thing, and the nuance takes on a whole different meaning." Another chaplain described how it can be disconcerting for a Mainline Protestant clergyperson to say "The Lord be with you" among a group of Pentecostal Protestants," and nobody knows what to say next, which is 'and also with you.'" A Jewish chaplain added that she knew of a Reform rabbi who experienced difficulty entering the room of a very Orthodox Jewish patient.

It appears, then, that even chaplains and patients who share a religious faith may practice different levels or types of belief or observance that may introduce some uncomfortable discordance into the patient's room. According to several of the chaplains, however, the major reason they are less inclined to pray with patients of different religious traditions is their concern that this may be viewed as proselytizing. [pp. 46-47]

One section of the Results steps back to look at a broad concern in examining chaplains' use of prayer: the operationalization of prayer terms.

...Throughout the focus group, the chaplains alluded to improvements that could better operationalize ambiguous terms in survey materials. Specifically, the chaplains suggested that all of the following be better operationalized in order to allow for greater clarity and precision in assessing and analyzing chaplaincy-based practices: 1) distinguishing between types, formats, and contexts of prayer; 2) discriminating a "blessing" from a "prayer," 3) discriminating between prayers initiated by a chaplain and those initiated by a patient, and 4) distinguishing between "pastoral care," "spiritual care," and "religious care." [p. 49]

Students may be drawn to the summaries of comments about the "initiation of prayer" and "when and how to pray" [pp. 48-49]. Strikingly, "[a]ll but two of the chaplains agreed the chaplain should not pray unless the patient asked for a prayer or otherwise expressed interest in having a prayer," though some explained that they "often interpreted cues from patients to assess whether the patient wanted a prayer" [p. 48]. There appears to be a baseline of caution about offering prayer among the eight participating chaplains. This section also touches upon the chaplains' CPE training.

The concluding Discussion section [p. 51] is brief and reiterates only a few general points of the preceding text. There is no analysis of the limits of the study. While the insights of eight chaplains in New York City are engaging and substantial, this reader was immediately left wondering how different groups of chaplains elsewhere might have talked about prayer. Replication of this research should be quite manageable, but even informal discussions guided by the six themes used in this research, or by the article itself, should prove enlightening, given especially how the comments of this study's participants appear to suggest a great diversity of relatively little-shared perspectives on prayer in chaplaincy and how the act of prayer in hospital settings may be a source of tension and yet also one of "beauty" [p. 47].

Suggestions for the Use of the Article for Discussion in CPE:

This article should be engaging for those CPE groups that do not have a strong interest in research per se, as the qualitative findings are presented in an easily read narrative. Because the article broaches so many questions, it

may be useful to have students share at the outset just what in the article stood out to them, thereby setting a simple agenda for the discussion. Or, the discussion could follow the six themes that guided the focus group. The article makes strong use of anecdotes from chaplains' personal experiences, and CPE students could be challenged to think about their own concrete experiences. The authors draw distinctions between concordance and discordance in the chaplain-patient encounter. Are students clear about what is meant by this, and is this a salient dynamic for them in pastoral visitation and prayer? If a CPE group is religiously homogenous, or if patient populations appear to be quite concordant with the chaplains, discussion could explore how discordance might still be a factor. The article gives special attention to Catholic, Jewish, and Muslim perspectives, and if there are no representatives of those traditions in the group, then inviting in representatives for the discussion could be fruitful. Students may also want to talk about how well they think they understand prayer from others' vantage points. Do they believe that the experienced chaplains who participated in the focus group were learning things from one another? Why aren't specific instances of prayer more commonly a topic for professional discussion? How have particular uses of prayer come up in CPE verbatim sessions?

Related Items of Interest:

I. In addition to references in our featured article's bibliography, here are a few other studies that touch in varying degrees upon the subject of prayer relevant to the work of chaplains:

Cowchock, F. S., Meador, K. G., Floyd, S. E. and Swamy, G. K. "**Spiritual needs of couples facing pregnancy termination because of fetal anomalies.**" *Journal of Pastoral Care & Counseling* 65, no. 2 (2011): 4.1-10 (electronic journal article designation). [(Abstract:) The spiritual needs of couples (9 mothers and 5 fathers) who were planning to terminate wanted second trimester pregnancies because of serious fetal anomalies were surveyed. Their greatest needs were for a "guidance from a higher power" and for "someone to pray for them." Unlike other reported groups of patients, they did not want or expect their healthcare team to discuss their faith, or to pray with them. Most would prefer support from their own pastors, but their religious community was involved to only a small extent. They would welcome support from hospital chaplains, who could play a substantive and unique pastoral role in this clinical context.]

Dworken, B. S. "**The prayer practices of rabbis during pastoral visits.**" *Journal of Pastoral Care* 55, no. 4 (Winter 2001): 419-424. [(Abstract:) Reports on an informal survey of rabbis (N=20) on their attitudes and practices regarding praying with patients. Concludes that although Jewish clergy do not tend to integrate prayer into their pastoral practices to the extent that non-Jewish clergy do, they do express a wide array of interests in the use of prayer and appear eager to learn more about prayer in their pastoral care of hospital patients and their families. Discusses the results and suggests possible future research on the topic.]

Grossoehme, D. H., Cotton, S., Ragsdale, J., Quittner, A. L., McPhail, G. and Seid, M. "**I honestly believe god keeps me healthy so I can take care of my child': parental use of faith related to treatment adherence.**" *Journal of Health Care Chaplaincy* 19, no. 2 (2013): 66-78. [(Abstract:) A limited number of studies address parental faith and its relationship to their children's health. Using cystic fibrosis as a disease exemplar in which religion/spirituality have been shown to play a role and parental health behaviors (adherence to their child's daily recommended home treatments) are important, this study explored whether parents with different levels of adherence would describe use of faith differently. Twenty-five interviews were completed and analyzed using grounded theory methodology. Some parents described no relationship between faith and treatment adherence. However, of those who did, higher-adherence

parents believed God empowered them to care for their child and they used prayer to change themselves, while lower-adherence parents described trusting God to care for their child and used prayer to change God. Clinical implications for chaplains' differential engagement with parents are presented.]

Piderman, K. M., Jenkins, S. M., Hsu, J. S. and Kindred, A. S. "**Hospitalized young adults' expectations of pastoral interventions.**" *Journal of Pastoral Care & Counseling* 67, no. 1 (March 2013): 7 (electronic journal article designation).

[(Abstract:)] The objective of this analysis of 4500 inpatients was to identify the experience and expectations of 18-35 year olds regarding chaplain visitation and to compare results with data from older adults. 71% of young adults reported wanting to be visited by a chaplain; 45.5% were visited; 68% indicated that this was important. Young adults value chaplains' role as a sign of God's care and presence (77.4%), in providing support for family (73.6%), being present during times of anxiety (66.0%), and praying/reading scripture with them (62.3%). Results were similar to older respondents, but young adults were more likely to value ethical counsel from chaplains (58.5% vs. 38.2%). This study provides clinically relevant information and suggestions for further research.]

Piderman, K. M., Marek, D. V., Jenkins, S. M., Johnson, M. E., Buryska, J. F., Shanafelt, T. D., O'Bryan, F. G., Hansen, P. D., Howick, P. H., Durland, H. L., Lackore, K. A., Lovejoy, L. A. and Mueller, P. S. "**Predicting patients' expectations of hospital chaplains: a multisite survey.**" *Mayo Clinic Proceedings* 85, no. 11 (Nov 2010): 1002-1010. [(Abstract:)] OBJECTIVE: To identify patient expectations regarding chaplain visitation, characteristics of patients who want to be visited by a chaplain, and what patients deem important when a chaplain visits. PARTICIPANTS AND METHODS: Three weeks after discharge, 4500 eligible medical and surgical patients from hospitals in Minnesota, Arizona, and Florida were surveyed by mail to collect demographic information and expectations regarding chaplain visitation. The survey was conducted during the following time periods: Minnesota participants, April 6 until April 25, 2006; Arizona participants, October 16, 2008, until January 13, 2009; Florida participants, October 16, 2008, until January 20, 2009. Categorical variables were summarized with frequencies or percentages. Associations between responses and site were examined using chi(2) tests. Multivariate logistic regression was used to assess the likelihood of wanting chaplain visitation on the basis of patient demographics and perceived importance of reasons for chaplain visitation. RESULTS: About one-third of those surveyed responded from each site. Most were male, married, aged 56 years or older, and Protestant or Catholic. Of the respondents, nearly 70% reported wanting chaplain visitation, 43% were visited, and 81% indicated that visitation was important. The strongest predictor of wanting chaplain visitation was denomination vs no indicated religious affiliation (Catholic: odds ratio [OR], 8.11; 95% confidence interval [CI], 4.49-14.64; P<.001; evangelical Protestant: OR, 4.95; 95% CI, 2.74-8.91; P<.001; mainline Protestant: OR, 4.34; 95% CI, 2.58-7.29; P<.001). Being female was a weak predictor (OR, 1.48; 95% CI, 1.05-2.09; P=.03), as was site. Among the reasons given by respondents for wanting chaplain visitation, the most important were that chaplains served as reminders of God's care and presence (OR, 4.37; 95% CI, 2.58-7.40; P<.001) and that they provided prayer or scripture reading (OR, 2.54; 95% CI, 1.53-4.20; P<.001). CONCLUSION: The results of this study suggest the importance medical and surgical patients place on being visited by a chaplain while they are hospitalized. Those who valued chaplains because they reminded them of God's care and presence and/or because they prayed or read scripture with them were more likely to desire a visit. Our results also suggest that being religiously affiliated is a very strong predictor of wanting chaplain visitation.]

Silton, N. R., Asekoff, C. A., Taylor, B. and Silton, P. B. "**Shema, Vidui, Yivarechecha: what to say and how to pray with Jewish patients in chaplaincy.**" *Journal of Health Care Chaplaincy* 16, nos. 3-4 (2010): 149-160. [(Abstract:) A 90-minute focus group was conducted with five male and two female Jewish professional chaplains from Reform, Conservative, and Orthodox backgrounds. This study describes and discusses eight principal themes that emerged from the focus group: (a) the identity, (b) role, and (c) practices of a chaplain; (d) Jewish chaplaincy prayers; (e) practices for chronic versus acute care; (f) patients' reactions to the chaplain's gender; (g) general and spiritual interventions; and, finally, (h) challenges in chaplaincy.]

II. It might be useful to keep in perspective that chaplains aren't the only members of the health care with whom patients may want to pray. See, for instance:

Balboni, M. J., Babar, A., Dillinger, J., Phelps, A. C., George, E., Block, S. D., Kachnic, L., Hunt, J., Peteet, J., Prigerson, H. G., VanderWeele, T. J. and Balboni, T. A. "**'It depends': viewpoints of patients, physicians, and nurses on patient-practitioner prayer in the setting of advanced cancer.**" *Journal of Pain & Symptom Management* 41, no. 5 (May 2011): 836-847. [Among the findings of this cross-sectional, multisite, mixed-methods study of advanced cancer patients (n=70) and physicians and nurses (from the abstract:) Most advanced cancer patients (71%), nurses (83%), and physicians (65%) reported that patient-initiated patient-practitioner prayer was at least occasionally appropriate. Furthermore, clinician prayer was viewed as at least occasionally appropriate by the majority of patients (64%), nurses (76%), and physicians (59%). Of those patients who could envision themselves asking their physician or nurse for prayer (61%), 86% would find this form of prayer spiritually supportive. Most patients (80%) viewed practitioner-initiated prayer as spiritually supportive. Open-ended responses regarding the appropriateness of patient-practitioner prayer in the advanced cancer setting revealed six themes shaping respondents' viewpoints: necessary conditions for prayer, potential benefits of prayer, critical attitudes toward prayer, positive attitudes toward prayer, potential negative consequences of prayer, and prayer alternatives.]

III. While not a research article, the following piece by Rabbi Arnold E. Resnicoff, originally from 1987 and reprinted since, is well known in some chaplaincy circles and may come up in any discussion of prayer across faith lines. It focuses on *public* prayer, especially in a military context. However, in relation to the subject of this month's featured article, readers might consider how any prayer that is said aloud in the presence of and on behalf of one or more others may be worthy of the sorts of caution raised by Rabbi Resnicoff.

Resnicoff, A. E. "**Prayers that hurt: public prayer in interfaith settings.**" *Military Chaplains Review* 16, no. 1 (Winter 1987): 30-39. [The article is freely available online at www.resnicoff.net/Prayers_That_Hurt_2009.pdf.]