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Professional Practice

Chaplain Alan Faulkner on hanging out with people

A Different Place to “Be With”

I am now ending my ninth year as chaplain for a private oncology practice. To the best of my knowledge, this is unique in the health care setting. I was recruited by one of the physicians in this practice because of my work with his patients in the hospital setting. I served as chaplain for that unit for about ten years.

My first year was quite a learning experience, even after twelve years as a board certified chaplain. Here I was, one of thirty something employees in a private medical practice, charged with the task of "being with people", while the rest of the staff moved around the office and chemotherapy room, busily doing the numerous tasks required to treat someone with cancer. Not only that, but I did this "being" in front of all three CEO's (Doctors) for eight to nine hours a day. All that I had ever read, believed and thought about this thing we call "ministry of presence" was challenged. I wondered, "Will they really understand what it is I'm doing in this 'being'?"

I would be lying if I didn't tell you that I was constantly trying to figure out ways to create things that could be seen and heard as a result of my ministry. What kind of programs could I offer, what could I add to this work that they can see, touch, feel, smell, whatever? I remember when it came time for my first evaluation; I approached one of the physicians and said, "I'm used to having some kind of evaluation done yearly in my work. How do you want to go about doing this?" His response was, "If I don't like what you are doing, I will let you know." That was my yearly evaluation.

The past nine years have been a profound lesson in what it means to have a ministry of presence. It's not uncommon for patients to ask me when they first arrive here, "What do you actually do here?" My response now: I have the best job here! I get paid to hang out with people.

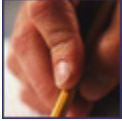
"Hanging out" takes the form of getting blankets, offering drinks, offering pillows – all in the name of building relationships, so that when that spiritual or emotional need arises, a trusting and intimate relationship has been formed. I am then given the privilege of entering that space where there is hope, fear, doubt, anger, sadness, grief and all the other ingredients that come with battling this life threatening disease. In that space I find what to me is no different than our hunger for God, profound intimacy!

"Hanging out" IS skilled ministry, something developed over time in this kind of setting. It's not as easy as the observers think. I remember one lady in particular. She was a family member of a patient. After being in the chemotherapy room for about an hour she said, "I could do what you do! I love the Lord!" Maybe she could but probably not.

The truth may be that no one knows what I really do until that time comes when a blanket or a pillow aren't enough. My real work is hidden, hidden in the hospital room, in my office, in the exam room and all those other sacred places we find vulnerability.

It's true. I hang out, hang out outside that sacred door where Holy things happen, waiting for the right time to knock and be invited in.

Chaplain D. Alan Faulkner, BCC has been a Health Care Chaplain for 21 years. He has been the chaplain for Medical Oncology Associates of Augusta, a private oncology practice in Augusta, Georgia. Previously, Alan was with University Health Care system, Augusta, Georgia, as Hospital chaplain where he focused in Oncology for twelve years. He attended Candler School of Theology, Emory University, and is ordained by the United Methodist Church, North Georgia Conference. He has been married for 37 years to Laurie, and has two grown children Jason Faulkner, Katie Coleman. His hobbies include reading, playing guitar and cooking.



Advocacy

Dr. Ursula Pfäfflin on Intercultural perspectives of pastoral care and counseling

Treasure in Earthen Vessels: Facing Fragility and Destruction

This will be final advocacy article on chaplaincy throughout the world. We have tried to offer as many different voices of pastoral care as we were able. Clearly these articles have represented only a segment of the world of pastoral care and counseling. It is hoped that these articles have given PlainViews readers a glimpse of what their counterparts are doing in other parts of our world.

When I attended that European Network of Health Care Chaplains meeting in Lisbon in 2006, I had the opportunity to meet with Ursula Riedel-Pfäfflin, who was then president of the International Council for Pastoral Care and Counseling (ICPCC). Their focus has been upon learning the transcultural issues that people across the globe face. In the US we are fortunate not to have encountered the multiple kinds of distress inherent in warfare within the boundaries of our own country. Much of the world has experienced this terrible distress. The recent Russian invasion of Georgia highlights for me issues that are being addressed by the ICPCC, namely how International Pastoral Care and Counseling services can assist victims of such distress. My sense is that their work is on the cutting edge of what chaplains may need to learn in the future to support and understand people who have survived such conflicts. In that light, we offer to you parts of the introduction to a new book, written by Dr. Pfäfflin, which we believe offers an overview of the work of the ICPCC and what is ahead for them.

Chaplain George Burn

Theory and practice of pastoral care and counselling have changed impressively during past decades – similar to those of other disciplines. We recognize more consciously differences and diversity connected to the context of the systems involved and their respective historical development. At the same time, those who offer counselling and care also acknowledge themes relevant and meaningful for all women and men, for elderly and younger persons, around the world like: basics of life, survival, safety, shelter, trust, education, health, free development of abilities and beliefs, chance to work and compensation for work, also socially related work, within community and global development. These aspects are important for each person, all families and societies. In the discussion of changes in climate and their consequences we realize that by the destruction of life foundations, not only individual species or humans are threatened, but all living beings. Therefore, also in care and counselling, systemic and intercultural thinking becomes more relevant which sees events and historical developments in their connectedness and in their diversity.

In its constitution and vision, the ICPCC has addressed the awareness of global development and formulated the mission to promote the reflective practice of pastoral care and counselling, to enable practitioners of PCC to be resources for one another and allow for mutual, interdisciplinary exchange, to address social-political problems and to support and advocate for the unique and essential dimension of spirituality in the teaching and training.

The eighth World congress of ICPCC from August 7 – 14, 2007, addressed these challenges at a place and space which is located in the middle of Europe as witness of fragility and destruction by humans and their organisations in the time of National Socialism. At the same time, the history of this place also commemorates the resistance against fascism, and today there are empowered alternative ways of co-existence and co-operation evolving between people from diverse cultural and political backgrounds. In Kryzowa, in the region between Poland, Czech Republic, and Germany, more than two hundred practitioners, trainers, and teacher of pastoral psychology and care and counselling from all continents talked about actual problems in their professional areas and presented evaluations, models, and visions.

A more intense professional cooperation was created in the Pre-congress of the delegates of ICPCC in Dresden. More than fifty representatives of the national associations of care and counselling exchanged their experiences and experimented with models and methods of empowerment.

These closing words from the eighth World Congress, by the US-American theologian Kathleen Greider, are one expression of the sources of strength and thoughtful vision that move us to do the work that we do.

“When we are caregivers and when we are in need of care.... Every day is a new opportunity to receive the treasure of sacred light. Every day is a new opportunity to rely not only on these earthen vessels we inhabit, but also on a gift that is more than us. Every day is a new opportunity to stop acting like we are the treasure itself, or ought to be the treasure itself. Every day is a new opportunity to be the clay pots we are created to be – fragile, porous, prone to mold, expecting only of ourselves that we bear in some modest way the kind of hope and vision and love and justice that points beyond our limited energies, days, and wisdom to that which is eternal and ultimately reliable.”



Education & Research

Venerable Thom Kilts on *theos* as an undefined mystery

The Non-Theistic Approach to Theology

There can be much tension over the term “theology” for fellow Buddhists because Buddhism is a non-theistic religion. What that means exactly will vary with each different denomination, but what is agreed upon most directly is that we do not believe in a Creator G_d. Theology has been traditionally understood as the study of “God”, which is quite limiting and in my opinion quite misleading. I have come to believe that the original Greek word, *theos*, had a different intention than what has been set forth by monotheistic faiths. I prefer to see *theos* as that which is the undefined mystery of the cosmos and theology as the study of the meaning of this undefined mystery according to one’s specific faith tradition.

The contribution of a non-theistic approach to theology is that it emphasizes more the “experiential” aspect of the study of *theos*. The Buddha told his disciples to not believe anything, even if he has said it, unless it conforms to one’s own experience. My understanding of the theistic approach is that it emphasizes faith before experience, whereas the non-theistic approach emphasizes the development of faith through experience. I would never believe or state that the non-theistic approach works for everybody, because it doesn’t. I want to lift up the more important point, which is, that it is an “approach” to the study of theology.

The non-theistic approach also challenges the G_d assumption so prevalent in our society, our seminaries and beyond. What I call the G_d assumption is the unquestioned notion that when G-d is entered into “religious” conversation, the underlying assumption is that we all agree what G_d is and that it exists at all. I think to have someone in the conversation who questions one’s understanding of G_d in general, creates much needed tension and a demand for deeper thought and scrutiny in this increasingly secular world. As a non-theist in my CPE training, I was put under great scrutiny to define my understanding of G_d as I worked with patients. I don’t think that high level of scrutiny should be limited to just non-theistic students.

I believe the theistic approach to theology, that posits that there is a G_d, is one facet of approaching and developing one’s religious formation, but not the only one. Both theistic and non-theistic approaches have their advantages and disadvantages. Chogyam Trungpa Rinpoche once stated, “...both theism and non-theism can be problematic if you are not involving yourself personally and fully.” To me, the emphasis for both non-theists and theists should be one’s compassionate actions in the world. In some ways the tension between theists and non-theists mirrors what Anton Boisen was upsetting in the traditional academic seminaries of his times; by differentiating the actual experience of learning from “living human documents,” from the academic study of pastoral care in the classroom. Fellow Buddhists should be proud of our approach to “theology” and should not shy away from the term.

Venerable Thom Kilts is the Director of Spiritual Care at John Muir Medical Center-Concord Campus. Thom has degrees in Cultural Anthropology/Religious Studies, as well as a graduate degree in Buddhist Studies from Naropa University. He is a Dharma Teacher in the Nyingmapa School of Vajrayana Buddhism and is ordained as a Celtic Buddhist Lineage Holder. Thom lives in California with his wife and daughter and composes songs for and plays in the band, Diablo’s Dust.



Spiritual Development

DonnaLee Dougherty on a different view of CPE

CPE in the Zen of Knitting

Just as I was beginning to settle into my first CPE Unit, I started a new knitting project. The shawl has a simple but pronounced open work pattern, and the material I bought was a lovely, lace-weight thread; the variegated color blended from cranberry to peach and cream. The material, however, turned out to be slick as ice and equally unforgiving! I learned fast that a dropped yarn over stitch was all but impossible for me to retrieve, so again, and again, and yet again, I ripped out my work and started again. Finally, I chucked the slippery silk stuff aside and bought something that had a little substance to it. This new material helped to catch me up in the pleasure of both my knitting and CPE.

Soon, I discovered uncanny similarities between the two arts. For example, a knitter works with two stitches arranging them in endless combinations of smooth knit stitch rows, or textured purled rows. Only the knitter's imagination limits the patterns that evolve from two simple stitches. Similarly, CPE Units consist of a variety of Interns who singly, or as members of a CPE group, either stand alone or blend in as the cluster of single interns, knit together by a pattern of didactics, Verbatim discussions, and group members joining with each other or dividing into subgroups.

Most knitters have a toolbox of stuff including a variety of different size knitting needles. The size of the needle is essential because it determines the gauge of knitted stitches, and affects the overall look, feel, finish, and size of the knitted fabric. Often, a knitting pattern changes as it goes along, and the look and feel of the finished fabric varies depending on the knitter's technique, hand, even her mood as she knits. Often, the ending rows are different than at the beginning rows of the piece. CPE Interns also have a toolbox of techniques that includes prayer, listening, personal experience, and education. Interns meet a variety of different people who require varying approaches and have differing needs. Depending on an Intern's ambition, expectation, and toolbox, she or he will add new tools to their toolbox and, therefore, be different at the end of their CPE Unit.

When a knitter finishes a pattern, she binds off the fabric from the needles, passing one stitch over the next until only the tail of the knitting yarn supports the integrity of the entire piece. Finally, free of knitting needles, the knitter washes the finished piece; the saturated fiber softens and the stitches relax and open, and now the pattern looks different. Left quiet and undisturbed, the fabric dries into shape, but it is not inflexible; it reshapes itself as it is worn, handled, and stretched. CPE Interns go through a similar reshaping; juggling schedules and "day job" commitments, traveling significant distance, wondering about, what I am doing, and why? What comes next? Left quiet to reflect, at the end of a Unit, CPE Interns discover new patterns of being, reshaped attitudes, and a different understanding of self and others. Hopefully we too, like the finished knitting pattern, will be able support the integrity of what we have accomplished and be open to being changed as we are stretched in our ministry.

DonnaLee Dougherty was a Chaplain Intern at Roland Park Place, a Continuing Care Retirement Community in Baltimore, Maryland and just completed her first CPE Unit. She was one of the first CPE Interns at Johns Hopkins Bayview Medical Center in Baltimore, MD. DonnaLee's interest in the care of the elderly, loss and bereavement fits her role as chaplain at Roland Park. She is also a Pastoral Associate at St. Thomas Aquinas Church in Baltimore, Maryland, which is stretching and expanding her focus to include family and community care. She obtained a Masters in Pastoral and Spiritual Care from Loyola College in Baltimore. She has been married for 30 years, has two adult children, and three grandchildren. When she is not digging in her garden or knitting, DonnaLee and her husband like to get out for an afternoon on their Harleys.



BioethicsWalk

BioethicsWalk addresses bioethical issues that chaplains face in their day-to-day work. *PlainViews* invites our readers to share their responses to each *BioethicsWalk* column, which will be published in the following issue. We also invite our readers to submit areas of concern/interest about which they would like Nancy to write.

If you'd like to respond to *BioethicsWalk*, please send a comment of no more than 100 words. You can use the e-form below (click on "hearing from you," link) or submit your commentary to the editors in the body of an e-mail (or as a Microsoft Word attachment) sent to Info@PlainViews.org. Please put the phrase "*BioethicsWalk*" in your subject line. Comments that are too late for the previous issue can be viewed in TalkBack.

We look forward to [hearing from you.](#)

Who's The Boss?

Ask chaplain-managers what they would like to improve about the management of chaplaincy as a health care service, and they often say: "It would be great for me have the same boss for more than a year." A supervisor who understands what chaplains do, or is willing to learn what they do, would be a luxury for some managers. For now, they just want to stop being transferred from vice president to vice president, from box to box on the organizational chart, sometimes for reasons that have nothing to do with supporting and improving the delivery of health care services.

This isn't mere organizational-chart griping or status anxiety on the part of chaplain-managers. It can be a burden to keep breaking in new bosses, particularly if there is no institutional understanding of what high-quality health care chaplaincy is or aspires to be – a problem that "medicine" and "nursing" do not have – and if the differences and commonalities between chaplaincy and other supportive services – social work, mental health, even clinical ethics – are not being explained in clear, consistent ways across the institution. And because organizational ethics in health care is concerned with the systems that deliver good care, or are a barrier to it, how an organization supports or hinders the work of health care providers is an ethical issue. Time spent on defending one's turf is time lost to patient care.

One chaplain-manager thinks she and her colleagues need to aim higher: "Are any chaplains vice presidents in their institutions?" This manager believes that, at a certain point in the evolution of a department, the manager has to give up the "bedside" in lieu of the "team" and the "committee," so chaplaincy is a stakeholder in the evolution of clinical services and in the institution itself. What do you think? I know one chaplain who is also a vice president – are there more of you out there? Does your supervisory relationship support the delivery of chaplaincy services, and if so, how does it work?

One new tool that may help chaplain-managers educate their supervisors and colleagues will be published next week in the *Hastings Center Report* and online – the essay set from The Hastings Center's recent research collaboration with Healthcare Chaplaincy and researchers at Rush University Medical Center. Details to follow in *PlainViews* later this month.

Nancy Berlinger is Deputy Director and Research Scholar at The Hastings Center, an independent, nonprofit, nonpartisan bioethics research institute located in Garrison, New York. Her research interests focus on clinical ethics and include end of life care; ethics in health care chaplaincy; ethics in cancer care; conscientious objection and moral distress in health care; patient safety and the resolution of medical harm; and ethics education for pandemic planners. Broader interests include narrative ethics and medical humanities. Currently, she directs a research project that is revising the influential Hastings Center guidelines on end of life care. This project is funded by the Patrick and Catherine Weldon Donaghue Medical Research Foundation and the Albert Sussman Charitable Remainder Annuity Trust. She recently completed a research project, funded by the Arthur Vining Davis Foundations, which examined how

professional chaplains define “quality” within their own practice and profession, and how these definitions correspond to how chaplaincy is represented in the health care “QI” movement and in efforts to advance patient-centered care. As Deputy Director, she manages the Center’s organizational capacity-building initiative, Bioethics and the Public Interest, which has received major support from the Ford Foundation. Berlinger is the author of After Harm: Medical Error and the Ethics of Forgiveness (Johns Hopkins, 2005, paperback 2007) and is currently developing a book project on cancer “survivorship” and the future of cancer care. She serves on the ethics research group of the Joint Commission; the ethics faculty of the American Society of Healthcare Risk Managers (ASHRM); the bioethics committees at Montefiore Medical Center, Bronx, New York and at Richmond of New York, a longterm care facility; and the editorial board of Medical Ethics Advisor. She teaches health care ethics at the Yale School of Nursing, and is a frequent presenter at grand rounds and other ethics education programs for health care professionals. She volunteers on the Chaplaincy Service at Memorial Sloan-Kettering Cancer Center in New York City.

She is a graduate of Smith College and holds the Ph.D. in English Literature from the University of Glasgow and the M.Div. in Christian Ethics from Union Theological Seminary.



LongView

Benjamin W. Corn, M.D., & Phyllis Dvora Corn, MSc., on an experiential message of hope and empowerment

“What’s Going on in my Head?”

Most of us take pride in being compassionate human beings. But the limits of our compassion are tested when friends or family members are diagnosed with terminal illness. It’s not that we don’t want to display empathy and understanding in those situations but we often erect barriers to block our view of their suffering and to avoid imagining what it would be like for us to experience similar maladies. Life’s Door-Tishkofet (LDT), an US-Israel based non-profit organization dedicated to the mission of supporting spiritual care and meaning-making for those facing illness and end of life, hosted a fascinating exhibit that was featured in the flea-market of the city of Jaffa-Tel Aviv, Israel, during September 2008. This exhibit, which is positioned to travel throughout the world, is designed to sensitize us to the experience of being stricken by serious illness and the way people think when facing the end of life.

Ilan Dimant is a twenty-four-year-old man who stands 6’ 5”; a tall body that is comprised mostly of a brave and sensitive heart. After completing his compulsory army service and taking what in Israel has become an “obligatory” post-service spiritual renewal trip to India, he enrolled in law school. All was going well until one morning he awoke on the floor of his bedroom. Opening up his eyes, he was shocked to see a group of medics asking him simple almost insulting questions. “What is your name and what is today’s date?” they queried, in order to see if he was oriented. Indeed he felt like asking them the simple question of what the heck they were doing in his room! But soon it became clear that he had experienced a seizure and that the answers to these questions were not so easy for him to produce. A Magnetic Resonance (MRI) scan revealed that the seizure was due to a growth in his brain and a biopsy showed that the growth was a malignant tumor.

In an instant, Ilan’s life had changed. He evaluated the treatment options that were available to him and embarked on a course of therapy. But what frustrated him more than the diagnosis, the prognosis and even the potential side effects of treatment was the fact that people who knew him could no longer understand him. He soon conceived of a project that was designed to help others step into his new world.

Ilan turned to Life’s Door-Tishkofet knowing that the organization promotes and encourages an open dialogue around the frightening issues of serious illness. LDT’s programs include spiritual care retreats and seminars for patients, family members, chaplains and health care professionals – all geared toward transforming the journey of illness and loss from fear and isolation to one of hope, growth and sharing. Over the course of ten months of soul searching and struggling to be understood in a world of friends and family that “cared but could not be where I was,” the concept of an exhibit began to take form.

Ilan’s project, “What’s Going on in my Head?” is an experiential exhibit that expresses a message of hope and empowerment in the face of a terminal disease. One is led through a series of rooms, which are actually way-stations on a journey. First is the bedroom where the convulsions occurred. Feelings of shock and violation are conjured up as one beholds shattered glass and disarray. In Ilan’s words, “the irony is that the room was broken into not by someone else but by me – a new intrusive part of me (in the form of a tumor) that I did not recognize”. As in the case of a burglary scene, there is the pressing need to know – “what has been taken.” Ilan likens this to the loss of social supports, life roles and physical and cognitive functioning that he is continuously challenged to “inventory” and reorganize since the time he was diagnosed.

The second space is a hospital room configured as a casino. The visitor feels dwarfed as he finds himself standing on the green of a blackjack table with gambling images overtaking the space. The casino is filled with the playing cards and chips that typically grace the blackjack table with one crucial difference; the card dealer is a physician. “There is a feeling” continued Ilan “that someone else is gambling with my life. How does one deal with such high stake decisions? Sure, the surgeon’s scalpel could remove the tumor, but could it also cause paralysis or speech defects?! Radiation therapy might prevent the tumor cells from growing back but could it also damage memory and the ability to think?” Most of us probably have not had

to contend with such existential questions; but in life, the options before us are rarely marked “good” and “bad”. Where does one choose to place their “chips of life?” reflected a visitor who has been battling breast cancer for eight years as she recounted the numerous options that were offered to her and the absence of a single unequivocal treatment plan.

This is followed by the “tip room”. Flat screen monitors which are suspended from the ceiling display advice-givers that descended upon Ilan. Many are comfortable playing the role of the expert after hearing about a medical success story or doing a Google search. But a cacophony of talking-heads is overwhelming despite the best of intentions. Next stop is a mirror maze where all is suddenly distorted. Other surprises follow as what Ilan classifies as “the excellent adventure in cancerland” unfolds.

Rooms are separated by a door that opens to a brick wall; a metaphor for the locked-in feeling that makes it impossible for so many cancer patients to break free. The journey ends in a “dialogue room” where trained professionals (e.g., social workers, psychologists) sit down with the visitors to process the emotions that have been evoked. There are no right or wrong answers here. There are simply raw feelings that need to be re-routed. This space suggests that the response to life threatening illness is frequently not best found in the search for a cure, but rather the quest to find hope and meaning. It is through human connection in a trusting and loving environment that hope can be found.

Over 5000 visitors attended the fourteen day run which was covered and extensively praised by the leading Israeli media. Aside from the general public, groups included high school classes, trainees and professionals from the field of medicine, social services and the creative arts. Most poignant were the reactions from patients and family members who closely identified with the emotional turmoil and discovery to which the exhibit gave voice. As one brother of a cancer patient expressed, “For over a year, I have sat, talked, cried and shared so much with my brother...but it was not until today that I see how much I did not ‘get’ him. Now, maybe I can find a way to enter his world, and his heart so I can truly be with him. This has been a gift for all of us”.

What’s Going on in my Head? is copyright protected and preparations are underway for the exhibit to be licensed and to travel internationally. As part of the licensing arrangement, the professional team at LDT will provide training and consultation to those sponsoring the exhibit which is an ideal community education and development project for health care, educational and creative arts organizations.

It is perhaps fitting that the premiere opening of the exhibit was erected in a flea market. The colorful market, located just south of Jaffa’s prominent clock tower, has recently been renovated to include trendy restaurants and upscale galleries. But the name of the game is still the quest for a bargain while assessing merchandise, which can be construed as pure trash or priceless treasure. Flea markets can be off-putting. Not everyone has the patience and determination to sift through the blemished wares. It can be argued, however, that those who persevere can harvest valuable rewards. Ilan Diamant has taken the materials of everyday life and crafted a meaningful message that can only be characterized as a true “find”.

Reference:

Wear D, Zarconi J: "Can compassion be taught?" J Gen Internal Medicine 23 (7): 948-953, 2008.

Benjamin W. Corn, M.D., is a Chairman of Radiation Oncology at Sourasky Tel Aviv Medical Center and Professor of Oncology at Tel Aviv University School of Medicine. Phyllis Dvora Corn, MSc., is an OT and Marital and Family Therapist. The couple lives in Jerusalem and founded Life’s Door-Tishkofet a non-profit organization with offices in the US and Israel. Ms. Corn is also a Board Member of the National Association of Jewish Chaplains.

Dr. Corn will be a Plenary Speaker at the Spiritual Care Collaborative Summit 2009 in Orlando. More information on this or other LDT programs can be found at www.lifesdoor.org.

Do you have thoughts about **LongView** you’d like to share with your colleagues? Send an e-mail of any length to info@PlainViews.org.



MyPractice

As professional chaplains we need to be in dialogue with each other about what we do, how we do it, and why we do it a certain way and how these practices benefit our patients. The ultimate goal of **MyPractice** is to build a consensus about what constitutes “good practice” and eventually establish “Standards of Practice” for chaplains. As with quality improvements in our institutions, this is an ongoing process in order to improve our practice.

To have a description of a practice that you use in your setting considered for inclusion here, write it up and send it to *PlainViews* for consideration. The Association of Professional Chaplain's Quality Commission's Best Practice Committee will work with the Managing Editor of *PlainViews* to review submissions and select articles for publication. Your submission does not necessarily need to be cutting edge (although that's okay, too). We want to identify “good practices” that could be recognized as standard practice.

PlainViews will highlight one article in the second issue of each month. **Readers are invited to respond to the featured practice.** Responses will be posted as they are received. This is a great opportunity to start a process that will move us forward in professional chaplaincy.

If you'd like to respond to **MyPractice**, please send a comment of no more than 400 words. You can use the e-form below (click on "hearing from you," link) or submit your commentary to the editor in the body of an e-mail (or as a Microsoft Word attachment) sent to Info@PlainViews.org. Please put the phrase “MyPractice” in your subject line.

We look forward to **hearing from you.**

'Becoming Research-Informed Chaplains' Seminar

Several years ago, George Fitchett began encouraging and advocating for chaplains to become a research-informed profession with 100% of the Association of Professional Chaplains' membership valuing research and becoming research literate by 2012. He called upon chaplains to learn what research relevant to chaplains is being published and where, to learn how to understand research papers, and to read several articles a year and learn the implications of the research for our ministries.[1]

Not unlike other chaplaincy departments, there has been some aversion to reading research, especially quantitative research, within our department. Nonetheless, we took seriously Fitchett's vision/charge and embarked upon a method of becoming better consumers of research. Initially each year every chaplain was required to read three research papers of the individual chaplain's choosing that were approved by the department manager as part of annual competencies. Subsequently, we (six chaplains) have begun reading the same papers and three times per year (during selected months of an on-going monthly educational seminar) we have an hour-long discussion about a selected paper. Generally the manager selects the papers based upon research that has come to the manager's attention or through utilizing the ACPE Research Network webpage (<http://www.acperesearch.net/>). Occasionally one of the other chaplains will suggest a paper about which there is interest.

Often a research summary outline that Fitchett developed provides some guidance to our discussion. This includes themes such as:

- Study aims or research questions or hypotheses
- Background for the study (review of the literature)
- Information about the research methods (e.g., study design, sample, measures, how the data was analyzed)

- Results of the study
- Summary of the investigators' discussion of the following:
 - o Integration with other research
 - o Limitations of the study
 - o Implications of the study for further research
 - o Clinical implications of the study
- Critical Evaluation: Strengths and weaknesses of this research; what else would be helpful to know
- Spiritual/Religious Care Application: Implications of the research for ministry, if any

The last two themes especially generate energized conversation.

Our initial seminar was an overview of religion and health research. Subsequently we have read and discussed articles about physicians engaging their patients about spirituality/religion (S/R) issues, nurses and S/R care, post-traumatic transformation, prayer (which allowed us to become informed about an article occasionally discussed by the public), and religious distress. Beginning the second year, we invited a biostatistician to join us since we are novices regarding statistics. She talks about the statistics used in the study and offers a critical perspective on the research methods.

We have now completed two years of this group process. Our chaplains are less apprehensive about research and are a little more knowledgeable about the statistics, have learned about interesting and relevant studies, and are impacted by the insights from the articles. For example, the articles have informed us in our efforts to better screen patients for S/R issues, provided additional research-informed language for framing issues, and influenced our planning for multi-disciplinary staff education efforts. A secondary gain has been increased team building through the time and discussions together. That we only meet three times a year is both a strength and weakness of our method, i.e., three articles a year is manageable but only three times a year limits retention of some of the learning, especially in terms of statistics and research methods. But based on our experience, I would advocate for research-informed chaplains (i.e., informed rather than expert or scholar) being an achievable standard of practice for chaplains with our method as one way to address that standard.

Footnote:

[1] Fitchett, George. (2002). "Health Care Chaplaincy as a Research-Informed Profession: How We Get There." *Journal of Health Care Chaplaincy*. 12(1/2):67-72.

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Send your comments about **MyPractice** to info@PlainViews.org.



Review

Sarah Masters reviews

They Killed Sister Dorothy

More than three years ago, a Catholic nun dedicated to preservation of the Amazon rain forests was murdered for her efforts. Sister Dorothy Mae Stang, working tirelessly on behalf of a sustainable development program, was shot multiple times.

Sister Dorothy, known as the “Angel of the Amazon,” spent more than three decades working alongside the peasant class of the rainforest to ensure that they would inhabit claimed land and work the land with respect for the environment.

Filmmaker Daniel Junge traveled to Brazil to investigate her murder. Junge quickly realized that the trials of Sister Dorothy’s suspected murderers, a number of loggers and ranchers, could “hold the fate of the Brazilian rainforest itself.”

There is much courtroom drama and tension in this part of the Amazon, where “justice” can be bought. Sister Dorothy is portrayed by trial lawyers on one side of the aisle as a profoundly committed Catholic activist and, on the other side, a spy sent by the U.S. to foment rebellion among Brazilian peasants.

The camera gives equal time to the poor whom Sister Dorothy served and to the wealthy ranchers who opposed her project, as well as to efforts to bring her killers to the witness stand. The director’s in-depth interviews with individuals on both sides of land rights issues involving the rainforest, and Junge’s extensive courtroom footage, highlight the fragility of justice in a third-world country.

They Killed Sister Dorothy raises important questions about how best to serve the poor, and to remain an effective environmental steward in an unstable world.

Completed: 2008
Running Time: 93 Minutes
Director: Daniel Junge
Producer: Henry Ansbacher and Nigel Noble

They Killed Sister Dorothy is on the film festival circuit and not yet available for purchase. Keep on the lookout for upcoming home video sales of the film.

Sarah Masters is the Managing Director of the Hartley Film Foundation, a non-profit organization dedicated to production, cultivation, support and distribution of the best documentaries on world religions and spirituality.