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Professional Practice

Brent Peery, D. Min.

Chaplaincy 101: Show Up. Shut Up. Offer Help.

A few decades ago I played on a pretty good high school basketball team. Looking back, I see we were good not because we possessed any extraordinary athleticism. I think we were good because we had been trained for six years in a program that consistently drilled into us the fundamentals of basketball. We did the basics well.

I have given some thought over the last few years to the question of what are the fundamentals of good chaplaincy care. What are the basics that when done well will lead to care that makes a positive difference for patients, families and the healthcare team? One way of summarizing them might be: Show up; shut up; and offer help.

Chaplaincy care is intensely personal work carried out through the medium of relationships. Showing up is the first step toward building an effective helping relationship. In our department we stress *proactive* chaplaincy. This is in contrast to *reactive* chaplaincy, responding to the initiative of others. There is a certain amount of this in any chaplain's work. But, there is real danger in others defining our work for us if this is our primary approach. Proactive chaplaincy care involves making rounds in assigned clinical areas and attending multidisciplinary rounds meetings for the purpose of initiating relationships with patients, families and the healthcare team. It is hard to be of much help if we do not first show up.

Frequently the foundation of relationship is laid by explaining who a chaplain is and how we can help. Though simplistic, in most cases it is sufficient to say, "We are specially trained clergy who offer spiritual and emotional support in the hospital." Longer explanations can be provided as needed. There is typically some introductory conversation. This is often relatively shallow in content, but valuable as a means of establishing trust that leads to the possibility of more substantive interaction.

It is then that we shut up. We move into a primary mode of eliciting the other's story and listening. We listen with trained ears, eyes, heart, and mind. What is the medical narrative and how does it relate to a larger life narrative? What does all of this mean? What are this person's needs? Hopes? Resources? What is her concept of the Holy? What is the shape and quality of community in her life?[1] All of our listening, combined with our training and experience, provides the material out of which we form an

assessment.

It is based on our assessment that we offer help.[2] We identify the chaplaincy care interventions we deem to offer the greatest potential for assisting this person. If he grants us the privilege of being his helper, he can expect to benefit from both our personal concern and professional capability. Accepting and benefiting from our help does not require a person to even begin to comprehend all of the years of education, clinical training, personal growth, and life experience that contribute to it. He just needs to know we care.

These are the fundamentals of what we do. Day in and day out. With person after person. We show up. We shut up. We offer help. On the surface, these rudiments are no more impressive than the innumerable hours my high school team spent in dribbling and passing drills or in running through offensive and defensive sets *ad nauseum* in practice. To the ignorant it is about as exciting as a musician practicing scales. But, to those of us who have trained to master the essentials, this is the stuff out of which grows some of the most meaningful work a person could ever hope to invest a life in. When we get it right, patients, their families and the whole healthcare team wins.

Footnotes

[1] VandeCreek, Larry and Lucas, Arthur. Eds. *The Discipline for Pastoral Care Giving: Foundations for Outcome Oriented Chaplaincy*. New York: Haworth Press, 2001. 8-18.

[2] We offer; we do not impose. To do the latter would risk violating the medical ethics principle of patient autonomy, not to mention the inherent dignity of another human.

Brent Peery, D. Min., BCC, is chaplain director for Memorial Hermann Hospital – Texas Medical Center in Houston. Brent is an ordained Baptist minister, endorsed by The Cooperative Baptist Fellowship. He is husband to Karen for over twenty years and father to Garrett, Brooke, and Anna Carol. He is profoundly grateful for the joy and meaning that his family, faith, and work bring to his life.

Rev. Dr. Martha R. Jacobs

Looking Back and Moving Forward

It is hard to believe that we are beginning our seventh year of e-publishing *PlainViews*. It has been an amazing opportunity for me to get to know (via the internet) so many wonderfully talented and passionate chaplains who want to share what they are learning or have learned. It has also been a joy to meet people face to face at conferences, even if you end up with a look of terror on your face when I ask you to consider submitting an article to *PV*, especially after you tell me what you have been doing at your workplace. Many of these innovative programs have appeared in *PV*, and sadly, some have not.

Fortunately for all of us, many chaplains took that request to heart. 151 issues of *PlainViews* have gone out since 2004. We have published 711 articles (including LongView and MyPractice) of which only 14 were written by other than Chaplains, Supervisors or CPE students! My plea that we write more about what we do and how we do it has not gone unheard! Congratulations to those who have submitted articles for whom this was your first publishing experience! May it not be your last! And, to those who write with regularity for other journals, I am grateful that you too have written for *PV*. Nowhere else is there the on-going "conversation" that captures our profession as it has been growing. We have also published 81 book reviews, of which all but 4 were written by chaplains!

From the responses that I receive to *PV* from around the world, it has been clear that we have brought the world of pastoral care to a new level of awareness of how and where professional chaplaincy is provided. It has also brought chaplains who work by themselves a sense of community; *PV* has helped them to feel like they are part of something greater. And, from the emails I receive, *PV* has helped to bolster the education of CPE students and administrators and doctors and others who are part of the multidisciplinary teams on which we serve. How awesome is that!!!!

On February 5 you will be receiving a request to help us select the 50 Best Professional Practice articles that appeared in the first five years of *PV*, so that we can offer them in a bound volume, as has been requested by so many of our readers. I hope that you will take this opportunity to help us to honor those chaplains who have submitted the "best" of their work.

And, in keeping with our desire to hear from our readers both the positive and the "needs improvement" comments, we will be sending out our bi-annual reader survey so that we can continue to grow and offer a publication that will provide our profession with a place to come together, share our knowledge, and dialogue about our growing profession and our growing edges. So watch for the notice that will arrive in your email on February 15! Your opinion does make a difference!

I asked members of our Advisory Board to reflect on our past six years. Below are some of their responses. I pray that you will continue to write about your work and how you "do what you do."

From Rev. Walter J. Smith, S.J., Ph.D.:

There is something valuable to be celebrated as HealthCare Chaplaincy begins the seventh year of its service to other professional chaplains through its publication of *PlainViews*. Religious traditions find meaning and significance in the number seven. At the completion of God's creative initiative of six days—as the Book of Genesis 2:3 reminds us—God “blessed the seventh day and sanctified it.”

In establishing *PlainViews*, HealthCare Chaplaincy recognized a need to provide the profession of chaplaincy with an accessible and reliable forum through which it might discover its voice and regularly share its experience. Through more than 150 issues during the past six years, chaplains and student chaplains have authored 99% of the articles that have been published. For chaplains. By chaplains.

For this creative work, we pause and give grateful thanks. And in that same sabbath spirit, we also humbly recognize the vocation to holiness to which professional chaplains respond with good and generous hearts. The work of *PlainViews* is sanctified by your witness, your words, and by the living and dying of those for whom you care. Thank you.

From Rev. Peter Barnes, D. Min.:

Our professions of chaplaincy and pastoral counselling are moving forward with the interest in spirituality as a significant segment of care and personal and community development. The skill of spiritual assessment and the formulation of spiritual care plans gives spiritual care professionals a framework to better explain and promote the value of the work we do and the benefit we provide to people in need. The idea of being able to delve into the deeper meaning of a person's spiritual distress has provided a context for informed spiritual care practice that was previously referred to in a variety of vague terms.

In association with these developments in the explanation of the spiritual care practice there has been the identification of professional competencies. These competencies inform the curriculum that has been deemed necessary to adequately equip spiritual care professionals with the required skill set to provide effective compassionate and empathetic care to our clients. Consequently the changes that are being made to our training programs including supervised pastoral education are made because of the gaps that have been identified in the required competencies. This valuable framework has aligned our training with other training programs which has made it easier for other professions to understand and appreciate and may lead to the training being sought after by other professions because of its effectiveness in terms of the integration of relational skills. *PlainViews* has been one of the publications that has moved this effort forward.

From Rev. Martha Dimmers:

There are so many ways that *PlainViews* has impacted our profession. To name some of the more important, here are the top of the list:

- creating a worldwide chaplaincy network through *PlainViews*
- chaplaincy care in disasters

- research and writing on spirituality, religion, and health
- the work on and creation of standards of practice for our profession, and *PlainViews* publishing the initial draft and receiving feedback
- the electronic format for journals
- cognate collaboration around common standards

All in all a great 7 years!

From Rev. Dr. Will Kinnaird:

I think that the most significant issues that have surfaced in the last few years deal with endorsement and with the shift perceived by many chaplains as the movement toward a secular or non-religiously based chaplaincy. It is also very interesting to me that some of our major chaplain organizations seem to be struggling with mission and identity.

PlainViews has helped to bring that struggle to the forefront and will hopefully continue to bring to its readers the issues that emerge as we move forward as a profession.

From Chaplain Jane Mather:

PlainViews has provided an opportunity for on-going, focused, critical, diverse dialogue that enhances our professional work without robbing it of inordinate time. In addition to it being the place where the most number of chaplains could review the Standards of Practice and discuss them, *PV* has been a place to constructively debrief experiences, to tell our own stories. It has been a safe place to expose growing edges for peer review – a little like a large, healthy CPE group! It has also provided a way to invite other disciplines into our “space” – our sphere of understanding, our arena – outside of the rush and intensity of medical arena.

From Chaplain Rozann Shackleton:

PlainViews is a trendsetter with respect to electronic delivery and served as a model in the transition of Chaplaincy Today to an e-journal. It has provided a vehicle for "cross pollination" between the North American cognate groups and over the years has become international in scope. I see this interconnection as vital to furthering the profession of chaplaincy.

As we encourage chaplains to advocate for the profession, *PV* serves as a motivating force for them to “tell their stories” via the written word. The fact that most of the pieces are short makes this process less intimidating. One hopes that having put a toe in the water, so to speak, individuals will be encouraged to pursue topics in greater detail. In addition, the TalkBack feature provides for immediacy of response and sharing of disparate views. In all respects, *PV* provides ongoing professional development for chaplains throughout the world.

Rev. Dr. Martha R. Jacobs is managing editor of PlainViews.

Dr. Cheryl A. Giles

The Language of Compassion: Building Cultural Competency in Healthcare Chaplaincy

Boston Medical Center (BMC) is the largest safety net in the northeast, providing the same standard of care to all without regard to race, class, gender, or sexual orientation. People who pass through the main lobby at BMC present a striking picture of diversity and speak more than thirty languages.

Recently, I taught an Advanced Spiritual Care and Counseling Seminar at BMC (with one of the hospital chaplains) that was designed to enhance the students' understanding of spiritual care and counseling skills in an urban hospital setting,

The participants were a small group of divinity school students from diverse faith traditions who were all interested in healthcare chaplaincy as a profession. Each week, students spent three hours visiting patients on medical units throughout the hospital and two hours reflecting on the visits.

One of the critical goals of this course was to *challenge students to think about oppression* and how it comes to bear on the emotional, physical, and spiritual well-being of patients and providers.

At the outset, offering spiritual care in a hospital setting with such a diverse population made the students anxious. The question they raised most often was, *"How do I respond to people who seem to have so many unmet needs and who are so different from me?"*

We live in a pluralistic society where affirming identity, building community, and cultivating leadership are essential strategies for creating cultural competency in our daily living.[1] This work requires an ongoing commitment to developing effective cultural competency skills.

Certainly, there is debate about what the term means. For some, cultural awareness and cultural sensitivity are synonyms for cultural competence, while others believe they are steps along the way to cultural competence. The differences are significant. Generally, the term "cultural competence" is used to indicate that a level of skill development has occurred within the individual practitioner, who has integrated cultural awareness and cultural sensitivity in their work and life.[2]

The Joint Commission (JC) released a report in May 2008, "One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations," from its survey of sixty hospitals that participated in a study to better understand how the challenges associated with cultural and language (and perhaps religious) barriers are being addressed.[3] The researchers concluded that there is no "one size fits all" solution or roadmap to show hospitals how to increase their organizational cultural competence. Rather, every health care organization has to meet the challenge of responding to diversity, while being sensitive to the needs of their patient

population.

Health care chaplains who develop cultural competency skills are able to demonstrate an understanding of diversity through supervision and training of students and modeling cultural competency for other healthcare providers with whom they work. Developing cultural competence is an ongoing developmental process that challenges us to think critically about power and oppression and to use this knowledge to respond with compassion and insight.

Adapted from “Developing Cultural Competency in Healthcare Chaplaincy: Living Spirit, Living Practice” In *Medical Ethics in Healthcare Chaplaincy*. Ed. Walter Moczynski, Hille Haker, and Katrin Bentele. Berlin 2009.

Footnotes:

[1] Tatum, Beverly Daniel: *Can We Talk About Race?* Boston 2008.

[2] Messina, Susan A.: *A Leaders Guide to Building Cultural Competence*. Washington, D.C. 1994.

[3] Joint Commission, “One Size Does Not Fit All: Meeting the Health Needs of a Diverse Population”(www.jointcommission.org/.../one_size_meeting_need_of_diverse_populations.htm).

Dr. Cheryl A. Giles is a licensed clinical psychologist and the Francis Greenwood Peabody Professor of the Practice in Pastoral Care and Counseling at Harvard Divinity School. Professor Giles has extensive experience in the treatment of children, adolescents, and families with significant mental illness, high-risk behaviors, and traumatic stress. Her primary research interests are identifying the role of risk and resilience in developing healthy adolescents, health care disparities in African-Americans, and Medical Ethics in health care chaplaincy. Professor Giles is a core member of the Buddhist Ministry Program at Harvard Divinity School and co-founder of the International Task Force on Medical Ethics in Spiritual Care.

Spiritual Development

Rev. Rhonda S. Cooper

“Pretty Amazing, Huh?”

The first statement out of the patient’s mouth was, “I’ve always been a worrier. I worry about everything! And as for G_d, I’m not sure anyone is hearing my prayers right now!”

Mrs R was a petite, sharply dressed woman of sixty-five years. She had been treated for a rare type of liver cancer for more than eighteen months; she described cancer as her “worst nightmare.” The diagnosis she described as a “fluke,” – the result of a scan for another condition. She was referred to the Cancer Center Chaplain by the psychiatric nurse liaison who had treated her previously for anxiety issues.

Chemotherapy had sapped her strength and left her bereft of her beautiful hair. She became terribly anxious before follow-up appointments with the oncologist and the reading of the periodic scans. She often did not have the energy to entertain her beloved young grandchildren as she would have liked. She did not tell anyone in her social circle about the diagnosis because she feared ostracism in the community.

She also felt disconnected from her Jewish religious roots, although she had not been raised in an observant home. Because she had been told by friends that G_d “had a plan for everything,” she wondered if G_d was like a puppet master, pulling strings that affected her and her family members’ lives, leaving them to dangle helplessly out of control.

As we became acquainted during weekly sessions, she began to share about family difficulties and the myriad of losses in her life. Shortly into our relationship, her son-in-law, the beloved father of two of her grandchildren, was killed under tragic, heartbreaking circumstances. She spoke of the young rabbi recommended by the funeral home who officiated at the funeral, and her eyes became moist as she shared some of the rabbi’s words of comfort.

As I listened and she shared parts of her life story, I could understand why Mrs R had anxiety issues. I also began to be aware of her strong core of resiliency and her deep love for family and friends, including an aged mother, siblings with mental health issues, a devoted husband, beautiful grandchildren and members of her cancer support group. We dialogued about G_d and prayer and the ways the Divine may be intersecting with our lives in gracious and meaningful ways.

One time Mrs R said, “I’m praying more, not one hundred percent sure anyone is listening, but I’m taking a chance that I’m connecting with Something or Someone who is greater than me!” Over the weeks, she also began to image herself as a resilient, caring, spiritual person – even more so than as an anxious one. She began to claim her spiritual authority to engage with the Divine and thereby found hope and solace.

On another day, she exclaimed, “I’m a pretty amazing person, aren’t I?” From another person it might have been a narcissistic claim. Yet from Mrs R this not only affirmed a

deep theological truth about the image of the divine in humanity, it also signaled significant spiritual progress – not to mention providing immediate feedback on the efficacy of the pastoral intervention!

A “worrier” added “amazing” to her repertoire of self-images, and became a more inspired person in process. No longer a “dangler,” she became a spiritual colleague of the chaplain’s in their shared endeavor to meet G_d on the solid ground of their shared faith.

Rev. Rhonda S. Cooper, M, Div., BCC, is ordained and endorsed by United Methodist Church. She served as a pastor for fifteen years and has been a chaplain for twelve years. Since March 2005, Rhonda has been the Sidney Kimmel Comprehensive Cancer Center Chaplain, at the Johns Hopkins Hospital, in Baltimore MD. She recently achieved board certification from the Association of Professional Chaplains.

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.](#)

***Mottainai*: Doing Cross-Cultural Bioethics**

Japan is a wonderful place to start the New Year. I was in Tokyo for a conference of bioethics scholars from Japan, Australia, Singapore, the UK, the US, and other nations, and whenever I had a chance I'd walk around that extraordinary city. There are traditional New Year's foods, New Year's decorations, New Year's greeting cards, and everyone pays a visit to the local Shinto shrine at New Year's.

In between soaking up the city and consuming immense quantities of ramen, I learned a few Japanese words. One of them was *mottainai*, which means, roughly, "don't squander the treasure," or "don't waste things." It's a word that encompasses a traditional Japanese value – there is even a children's book called [Mottainai Grandma](#), which aims to teach children to be responsible consumers – and dates from the 11th century. I learned it during a presentation by a Japanese physician who had interviewed women who had undergone in-vitro fertilization. The IVF process had resulted in additional embryos, and the women were considering what to do with them: should they keep the embryos in storage and try for another child? Should they discard the embryos? Should they donate them to research? Should they decide not to decide? The researcher told us that she'd noticed that her interview subjects were using the word *mottainai* with reference to their embryos, and that this cultural value was informing their decisions, although it did not lead them to the same decision. Some women, for example, might perceive a donation to research as a responsible action, a way of avoiding waste. Other women might perceive this same action as a form of waste.

This presentation was fascinating as cultural anthropology, and as cross-cultural bioethics. Debates in the US concerning the moral status of the embryo are not the same debates that are characteristic of Japanese bioethics or Japanese society. It was a reminder that culture matters in bioethics, that we all frame our debates with reference to the cultural tools at hand, some of them very, very old tools.

Chaplains, like other front-line health care professionals, may encounter culturally-specific words and concepts when caring for patients and families from non-majority

cultures. This is an interactive column, and I invite you to share your experiences, particularly those that concern the role of culture in making values-based decisions in health care.

Happy Year of the Tiger!

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.

Rev. Julie Allen Berger, D. Min.

“The Discipline” in Action

I have been a board-certified hospital chaplain for almost a quarter of a century (gulp). In mentoring CPE students over the years, I have come to realize anew what I *know* – in my practice of chaplaincy – that has become almost second-nature. With the one year anniversary of Art's death approaching, I started reflecting on *how* I know what I know and am more and more grateful for the legacy of our former department director, the late Art Lucas.

Art helped us, as a growing Spiritual Care Department within a teaching hospital, distill what we were learning as staff chaplains about specific clinical settings – oncology, in my case. Art encouraged us to pay attention to the spiritual challenges that seemed to crop up with regularity at key turning points in a patient's experience of dis-ease and health.

During orientation and shadowing with CPE students, I started to step back and tease apart “why I do what I do” – formed by a way of approach and evaluation our department adopted when we decided to use “The Discipline for Pastoral Care-giving.” (By the way, one of the side benefits of having adopted The Discipline as a department is that we have collaborated on numerous articles and workshops, which helped to solidify us as a department.)

A part of what I realized I *bring* to my patient visits is not only an openness to the Spirit and a curiosity about what this hospitalization is like for the patient, but also, the *accumulated experience* of what the landscape of cancer is like. This allows me to listen, observe, and ask with an *informed mind* as well as an open spirit. The Discipline *has* helped my practice of chaplaincy.

Below is a description of what goes on in my mind and spirit as I utilize the Discipline:

When I enter a patient's room, or begin an interaction with family members or staff, I pray that G-d will use my gifts to enable healing for that person in my care. But my mind is not a total blank slate. I bring into the conversation an awareness of all the other stories I have been witness to as an oncology chaplain. So I am listening for not only what is unique about this person's situation, but for echoes of other conversations with folks in similar circumstances.

On the “coat-tree” in my head, I identify and “hang up” data as I visit. I ask about and listen for the individual's spiritual *needs, hopes, and resources* – a well-used tool within our department's approach to pastoral care. Additionally, I engage the person in my care to mutually discover

- What gives him/her *hope*?
- What *meaning*, if any, has emerged in the midst of this health challenge?
- What and who make up his/her *community* of support?

- How has this person experienced G-d, *the Holy*, their ultimate reality? [1]

As a spiritual profile of this individual coalesces, I listen within my heart (and head) to what I find myself wanting to pray for. Of course, “healing” tops the list, however that may be defined. But what barriers to healing, what unique gifts, what anchoring beliefs, what opportunities for growth do the person and situation in front of me bring?

What connections can I help this person make to G-d, to their community, to hospital staff that might aid in their coping and healing? What wisdom can I pass along from others I’ve met at similar places?

And how do I observe what of my work with this person has been helpful to them? Do they tell me? Do they tell someone else? Do they visibly relax? Do their tears seem to bring them release?

Is it on a subsequent visit that they let me know they pondered our conversation? Have they found what they needed – from within or without – to make a tough decision or accept something that was at first so overwhelming?

Finally, how might I describe to the treatment team both the patient’s “profile” and “movement” (or lack of) in a way that enables healthcare workers to partner with this person (and me) towards healing? What invitations, as part of my care plan, might I want to bring into my next conversation with the individual in my care?

In reflecting on this, I have come to realize that I have accumulated a great deal of wisdom from my many years of practicing my discipline – The Discipline. I have learned from my patients, their families, my colleagues, and, of course, from Art. The model Art Lucas helped us develop makes my life easier as a chaplain, and makes it more fulfilling. Why? Because I have some tools to describe “how I do that thing I do.”

Footnote:

[1] The Pastoral Care Department at Mt. Carmel Hospital of central Ohio is the original source for this 4-pronged spiritual assessment profile tool.

Rev. Julia Allen Berger, D. Min., BCC, has been Anchor Chaplain for Oncology Services at Barnes-Jewish Hospital in St. Louis, MO, since 1992. She is ordained and endorsed by the Presbyterian Church, USA.

Sarah Masters reviews

God's Next Army

God's Next Army takes you inside Patrick Henry College for an intimate look at a conservative Evangelical Christian liberal arts institution that is dedicated to home-schooled kids.

During the Bush Administration, Patrick Henry College, though small, had more White House interns than any other college in America. The primary focus of this institution near Washington, DC, is to produce the next generation of Christian political leaders. Its mission involves "...aiding in the transformation of American society by training Christian students to serve God and mankind with a passion for righteousness, justice and mercy, through careers of public service and cultural influence."

In *God's Next Army*, award-winning filmmakers Jed Rothstein and Tom Hurwitz follow members of the incoming freshman class through their training, which emphasizes debating skills, their conformity to college rules, and their frequent day trips to Congress, where they hone their expertise as lobbyists dedicated to molding the world into a Christian Republic.

Students also take courses in fields such as Strategic Intelligence, in the underlying belief that their patriotism and clean backgrounds make them excellent candidates for work on the frontlines of the intelligence community.

The degree of access allowed the filmmakers, and the filmmakers' skills in allowing the story to unfold in an objective way in front of the lens, makes for a fascinating and incisive portrait of these students and this institution.

Completed: 2006
Running Time: 45 Minutes
Director: Jed Rothstein and Tom Hurwitz
Executive Producer: Cal Skaggs

If you are interested in purchasing this film, you can do so at www.hartleyfoundation.org. Just click on "Titles" on the homepage, then on "Top New Films" for more information. The cost of the DVD is \$20.00.

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.

Do you have thoughts about this issue you'd like to share with your colleagues? Send an e-mail to info@PlainViews.org.