The Chaplain as an Authentic and an Ethical Presence

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One of the core tenets of professional chaplaincy is that pastoral/spiritual caregivers can ease the existential anxiety that confronts those who are vulnerable and compromised. Further, they connect these patients, residents, clients, or staff to Divinity, however they define it, and thereby, contribute to their healing. The authors acknowledge that their use of the terms Divinity and God throughout this article may not always be interchangeable.

Some chaplains are mandated to offer religious care, others to offer spiritual care and some to offer both. Spiritual, in this context, does not mean mystical. It refers to the experience of our souls as they engage the issues to which contemporary life exposes us. Spiritual is also different from religious although at times they overlap.

Working as a professional chaplain is often defined as “being present with people where they are, wherever that may be.” Yet, from the perspective of both authenticity and ethics, is this a goal...
that is truly beneficial either to the chaplain or to the compromised individual being served? When chaplains recite words to which they do not ascribe, are they spiritually harmed? When chaplains affirm religious truths that are not their own, are those they serve spiritually harmed? Are there no boundaries beyond which chaplains should go in their endeavor to be present with people “where they are,” wherever that may be?

This article challenges the premise that as professionally educated chaplains, we can always be with people where they are. It also challenges professional chaplains to explore the following question: just because chaplains could do something, does it mean that they should?

Contrasting religious and spiritual

To begin, it is important to distinguish between the words religious and spiritual. Wesley L. Brun maintains that “Religious’ concerns are often defined as those issues that grow out of a person’s relationship with an organized religious group or institutionalized religious expression. ‘Religious’ concerns often have to do with how persons understand themselves in relation to a religious or ‘faith group.’”1 Followers of religious traditions observe specific, primarily fixed, rituals to engage their belief systems.

In contrast, he writes that spirituality has at least four characteristics that define or give it scope:

1. [S]pirituality is deeply personal, sometimes to the point of being idiosyncratic. It sometimes defies precise definition in words, but rather is described by use of metaphor, poetry, and/or story, which point beyond themselves to an “experience.” …

2. [S]pirituality often connects a person with a “Being-greater-than-themselves,” a “Being” whom they call by various names, God, Yahwah [sic] (Yhwh), Allah, Jehovah, Brahma, Shekinah, Sophia, Vashti, Gaia, the Great Spirit ….

3. Connection with the Being often gives the person’s life a sense of purpose or order …. It also, often, gives the person a perspective on life and death.

4. Such spirituality often offers the person a sense of perspective in which they understand themselves, others and the world.2

The role of the professional chaplain

This article focuses on the work of professionally trained chaplains. In North America, chaplains seek board certification via one of the following professional associations:

- Association of Professional Chaplains (APC)
- National Association of Catholic Chaplains (NACC)
- National Association of Jewish Chaplains (NAJC)
- Canadian Association of Pastoral Practice and Education (CAPPE-ACPEP)

Chaplains need to understand their primary—or exclusive—mandate. Basically, there are two types of professionally trained chaplains: monofaith and multifaith. Two of the authors of this article are primarily multifaith chaplains and occasionally monofaith chaplains. The third is primarily a monofaith chaplain and occasionally a multifaith chaplain.3 All of us are board certified chaplains with extensive and continuing professional chaplaincy education that helps us to determine when to fulfill which role. They participate in both monofaith and multifaith peer review groups to continue to differentiate their own needs from the needs of those whom they serve. As a consequence, they are grounded in their respective religious traditions. They know who and what they are—and are not—theologically, spiritually and personally. Each has some personal agreement and disagreement with the “normative theology” of their respective denominations. At the same time, each represents the larger body of their individual faith traditions. In addition, as part of the respective workplaces wherein they function, institutionally they represent the ethos of their specific agency/administrative centers.

Monofaith chaplains—Buddhist, Christian, Hindu, Jewish, Muslim, et al.—are conduits between the religions that ordain or endorse them and the persons of the same faith who are compromised. Visiting congregational and community clergy are invariably monofaith. These chaplains/clergy primarily offer religious as opposed to spiritual care. They provide significant religious resources, such as sacraments, rituals, excerpts from sacred literature, specific “God talk” and
prayers to those who find healing significance in receiving or otherwise engaging that particular religion.

Monofaith chaplains and the individuals that they serve share immediate religious connections, religious language, broadly common religious beliefs and a relatively shared denominational understanding of Divinity. In symbolic language, monofaith chaplains and the individuals with whom they interact form a closed system. They are linked by bonds that are nuanced and shaded in ways that are best known and appreciated by their believers. The rituals and prayers that they offer reflect these nuances.

Often, chaplains from other religious traditions think that they understand these nuances when, in truth, they are fundamentally unintelligible to those outside of the belief system. Frequently, this occurs when multiple religions share the same words but imbue them with different meanings and practices. For example, forgiveness or grace and how each may be achieved are very different within Christian and Jewish religious systems.

Multifaith chaplains, while usually ordained or endorsed by a specific religion, also have been educated to care for individuals who profess religions other than theirs. They offer a spiritual presence to those whose lives have been disrupted, e.g., by illness, accident, aging, substance abuse, physical and cognitive challenges, military service, imprisonment, irrespective of their religious backgrounds. Most of the individuals that these chaplains visit are either confined to acute-care institutions, e.g., hospitals, or long-term care facilities, e.g., nursing homes, hospices, rehabilitation centers, prisons. They also may be engaged with social service agencies, which serve homebound or other challenged individuals. These individuals may or may not be affiliated religiously. Some self-identify with a religion from which they appear to be disconnected; others self-identify with a religion with which they are deeply connected. Whatever their relationship with organized religion, they are often frightened, angry, sorrowful, disoriented, feel powerless and/or rightfully concerned about what the future holds for them. As such, they are compromised spiritually. Some may speak of their distress in words reminiscent of the biblical Job: “I will not speak with restraint, I will give voice to the anguish of my spirit; I will complain in the bitterness of my soul” (Job 7:11). Others may not give direct voice to their distress, but these emotions play out on their faces or in their eyes and are visible to the educated professional chaplain.

Multifaith chaplains empathically listen to the stories of these sufferers and actively assist them in exploring the current existential dynamics afflicting their spirits. They connect the religious, the secular, the affiliated and the unaffiliated to Divinity, however the sufferer defines this. Multifaith chaplains are expected to respect religious boundaries that are not their own.

The goal of the professional multifaith chaplain

Professionally trained multifaith chaplains begin their visits by introducing themselves and socially joining with vulnerable individuals as they assess their spiritual needs. Chaplains who meet with individuals in long-term care facilities generally have time to develop relationships. Those who meet with individuals in acute care facilities or in any situation where jeopardy is present, often find that time is too limited to develop relationships. Chaplains take this time factor into consideration during their visits while they actively listen and assess. One of the significant differences between professionally trained chaplains and well-intentioned clergy is who listens to whom. Though often offered in jest, the fact is that it is axiomatic for chaplains to remember that it was with purpose that God gave us two ears and one mouth; we are meant to listen twice as much as we speak—maybe more than twice as much!

Chaplains describe themselves as the only official professionals who engage compromised individuals without specific agendas. If that were strictly true, what would differentiate professional chaplains from church, synagogue, temple and community volunteers or even candy striper? The answer to that is a paradox. On one hand, during visits, multifaith chaplains have no agenda. On the other hand, they strive to be fully present; actively listen with empathetic ears, educated intellects and hearing hearts; perform spiritual assessments; attempt to get their own counter-transference out of the way while they encourage persons to speak from the depths of their distress; and offer appropriate prayers.

Some individuals ask chaplains for prayer. Some do not. Either way, chaplains are understood to be religious professionals who are specially connected to Divinity, even if it’s to a “different” Divinity. In a silvering North America, people seem hungry to connect
to Divinity. Furthermore, there are more individuals who are in the midst of long-term challenges than in the past when many more people succumbed to their illnesses and died relatively quickly. Consequently, it is incumbent upon chaplains gently to invite individuals to connect to Divinity. One way to accomplish this is via prayers that are appropriate to the sufferers, whether or not these prayers are directly requested.

Vulnerable individuals are not surprised when religious professionals invite them to pray; they are surprised when they don’t. Compromised individuals who accept an invitation to prayer trust that chaplains will not violate their religious and spiritual sensibilities. The best way to accomplish this is with custom-made prayers that are composed spontaneously to reflect what a vulnerable person wants to say to Divinity in the context of a particular visit. Suggestions on how to formulate these spiritual prayers will be found later in this article. Visits without prayers are important opportunities lost.

The authenticity and ethics of the multifaith chaplain

The Council on Collaboration, represents over 10,000 chaplains, pastoral counselors, and clinical pastoral educators in North America. On November 7, 2004, in Portland, Maine, the council approved a set of minimum standards for spiritual care professionals that representatives from each member association had collaboratively written. American Association of Pastoral Counselors (AAPC) and Association for Clinical Pastoral Education (ACPE) joined APC, CAPPE/ACPEP, NACC and NAJC in the ratification of four documents:

1. Common Standards for Professional Chaplaincy,
2. Common Standards for Pastoral Educators/Supervisors,
3. Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students,
4. Principles for Processing Ethical Complaints.

Collectively, these documents describe what it means to be a professional, multifaith chaplain, a pastoral counselor or an educator. All board certified members of these associations now sign documents affirming their accountability to these basic tenets. Throughout the four documents, issues of ethics are elucidated and members are advised to incorporate a working knowledge of ethics appropriate to their pastoral context. For example, nine items in the Common Standards for Professional Chaplaincy relate to ethical issues, in particular, highlighting that the needs of those served are met by the spiritual care professional.

The message being sent by the associations is very clear. In all spiritual caregiving services, chaplains are to consider the needs of the vulnerable individuals being served above their own needs. Specifically, the associations affirmed the following:

- The right of each faith group to hold to its own values and traditions.
- Respect for the cultural and religious values of those served.
- Restraint by chaplains from imposing their personal values and beliefs upon those served.
- Counsel chaplains to seek advice from other professionals and to make referrals to other professionals whenever it is in the best interest of those being served.

In other words, chaplains may not use or pray in the religious or spiritual language of their personal faith systems unless it matches the faith systems of the individuals that they are serving. Nor may chaplains seize these moments as opportunities to proselytize or to convert someone who may seem at loose ends religiously.

In reviewing these documents, it becomes clear that the writers were concerned that chaplains frequently do not understand when they are being disrespectful of other belief systems, when they are imposing their personal values upon others, when they are meeting their own needs first or when they should make referrals. The professional associations were courageous in addressing these issues which seem to be systemic problems in chaplaincy.

If chaplains may not use their own spiritual and religious language when serving individuals of other belief systems, may they use the spiritual and religious language of those they serve? It is our position that for caregiving to be authentic to, and ethical for, the person being served, chaplains need to acknowledge that there are boundaries around each spiritual and religious tradition. These boundaries should not be transcended by differently observant chaplains who are by
definition outsiders and, therefore, not privy to meanings that are inherent in the language and rituals of faith systems other than their own. Despite good intentions, such trespassing may inflict spiritual harm upon those whom they seek to serve.

It is, of course, easier if the chaplain and the person being served, e.g., client, resident, patient, loved one, share a similar religious tradition. It is easier still if they share a similar religious denomination. In both cases, they share a certain amount of theological understanding and language. There may be differences in nuances and practice, but a Lutheran chaplain may religiously or spiritually attend to another Lutheran reasonably easily. A Methodist chaplain knows language that is familiar to another Methodist. Matters become more complex when there is a chasm between the religiously spiritual traditions of the chaplain and person s/he serves. Even though they share the kinship of Christianity, it may not be possible for a Lutheran fully to attend religiously to a Baptist or a Methodist to a Presbyterian. It may be impossible for a Protestant fully to meet the needs of a Roman Catholic or a Roman Catholic fully to meet the needs of a Protestant. Likewise, it may be difficult for an Orthodox Jewish chaplain fully to serve a Liberal Jewish person or a Liberal Jew to serve an Orthodox Jew, despite the fact that they share the kinship of Judaism. An even more complicated situation occurs when the chaplain and the person being served are of different faiths.

Of course, some religious and spiritual practices have spiritual meaning for believers and also are partially accepted by members of other faith traditions. For example, meditation and yoga are part of Buddhist religious practice. Christians, Jews and Muslims may engage in these practices; however, this does not make them privy to the inherent significance of these rituals to a Buddhist. Many Christians celebrate Passover with Seders, but this does not make their Seders Jewish, nor do they understand or experience this ritual from within the emotional catharsis that Jews do. In a similar vein, although Jews can perform baptisms, they cannot embody the words of the ritual and thereby imbue it with holiness.

There are further reasons not to recite sacred words from other religious traditions. By their nature, formal prayers have certain rhyme or response patterns that are known to practitioners. Chaplains from other traditions are unlikely to be familiar with these subtleties, may mispronounce some of the words, and thereby, give offense. At the very least, these prayers will be heard as stilted and unprayerful. Basically, we cannot be that which we are not:

- A Protestant cannot be a Muslim.
- A Jew cannot be a Native American.
- A Seventh Day Adventist cannot be a Jew.
- A Mormon cannot be a Roman Catholic.

As multifaith chaplains, we should not try to be.

In formulating standards for spiritual care professionals, the professional associations were emphatic about chaplains putting the needs of the person being served first. Nevertheless, they did not declare that chaplains are to be chameleons or that chaplains’ desires to be empathic with those they serve are meant to leave them without a religious or spiritual identity of their own. It is our position that caregiving needs to have components that are authentic to, and ethical for, chaplains. Chaplains who come from traditions that proselytize and convert may have difficulty reconciling their personal authenticity with professional ethics. For such reconciliation to occur, chaplains need to acknowledge that there are boundaries around each spiritual and religious tradition—sometimes their own and sometimes those of the person being served—beyond which they should not engage.

Following are several scenarios that have confronted us or our colleagues in our efforts to offer authentic, ethical pastoral care.

Chaplain Bob, who is Roman Catholic, has a personal digital assistant (PDA) that includes several Jewish prayers, such as the Sh’mah: “Hear, Israel, the Lord is our God, the Lord is One.” (Deuteronomy 6:4). This affirmation of God’s unity is as close to a creedal statement as may be found in Judaism. Should he recite it with a Jewish person?

Chaplain Hannah, who is Reform Jewish, has the words to the Lord’s Prayer and the Hail Mary as well as a musical rendition of “Amazing Grace” on her PDA. Should she recite/sing them with a Christian person? If she were asked to perform a baptism or other Christian ritual, should she do it if it meets the “in-the-moment” need of the person before her?

Chaplain Len, who is an Evangelical Protestant, has a book in his
office that contains various prayers “for emergency situations.” He visits an inmate named Mohammed. Should he recite words from the Qur’an? Alternatively, should he pray a generic prayer of healing and substitute Allah for God?

Chaplain Constantine, who is Greek Orthodox, is very devout in his personal practice. As a professional chaplain, he desires to chaplain all of the individuals in his care. A patient who self-identifies as a Satanist requests a visit from a chaplain and for words of comfort that would be religiously appropriate to him. How should Chaplain Constantine respond?

**Just because you could, should you?**

So, how do chaplains care for believers from other faith systems and also remain ethical to those they serve as well as to themselves? It is the thesis of this article that just because chaplains could do something, it does not mean that they should do it. Given this, how may chaplains authentically and ethically offer care to the individuals they serve?

General principles for offering authentic and ethical spiritual care with differently observant believers are listed on page 21. The following sections offer a few specific examples that we have gleaned from our efforts to offer authentic, ethical spiritual care to augment these general principles.

**Non-Christians chaplaining Christians**

Many prayers are embodied and made holy when their believers recite them and are secularized when non-believers recite them. If you do not ascribe to the religious truths inherent in these prayers, do not recite the Our Father (Pater Noster, Lord’s Prayer), the Catholic Blessing for the Sick, the Catholic Commendation of the Dying or the Hail Mary, to name a few.

Do not baptize someone if it is not part of your religious tradition as different Christian denominations have different rules about what constitutes an effective baptism. Rather, someone who has been baptized to do the baptism while you offer spiritual care.

When you invite individuals to prayer, also invite them to add a few words of significance to them during or at the end of the prayer. If it is healing to them, they will add Jesus, Mary or the Trinity; you do not need to do so.

If an individual adds a name of Jesus, Mary, the Trinity, et al., and these names are not part of the religious system to which you ascribe, consider closing the prayer with words such as “May God hear your prayers.” Do not end with “Amen” if you don’t affirm the person’s religious beliefs as to some people Amen signals agreement with and/or affirmation of all that has been said.

Sometimes a Christian individual tells a non-Christian chaplain that it is all right to say a particular Christian prayer. You should decide, however, what is appropriate for you based on the religious tradition that you follow.

**Non-Jews chaplaining Jews**

Do not mention or allude to religious entities such as Jesus, Mary, the Trinity, Allah or Buddha during a chaplaincy visit. A Christian chaplain once said that if he did not end a prayer with the words “in Jesus’ name,” it was like writing an e-mail and not pushing “send.” Our response is that once the names of any of these religion founders or other religiously significant individuals are added, it is like writing an e-mail and pushing “delete.”

Whenever possible, remove crucifixes and other Jesus-related artifacts and language from the chaplaincy experience of a Jewish individual. It is undoubtedly true that the historical Jesus was benevolent; however, it is also true that Jesus’ name has been used throughout the ages in non-benevolent ways. For two thousand years, Jews have been persecuted, martyred and murdered in the “name” of Jesus. Consequently, it is difficult for many Jews to see or hear representations of Jesus or other emblems of Christianity and not to associate this—consciously or unconsciously—with Jewish crisis and tragedy.

There is no substitute in Judaism for the above-named religiously significant figures. Moses was not a founder of Judaism. He is not a substitute for Allah, Buddha, Jesus, et al. and should not be invoked in prayer.

Do not use Hebrew. While it is acceptable to some Jews, others find it patronizing—and you won’t know which is which. If you’re thinking about asking, remember that some will want to please you and that’s not why you’re there.

Do not engage in prayers that are outside of your own religious system. In transcending this boundary, you may be sending a message that you didn’t intend. For example, for Jews the Sh’mah and Psalm 23 were discussed earlier in this article.

Perhaps you have reason to believe that a patient is dying. You know of the Jewish tradition of Vidui (confession when death is near), and you offer the patient a chance to say it. However, the patient still is hopeful that the treatment will
General principles for offering authentic and ethical spiritual care with differently observant believers

1. Spiritual care, without engaging a specific religion, is always appropriate.

2. Find out which monofaith clergy, chaplains and community visitors are available to make visits in your institution so that you may offer to make a referral, i.e., who celebrates communion; who anoints for healing; who offers Sabbath blessings; who arranges for Juma prayer?

3. When a religious ritual is essential for a differently observant believer, offer spiritual care and find someone more appropriate to perform the ritual from among the staff, loved ones, community clergy or visitors.

4. Do not offer to recite fixed prayers or liturgical readings from faith traditions that are not your own; this may include different denominational traditions. Doing so may distress the individual who
   - Does not know the prayer.
   - May not know all the words.
   - May not want to engage in formal prayer outside of the faith community, e.g., church, synagogue, mosque, temple.
   - May believe that it is inappropriate to say the prayer with a nonbeliever.
   - May consciously or sub-consciously attach meanings with which you are unfamiliar and you did not intend. For example, many Jews are familiar with the Sh'ma only as the prayer said either in synagogue on the Sabbath and Holy Days or at the time of death. Psalm 23 is another example of a prayer that many Jews associate only with funerals.

5. If an individual asks you to recite a fixed prayer or liturgical words from Scripture or prayer books for example, provide them with spiritual care and facilitate the requested experience for them with appropriate staff, a loved one, or a referral to another professional or community visitor (whose names and availability you have already ascertained).

6. Do not offer to perform rituals from another faith. You may be able to say the words and perform the deed, but you cannot embody the words—or make the experience holy—in the way a believer can.

7. Be careful not to use words that are important to you in the context of your faith tradition when they are not germane, and in fact may be alienating, to the person you are serving.

8. Spontaneously composed prayer that is custom-made for the individual served always is appropriate.

9. Do have available printed prayers of healing for as many faith groups as possible.

10. Do ask permission before contacting local clergy; many unwell individuals do not want their home communities notified. This also has HIPAA privacy implications.

11. Remember that chaplains’ relationships with the individuals they serve are not mutual nor are they equal. Rather, they are hierarchical with the chaplain in the “closer-to-God” position. As such, many vulnerable individuals often give chaplains the answer that they think chaplains want to hear, even when they would prefer to say no.
be effective. Perhaps meaning well, you apply the same rules to offering Jewish confession as you do to Roman Catholic confession. In both cases, as an outsider to Judaism, you may send a message that you didn’t intend.

Non-Muslims chaplaining Muslims

Sacred words are meaningful to their believers. Unless you are Muslim, do not recite such prayers such as the Shahada: “There is no God but Allah and Muhammad (peace be upon him) is His messenger.”

Although Christians and Jews share common roots with Muslims through Abraham, it would be inappropriate for a non-Muslim chaplain to refer to Abraham as Ibrahim in a prayer.

Non-Native Americans chaplaining Native Americans

Native Americans/First Nations are a very diverse group. What is an appropriate prayer for a Lakota Sioux, may differ for an Algonquin, an Arapahoe, a Miwok, a Mohawk or a Navaho.

Chaplaining the nonaffiliated

An individual may self-identify as unaffiliated, unchurched or lapsed. These terms mean different things to different individuals. They do not mean that the individual is ripe for proselytizing or conversion.

Chaplaining the agnostic or the atheist

Individuals who self-identify as agnostic or atheist and also engage you in conversation for more than five minutes after you have clearly identified yourself as a religious professional, e.g., Chaplain, Reverend, Rabbi, Imam, Roshi, want something spiritual from you. This does not mean that when they leave the hospital or other institution that they will convert. It means only that in the moment, they are scared. We are reminded that the old saying that “there are no atheists in foxholes” also applies to hospitals. Offer these individuals spiritual care and a wish them success with an operation/treatment and/or improved health.

Chaplaining polytheists, Satanists

Chaplaining these individuals may or may not be different for you than chaplaining other individuals whose belief systems are significantly different than your own. It is a subject that you may want to consider engaging either alone, with a peer group or at a conference before you are faced with this situation.

If such individuals wish to recite something that is meaningful to them, encourage them to do so and help facilitate this, perhaps through written material. Remember, you do not need to affirm their truth.

To pray or not to pray

It may seem as though we are advocating against praying with those who believe differently. This is not so.

Fundamentally, there is no reason for chaplains who have accepted a multifaith mandate to violate either their professional ethics or those of the individual being served. Earlier, we wrote that connection to Divinity is a primary goal of a chaplain’s visit. Prayer often facilitates this, and chaplains often are seen by those they serve as either presenting God, re-presenting God, or as representing God.

In view of the important role that prayer plays in healing among the multifaith, multiethnic populations that chaplains serve, the issue is not could a multifaith chaplain pray with all people but rather how could a chaplain pray with all people?

Prayer is a special kind of conversation. Prayer is the individual’s soul conversing with the Soul of the universe. We need prayer. Prayers are the deep and various longings of our souls expressing themselves. Sometimes, this expression takes place through reading familiar words in a prayer book. Yet, we know from experience that these words may not always match what we feel. Our human souls yearn to express what is most profoundly true for us at a given time. This is especially true in those moments when we are faced with the mystery of living and dying, of knowing and not knowing.

The Bible reflects a longstanding intercessory tradition. In the Hebrew Bible, there are numerous examples of verbal intercessory prayers to God. In Genesis, Abraham prays for Abimelech. In Exodus, Moses pleads with God on behalf of the people, and at one point, in Numbers, he prays for the health of his sister, Miriam. Later, during the period of the prophets, in the book of Kings, Elijah and Elisha pray on behalf of people in their respective communities, and Job prays for his friends. In the Christian Scriptures, the Gospels are filled with examples of Jesus praying spontaneously for the ill and distraught.

Monofaith chaplains generally use denominational-specific prayer language that is both value-laden and formalized. In contrast, professional multifaith chaplains learn to use spiritual prayer language that is personal and specific to the individual being served. Commonly these are termed spontaneous and custom-made prayers.
Custom-made spontaneous spiritual prayers

Custom-made prayer infused with spontaneous, heartfelt intention encourages our spirits to speak their truths in the moment.

Bonita Taylor explains that as a clinical pastoral education (CPE) supervisor, she teaches pastoral care students about the profound effects that custom-made prayers have upon those who are vulnerable and compromised. In Taylor’s words:

Ultimately, they must learn this for themselves during their pastoral visits. In my experience, students are often skeptical about the effects of this kind of prayer, preferring to stay in the comfort and security of fixed prayer. Invariably, at least one or two students return to class saying that they had intended to follow the guidelines perfectly, just to “prove me wrong.” Instead, they return with stories about patients who became teary and, blessed them; or crusty and angry long-term care residents who opened up after prayer about their fears for the future; or social service agency clients who shared truths about themselves that they had not shared with anyone before.

There are five basic steps or guidelines to create no-frills, custom-made, spontaneous prayers.

1. Ask the individual if you may pray for him/her, e.g., would it be all right if I said a prayer for you? When individuals realize that they are not being asked to remember the words to a prayer, they relax into the connecting experience. Asking permission empowers individuals who are in a vulnerable state.

2. Ask the individual to identify a focus for the prayer in his or her body or spirit. Alternatively, ask what s/he would like to say to God. The prayer actually begins when individuals engage in the process of praying for themselves even if they don’t compose the prayer itself.

3. Address the Divine and connect the individual to Divinity. You might address the Divine as though you were writing a letter, e.g., Dear God, Dear Source of Life, Dear Eternal. It is important that pastoral caregivers identify the individual being prayed for by name and location. This is not for God’s benefit. It is for the benefit of distressed individuals who need to feel that God is focusing specifically on them, rather like a GPS—a Godly Positioning System.

4. Relate the individual’s plight to the Divine. Blend the individuals’ factual ordeals with any accompanying existential spiritual dynamics that you have helped them to explore.

5. Share with God what this individual needs. This intensely personalized prayer is composed primarily of what the suffering individual wants to pray for—yet it needs to be realistic in what is asked. To offer a hope for cure when it is out of touch with reality may leave vulnerable people feeling unseen and unheard. Worse, it may leave them feeling deserted by God, perhaps the most miserable feeling of all. The words, “Do not forsake us, Eternal God” encapsulate the essence of all prayer. Pray for courage, for strength and for endurance.\textsuperscript{12}

Conclusion

This article contrasts spiritual or pastoral caregiving with religious caregiving. It brings into focus ethical boundaries that should be inherent in situations where chaplains and patients/residents/clients embrace different religious systems. It also highlights areas of respect that good-hearted, well-intentioned chaplains may inadvertently—and unknowingly—violate during otherwise compassionate and spiritually nurturing visits.

The article challenges the tenet that chaplains must always be present with the individuals they serve wherever they are. This is a particularly egregious motto when chaplains understand it as a mandate to become a religious caregiver for an individual of a different faith or when they understand it as an order to violate their own belief systems.

The authors reference the Common Standards approved by the Council on Collaboration, particularly those...
sections that counsel chaplains to seek advice from other professionals and to make referrals to other professionals whenever it is in the best interest of those being served. They also present authentic and ethical ways for chaplains to interact with vulnerable individuals wherever they are on—or off—the faith continuum and include suggestions for how to pray with those of differing faith traditions.

Finally, we raise the question that just because chaplains could do something, does it mean that they should? We ask chaplains who take umbrage with our discussion to explore their own counter-transference around appearing to be able to meet all of their patients/residents spiritual and religious needs. Further, we invite chaplains to ask themselves how they would know if they were being perceived as disrespectful by patients who acquiesce to them out of vulnerability, politeness or a wish to please the chaplain who, after all, represents Divinity?

References


2 Ibid.

3 Zucker is a Reform Jewish Rabbi; Bradley is a Roman Catholic Deacon; Taylor is a Conservative Jewish Rabbi.

4 See Bonita E Taylor, “The power of custom-made prayers” in Dayle A. Friedman, ed., *Jewish Pastoral Care*, 2nd Edition (Woodstock, VT: Jewish Lights, 2005), 150-60. Though framed in a Jewish context, the concepts that Taylor enunciates have broad applicability.

5 Rabbis Taylor and Zucker served on the NAJC Board during this period. Rabbi Taylor contributed to writing Common Standards for Pastoral Educators/Supervisors. Both voted in this historic international meeting.

6 Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students, Preamble, 1.3, 1.11, 4.4, 4.5.

7 See Phyllis A. Toback “A theological reflection on baptism by a Jewish chaplain, *Journal of Pastoral Care* 47, no. 3 (Fall 1993): 315-17 and George Handzo and Zahara Davidowitz-Farkas, (Journal of Pastoral Care 48, no. 1 (Spring 1994): 101-2. In their response to Chaplain Toback, Reverend Handzo and Rabbi Davidowitz-Farkas write that “As chaplains … [o]ur intent, in part, is to help patients recognize and use resources for healing that are theirs alone. … Their story is their own. We cannot join it; we can only share it. [In baptizing an infant, Chaplain] Toback has crossed an important boundary in relationship to the family … [S]he violated her own and the family’s integrity … and trod on the sacred ground of a tradition she can never fully appreciate simply because it is not hers.” (p. 101)

8 For a critique of such volumes, see David J. Zucker’s review of Mary M. Toole, “Handbook for Chaplains,” *Vision* 16, no. 9 (October 2006): 19.

9 See Bonita E Taylor and David J. Zucker, “Nearly everything we wish our non-Jewish supervisors had known about us as Jewish supervisees,” *Journal of Pastoral Care & Counseling* 56, no. 4 (Winter 2002): 327-38.


11 See Taylor, “Custom-made prayers.”

12 Adapted from Taylor, “Custom-made prayers,” 153-56.