

Chaplain – Robert Baral

Patient – XY, a 70+ year old widowed female

Location – Surgical Intensive Care Unit

length of visit – 20 minutes; days in hospital - 1

Religion – Jewish

Theme – “Being an Instrument of GOD’s Peace –

You Offer to See People of Other Faiths? That’s The Way it Should Be!”

## **I. DATA**

This is a 70+ y/o female who had major abdominal surgery today for colon cancer. Previous surgery for same condition just a few months ago. Pt’s religion is listed as Jewish.

## **II. PLANS FOR THE VISIT**

I prepared for this visit to offer PSALM 23 as a prayer if wanted. I make a mental note to address GOD in prayer with them as “GOD, Eternal One, King of The Universe.” As I stood at the Nurse’s station, I could see a young woman at the patient’s bedside. I prayed silently as I approached, “Lord, make me an instrument of Your peace for these people.”<sup>1</sup>

## **III. OBSERVATIONS UPON ENTERING THE ROOM**

The curtain is partly drawn. The patient opens her eyes to my knock and voice. She appears tired and pale. A younger middle aged lady is at the bedside on the far side of bed, who makes immediately solid eye contact with me. She offers a slight smile. Lighting in the room is dim.

## **IV. INTERVIEW**

C = Chaplain; P = Patient; D = Daughter

C1 – [I knock on frame of what passes for doorway.] Hello Ma’am. I am Bob, one of the hospital Chaplains. May I come in?

D1 – Yes. Please come in.

P1 – [Pt opens her eyes as I approach her bedside.] Hello.

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<sup>1</sup> Saint Francis of Assisi, “Peace Prayer.” National Shrine of Saint Francis of Assisi, San Francisco, California, USA. <http://www.shrinesf.org/franciscan-prayer.html>.

C2 – [I go first to pt’s bedside] Hello Mrs. Y. May I offer you my hand?

P2 – [Pt takes my hand. Makes eye contact with me.]

C3 – I am glad to meet you, but I am sorry for the circumstances. [I shift my eye contact to the lady at the bedside.]

D2 – I’m the daughter.

C4 – [I offer my hand to her. She accepts my hand. I note she is an attractive, well dressed lady. Her eyes seem to me to be hiding tears.] I would like to spend some time with you ladies to see how you are doing and if I can help you in any way. [I motion to a free chair.] May I sit down?

D3 – We’re Jewish you know.

P3 – I don’t know what we can do for you.

C5 – It’s not a question of what you ladies can do for me, except if you want me to offer some time with you. It’s a question of what I can do to be of support to you both.

D4 – [Daughter motions for me to sit down.]

C6 – Thank you. [I sit. I am on pt’s right side, facing pt and her daughter, who is sitting on pt’s left side. I give a few moments before I speak. I address the daughter] May I ask what brought your Mom into the hospital?

D5 – This is the second half of surgery for my Mom for colon cancer with spread. Part two of the same movie. The first showing was 2 months ago.

C7 – I see. [I lean forward slightly as daughter explains further. I now address the pt. I consciously shift my eye contact to pt from daughter, but look up several times as she speaks, acknowledging daughter’s presence. I shake my head up and down slowly.]

P4 – So you are with what Church? You see other people who are not of your Faith?

C8 – [A gauntlet question. Answer wrong and the visit is over.] I am a Chaplain with the hospital. We try to offer whatever we can that patients and families are comfortable receiving from us as much as we can.

P5 – [Patient nods approvingly.] That’s the way it should be!

C9 – I am very thankful to be able to spend some time with you ladies. Part of what we do is to see if people have the support they think they need while they are in the hospital. May I ask you a question?

D5 – Sure. [Patient and daughter smile and nod okay.]

C10 – What kind of support do you have?

D6 – [Daughter shares that they have a lot of local family support, primarily herself and another sister.] My sister and I are taking turns being with our mother. She is doing better this time around.

C11 – Mrs. Z, you mentioned your husband.

P6 – My husband died 2 years ago.

C12 – May I offer my condolences to you and your family. I am so sorry. [Patient's eyes are closed. Daughter suppresses some tearfulness. I become more aware of daughter's unspoken fear of now possibly losing her Mom as well. Passing feeling that I would be happy to share some tears with the daughter if she was able to do so first. I think she is aware of this.]

C13 – May I ask you both, through these last 2 difficult years, where do you go for spiritual strength?

D7 – We belong to a local Congregation. Our Rabbi will be in tomorrow.

C13 – I see. You have spiritual support from your Synagogue. [I nod my head slowly up and down.] What is your husband's, your Dad's, name?

P7 – B. [Short silence. Seems like a very long time to me.]

C14 - [I address the patient and give eye contact time also to the daughter.]

How do you see the second part of this movie playing out now today?

P8 – [Patient is holding my hand again. Closes her eyes as she speaks softly. She has look of distress on her face.] I don't feel I'm doing as well today as my Doctors say I am doing.

C12 – Your Doctors say you are improving. But you don't feel all that great now. How so?

P9 – I feel nauseas again.

D7 – [Daughter jumps up from her seat and pushes the Nurse call bell.]

There, Mom. The Nurse will be right in.

P10 – [Patient is still holding my hand. Eyes closed.] I'm so sorry that I'm not very good company.

C13 – That's okay. No need to apologize. [The Nurse rapidly enters the room behind me. I stand up and to make way for the Nurse. I move to the side of bed and offer my hand to the daughter.] Let me get out of the way here so the Nurse can take care of your Mom.

D8 – [Daughter becomes tearful.] Would you be able to say a Jewish prayer for my Mom, Chaplain Bob?

C14 – It would be my privilege. [I offer my hand to the daughter as we step to the side. I say a quiet prayer in The Jewish Tradition, lifting up the needs of the patient & daughter, then read from PSALM 23.

**PSALM 23:1-6 – A PSALM of David**

<sup>1</sup> The LORD is my shepherd, I lack nothing.

<sup>2</sup> He makes me lie down in green pastures, He leads me beside quiet waters,

<sup>3</sup> He refreshes my soul. He guides me along the right paths for His Name's sake.

<sup>4</sup> Even though I walk through the darkest valley, I will fear no evil, for You are with me; Your rod and Your staff, they comfort me.

<sup>5</sup> You prepare a table before me in the presence of my enemies. You anoint my head with oil; my cup overflows.

<sup>6</sup> Surely Your goodness and love will follow me all the days of my life, and I will dwell in The House of The LORD forever. <sup>2</sup>

D9 – [The patient has drifted off into a light sleep after some medication from the Nurse. The daughter wipes away a tear and smiles.] Thank you, Chaplain Bob, for visiting and praying with us.

C15 – You are so welcome. Is there anything I can do more for you and your Mom right now?

D10 – Not now.

C16 - Please have us called at any time if we can help your Mom or your family in any way. Thank you for letting me visit with you.

D11 - Thank you again. [I give her my card.] We'll call you if we need you.

C17 – And I will keep you, your Mom and all your family in prayer. Thank you. [I exit room. I raise my hand in gesture of goodbye. The daughter smiles and returns the gesture.]

**V. PATIENT EVALUATION**

**PHYSICAL CONCERNS:**

The patient has had very recent major abdominal surgery and is in physical discomfort, most immediately from nausea. She appears pale. Her hand grasp is weak and limp. She shares she feels weak, drained and fatigued, an indication to keep the visit short at the bedside.

Our visit is limited because of the patient's need for medication from the Nurse to control increasing nausea and quiet rest. The daughter's immediate focus is on the physical comfort of her mother. Neither are

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<sup>2</sup> NIV, PSALM 23:1-6.

therefore open to deeper sharing or fellowship at present, but appreciated the support and requested a prayer.

PSYCHO-SOCIOL CONCERNS [Erikson]:<sup>3</sup>

***trust vs. mistrust*** – Both appear to have a trusting relationship with each other.

***autonomy vs. shame/doubt*** – A role reversal is developing between mother and daughter. The patient is no longer in control of meeting her needs for basic bodily functions.

***initiative vs. guilt*** – The daughter is in control of relationship and speaking for the patient. The patient has lost at least some power and control over life decisions.

***industry vs. inferiority*** – Both are comfortable in social interactions with me from a stable sense of who they are as people of Jewish Faith. Both are open to fellowship, communion and prayer with me.

***identity vs. confusion*** – Both are secure in their beliefs. The patient has lost at least some sense of independence because of illness. Both are open to sharing commonality of Faith with those outside their religious convictions, as long as another Faith identity is not imposed. They were able to ask for and find reassurance in prayer from someone outside their Faith Tradition, where we were authentically able to join together.

***intimacy vs. isolation*** – Both show evidence of intimate connection of love and support with each other. Hanging over their hearts is unspoken grief over death of the patient's husband/daughter's Dad.

***generativity vs. stagnation*** – Both appear connected to their family and Faith community.

***integrity vs. despair*** – The patient seems secure in her life vocation with her family and Faith. The daughter has not reached this stage yet in full, but is likely developing a similar sense of security in her life roles and Faith.

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<sup>3</sup> Erik Erikson, "Stages of Psycho-Social Development." Simply Psychology. <https://simplypsychology.org/Erik-Erikson.html>. Theory proposes 8 stages of life, with focus on a particular virtue, at different life ages. Accomplishing a preceding stage allows one to progress on to the next: 1. Trust vs. Mistrust – Hope – 0-1.5 years; 2. Autonomy vs. Shame – Will – 1.5-3 years; 3. Initiative vs. Guilt – Purpose – 3-5 years; 4. Industry vs. Inferiority – Competency – 5-12 years; 5. Identity vs. Role Confusion – Fidelity – 12-18 years; 6. Intimacy vs. Isolation – Love – 18-40 years; 7. Generativity vs. Stagnation – Care – 40-65 years; 8. Ego Integrity vs. Despair – Wisdom – 65 years on.

## SPIRITUAL ASSESSMENT [Pruyser] <sup>4</sup>

**Awe** – Both have awareness of The Holy. They are aware of GOD working in the midst of their suffering and grief, but time and circumstances did not allow for them to share.

**Providence** – Both are aware of GOD providing blessing in family and support from their Synagogue and Rabbi visiting. Not clear to me how they understand GOD's plan for them in present circumstances.

**Communion** – Both find GOD through their Jewish Faith and fellowship with those within their family and congregation. The depth of this is not clear to me at present, but found prayer of comfort.

**Repentance** – Not addressed in this initial short visit.

**Vocation** – Both find sense of purpose in their intact family and mutual Faith.

**Faith** – Both put their trust in their mutual worship of GOD within Judaism, which provides them with source of peace and strength.

**Grace & Gratitude** – Both seem thankful for one another, their family, Faith community and GOD. Further unknown at present.

## VI. CHAPLAIN EVALUATION

Pt is a 70+ y/o widowed female, immediately post major abdominal surgery for colon cancer, with a caring daughter @ bedside. Jewish in Faith, report supportive family and Clergy, open to inter-Faith Chaplain support. Burdened by grief over death of patient's husband/daughter's father 2 years ago. Both presently focused on the patient's physical comfort and found solace in prayer with the Chaplain.

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<sup>4</sup> Paul W. Pruyser, "The Minister as Diagnostician: Personal Problems in Pastoral Perspective." 1st Edition. Harper & Row Publishers, 1968. Pruyser offers a ground breaking method of spiritual assessment: Awareness of GOD; Providence; Communion; Repentance; Life Vocation; Faith; Gratitude.

## **VII. THEOLOGICAL & PASTORAL CONCERNS**

1. I was keenly aware that I held a strong common portion of my Faith with this Jewish patient and her daughter. I did not share that half of my own family is Jewish;

2. I was also strongly aware that there could be no sharing beyond what we held in common where our Faith Traditions overlapped, i.e. The Law of Moses and The Old Testament. I was quite comfortable to do so.

3. I am aware that these are also GOD's people, under The Old Covenant as The Catechism of The Catholic Church says, "the full inclusion of the Jews... [lies in their eventual] fullness in CHRIST." <sup>5</sup>

4. My purpose and place here was not to evangelize them to my Faith Tradition. Rather, I sought to meet Mrs. Z and her daughter in The Love of GOD, looking for common ground, entrusting them to His Divine Mercy and Providence. Thus:

### **PSALM 19:7**

The Law of The LORD is perfect, converting the soul: The Testimony of The LORD is sure, making wise the simple. <sup>6</sup>

5. Therefore my offer to read PSALM 23 and to pray with them, at their request, within their Faith Tradition (which is The Foundation of my own Faith Tradition as a Christian). This brought them comfort and I was thankful to be able to offer such pastoral support to them.

6. Prayer with others should always be authentic to one's own Faith Tradition. The Minister must have a clear sense of such boundaries. For me, remaining first faithful to The Teachings of The Catholic Church, I am second able to authentically pray with others - if they wish - if we share a common belief in The Creator GOD, King of The Universe.

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<sup>5</sup> CCC, # 647.

<sup>6</sup> KJV, PSALM 19:7.

7. This precludes me from praying with those who worship The Devil, allah and any other false deity, mankind or any portion of creation. This does not preclude me from later praying for others of any or no faith. Nor is this a barrier to offering a Chaplain visit to such people, as I meet people first in a spirit of common humanity. All I need is permission to visit.

### **VIII. PLANS FOR NEXT VISIT**

I planned to follow with this patient and family. I will pray silently at Nurse's station before going in. I will ask GOD to take away sensitivity within me of fear of being rejected because of differences of Faith, and not to take it personally if this happens. I will focus on spiritual care, giving Mrs. Z and her family a safe space to share their feelings and struggles if they wish. A future visit would offer support to help them address their ongoing grief.

### **IX. LEARNING GOALS**

1. To continue to discern if GOD is calling me to a fulltime hospital Chaplain ministry or elsewhere: Partly met in this case. I felt deep empathy for the pain of this patient and her daughter. I was able to minister to them effectively after I had gained their trust. This visit reaffirmed to me my ability to minister to those of another Faith.

2. To continue to improve my empathetic listening ministry skills, the giving of myself in GOD's Name to the suffering, and how to better give comfort to those in pain: Fully met in this case. Differences in Faith were not a barrier to pastoral care in this visit because I showed respect, entered in with permission and was able to authentically join them in their Faith Tradition.

3. To set and keep limits around my hospital Chaplain work, going home when my shifts end, and to keep time reserved for personal, family and Faith life: Fully met in this case. I planned to revisit them in several days to see if the patient was resting more comfortably.



4. To explore and experience further appropriate sharing of empathetic tears with the suffering, while keeping centered on my pastoral care for others: Not met in this case. The daughter was quietly tearful. She struggled to keep them under control in front of her mother. If we had had more time, I probably could have met her more deeply in that space.

5. To continue to experiment with and expand my use of chants and hymns in hospital Chaplain ministry: Not met in this case. I thought of possibly quietly chanting PSALM 23, but elected to read The Scripture instead.

6. To be able to offer spiritual and emotional pastoral care to the suffering, but not needing to provide religious care.