

**Psalms of Healing for Chaplains: Hope, Shame, Forgiveness, Grief/Loss, and  
Gratitude**

An interfaith text study for chaplaincy students focusing on spiritual concepts,  
personal spirituality, and spiritual needs of patients

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## Table of Contents

Chapter I Introduction .....	4
Statement of Need .....	4
Background .....	9
History of this Project .....	13
Pilot of the Program .....	17
Theology Curriculum for Chaplains .....	19
Interfaith Issues .....	20
Why Psalms? .....	20
Chapter II: Theological and Clinical Principles .....	24
Theological Principles .....	24
Clinical Principles .....	31
Chapter III: Methodology .....	39
Introduction to Methodology .....	39
The Chaplain's Agenda .....	39
Translations .....	40
Interpretations of the Text .....	43
Methodology .....	45
Objectives of the Psalms of Healing .....	45
Program .....	45
Process for each session .....	47
The Participants .....	48
Class outlines .....	48
Evaluation .....	49
Chapter IV Results .....	50
Attendance at the Seminars .....	50
Pre-Screen results .....	50
First Session: Psalm 23 Grief/Loss .....	54
Second Session, Psalm 27 Shame .....	62
Third Session Psalm 103 Forgiveness .....	70
Fourth Session: Psalm 121 Hope, Everything and its Opposite .....	78
Fifth Session Psalm 150 Gratitude .....	84
Final Survey Responses .....	92
Chapter V: Discussion .....	96
Practical Application .....	97
Language Implications .....	100
Holy Moments .....	102
Considerations for the future .....	104
Continuing to present the Psalms of Healing .....	105
Next Steps .....	106
Other uses .....	106
Appendices .....	108
A - E: Outlines of the 5 Seminars .....	108

Appendix A: Psalm 23/Grief .....	109
Appendix B Psalm 27: Shame and Radical Self-Acceptance .....	116
Appendix C Psalm 103: Forgiveness .....	122
Appendix D Psalm 121: Hope .....	128
Appendix E Psalm 150: Gratitude .....	133
Appendix F: Pre-Screen .....	138
Appendix G: Sample Survey after each session .....	139
Appendix H: Final Survey .....	140
Appendix I Zen Psalm 23 .....	141
Appendix J: Pre Screen Results .....	142
Appendix K Survey Results Ps. 23 .....	143
Appendix L Survey Results Ps 27 .....	144
Appendix M Survey Results Ps 103 .....	145
Appendix N Survey Results Ps. 121 .....	146
Appendix O Survey Results Ps 150 .....	147
Appendix P Final Survey Results .....	148
Bibliography .....	149

## Chapter I Introduction

### Statement of Need

Clinical Pastoral Education (CPE) trains people with a background in a specific religious or spiritual field to become hospital (or other facility) chaplains. The theological background of CPE students varies greatly, given that students can come from a wide range of experience, religious backgrounds and training. While some students may be entering a second or third career, others may be entering the field of chaplaincy at the beginning of their professional experience. Training varies, first and foremost, based on religion, depending on the seminary or School of Theology that a student might have attended. Some students are ordained or in some other way endorsed by a religious institution; some come from faith backgrounds with no such formal structures. For example, Catholic women may not be ordained within their faith, and their theological education would likely have been through other denominations or interfaith programs. There currently is not official seminary for ordaining Muslim imams in the United States, and other religions do not have educational opportunities for training their leaders in a formal manner. While some traditions encourage hermeneutics, others show preference for unquestioning loyalty to the word as it appears on a page or as interpreted by religious leaders.

Because of the tremendous range of backgrounds from which students come to

chaplaincy, training chaplains focuses on honing and using their empathetic listening skills to encourage patients to find meaning, strength, and wisdom even when their lives are challenged and when they might be afraid. While there is a secondary focus of helping patients explore their own spirituality and theology as related to illness, CPE curricula often do not use any traditional texts. Prayer is usually spontaneous, built by a chaplain together with the patient, petitioning the Holy One for help or strength, or expressing gratitude, or expressing the patient's emotional needs.

The CPE curriculum recognizes that patients may read Psalms or other traditional texts from their religious backgrounds, but there is no formal training in understanding what the patients might experience reading Psalms, or attempt to reconcile traditional texts with the CPE curriculum. Yet patients turn to chaplains as spiritual guides, and often expect chaplains to use and comment on materials from their own spiritual backgrounds or experience. Very often patients bring their Bibles from home, or request them from the Department of Spiritual Care, and they are open to Psalms or other passages that might bring some comfort to the patient. Chaplains tend to note that the text is there and open, but rarely discuss the content or meaning of the text for the patient.

To become a Board Certified Chaplain, a student must log 1600 clinical and supervisory/class hours, function as a chaplain for at least 2000 additional hours,

and prepare materials and essays for a Board Interview. Yet, during all of this training, discussion of traditional texts, and of the themes of grief/loss, hope, shame, forgiveness and gratitude may not be discussed in terms of patient's experience or in terms of using a traditional text to help a patient process their feelings.

While there is no textbook for the CPE curriculum and every CPE program functions differently, the Association for Clinical Pastoral Education accredits CPE programs. There are rigorous standards and policies that must be met, (<http://www.acpe.edu/NewPDF/2010%20Manuals/2010%20Standards.pdf>) and every CPE program develops its minimum curriculum to meet these standards. The standards include interfaith awareness and respect for individual religious perspectives, pastoral formation, pastoral competence and pastoral reflection, the ACPE does not mandate how any of this is accomplished. Traditional text study is not a component of the ACPE requirements and is generally not a component of the CPE curriculum, unless a student presents a text as a student-led didactic or worship program.

In general, the theology component of the CPE curriculum is based on personal experience of, or lack of experience of, God's presence in one's life. It revolves around finding the holiness in personal stories, and the struggle to find meaning in life, suffering, human experience, as drawn from personal interactions. While

there may be references to books on Theology, and discussion of religious approaches to understanding theology, there is no textual study or opportunity for chaplains in this training to react to, consider, or work through the issues of any original source material, including materials which the patients may be turning to for comfort.

Yet, patients expect chaplains to have a familiarity with, and understanding of, traditional texts. Patients may not be accustomed to talking about their theology, their understanding of illness and suffering, and their search for meaning in illness, outside of a discussion about traditional texts or liturgy.

Chaplains value meeting a patient with “no agenda”: to allow the patient to express him/herself fully, without the chaplain’s imposition of preconceived notions or plans to “fix” anything. To achieve this, many chaplains believe they should enter a patient’s room empty-handed, so the patient sees the chaplain is completely open to focus on the conversation without any preconceived ideas of what might be useful or worthwhile for a patient. The purpose of the current project is not to change that approach in any way. However, if the chaplain is more informed about these traditional textual materials, and if the patient’s issues and concerns are related, and if the patient is open to it and speaking a language that invites the use of Psalms or other traditional texts, (e.g., why is God doing this to me?) chaplains should be informed and able to approach

and utilize these, and other texts.

The chaplain may not answer the patient's theological questions for them, and is expected to explore the emotions around the existential and theological questions that patients raise. It is during this process of discussion and exploration, that a chaplain may inform the discussion using concepts from the Psalms.

Chaplains from the many backgrounds and levels of experience described above may not be equipped to engage in theological discussions around the very texts the patients are using for prayer or comfort. This possible lack of familiarity, and inexperience in discussing traditional materials, may be an area for further development and exploration and is the basis for this project.



## Background

Mount Sinai Medical Center is one of the world's leading hospitals and medical schools. According to US News and World Reports, in 2011, Mount Sinai ranked # 14 out of all of the hospitals in the US. It is ranked number 1 in Geriatrics, and ranks highly in Cancer, Heart, and Neurology. An 1170 bed tertiary care hospital, Mount Sinai includes a children's hospital, a heart hospital, a rapidly expanding cancer treatment center, behavioral health inpatient facilities and rehabilitation facilities. The Mount Sinai School of Medicine is one of only two medical schools in the country that grew out of a hospital, and is ranked # 16 by the National Institutes of Health in terms of research dollars. Sinai has just added a half a million square feet of research and treatment space focused on people living with cancer, with the anticipation that this this will make it into a major cancer research center.

In 2013, the Mount Sinai Medical Center merged with Continuum Health Care Network, to become the Mount Sinai Health Care System. The System now includes the Mount Sinai Medical Center, Beth Israel Medical Center, St. Luke's/Roosevelt Hospitals, New York Eye and Ear Hospital, Mount Sinai Queens, and numerous faculty practices and care facilities, making it the largest health care provider in New York City.

The Department of Spiritual Care and Education has a long history at Mount Sinai. The hospital was founded in 1857 as the Jews' Hospital, and has consistently had a rabbi on staff to provide spiritual support to patients, of all religions. However, until the last 4 years, Sinai has not employed Board Certified Chaplain to manage this department. Therefore, the department did not grow as the hospital did, and remained significantly understaffed and underfunded. The hospital commissioned an analysis of the Department of Pastoral Care (as it was then known) conducted by George Handzo and the HealthCare Chaplaincy. Among the recommendations resulting from this study were change of leadership to a Board Certified Chaplain, and new direction for the hospital's Pastoral Care department. The recommendations also included the development of a Clinical Pastoral Education (CPE) program. A new director was recruited and hired in 2009.

At that time there was the equivalent of a full-time priest, a volunteer part-time Christian Chaplain, and the newly hired director. Because of political divisions and uncooperative nature of the department, a ¾ time chaplain was part of the staff of the Women's and Children's Services Department, and a full-time chaplain was part of the Palliative Care Team, and were not associated in any way with the Department of Pastoral Care.

Most recently, the department was accredited by the Association for Clinical

Pastoral Education (ACPE) to become an independent CPE training center for chaplains. This accreditation led to tremendous growth. As an accredited CPE site, the hospital can receive funding from Medicare for training of Allied Health professionals. (Chaplains are Allied Health.) Four full-time chaplain residents were hired in August of 2013. In order to train the residents, additional chaplains had to be hired. (The medical model was helpful – medical residents and interns require “attending” physicians for supervision. The same model is being used for training the chaplaincy residents and interns.) In addition, the internship program, which began in 2011, has a capacity of a total of 14 part-time students. A unique partnership with the New York Zen Center for Contemplative Care provided 4 interns for placement at Sinai for the 2013-14 academic year.

Currently, Department staff includes:

- department director,
- full-time CPE supervisor
- 3 full-time chaplains (including the chaplain for Women and Children's Services)
- two half-time Catholic priests
- 4 residents
- full time office administrator
- 11 interns
- volunteer Faith Community Engagement Coordinator

- 10 community religious leaders who visit patients of their own denomination.
- The Department works in close cooperation with the Chaplain for the Palliative Care Department.

The office in 2009 was mostly made up of storage rooms and was very poorly designed for the department. It has also been reconstructed with 9 work stations, a conference room that seats 8 comfortably, and a director's office. There is now an on-call room and CPE supervisor's office. Unfortunately, the space is inadequate for the needs of the people who use the space daily.

In 2009, the department was challenged by a highly negative perception of previous chaplains and rabbis. Substantial work had to be done to establish a credible reputation for the department, to enable staff to expect that their referrals would be handled appropriately, and to gain trust in spiritual care for patients and staff.

The Icahn School of Medicine at Mount Sinai has not focused on the spiritual needs of patients. Research suggests that the majority of patients in different clinical settings express spiritual struggle or needs(Astrow, 2007) (Pearce, 2012) (Davison,2010). There is currently some recognition that spiritual care is important for patients, and the Icahn Medical School at Mount Sinai is taking very small

steps in recognition of the spiritual component of patient care.

The hospital is very focused on patient satisfaction scores, and recognizes that spiritual care can be a factor in raising these scores. With changes in Medicare requiring an improvement in patient satisfaction to maintain funding levels, there is substantial focus on these scores. Because of this major need to recognize the ways chaplains may improve the patients' experience, the Department of Spiritual Care has conducted research based on 15 months of experience with chaplains visiting patients at Sinai. The results of this research are being drafted for publication and are unique and groundbreaking. They clearly indicate that when a chaplain sees a patient, the patient's overall rating of the hospital goes up dramatically, and they are 40% more likely to rate the hospital better than people who were not visited by a chaplain. These numbers are substantially increased when the chaplain visits a second or multiple times. We anticipate looking at these statistics after our new staff and interns have been working for a year. The article is currently being submitted to the Journal of the American Medical Association (JAMA).

### **History of this Project**

During the 2011-12 academic year, a group of medical students was formed to focus on the issue of Spirituality and Health. The students are empowered to create elective programs that can supplement the curriculum. Some of the

students who had undergrad experience in theology or spirituality began to formulate programs that could help to round out their medical school education. The students invited the Department of Spiritual Care and the Center for Multicultural and Community Affairs to provide some background and guidance.

The medical students specifically asked to create a panel representing different religions and the responses of these religions to issues potential patients might have in talking about sexuality. The presentation, which included a rabbi, priest, imam and Pentecostal minister was attended by over 20 students and was well-received, though the topic, chosen by the students, focused on the very small minority of patients who might have religious concerns about talking about sexuality with their doctors, and did not touch on the major spiritual concerns of the vast majority of patients.

The students then invited the Chaplain to speak on three specific topics in a lunch and learn setting:

- Physical touch of people of different religions;
- Dealing with their own personal religious baggage;
- Autopsies.

Each of these topics seemed to the students to be important, yet as chaplain I felt they were misinformed topics. As each topic was addressed, to meet with

the students' requests, there was exploration with the students of the underlying concern that each topic raised: "physical touch of religious people" was about a concern that patients' religious expression would in some unforeseen way be impinged upon in the medical encounter; "spiritual baggage" was seen as a deficit, as opposed to being a starting point for communication and understanding, and "autopsies" was really a concern about end of life issues.

The students did not have the language to understand and express their concerns with spirituality, saw no distinction between religion and spirituality, and did not have enough context within the medical structure to formulate and express their deeper concerns. Among the students, few have clearly formed perceptions of their own spirituality, and were asking questions that did not adhere to their more fundamental concerns.

The students also requested a co-facilitated process group to work through some of the personal issues raised by their work. This group is facilitated by a psychologist and a chaplain and has been meeting monthly with 8 participants. In a Medical School with 140 students per year, this is a tiny fraction of students who might want to be able to process some of their experience.

A class was formed for the medical students to present Psalms and enable them to discuss implications of the themes of these Psalms for patient care and their

own spirituality. It was very difficult to get medical students to sign up for this elective course, and when it ran the first time, there were 4 medical students in attendance. Their response to the course was very positive. However, the second time the class was offered, in the Spring of 2013, no one signed up for it.

At the same time, in preparation for the class with medical students, we began presenting the same Psalms and themes to Clinical Pastoral Education student interns in our summer program. They found the Psalms and discussion to be meaningful, and encouraged the further reflection on the utility of this discussion, originally intended for medical students. Each subsequent group of interns has had at least 3 of the Psalms presented to them, with similarly very positive responses.

Psalm 27, Shame and Self-Acceptance was presented at the National Association of Jewish Chaplains conference in Scottsdale AZ in January of 2013. The response of the 43 Jewish chaplains who attended the workshop was enthusiastic and positive. They felt that the topic, material, and concept of teaching Psalms to chaplains to clarify spiritual issues with patients had significant merit. Interpreting the Psalm in terms of a specific theme was seen as a very good idea, and there were no disagreements with the details of the interpretation or approach, which is quite an accomplishment with an audience of 43 chaplains, most of whom are rabbis! The one negative comment was that



there were not enough materials handed out. It was a workshop designed for discussion, and not handout-based.

### **Pilot of the Program**

During the summer of 2012, the 5 Psalms of Healing were presented in weekly sessions to the Clinical Pastoral Education interns at Mount Sinai as a didactic in their program. There were 8 interns in the program. 3 were Rabbinical students, one an Episcopal Eucharistic minister, one a Hindu Swamini, one Wicca/UCC ministerial student, one Catholic priest and a Pentecostal ministerial student. The interfaith nature of the group was noted, and there was a consistent invitation for references to their own religious materials, practices and interpretations of the Psalms.

An evaluation form was presented to the students to get their feedback, suggestions, and input. The response was very positive, particularly from the non-Jewish interns, who were not used to delving deeply into a text and seeing the implications of that text in a context of working with patients or understanding their own theology.

The Pilot of the program also enabled consideration of the themes with students versed in some theological thinking. Some of their thoughts were incorporated into the text study. For instance, in Psalm 23, one of the rabbinical students

noticed the concept "*ma'agalei tzedek*" circles of justice, which usually is interpreted as "ways of righteousness" and noted that both words had significance beyond the traditional translations. He equated the word with "*gilgul nefashot*", the circle of life some believe is the process of reincarnation for Jewish souls, and the sense that justice is so primary in God's relationship with humanity, which is included in the imagery of the sheep and the shepherd. The shepherd is expected to "do right", what is fair and just with his sheep, even if he leads them to slaughter.

The pilot was a rich experience in relating the psalms to chaplains as they considered ways they could be helpful to patients. Some of the students saw them as vehicles for possible discussion with patients, while there was also a sense that just having these words and phrases in the backs of their minds when working with patients might lead them to some of their own inspiration as they experienced the work with their patients.

In presenting three of the Psalms to the summer 2013 unit interns, it became apparent that there might be merit to this approach for chaplaincy students. When the original idea came up for this project, there were very few chaplaincy students, the residency program was not yet even formulated, and the goal of having an impact on medical education at Mount Sinai was the original focus.

With the expansion of the department it became clear that the better focus is on the roles of these Psalms and themes in Chaplaincy education.

### **Theology Curriculum for Chaplains**

The curriculum for training chaplain interns and residents includes much self-reflection, theological reflection as personally experienced, and the sharing of stories that include perspectives on the Divine role in the world. The curriculum generally does not include traditional source materials, or the joint study and discussion of traditional spiritual texts as a means of understanding spiritual themes. There is some discussion of interfaith differences of approach to theology, and how to work with patients to elicit their own senses of theology, but the CPE curriculum generally does not include overt reflection on traditional source materials. While the themes of these Psalms are touched upon as students experience patients who are struggling with shame, grief, gratitude or forgiveness, opportunities to see these concepts in a more global and less case by case experience do not exist.

Patients, on the other hand, often bring their Bibles with them, or request Bibles from the Department of Spiritual Care, both as physical connection to their faith in a time of struggle (literally something to hold on to and see a connection with their Higher Power) and as a source of meaning. Many will turn to Psalms for comfort, strength, connection and/or hope when hospitalized. Providing a frame of reference for dialog on Psalms could be very helpful for chaplaincy

students, especially when dealing with patients who are spiritually connected to a faith group or religion.

### **Interfaith Issues**

A hesitation raised about this approach has been the Biblical nature of the spiritual source materials. There are religions that do not relate to the Bible, and patients who do not have frames of reference to Biblical materials. Participants in the test groups have included Buddhists, a Hindi, and a Wiccan. Their response to the materials was they gave them a frame of reference for better understanding the majority of patients, and they could see connections with their own traditional materials. They were invited to bring their own sacred texts to share with the group. The Hindi presented a sacred text that echoed the sentiments of one of the Psalms.

The invitation to draw on other spiritual materials from other faiths in the discussion invites students to connect the Psalms with other spiritually meaningful texts. Sharing those texts, honoring the different sources whereby people find meaning, are part of the goals of this project.

### **Why Psalms?**

According to Neil Gillman (2000, p76) "Why Psalms? This image of God as refuge and protector, with the concomitant feeling of trust in God's power, is omnipresent in Psalms..." Gillman teaches that Psalms were liturgical poems,

written by more than one author. All of the authors expressed their own theologies, while they shared a core set of beliefs. The tradition was “multi-vocal”, attempting to express understanding of both the world and of God in a liturgical, poetic format.

Jews and Christians often refer to Biblical texts, and use Biblical texts as vehicles for teaching, sources of comfort, expressions of understanding and challenge. Psalms, in particular, lend themselves well to study and liturgical use. But some Psalms have also become closely associated with particular times and experiences. Psalm 23 is read at almost every funeral. Psalm 27 is recited traditionally by Jews during the High Holiday season. Psalm 121 is seen as a source of comfort for people who are struggling, Psalm 91 can be seen by many Christians as foretelling the advent of the arrival of Messiah and of better times. Psalm 103 is often turned to when people are seeking forgiveness. Psalm 150 is recited often in Jewish worship services. Other Psalms are components of Jewish and Christian liturgy.

In working with bereavement groups, Psalms were used as opportunities for discussing theology as a component of the teaching agenda of the groups. While they seemed to derive comfort at times from the discussion of Psalms, the greater discussion of their personal beliefs about God, religion in their lives, and their beliefs about the afterlife, and their effort to find perspective and meaning

were the goals of the program. But the use of the Psalms in this context had a positive impact on the clients. They gained perspective, that they were not the only ones struggling with the issues raised in the Psalms. Psalms gave them a framework for asking themselves what they believe, and how they saw God in the midst of their personal tragedies. Studying and responding to texts enabled the group participants to rethink and express their theology as they reacted to the Psalmist's theological struggles. The end of Psalm 103 resonated for many – "If only I could believe I would enjoy the goodness of God in the land of the living..." Participants realized that their doubts were legitimate, validated by the Psalmist's doubts.

Gillman continues: The language of poetry is never straightforward. It uses metaphor, allusion, and hyperbole; it suggests a feeling rather than conveying a message to teaching a lesson. That's why the use of a psalm as a theological statement is doubly precarious. We can never get to that message directly. We have to begin by allowing the poem to speak to us, by coming into touch with our own feelings as read the psalm, by letting out reactions to what the poet is saying seep into our consciousness. Our reaction may then guide us into the poet's feelings... therein lies the clue to the psalm's implicit theology. (Gillman 2000, p.76) The challenge of understanding the poetry enables participants to focus their thoughts externally, to move from discussion of their loss experience to discussion of the poetry. In some ways it normalizes their experience of loss at

the same time as it enables them to react to the text, and see the implications of their reactions in their bereavement. They discussed their loss experience in a context of identifying with the feelings, emotions and beliefs expressed in the Psalm, even in disagreement with the text.

The Biblical Book of Psalms is rich in spiritual concepts that have implications for healing, recovery, journeying with illness. The Psalms of Healing pairs emotional themes of Grief, Shame, Forgiveness, Hope and Gratitude with a psalm that expresses issues related to the theme. Participants will look at the text of the psalm, the overarching emotional theme of the psalm, the reaction the chaplains have with this concept in the text, for themselves, and implications of the text for their patients.

## Chapter II: Theological and Clinical Principles

### Theological Principles

#### Personal Theology of the Patient and the Chaplain

According to Richard Address, D. Min, "Theology is about life's journey, both individual and collective. We become grounded as result of the journey which we walk. Patients believe we understand the journey and can articulate it in a way that makes sense, in ways they cannot do. Sometimes, they want us to articulate what our understanding of where they and we are on this journey." "All theology is biography". (Class, March 28, 2011). The chaplains' and patients' understanding of their theology is formed and expressed in their experience of God, and hospitalization is a powerful opportunity for theological exploration.

The Book of Psalms offers a basis for discussion of personal theology, as it relates to the text. The text is rich with opportunities for interpretation, reflection, and discussion. The psalms in this seminar offer a wide range of experience for examination and discussion, providing opportunities for greater self-awareness, open sharing and enhanced self-confidence for chaplains. Jews and Christians turn to the Bible, particularly Psalms, for strength, comfort and hope. While chaplaincy students might not be personally familiar with the texts, it would be helpful for them to understand some of these texts that may be familiar to their patients, and their families. Using Psalms, one can clarify one's own spiritual,



theological and religious perspectives, contrast one's perspectives with one's own background and with others', and incorporate sacred writings from other religions into further understanding of the theology of people who are in the hospital. Studying Psalms so they can be discussed with patients can be a component of the chaplain's pastoral formation and establishment of their pastoral authority with patients. It can also enhance their capacity to serve patients of other faiths than their own, and establish meaningful connections with them.

Chaplains from non-Jewish and non-Christian backgrounds may be interested in learning more in terms of actual content of religious texts so they can find points of agreement and divergence with their own faith traditions.

According to Harold Kushner, "When the psalmist tells us three times in the first three verses of his psalm that he is not afraid [Psalm 27] , the message I hear is that he is afraid, but he is working at mastering his fears. It is like when your young child tells you, "I'm not afraid of big dogs anymore." He is really saying that they still frighten him but he is working on his fears rather than giving into them or hiding from them. And where does the psalmist get the courage to stand up against enemies and other dangers? It comes from his faith in God, not a God who protects him from all trouble and danger so that he never has to

feel he is facing his problems alone. To the Psalmist, God is the source of light, strength and salvation." (Kushner 2009, p.162)

The use of Psalms to encourage theological discussion begins with the chaplaincy students understanding their own theology through the explication and understanding of the Psalms.

According to Abraham Joshua Heschel, "There are three starting points to contemplation about God; three trails lead to Him. The first is the way of sensing the presence of God in the world, in things; the second is the way of sensing His presence in the Bible (e.g. Exodus 33:18); the third is the way of sensing His presence in sacred deeds. (Heschel, 1955, p32.) The process of these sessions is incorporates all three of these "starting points" with the chaplains.

The traditional CPE program focuses on chaplains' and patients' experience of the world. Theological discussion focuses on how patients and chaplains see moments of holiness in their lives, as well as moments of greatest doubts. As a group, part of the process is to discuss theological understanding and probing. It is expected that in discussions after the presentations of the Psalms, there will be further development of the themes, and discussion of their implications.

The in-depth study of Psalms is an opportunity to enhance the perspectives of both the chaplains and their patients by exposing them to a God's presence in the Bible, and the Psalmist's perceptions of life's issues. Speaking with patients and working through their theological concerns is the fulfillment of Heschel's third "starting point". Working with people who are ill, in emotional and/or spiritual crisis is holy work. The process invokes God's presence.

### **God's Presence**

Talking about God with patients is a major component of chaplaincy education. While the curriculum explicitly explores chaplains' experience and understanding of God, it does so without reference to traditional text materials. Psalms, on the other hand, are often well known by many patients, and enable patients to talk about their experience or understanding of their own theology. Psalms for patients may help them in their struggle to experience God's presence or absence in their lives, and to put their current hospitalization into perspective.

Rabbi Harold Kushner describes the relationship with God this way: When I sit with a seriously ill patient in a hospital and pray with her, I explain that our prayer expresses our hopes for a favorable outcome. But more than that, I want the patient to know that she is ill not because God has rejected her or is punishing her for something. God is on *her* side, not on the side of the illness. God is

sending her doctors and nurses, endowing them with skill and sensitivity. And even at night when the room is dark and deserted and she may feel desperately alone, she can call on God to keep her company. Asked by a television interviewer what I thought of an experiment that seemed to show that praying for people in hospitals made no difference, I told her, "God's job is not to make sick people healthy. That's the doctor's job. God's job is to make sick people brave." (Kushner, 2009, p. 18.)

"Ritual makes sacred bridges from reality to holiness," according to Dr. Address (Class, November 22, 2010). Using Psalms as a "starting point", they serve as the ritual described above, and provide that route to finding holiness for both the chaplains and the patients.

### **Suffering and Divine Punishment**

Patients struggle with suffering and a perception that illness is Divine punishment. Among the most common questions when a person is hospitalized are the "why" questions: Why me? Why Now? Why this? Illness as punishment from God for unknown (or assumed) sins or expression of guilt is commonplace among patients who have not really explored their theology, and who are struggling to find some meaning in their illness. These Psalms can help provide perspective, understanding of God as a loving and compassionate God and the commonality of the human struggle to understand the Divine will. Chaplains can

help in this struggle with discussion of these Psalms to help people draw their own conclusions about the nature of God in their lives, how they can and find meaning and hope in the midst of suffering.

“Everyone who has grappled with deep losses and experiences that threaten their physical and emotional well-being has faced the challenge of making sense of such suffering. People in crisis initially raise questions and make laments, like “why is this happening to me?” Their first attempts at answers come out of their embedded theology, out of the theological presuppositions that shape their lives and practices.” (Doehring, 2006, p. 113)

Doehring also notes that when the chaplain and the patient discuss issues beyond the embedded theology, they are engaging in a process which she labels as “deliberative theology” a theology of understanding and rationalization that can be explored and articulated together, with the chaplain as active listener, facilitator and guide in the process.

Working to understand the suffering experience by patients, chaplains encounter them when they are most in need of reconsideration of their embedded theology, and have an opportunity to develop with patients a different understanding. Doehring proposes the following questions:

- Does her theology connect her with a compassionate loving God in moments when she condemns herself?
- Does his theology fully call him to account for the way in which he has hurt others?
- Does her theology keep her so focused on herself that she loses sight of the needs of others? Does it help her love her neighbor as herself?
- Does his theology help him live out the promises he made when he joined a community of faith?
- Does her theology help her apprehend the mystery of God's presence in the midst of her crisis? (p.116)

These questions underpin some of the discussion of Psalms with patients. Can the chaplain and the patient see the psalmist's understanding of these questions, and the psalmist's understandings of the answers inherent in the text? Can using the text enable the chaplain and the patient to come up with their own answers?

## Clinical Principles

### Pastoral Authority and self-awareness

Chaplaincy students engage in conversations with patients that can be deeply meaningful to both the patient and to the chaplain. Knowledge of Psalms and a process of understanding them in the context of illness and struggle can be a tool for chaplains to help access the patients' theological understanding and perspectives. Study of the Psalms enables students to be more self-aware, of their own perspectives of the same issues as those confronting the patients. This self-awareness may also encourage a better understanding and utility of transference and counter-transference. Chaplains will understand themselves better, and see that their spirituality is a point of connection with their patients, and with their inner selves.

**Comment [HG1]:** Insert Schwartz and parts theory

**Comment [HG2]:** Insert transference and countertransference issues here.

When you feel compassion, you see a person suffering, you feel empathy for him or her, and you know that the other has a Self which, once released, can relieve his or her own misery. If people relieve their own suffering, they learn to trust their own Self, and they learn whatever lessons the suffering has to teach them. Compassion, then, leads to doing whatever possible to foster the release of the other's Self rather than become the other's healer. With compassion, you can be open-heartedly present with suffers without feeling the urge to change them or distance from them. (Schwartz, 200, p. 39)

Schwartz and the Internal Family Systems model enables chaplains to “normalize” a patient’s experience by allowing them to see the validity of “parts” of themselves having certain feelings, but not being subsumed by one set of feelings or another. In understanding the different parts, patients can see that “all parts are welcome”. They can experience the validity of their feelings, doubts and fears about themselves, their illness and about God, at the same time as they can see the legitimacy of hope, dreams and possibility. In working with patients, chaplains can validate their sense of conflicted emotions, and help them explore their feelings rather than squelch or ignore them, exiling the feelings according to Schwartz.

Schwartz agrees with Nouwen’s assertion that “Making one’s own wounds a source of healing, therefore, does not call for a sharing of superficial personal pains but a constant willingness to see one’s own pain and suffering rising from the depth of the human condition which all men share.” (Nouwen, 1972)

Nouwen teaches that paying attention with intention to, and concentrating on the conversation is “hospitality” which can be provided “by withdrawing into ourselves, not out of self-pity but out of humility, we create the space for another to be himself and to come to us on his own terms.” (Nouwen, 1972)



## Overcoming fear

Patients in the hospital are challenged by their illness, and usually are frightened. Providing them with chaplains who both understand their fears and their theological underpinnings might bring comfort and better patient/chaplain understanding, especially for patients who might not be comfortable with a chaplain of a different faith than their own. The texts of the Psalms in this project touch on issues of fear and confidence.

The chaplains also have to confront their own fears and projections regarding each patient. Sometimes illness leads to physical disfigurement, disability, serious physical and emotional suffering. Chaplains are fearful of “making things worse” through their actions or speech. Chaplains encounter fear for themselves and their own families as related to the illness of their patients. (E.g. A chaplain with Diabetes working with a patient in acute renal failure due to diabetic destruction of kidneys; a chaplain with a heart condition visiting a patient with a Left Ventricle Assistive Device [LVAD].) Chaplains can be afraid of saying the wrong things, saying too much, not saying the right things, and inadvertently saying things that might lead a patient away from the topic they most need to talk about. Chaplains also may fear implications of contact with infectious disease, even when taking appropriate precautions.

Comment [HG3]: Chaplains fears source

Comment [HG4]: Projection source

"When I am called by the emergency room staff to be with a person facing the sudden loss of a loved one, I often experience the types of distress described by Lindemann: somatic tension; a sense of unreality, floating, or the slowing down of time; guilt (for example, for not wanting to go into this situation, and for wanting to escape it as quickly as possible, or for my relief that this is not someone I know, or for failings in my own relationships); hostile reactions to others including an accumulating irritability or exaggerated anger with loved ones; the loss of patterns of conduct involving a restlessness stemming from a sense that life is short- an awareness so evident in the emergency room-it therefore must be lived 'hard,' with constant fervor and intensity. All of these are common companions of mine and many other hospital chaplains I know."

(Dykstra, 1990 p. 133)

### **Mutual Respect**

Patients need to know their religious/spiritual/theological beliefs will be respected, at the same time as they take comfort in knowing that respect comes from a perspective of one who has some awareness of the texts and philosophy which underpin their beliefs. Chaplains from all backgrounds will have an opportunity to explore others' religious values, and have opportunities to experience the ways in which different faiths provide comfort for patients.

Creation of an environment of trust and self-disclosure with the chaplains can

**Comment [HG5]:** Insert holding environment

encourage better self-awareness, and provide opportunities for shared compassion. This trusting environment is precisely the kind of experience chaplains create with their patients. Dittes describes the environment of care/counseling as a “sanctuary,” a place of holiness, where people can experience a “time-out”, a sense of safety and even “truce.” (Dittes, 1999, pp. 40-44.) When we create this kind of environment for the chaplains, and ultimately for the patients, where everyone is safe, exploration of intense and person feelings is possible. While the chaplaincy students are not supervised by the presenter of this seminar, and the seminar is not a counseling environment, a non-judgmental, “all parts welcome” environment can encourage exploration of personal theological questions and exploration. It also can enhance the understanding of the various psalms, recognizing that voices from many parts inform the psalmist’s writings. Psalm 27, in particular expresses both confidence in God’s power and protection and also expresses a desire to actually believe. Both parts express universal feelings.

To achieve this kind of environment of mutual respect, there also has to be an awareness of projection, transference and counter-transference issues. “Pastors are transference figures par excellence, not necessarily by what they are as persons but by the projections of those who seek their counsel. [When] pastors keep their own theological viewpoint submerged, or do not know what to do with it in a personal situation, they thwart their clients efforts to use the

theological approach to problems forthrightly. (Preyser, 1976 in Dykstra 1990 p.169) The chaplains need to understand that as they may discuss psalms, and theology, patients may well be projecting onto them their own perceptions of what “religious” people may be or represent. The chaplain has to be aware of projections from the patient to ensure that there is open and honest communication between them. Transference of feelings from the patient, experiences from their past, conscious or unconscious, can arise as a result of their projections. Similarly, the chaplain may be projecting experiences from the past onto the patient and counter-transferring feelings. (Mitchell and Black 1995). For purposes of this project, an awareness of the possibility of transference and countertransference can help create an environment where the chaplain and the patient are free to explore feelings which arise both from their encounters and from their reactions to the texts.

The interpretation of Ps. 27 revolves in many ways around the word “face”. The face of humanity and the face of God is the same face. In terms of transference and counter transference, the patient and the chaplain see the face of God in very different ways in their encounter. Patients may project a sense of holiness onto the chaplain, assume s/he is “closer to God”, and chaplains may allow their perceptions of illness and suffering to color their responses to a particular patient.

According to Heschel, "Our faces are reflections of that which is inside us, created in God's image. The intention is not to identify 'the image and likeness' with a particular quality or attribute of man such as reason, speech, power, or skill... It is the whole man and every man who was made in the image and likeness of God. It is both body and soul, sage and fool, saint and sinner, man in his joy and in his grief, in his righteousness and in his wickedness. The image is not in man; it is man." (Heschel, 1972 p.152.)

If we are the image of God, we have to accept that all of us, as that image, are approaching our understanding of theology together. There are no right or wrong answers; there is the struggle to understand. Engagement in that process unifies us; the divergent answers and thoughts are responses are equally valid. In the words of the Talmud, "Both this and this are the words of the Living God."

As chaplains, while we are experienced in struggling to find our own answers, and many of us have answers we can live with (for a while), our responsibility is to encourage people to find their own theological understanding, without imposing, or even sharing, our own. Respect for patients, and one another, recognizes that there is holiness in the process, and holiness in the questions themselves. The translations, the interpretations, and the understanding of Psalms presented in this seminar are just one set of responses, translations, and interpretations. Many other interpretations, even mutually contradictory

interpretations, exist and have validity. What is presented is simply a reflection of one struggle with the words and the theology, and one process. It is not Right Answer nor in any way intended to supplant or undermine anyone else's theology or process. All parts, and all interpretations, are welcome. An environment of mutual respect, of support for the process, reflects the multifaceted image of God.

## Chapter III: Methodology

### Introduction to Methodology

In considering the methodology of this project, an awareness of three considerations is necessary: the Chaplain's Agenda, translations used in this project and interpretation of the texts.

#### The Chaplain's Agenda

The intention of this program is for chaplains to be informed, to have knowledge of traditional texts that patients turn to, and to experience using the text to help unlock, reinforce, or work with the patient's theological perspectives. It's not to teach, convince, challenge or threaten a patient's theology, but rather to use the Psalms as tool for exploring the patient's feelings reactions and thoughts. The Psalms are resources for chaplains; tools for their reflection on thoughts and experiences expressed by patients.

Chaplains value meeting a patient with "no agenda": to allow the patient to express him/herself fully, without the chaplain's imposition of preconceived notions or plans to "fix" anything. To achieve this, many chaplains believe they should enter a patient's room empty-handed, so the patient sees the chaplain is completely open to focus on the conversation without any preconceived ideas of what might be useful or worthwhile for a patient. The purpose of Psalms of Healing is not to change that approach in any way. However, if the chaplain is

more informed about these traditional textual materials, and if the patient's issues and concerns are related, and if the patient is open to it and is speaking a language that invites the use of Psalms or other traditional texts, (e.g., why is God doing this to me?) chaplains will be informed and able to approach and utilize these, and other texts.

The chaplain may not answer the patient's theological questions for him/her, and is expected to explore the emotions around the existential and theological questions that patients raise. It is during this process of discussion and exploration, that a chaplain may inform the discussion using concepts from the Psalms.

### Translations

In order to study these Psalms, as tools for eliciting the emotions and experiences of patients, the Psalms must be translated from the original Hebrew for English-speaking participants. The King James translation of the Bible seems to be the translation with which most people are familiar. The use of Old English lends the Psalms a sense of being ancient, and there's a comfort and feeling of tradition for people who use this translation.

Unfortunately, the King James translation is woefully inaccurate, in places where the original Hebrew says very different things from the translation. For instance, in Ps. 23, the King James translates the last line: Only goodness and mercy will follow me all the days of my life..." But the verb in Hebrew literally translated is



“run after” or “chase”. There is a huge difference between something following and something chasing. They may both be behind, but there’s a very different intent to the verbs.

While many people have never experienced the Psalms in any other translation, it seemed important to use a text that was more accurate to the literal meaning of the words. The Jewish Publication Society (1985) translation of the *Tanakh* (Jewish Holy Scripture) was the basis for the translations. However, there was interpretive wording even in this translation which obfuscated the meaning of some of the words. For instance, the Hebrew word “*ra*” literally means “bad” in Ps 23:4. The translation of “*ra*” according to JPS is “harm” and according to the King James, is “evil”. Evil adds a sinful and/or intentions connotation that may not be in the meaning of the text. “Harm” is too general a word, and doesn’t capture the concept either. “Malevolence” does not fit either. The search for the correct meaning is part of the process, and the discussion of what it can mean once the evil connotation is removed can be worthwhile.

The other Psalms presented all had words that were problematic in the JPS translation. For instance, Ps. 27:5, “God will shelter me in His pavilion” the Hebrew is “sukkah”. A sukkah (harvest hut) is a flimsy structure, while a Pavilion sounds like a substantial building. During the festival of Sukkot, we build a sukkah outside the Guggenheim Pavilion at Mount Sinai Medical Center. Being sheltered in a

pavilion sounds very substantial, but being sheltered in a sukkah leads to interesting work trying to understand the benefit of being sheltered by something that can blow over at any moment. Another example would be Ps.27:13. JPS translates the Hebrew "*lulei he'emanti*" as "had I not the assurance". But the Hebrew is very clear – "If only I believed". The JPS translation seems to obscure the question of belief that resonates in the Hebrew.

References to God are translated in gender-neutral terms: "The Holy One" or "God" instead of "He", the "Lord". The Holy One is both genders, since humanity is a reflection of God's image. But for some people who never questioned God's male gender, the removal of the masculine references can be surprising.

All translations are interpretive, including the translation used here. (The actual translations used are Included in the Appendices A-F.) But using the original text in Hebrew is informative regarding the original intention of the Psalmist. While there is validity to struggling with the words and their meanings in an English translation without reference to the original Hebrew, there are insights one would miss without the Hebrew. There are alliterations in the Hebrew, (ps.23 *lo ira ra* – I will not be afraid of that which is bad) the sound and cadence of the words. Most importantly, much of the interpretation of Ps. 27 is based on understanding of the root Hebrew word for face, (*pay, nun, hay*) "*panim*"

which is used for "being in front of someone" (*lifnay*) and for "being inside" (*bifnim*). There are repeated references to God's face in Ps.27, and shame is associated with "losing face."

The translations continue to be refined as they are used and changes can happen from reactions and suggestions of the readers.

### **Interpretations of the Text**

There are countless books written by people struggling to understand and interpret Biblical texts. This is an indication not only of the complexity of the process and the texts, but also an indication of the wisdom of gleaning from many of them to find what is meaningful for oneself. Some interpretations make sense at one time in one's life, others at different times. Some fit within one's religious beliefs, and some are contrary to those beliefs. Some are bound by traditional understanding of the texts, and some overthrow those understandings.

For the purposes of this seminar, the interpretations are a mixture of traditional Jewish understanding of the text, and insights which may have been gleaned from other sources and/or which may have been inspired. While these interpretations have meaning and "fit" for the author, they are not more correct or "better" than other interpretations. They reflect the author's personal struggle to find meaning in the texts, yet do not reflect absolute answers or the only

answers. They are notes in a symphony of responses to the Biblical texts; one voice among many. Participants are welcome to question, disregard, reinterpret, disagree and respond in any other ways that fits for them; to add their voices to the symphony.

The method of this seminar is intended to enable chaplains to engage in conversation with patients about their theological understanding of the world and of their illness, and help them in their struggle to find meaning, strength and hope in the process. The methodology is as suggested by Gillman (Gillman, 200, p 76) "– to allow the psalm to speak to us, react to it, let the psalm elicit the feelings which are aroused by the psalm, and explore the psalmist's and our own theology through the words in the psalm. The psalm is a vehicle to the greater and deeper understanding of the self and one's theology."

## Methodology

### Objectives of the Psalms of Healing

- a. Provide chaplains with traditional spiritual texts to begin a process of understanding their own spirituality.
- b. Provide an opportunity for discussion of how their perspectives on these Psalms might relate to how they see their personal theology involved in their work.
- c. Provide opportunities for understanding theology and spiritual concerns they might encounter with patients, families and caregivers.
- d. Explore their understanding of patients who may come from very different cultural and spiritual perspectives, and their implications for patient healing, recovery, growth, and peace.

## Program

This seminar series focuses on five spiritual themes and five Psalms:

- Grief/Loss: Psalm 23
- Themes:
  - A sheep in God's flock
  - Fear
  - Being pursued by goodness and steadfast love
- Shame: Psalm 27
  - One thing requested, made up of three things
  - Face, inside/outside/ being a reflection of God's image; shame

- Doubts about belief, even in the Psalms
- Forgiveness: Psalm 103
  - If God can forgive, we are supposed to emulate God
  - Dealing with the “unforgiveable”
  - Illness as punishment
- Hope: Psalm 121
  - Everything and its opposite
  - Perspective
  - Dynamics of hope
- Gratitude: Psalm 150
  - Gratitude is the last step of grief/bereavement, not acceptance
  - Gratitude even in pain
  - Music speaks louder than words

Each Psalm/theme will be presented in a 75 minute session to the Clinical Pastoral Education students and members of the Department of Spiritual Care Staff. Each is intended as a dialogue on the issue, and is neither didactic nor free-discourse. The text is the starting point that leads to discussion, and reflection.

The program is interfaith, while beginning with texts from a Jewish/Christian traditional source. The expectation is that participants will refer to additional

texts and references from their own religious or spiritual perspectives, which support or challenge the spiritual concept of each session, and additional texts may be added for future study.

#### **Process for each session**

- a. Read the psalm in English.
- b. Chaplains are asked what they think the psalm is about.
- c. Reread the psalm in depth, parsing specific words, sentences and concepts.
- d. Engagement in the wording of the psalm: deep examination of the meaning and implications of the text. To make the concept more accessible, equate the process to scuba diving, as opposed to reading the text on the surface, like surfing.
- e. Chaplains are asked what themes they see beneath the surface of the psalm.
- f. Relate the concepts to the chaplains' personal theology, world views, and cultural context.
- g. Discussion of the meaning of the psalm after deeper analysis of it. Examine the relationship between what it seemed to say on the surface and the deeper meanings elucidated through the closer reading of the text.
- h. Consider the implications of this theme or theology for work with patients.

## The Participants

The program is intended for Clinical Pastoral Education interns, and is scheduled during their didactic time. However, it is open to any chaplain in the Department of Spiritual Care. The CPE interns currently include 7 Mount Sinai CPE program interns and 4 interns and the CPE supervisor from the New York Zen Center for Contemplative Care. CPE residents at Mount Sinai have also chosen to attend, as well as one staff chaplain.

Among the participants are ordained ministers of the Pentecostal, Presbyterian, Universalist Unitarian, Episcopal, Seventh Day Adventist and Baptist denominations. There is a rabbinical student, a Catholic nun, a Buddhist leader, in addition to the 4 people in the Zen program. One participant was a Catholic priest and is a Board Certified Chaplain who is enrolled in the program to become a CPE supervisor.

The age-range is mid-40 to over 75. The majority are in their late 50's. While the majority is Caucasian, there are 4 black people among the participants. One is Latina. Among the participants are two people with D. Min degrees, and one holds a PhD.

## Class outlines

Detailed class outlines for each session may be found in Appendices A -F.



## Evaluation

At the start of the first session, a pretest (Appendix F) will be administered to establish a baseline in terms of understanding of the use of Psalms with patients, and personal study and familiarity with Psalms. At end of each session, chaplains will be asked to complete a questionnaire (Appendix G). Responses will be used to help reshape upcoming sessions, and to enhance upcoming discussions, and to provide input for additional related source materials.

At the end of the series, if they have attended more than one session, chaplains will be asked to complete a questionnaire on the series. (Appendix H)

These evaluations will help determine whether this program is an effective tool in chaplaincy training and whether the program should become a component of that training for future CPE students.

## Chapter IV Results

### Attendance at the Seminars

A total of 17 people attended at least one seminar. The vast majority attended all of the seminars. People in attendance included

- a. 7 Clinical Pastoral Education interns enrolled in the Mount Sinai CPE program
- b. 4 Clinical Pastoral Education interns enrolled in the New York Zen Center for Contemplative Care
- c. 4 Clinical Pastoral Education Residents
- d. 1 Staff chaplain who is working on her board certification materials
- e. 1 CPE supervisor from the Zen Center
- f. 1 CPE Supervisory Education Student/former priest

One participant attended only the first session and last sessions because of a health-related problem. There were 12 people who attended all 5 sessions. Illness and travel schedules forced others to miss 1 or more sessions.

### Pre-Screen results

The Pre-screen was administered at the beginning of the Psalm 23 session. Therefore, it took time away from the session, making an already jam-packed session shorter. Two people came into the session late, and did not fill out the pre-screen.

The details of the Pre-screen are in Appendix J.

There were few surprises from the pre-seminar screening. Almost none of the chaplains had ever studied Psalms in a deep way, except the three who had attended one or more of the earlier trial sessions. Almost none had used Psalms with patients, except as a form of religious reading material. Most had used some kind of religious reading materials with patients, such as Gospels, Psalms and religion-specific prayer materials, such as the Lord's Prayer or Buddhist or Hindu chants. Almost all said they thought using spiritual texts with patients might be helpful.

Spiritual themes they wanted to explore included the ones in the seminar plan – loss, shame, forgiveness, hope and gratitude, but they also mentioned themes of fear, anger, illness, depression, suffering and pain.

Results:

1. What are your expectations of the seminar?

7 said they were looking forward to learn or gain greater insights

2 said they were looking forward to rabbi's perspective

Comments included:

- how to
- to be blessed by beauty and meaning of Psalms

2. Have you studied the Psalms in depth before?

7 responded not in depth, or a few

3 responded with Rabbi Rafael (they attended one of the pilot sessions in a previous CPE unit).

4 said no

3. Do you have a Psalm you turn to regularly for inspiration?

11 had Psalms they turn to

The Psalms listed were 23, 27, 35, 37, 51, 88, 91, 104, 109, 119, 121, 139, and 144

4. Have you used Psalms in working with patients? In what ways?

9 said they have read Psalms to patients or did it as part of prayers with patients

3 specifically referred to using Ps 23.

5. Have you noticed an open Bible in a patient's room? What was it open to?

6 said no

3 said yes, Psalms

2 said yes, Gospels

2 said yes, but did not know what the Bibles were opened to

6. Have you used any spiritual materials/readings in working with a patient?

What? Why? How?

7 have used psalms or other Biblical materials.

3 mentioned some form of poetry, including mystical poetry

Others mentioned The Lord's Prayer, Muslim prayer and hymns

7. Do you have any suggestions for spiritual materials that might be useful for patients?

5 did not answer.

2 referred to Psalms

4 responded some form of poetry or sacred texts

Other comments:

- music
- Our Daily Bread (Catholic monthly booklet)

8. Do you think that studying spiritual materials might be useful with patients?

12 said yes

9. Are there Psalms you would like to explore?

Suggestions included: 22, 27, 37, 42, 43, 50, 81, 88, 91, 103, 104, 121, 139,

3 said any, all or "sure"

1 responded Psalms of lament

10. Are there spiritual themes you would like to explore through traditional texts?

The topics suggested include: hope, fear, guilt, shame, hopelessness, helplessness, healing, forgiveness, anger, illness, depression, paranoia, violence, suffering and pain, love beauty and words of celebration, spiritual aspect of God.

## First Session: Psalm 23 Grief/Loss

**I. Summary:** Students welcomed the topic, and introduction included acknowledgement that this seminar series is a doctoral project, and that their willingness to share in this is appreciated. It was explained that the general idea that the knowledge of these Psalms may be useful or helpful in working with patients, even if it just helps the chaplain know him/herself better through the study. The concept of “scuba diving” into the text, to really think about the meanings of the words beneath the surface was introduced. While everyone was familiar with the Psalm, only two had studied it before, as part of the Summer CPE unit pilot program. (Both were told they did not have to attend, since they have done it before, and both said they wanted to do it again.)

The fundamentalist pastor in the group expressed surprise that the King James Version (KJV) of the Psalm was not the original text, and she was taken aback by the idea that there could be a different version. She said that she believed her Bible was literally the word of God, and never thought about the possibility that other people saw the word of God differently than she did. She also expressed concern about a gender-neutral God; to her the masculine understanding of God is the only way she could see God. She was not used to the idea of looking into the words or interpretation of the text of the Psalm.

Other students took out their own Bibles and compared the translations, noting the places of difference. There seemed to be surprise that words that they were so familiar with may not have been what was written or intended by the Biblical author. They did, however, express real interest in understanding the Hebrew.

These objections led to discussion of everyone having a right to their beliefs, and that the seminars are not intended to threaten or impinge on anyone's belief systems. The fundamentalist pastor said that she would like to see what we are talking about, but that it was confusing for her. She was assured that we are trying to understand the emotional and spiritual meanings of the Psalms, and see how they might interact with patient's spirituality, so her voice was especially important to the process, in that she represents a proportion of the patients we may work with, and sensitivity to their theology and their understanding of the word of God is extremely important. It was also noted that using the text as she knows it, there are still opportunities to explore the meanings of the words used in the KJV. She was welcome to use her text and to compare and contrast.

The remainder of the session focused on the wording according to the outline.

Issues that resonated for the students were

- "Circles of Justice"
- the Valley of the Shadow of Death
- my own worst enemy

- goodness and steadfast love chasing, not following

There was not enough time in this session to adequately discuss practical implications of the use of the Psalm, or lines from the Psalm, with patients.

However, the day after the session two participants told me they had opportunities to read and discuss the Psalm with their patients. They were both very excited about being able to do so.

## II. Survey Responses

The details of the survey results are in Appendix .

### 1. What were your expectations of the Seminar?

9 expected to learn something

3 expected that it would help them with their work as chaplains

### 2. Did the Seminar meet your expectations?

15/16 said that the seminar met their expectations.

Comments included:

- I was amazed at the translation discussion
- Made me think in new ways
- It was challenging and thought provoking.

There were no negative comments.

### 3. What was the most important thing you learned in the seminar?

6 responses referred to the Hebrew or the translation

3 referred to surrender



2 referred to a different way to view the Psalm

2 said "Circles of Justice" but 1 of the 2 respondents also said that Circles of Justice was the least useful thing in question 8.

Other comments were

- goodness chasing me
- nothing to fear
- potential uses with patients

4. Do you have suggestions for how to make the session more useful for you as a chaplain?

5 suggested examples for how to use the Psalm with a patient

6 did not answer

3 put in positive responses (wonderful, do more, and this was great!)

5. What spiritual materials in your personal experience relate to the theme of this seminar?

6 did not respond

3 referred to connections with their Buddhist tradition

2 referred to all of the Psalms

2 referred to their spiritual journey

3 had positive answers that did not respond to the question (e.g. wonderful!)

6. Was there enough time in the session to consider both the content and the implications of that content for you as a person/for you as a chaplain?

8 said yes

8 said no. One wanted time to meditate on the topic.

7. Do you have suggestions for what might have been missing from the session?

5 did not answer

5 said no

Comments included:

- I would have liked access to other translations/versions
- Music
- staying with the patient in their experience of fear

8. What was the least useful thing you heard in the session?

7 did not answer

3 said none or nothing

Comments included:

- justice
- magic
- changing the patient to positive
- rejection of different versions
- definition of prayer

9. Did you come away from the session with:

a. A better understanding of you?

8 said yes

2 were not sure

1 said no

1 expressed skepticism about challenging someone's theology

1 said "my definition/experience of prayer"

b. A better understanding of the theme?

11 said yes (one absolutely!)

2 said no

c. Anything else? What else?

5 referred to usefulness with patients

2 referred to interreligious understanding

Other comments included:

- contemplation
- the idea of being chased by goodness
- perspective, tools, ideas
- helpfulness of examining original source material

10. Would you recommend it to others? Why or why not?

There was unanimity that the participants would recommend the sessions to others. (15/16 responses.)

### III. Essential learning from the session

1. More time is needed explaining translations of Biblical texts and comparing and contrasting the different translations. Special preparation or warning may be necessary for Protestant fundamentalists who may not have had seminary training and may not be ready to look closely at a text. A prior discussion with fundamentalist students, so they know what to expect, may ward off the surprise expressed by one student.
2. The responses were thoughtful and showed both struggle and surprise at what they were learning. While the text was familiar to all of the participants, there was definitely a sense of pleasant surprise at looking at it differently from any ways they had thought of it before the session.
3. One Buddhist student suggested in his response to #5, "this can be translated fairly easily into Buddhist terms". He did indeed translate it into Buddhist terms. (Appendix E)
4. There was a clear sense of the participants being excited about the theological discussion. They seemed to pick out different highlights – the Serenity Prayer reference, the issues of the Circles of Justice, Magic verses prayer, the Valley of the Shadow of Death and awareness of the nuances of translations. For some of the participants this was a very foreign endeavor: they had never done such study in such a way before.

5. The unanimity in whether they would recommend the seminar to others is a strong statement that they found it interesting and stimulating.
6. The wide variety of some of the responses may mean that each of the participants was touched differently by the Psalm and the discussion. The thoughtfulness and care with which they answered the questions leads me to conclude that the session stimulated thinking and engaged the participants.

## Second Session, Psalm 27 Shame

### I. Summary of the Session

While there were only 11 participants in this session, it seemed to be very warmly received. Two of the chaplains were out sick, and the others were handling urgent situations that they could not leave, or forgot that it was taking place. Much of the session focus on the issues delineated in the outline – the Psalmist saying the he was asking for one thing and then listing 3. Some of the students immediately said the 3 were the same thing, but could not explain why they are listed separately. The discussion of the Hebrew word *pay-nun-hay* was understandable to some, and others seemed to not get the connection between inside the face and outside the face.

The chaplains seemed intrigued to discuss radical self-acceptance - that God loves us no matter what, and if we are reflections of God, and we bring that reflection of God inside, we see that God accepts even our flaws, which are also aspects of God. This was a new awareness for some of the chaplains, some of whom expressed surprise that they did not see these themes in the Psalm before. There was discussion of whether patients could love themselves even as they are flawed reflections of God. There was also discussion of whether a chaplain can say that God loves a patient, or should the chaplain allow the patient to explore the feelings of not being loved by God. They were reminded

that there is no answer for this kind of question – it's part of their skills to figure out what the patient needs, or to perhaps find balance with both approaches.

The question of translation again came up with verse 13, which was translated as "If only I could believe", which is the literal translation of the Hebrew "*lulay he'emanti*", while other translations seem to do away with the doubting. The concept of a Psalm echoing a patient's (or chaplain's) doubt or disbelief had a strong response in terms of usefulness with patients, allowing them to have their doubts and see that doubting is quite normal. Mention was made of Mother Theresa who expressed doubts in her later years. One of the chaplains said that it validated and normalized the doubting that patients and chaplains experience.

The last lines, "hope in God" resonated for the group. They liked the idea that the Psalm ended with hope, and felt there was potential for use of this line with patients. "Hope in God and let your heart be brave" was both a translation they appreciated and there was a feeling that they could emphasize this when they read the Psalm with patients.

## **II. Survey responses**

1. What would you say is the overarching theme of this Psalm?

The respondents saw themes of self-acceptance, God's protection and presence inside and outside of one's person and hope.

2. What was the most important thing you learned in the session?

3 referred to the impact of using the Hebrew.

3 referred to use with patients

2 said something about reading and carefully learning the Psalm

Other comments were:

- God
- holding shame
- doubts are ok

3. Do you have suggestions for how to make the session more useful for you as a chaplain?

4 said no (one of them was "session was great")

2 requested more clinical applications

Other comments:

- cross-cultural analysis
- meditative time
- the connection between "face" and projection.

4. Do you see the implications of the session for your clinical practice? How would you use it?



10 said they could envision using the Psalm, regarding shame, doubt, openness and amplification of expressed feelings. One said she may need "more time" with a patient to be able to use it.

5. Was there enough time in the session to consider both the content and the implications for you as a person and as a chaplain?

6 said there was enough time.

3 said there needed to be more clinical applications/examples

1 said it could have been longer because the Psalm is "so rich"

6. Do you have suggestions for what might have been missing from this session?

4 did not answer.

2 said no (1 of these said "excellent presentation")

Other Comments:

- more clinical time
- write the Hebrew out so the face issues can be more clearly demonstrated
- wider cultural placement, particularly for non-believers
- letting shame be opened can be the experience of the Divine.

7. What was the least useful thing you heard in the discussion?

5 did not answer

4 said nothing or don't know

1 said "if someone is not feeling love tell them God always loves them"

(Not sure where that came from. No one ever said such a thing.)

8. Did you come away from the session with

a. a better understanding of you?

8 said yes

2 said no, but one explained this material is central to the Zen experience and himself.

b. a better understanding of the Psalm?

10 said yes

c. a different understanding of the use of texts with patients?

7 said yes

Other comments included:

- we talk about this all the time
- how about a clue for the use of texts

d. anything else? What else?

7 did not answer.

2 said that's all/ looking forward to the next

Comments included:

- accepting oneself for who one is a path towards feeling  
Divine Presence

- I liked the presentation and that it provided another tool for working with patients, applicable to both western and eastern religions.

9. Do you think this session is useful in your training? Why or why not?

All said yes.

Comments included:

- Liking the grounding in chaplaincy
- I need to be able to use Psalms to be effective with patients
- The idea of holding shame is very useful
- Usually read Psalms to patients. Now I have ability to dissect for more meanings.

10. Would you recommend it to others?

10 said yes.

### **III. Essential learning from the session**

1. Cultural considerations may be appropriate for inclusion in this session. In particular, one of the chaplains noted that black and Hispanic women, in particular, may have an intrinsic sense of shame about themselves, based on their cultural experiences. Women's experience of shame may be different from men's, and race, economics, and family backgrounds may contribute to a patient's sense of shame about who they are, particularly in a hospital which may not reflect their culture or background.

2. Two very helpful suggestions came from the surveys:

- a. To write out the Hebrew letters in the words relating to face in the Hebrew, so they could visualize the connections of the letters.
- b. The issue of transference and counter-transference in terms of seeing one's face and inside one's face. The relationship between the chaplain and the patient, and the projections of God in both are components of the face discussion.

3. There was one comment asking for "a clue about how to use the texts". Yet there was a definite plurality in thought that application of the discussion was a part of the session. A few respondents asked for more clinical applications, while the majority indicated that they heard and appreciated the clinical applications. There is a tension in presenting the Psalm between textual study and considerations for application of the texts to patient contact. Without a good understanding of the text, there is nothing to apply to patient contact. This particular Psalm and theme may need to have more time for exploring both the text and the applications for patient intervention.

4. All of the participants found the session useful and all would recommend it to others. These are very strong indications that the participants were engaged, related to the topic, and found meaning in it.

5. The Zen participants seemed to resonate with the theme and with the Psalm. The session seemed to be useful across religious expression.

6. The translation issues from the first session did not come up in this session. One reason may be that the Pentecostal minister with the greatest challenge to the translation was not present for this session. (She was seriously injured in an accident at home, and was unable to return to the program.) Other participants checked their Bibles for comparison of the translations, but did not express concerns about the translation in use.

### Third Session Psalm 103 Forgiveness

#### I. Summary of the session

The session was attended by 11 participants. There was no discussion about the translation, though one participant asked to hear what it sounded like in Hebrew. The first few lines were read in Hebrew in response. The themes which emerged were very much in line with the outline. Forgiveness, God's love being immutable, the difficulty of the forgiver, and the ease for the one asking for forgiveness.

The Psalm and translations of words were more of a catalyst for the discussion of forgiveness which is very clear in the text. This session was less text based, and much more time was spent on the theme of forgiveness than on the depth of the text. The text did raise two additional issues of note: blessings and world view of the Psalmist. The question of whether God needs blessings and praise came up. The response was that people needed to express gratitude. Part of the discussion was the Hebrew word for blessing, *bet-reish-het*, is rooted in the word for knee, and that in the ancient world the way to worship something was on one's knees. Ancient Near Eastern world view was also discussed, using the flat surface of a book to represent the 4 corners of the earth, which the Psalmist knew as flat, with water all around, above and beneath. The sun moon and stars were decorations in a sky that was like a

dome, and had nothing to do with day or night. Some of the participants had not considered what the Psalmist perceived about the Universe. Neither of these themes was anticipated in the outline for the session though the world view was anticipated in the fourth session.

All present recognized that if there was a God in their religion, that God provides opportunities for forgiveness. The Buddhists also affirmed that forgiveness is an important concept in their perception. In presenting the concept, the issue of the people who have done the unforgiveable things to others was raised and personal example of a situation when something happened to the presenter that most people would consider unforgiveable. The summary was that explained that even in extreme cases, like the one described, it does the person who is wronged no good to hold on to the bitterness or anger. While participants appeared shocked that such a personal example was shared, they also identified with the possibility that patients they may be seeing may have had similarly unforgiveable things happen to them.

Rabbi David Ingber's 2011 Yom Kippur sermon was cited, which had a simple 3 word theme: "Let love win." Can letting love win make forgiveness possible? In the unforgiveable situations, letting love win means loving oneself enough to let go of the bitterness and anger. For the rest of the situations, it

means it doesn't really matter who is right or wrong, only that the love is found and relationships reestablished based on the winning love.

## **II. Survey responses**

### **1. What would you say is the overarching theme of this Psalm?**

All answered love or forgiveness. Some said love or forgiveness from God.

One wrote forgiveness = love.

### **2. What was the most important thing you learned in this session?**

3 referred to forgiveness

2 referred to the concept of blessings

2 referred to awareness of God

1 referred to the discussion of the flat world as the Psalmist knew it

### **3. Do you have suggestions for how to make the session more useful for you as a chaplain?**

4 praised the clinical applications of the session

1 said "more clinical vignettes earlier"

### **4. Do you see the implications of the session for your clinical practice? How would you use it?**

2 alluded to patients experiencing a sense of being punished or self-punishing

1 said s/he already does

Comments included:



- Understanding patients' context in the world
  - Platform for exploring anger, resentment and forgiveness
  - Shame/read with patient, exploring idea of such expansive and unconditional love and forgiveness
  - For patients who feel their illness/suffering is payment for "sins"
  - Cite when patient shows interest
5. Was there enough time in the session to consider both the content and the implications of the content for you as a person/for you as a chaplain?
- 7 said yes
- 3 said could have been longer
6. Do you have suggestions for what might have been missing from the session?
- There was one suggestion: dyads in forgiveness – blessing
7. What was the least useful thing you heard in the session?
- There were only two responses:
- Comparison of Job vs. Jonah
  - One participant verbally said the way one of the participants acts in the group
8. Did you come away from the session with
- a. A better understanding of you?
- 5 yes
- 4 maybe, not much, not really, somewhat

Comment:

- yes, well, no. I am always skeptical about contemporary interpretation

b. A better understanding of the Psalm?

10 said yes

c. A different understanding of the use of texts with patients?

7 yes

1 somewhat

1 no

d. Anything else? What else?

5 did not answer

Comments included:

- A real appreciation for the Psalm
- Also useful in talking to addicted patient or patients in recovery - the hitting bottom reference to the pit
- how to use these teachings with family and friends (e.g. Thanksgiving!)
- the urge to meditate on the Psalms myself.

9. Do you think this session is useful in your training? Why or why not?

7 said yes

Comments included:

- always good to reflect on Psalms

- If patient isn't familiar with this Psalm is it something we can introduce? Maybe not
- I struggle with the theology, although the interpretation as presented is definitely useful for suffering patients
- The Psalms reach across some religious differences and certainly address issues of human suffering that patients are grappling with.

10. Would you recommend it to others? Why or why not?

7 said yes

Comments included:

- Do we have to end?
- Wonderful for growth and a time spent in holiness and beauty
- very stimulating
- Because I think it could be used in many patient situations

### **III. Essential Learning from the session**

1. Participants remained very engaged and thoughtful throughout the session. They seemed to no longer be concerned about the translation and were much more focused on the content of the Psalm and the theme.
2. Use of self was important in establishing a concrete example of forgiving the unforgiveable. Because the theme related personally, there seemed to be more of a personal connection with the

participants. Self-disclosure was a useful tool as an example for the possibility of forgiveness even when that which took place was so egregious as to seem unforgiveable.

When The Dynamics of Forgiveness was presented it to the National Association of Jewish Chaplains Conference, (a workshop developed for people living with cancer and their loved ones) the chaplains at the NAJC did not connect with the concept of forgiveness, letting go, because of unforgiveable situations. One person raised Hitler, another a child molesting ex-husband. They were unable to see that the vast majority of situations are not all that unforgiveable or that the lack of forgiveness only hurt the one holding on to the bitterness.

Using a personal example, and addressing God's forgiveness for all in the Psalm, may have made the concepts more clear and may have pre-empted potential objections because of perceived impossibility of forgiveness in some cases.

3. The Psalmist's world-view: some of the participants seemed surprised that the Psalmist knew that the world was flat. They had to be reminded that until Columbus, there was no proof of anything else and Columbus was about 1,500 years after the Psalms were redacted. They seemed to genuinely not have thought about it.
4. They seemed to see the implications of this theme and Psalm for working with patients more quickly, with only one commenting that

s/he didn't see it, and one comment asking for a "hint" of how to use a Psalm with patients.

5. The comment about the unruly participant was informative. While he participates in the sessions, he tends to joke around and to participate with sarcasm. His participation may be making others uncomfortable.
6. Participants continue to see the concept as useful in their training and would recommend the session for others.

#### Fourth Session: Psalm 121 Hope, Everything and its Opposite

##### I. Summary of the session

There was a lot of discussion of the concept of hope. One of the participants mentioned the Spanish connection between hope "*esperanza*" and "*espirar*" to breathe. The concept of hope coming from nothingness resounded, and for the people with AA backgrounds was particularly meaningful. There was connection made between the concepts of light and darkness, and light in the darkness. The interpretation for patients then could be that circumstances may be dark, but the only way to see the light is in contrast to the darkness, as the stars cannot be seen in daylight.

One of the Buddhists noted that hope is the cause of suffering; to look to the heavens is to live in Hell. He saw the Psalm as still being meaningful in that it is about persevering and resilience, and a willingness to experience something that is not apparent.

There was consensus that this Psalm is comforting, and that the various perspectives with which one can look at the Psalm and at hope was helpful. Mention was made of Jerome Groopman's book, *The Anatomy of Hope*, and participants expressed an eagerness to read it.

## II. Survey Responses

### 1. What were your expectations of this seminar?

8 said: to learn/in-depth meaning of Psalms

3 referred to gaining perspective

2 referred to practical application of the Psalm

1 had no expectations, while 1 had "high hopes"

### 2. Did the seminar meet your expectations?

13 said yes. 2 said it exceeded their expectations.

### 3. What was the most important thing you learned in the seminar?

3 referred to perspective

3 reflected on the Hebrew word "ma-ayin", from nothingness

Comments included:

- "It put me in touch with my own theology and helped me love the Psalm and know how to pray with it.
- hope is a matter of perspective. Can be used in pastoral ministry in many ways, especially end of life issues.

### 4. Do you have suggestions for how to make the session more useful to you as a chaplain?

Comments included:

- 4 perspectives: Jewish Christian, Muslim, Buddhist
- Provide a bibliography

- Ask if any intern has used the psalm and how that was with a patient
- Inviting more sharing from the chaplains on their understanding of each patient's perspective

5. What spiritual materials in your personal experience relate to the theme of this seminar?

Comments included:

- I always carry the Psalms with me. I give them out/have requests for them more than anything else
- Reminds me of the literature used by AA. Living one day at a time.
- Part of my own dissertation discussed hope
- Many Buddhist texts incorporate the notion of holding opposites

6. Was there enough time?

7 said yes

6 would have preferred more time

1 commented "I have often thought of us as lightning rods for God."

7. Do you have suggestions for what might have been missing from the session?

5 did not answer

4 said no

Comments included:

- more interfaith approaches to the text



- more time for discussion
- links to other Psalms
- more individual contemplation
- less semantics

8. What was the least useful thing you heard in the session?

8 did not answer.

2 said nothing or "it was all useful"

3 referred to the parsing of the Hebrew words. One noted, however, "May not be applicable to the use of Psalm in practice."

9. Did you come away from the session with

A. A better understanding of you?

9 said yes. One commented: Seminar challenged me to articulate where my hope comes from and where the patient's hope may be. I feel...that it is my job to facilitate their expression of hope, whatever that may be.

B. A better understanding of the theme

All said yes. One comment was: I really enjoyed the conceptualization of heights/mountains – both internal and external.

C. Anything else? What else?

5 did not answer.

Comments included:

- Greater segue between the practical and theoretical in theology and liturgy

- Excellent presentation. I really enjoy these sessions.
- I love the idea of perspective, making that shift. I think is very helpful, at least to me.
- One of the themes for myself is agency - I think this was implied in the discussion.
- I am always happy to see the close relationship between many religious structures.

10. Would you recommend it to others? Why or why not?

13 said yes.

1 did not answer.

Comments included:

- Help them to see that you can experience life and still be happy (or joyous) in the gray areas.
- Always helpful to expands my narrow view and not knowing.
- Psalms are worth learning especially from the rabbi (Middle East cultural aspect). Psalms are rich in spirituality of daily life.
- There is a value to chaplains being trained to know that even with their own knowledge base and deep reflection that they should not impose information or process on patients.

### III. Essential learning from the session

1. This session revolved around the concepts of everything in perspective. Once the participants understood that lifting eyes up to the mountains may not mean what it seems to say, they were much more willing to look for interpretive meanings of words.
2. There were insights expressed which had not been anticipated, including the Spanish/English connection of *espirar*, to breathe and to hope. That was related to the Hebrew word for breath, *neshama*, which is also soul, or *ruah*, wind or spirit. Some of the participants seemed to begin to apply the concept of looking at the different words from multiple perspectives.
3. The list of what people whose lives are threatened can hope for seemed to strike a chord. Participants noted some of the concepts, and suggested other things people can hope for even if they are no longer hoping for a cure.
4. The concept of light in the darkness, as related to the sun and moon and the stars and the ancient perception of the world resounded. There was active conversation about the meanings of light and darkness and whether one can see light in darkness or darkness in light. They applied the metaphor to illness and health, and seeing possibility of healing when one is ill or remembering the times of wellness when one is ill.

5. The order of going and coming at the end of the Psalm enabled the Buddhists to discuss their sense of journey, and that the going and coming is the same thing.

### **Fifth Session Psalm 150 Gratitude**

#### **I. Summary of the Session**

Since this was the last session, a few of the participants told me before the session that they were hoping this project would continue. Two others expressed a sense that it would be a loss for them not to have these sessions continue. The Pentecostal minister who had attended the first session and was subsequently injured and unable to attend the others, attended this last session. One of the interns who missed a session wanted to know if she could attend the session next time it is offered.

There was acceptance that Kubler-Ross missed the final stage of grief, which is gratitude. Participants were interested in looking at other places in the Bible where thanksgiving is encouraged. One pastor suggested 1<sup>st</sup> Thessalonians 5:18, "In all things give thanks".

It was fitting that this was the theme for the last session, since there were so many expressions of gratitude for the process and for work we had done together around the Psalms.

## II. Survey Responses

1. What were your expectations of this Seminar?

Most expressed openness to learning, going deeply into the Psalm. One said  
“I had high expectations given the previous class.”

2. Did the Seminar meet your expectations?

11 answered yes.

1 did not answer

Comments included:

- the connection between gratitude and sadness
- It introduced this psalm to me and gave it meaning/depth.

3. What was the most important thing you learned in the seminar?

Comments included:

- That I have resisted this psalm because of lack of understanding its depth
- That texts are highly personal and function as material symbols as well as liturgy
- That gratitude is the final step in grieving
- Actually the beauty and connection of one group, an unexpected plus
- Seeing how to recast the language to accommodate a Buddhist viewpoint

4. Do you have suggestions for how to make the session more helpful for you as a chaplain?

3 said no

3 did not answer

3 referred to practical applications and/or case studies

Comments included:

- More focused. Maybe shorter
- More Psalms Please!

5. What spiritual materials in your personal experience relate to the theme of this seminar?

2 referred to music as ministry of healing

Comments included:

- "Narrative therapy
- My suffering taught me gratitude
- My personal life is weaved by a sense of gratitude
- I have found Buddhist readings to be quite similar.
- I have been working on developing a spirituality of gratitude discipline. This psalm helps me."

6. Was there enough time?

11 said yes

2 felt there needed to be more time

7. Do you have any suggestions for what might have been missing from the session?

4 said no

4 did not answer

Comments included:

- I was struck by the social aspect of the psalm. We come together to praise God we do this with other people when we make music together. Work with others to make beautiful sound.
- More comparative analysis across disciplines
- More discussion on proper usage with patients

8. What was the least useful thing you heard in the session?

5 did not answer.

2 said either "none" or "it's all good"

Comments included:

- Some interpretations that may be somewhat far from the text - this instrument breath= sacred aspect of breath
- Maybe that translation matters apart from the historical value
- Firmament

9. Did you come away from the session with

A. A better understanding of you?

7 said yes

2 said no. Comment from one was" but again reflected on my grandmother."

Comments included:

- This sweetened my day
- Good reminder of gratitude

B. A better understanding of the theme?

All said yes.

C. Anything else? What else?

Comments included:

- The application of the spiritual connection of the words to life and the carnal side of the psalm's content.
- The method of teaching is very valuable for me, as I remember more.
- A better understanding of Hebrew and linguistic analysis.
- It was healing for me.

10. Would you recommend it to others? Why or why not?

12 said yes or "sure"

1 said yes, if it were shorter.

Comments included:

- It is good to reflect on the notion of gratitude. Specifically on personal experience. Chaplains can lose sense of gratitude, lead into gloomy feelings, compassion fatigue



- A good deal of valuable insight was available.
- Though the other psalms may be more likely to be used than this one.

### III. Essential learning from the Session

1. At the end of the session, since it was the end of the series as well, Halleluyah was sung together. The singing emphasized the music in the Psalm, and also indicated that there was room for more spiritual introductions and closures to each session. Previously, sessions ended with passing out the surveys. This session ended with singing. It was meaningful for the participants.
2. The concept of discussing gratitude with patients who might not be feeling very grateful was brought up. It called for a reiteration of the approach, which is that there is no expectation that chaplains will walk into rooms and set an agenda of reading and discussing a Psalm. When a patient is expressing sadness, anger or other emotions, chaplains are supposed to stay with them, not change the topic or make things “better” or tell them to be grateful. But chaplains can reframe the situation, as they listen, and can see opportunities for sharing different perspectives. The Psalms are tools in the chaplain’s toolbox.
3. Suggestion was made that this would not be the best Psalm to share with a patient who is not feeling grateful, or who is suffering. The response, as with all of these Psalms, was that this was totally judgment call of the chaplain. There is no recipe for bringing a patient to gratitude. None of the Psalms may be appropriate for discussion with a patient, or all of them

may be, depending on the patient, situation and comfort level of both the patient and the chaplain.

4. Participants related to this topic personally and it may have been the most accessible of the Psalms for them. The language wasn't tricky, there were few major interpretations.
5. There was a comment about the social aspect of the Psalm: that to make music most of the instruments sound best in collaboration with the others. To make music, there has to be community of sorts, or it's just a cacophony. This was a new concept to add to the understanding of the Psalm. Perhaps gratitude is best expressed in community as well.

## Final Survey Responses

The final survey was distributed at the same times as the survey for the 5<sup>th</sup> session.

There was nothing scheduled for the participants after the session, so they did not have limited time to complete the survey.

1. What were your expectations of the Psalms of Healing?

Most expected to learn and gain a deeper understanding of the Psalms.

3 referred to how to use the Psalms with patients

1 said “teaching, not holy moments” Later she indicated that these sessions were holy moments for her.

2. Did the sessions meet your expectations? In what ways?

9 responded yes

3. What was the most important thing you learned in any or all of the sessions?

Comments included:

- That the psalms address spiritually all the issues we encounter as chaplains.
- Just to be introduced to the psalms was huge. To share them with the team.
- To be open to different interpretations. To make deeper personal meaning out of psalms

- That texts are a good resource for my toolkit
- That the Psalms are full of wonderful symbolic material and quite finely crafted

4. Do you have suggestions for how to make Psalms of Healing more useful for you as a chaplain?

Comments included:

- Explore the violent words used with a patient
- Compile them in a book. Seriously.
- It is important to emphasize that these texts function in different ways for different people.
- More examples of cases where a Psalm was used and its effects

5. What do you think are the outcomes of the Psalms of Healing for you?

Comments included:

- That I have a deeper understanding and appreciation of the Psalms as a tool for chaplains
- Deeper insight into them. They have always been precious to me. It makes me want to study more
- I am inspired and challenged.
- I will use these psalms in my clinical work.

6. Do you think Psalms of Healing is useful for your training as a chaplain?

Why or why not?

10 out of 11 responded yes, or definitely.

Comments included:

- It's always great to feel comfortable with important religious texts. They resonate with many patients.
- Definitely. So often patients will mention favorite psalms. Learning how they can be used to help patients is extremely useful.

7. Do you have suggestions for what might have been missing from the Psalms of Healing?

There were two suggestions: Real life examples and different faith perspectives.

8. Were there any topics or discussions you did not find useful or interesting?

Comments included:

- The more obtuse theological details.
- Sometimes details on words or history seemed to take lots of time.

9. Did you come away from the Psalms of Healing with

A. A better understanding of you?

7 said yes

2 said no (1 commented "not really. I know I am a rebel.")

1 said no. yes. Maybe

B. A better understanding of the themes?

11 said yes

C. Anything else? What else?

Comments included:

- New tools for visits
- A clearer exegetical understanding of the Psalms
- Judaic roots in Christianity are very deep in how we pray
- How important gratitude is for us all, not just for me
- Greater love of the Psalms and their healing power for us and helping patients.

10. Would you recommend Psalms of Healing to others? Why or why not?

10 said yes

Comments included:

- It speaks to the deep human need to reframe the perspectives of life.
- Especially if it includes other faith perspectives
- These textual resources are valuable.

## Chapter V: Discussion

The initial screening showed that most of the participants had not been exposed in a deep way to Psalms, and none had really studied the meanings of the Psalms, except those who had attended one or two of the sessions of the pilot program. While most had read Psalms to a patient, they did not discuss them with patients, even when patients had their Bibles open to the Psalms. The Pre-screen should have given to the chaplains who were planning to attend sometime previous to the session so it would not have taken time away from the session.

Removing the surprise of different translations from the first session would ease some of the session. A pre-assignment for the class in the future could be to read, compare and contrast two “versions” of the 23<sup>rd</sup> Psalm (e.g. King James and JPS translations). If participants come to the class already aware of the different versions, there would be much less surprise with the nuance of the translations.

In the final survey all of the participants said that they would recommend Psalms of Healing for other chaplains, and the vast majority said they understood the themes better, understood themselves better, and gained personal insights through the process. While in the initial survey they said they thought Psalms of



Healing might be helpful to them as chaplains, there was a resounding affirmation that it was useful for them in the final survey. (10/11).

The surveys themselves provided maximal opportunity for participants to express themselves, since they were mostly open-ended questions. This made the surveys difficult to tabulate but did provide some very useful insights both into the sessions and the participants. There were some common themes: Practical Application, Language Impacts and Holy Moments.

### **Practical Application**

In all of the sessions, a few of the responses requested practical examples of how to use the Psalms with patients. From the first session on, after receiving this feedback, there was an attempt to refer to the possible uses of the Psalm with patients. However, practical application of the Psalms for use with patients was never an objective of the project. (See Objectives in the Methodology Section.) The goal was to enable the chaplains to be familiar with Psalms and these themes, to have examined the issues related to the themes, and to inform their ministry. The requests for practical applications indicated that the goals of the program were not clear enough to all of the participants.

It should be noted that a small minority of the participants requested practical applications of the Psalms. The majority appears to have understood that the program was about informing them as chaplains, their understanding of their

personal theology, and not necessarily for direct use with the patients.

Awareness of traditional texts, therefore, is part of their pastoral identity: patients expect chaplains to know this material, and knowing this material affirms the chaplain's expertise to a patient. The vast majority understood that they would probably never enter a patient's room with an intention of delving deeply into a Psalm with the patient.

There is a tension for chaplains, as mentioned in Methods, between being open to hearing what a patient has to say and bringing resources into the room.

Professional chaplains make every effort to be open to the patient, and to allow conversations to unfold, following the patient's lead. In CPE, the emphasis is on the quality of the active listening; responding to what the patient says carefully, staying with the emotions and agenda set by the patient. The question, then, at what point and how to use texts with a patient is valid. CPE encourages chaplains to stay with patients in their pain or sorrow, instead of offering them "fixes", and never to move the topic of the discussion from the patient's focus.

Because of this awareness, application of the Psalms of Healing to patient situations is indirect. The response that chaplains will have to judge when it's right to bring in a reference to a Psalm, or to read or study a Psalm with a patient, remained elusive and challenging for a few of the participants. Just knowing what the patients might mean when they say they are "walking

through the valley” or “lifting their eyes to the mountains” did not feel like practical application for them. Being aware of the Psalms was not enough; there was a desire to know how and when to open a Bible and to study a Psalm with a patient. Unfortunately, that practice may never happen and was not a stated or tacit goal of the program.

The final survey had a suggestion of case studies for how to use and effectiveness of psalms with particular patients. It’s a good idea, to demonstrate ways in which having the knowledge of the Psalms as the chaplain’s personal resource might guide and inform a discussion with a patient. For instance, in discussion with a patient who says, “I wish I could believe in God”, a chaplain might be able to bring to the discussion that this wish is not uncommon, and even the end of Psalm 27 indicates the very same wish. It could be used to normalize or affirm an emotion. Instead of case studies, small vignettes of issues raised and how they might remind a chaplain of the theology or content of the Psalms might be a useful resource. Mutual respect would mandate that even when chaplains are unable to process the possibility of learning theological material without practical application for use with patients, that their questions and concerns be addressed, even if it is not a direct goal of the program.

The vast majority of participants did not ask for, and were not concerned with, practical application of the Psalms to working with patients. Their responses that

it's always good to feel comfortable with religious texts, and that they are resources for their professional toolkits, indicated an alternative to practical application of the Psalms. The majority expressed a deeper understanding of each of the Psalms, and of the themes.

The introduction to this course of study should also emphasize more clearly that studying Psalms is a way of looking at their own personal theology as it relates to the Psalms and their own insights into the texts, without concern as to whether they will ever use a Psalm with a patient.

### **Language Implications**

Each of the Psalms presented challenges in terms of translations and understanding of the meaning of the text. For some of the participants, the language conversation was tedious; for others it was inspirational and eye-opening. The search for meanings of a word or phrase was unlimited and yielded new insights from the group. For instance, the Circles of Justice of the 23<sup>rd</sup> Psalm insight came from one of the pilot program participants. The social aspect of worship in Psalm 150 came from an Episcopal minister CPE student. The insights and discussion of the Psalms may be different with each group of participants, and each presenter. As one of the participants noted in the final survey, "it's important to emphasize that these texts function differently for different people", and for the same person at different times.

For the Pentecostal minister who had no awareness that the Bible is a translated text, and that the King James Bible is not the original text, and her understanding of the text is not the only way to look at the text, the first session was a crisis. It touched the core of her belief system and was not what she expected. Care must be taken at the outset of future groups to get a sense of the level of religious awareness and training of all of the participants. As “all parts are welcome” and there is mutual respect for everyone’s religious opinions and theology, it is important to make sure that the program does not threaten any of the chaplains (and ultimately, patients) belief systems. Mutual respect in the session, walking with this pastor through totally unexplored personal territory was important, but also demonstrated a flaw in the interfaith nature of the program. Perhaps if there were an introduction for her personally it could have made the session more palatable for her. Individual discussion with her after the session also provided much-needed clarification to her, and encouraged her to learn more, even though it was radically new for her. She did attend the last session as well. And since there were fewer textual issues, she said she found it much more meaningful than the first.

A suggestion was made to have visual aids to help people see the issues in the letters in the Hebrew, particularly around the discussion of “face” in Psalm 27, or “nothingness” in Psalm 121. It’s a valid suggestion and should be implemented in future presentations. An additional suggestion of letting participants know which

Psalm would be studied in the next session was implemented after the second session. Participants should have been encouraged to bring their own Bibles and their own translations for comparison and further discussion. In the first session, Psalm 23, it might be helpful to have multiple translations available to demonstrate that translation is in itself an interpretative skill.

### **Holy Moments**

These sessions were highly interfaith, with Catholics, Buddhists, Episcopalians, Baptists, Pentecostals, Seventh Day Adventist, and Unitarian Universalists participating. Though two of the Buddhists grew up as Jews, and one was a Catholic, there was an opportunity to compare, contrast, and learn from the very different religious approaches and perspectives. There was great discussion of the implications of Buddhist philosophy and teachings on how to see the Psalms and the themes.

One of the concerns about this project, raised early in the process, was that it utilizes texts that Christians and Jews might be familiar with, but excludes eastern religious texts. The participation of these 5 Buddhists was active, positive, and the surveys indicated that they were challenged, involved, and actively drawing the connections with their own philosophy. One noted "I have found Buddhist writings to be quite similar." Another said "just be introduced to the Psalms is huge, and to share them with the team." As noted earlier regarding Psalm 23,

one of the Buddhists actually wrote his own interpretive translation of Psalm 23. There was no negative feedback regarding interfaith issues.

One of the comments regarding Psalm 121 suggested that Jewish, Christian, Muslim and Buddhist perspectives might be interesting. There were 3 of the 4 present. But the participants did not contribute much to the conversation in terms of what their religions might say a particular word or theme means in a Psalm or in this context. This could be because they did not study Psalms when they were in the Seminary, or did not remember them. There was no mention that Psalm 121 means something different to Episcopalians, for instance. This was, however, probably the only time in these chaplains' experience that they were studying a text with such a diverse and rich group of colleagues. It may be unique in the experiences of most clergy people.

Many of the participants saw the series as holy moments, an opportunity to explore their own understanding of the text, and to share perspectives with colleagues. (One used the term "holy moments.") There was a sense for some of the participants that this was unique time in their training; to struggle together with a text and to explore the implications of the texts for themselves and for their patients. Many noted the theological implications for themselves, and that the new understanding of these Psalms touched them in some personal ways. One mentioned that Ps. 23 had a positive impact in her experience of fear

personally, and fear when entering a patient's room, which, when the patient was dying, she felt was the valley of the shadow of death. Another identified her own cardiac challenges with her patients' illness, and how seeing the image of God in the patient whose heart was malfunctioning also help her see that image in herself. The Catholic nun in the group noted that she has recited Psalms for decades, but never looked at them this way, and they are forever changed.

At the end, one of the chaplain residents said that he felt this should be a part of the regular CPE curriculum, and one of the staff chaplains, in a separate conversation also said she felt the study was extremely useful to her ministry and her work as a chaplain.

Singing a Halleluyah chorus at the end of studying Psalm 150 was seen as both a joyous experience and a positive way to conclude the series. But it also served as a reminder that each of the sessions would benefit from some spiritual piece before or after, so it's not just studying a text and a theme, but more clearly about the spiritual beings in the room.

### **Considerations for the future**

It would be worthwhile to explore compiling and using additional text materials from different religions. There are prayers and other texts (including the Christian Bible, Mitta Sutra, Qur'an and others) with which some patients and/or



chaplains are familiar and that provide opportunities for personal reflection and theological consideration. The inclusion of other texts might broaden the approach and provide opportunities for further exploration.

### **Continuing to present the Psalms of Healing**

There seems to be a strong indication that this unique approach is useful in the training of chaplains. The pairing of spiritual material from religious texts with which many patients might be familiar with emotional themes that chaplains will encounter is a way to approach both the text and the theme in a meaningful way. Talking about a patient's or chaplain's fear, and working through the issue in terms of the walk through the valley of the shadow of death, are two very different experiences. As long as chaplains know the discussion is intended to inform them and provide them with an interfaith study experience, without direct practical patient implications, this could be a valuable component of a CPE theology curriculum.

There are other potential uses as well. Having presented Psalm 27/Shame at both the National Association of Jewish Chaplains Conference and at the Association of Professional Chaplains Conference, Psalm 121/Hope is being presented at both conferences in 2014. Chaplains, beyond CPE, seem to welcome the theological discussion and the opportunity to struggle with the meaning of a text together. Validation of the approach from both of these

groups in 2013 provided a basis for consideration of the addition of the concept to the CPE curriculum.

There also was some value to the elective course for medical students, to enable them to struggle with these spiritual issues in an interfaith group context. The challenge will continue to be scheduling and integration into the medical school calendar. In addition, the Psalms of Healing could be offered as a “Lunch and Learn” program for any staff person in the hospital.

### **Next Steps**

It would be worthwhile to explore compiling and using additional text materials from different religions. There are prayers and other texts (including the Christian Bible, Mitta Sutra, Qur’an and others) with which some patients and/or chaplains are familiar and that provide opportunities for personal reflection and theological consideration. The inclusion of other texts might broaden the approach and provide opportunities for further exploration.

### **Other uses**

Psalms of Healing would be an approach to teaching D. Min students about the theology of pastoral counseling. Each of the sessions could have used more time to explore issues raised here and that would arise in the context of doctoral theology class. Since three of the participants in this program have doctoral degrees, (one PhD, 2 D. Min), and since they all found it meaningful and useful,

it may touch on issues and themes that would be noteworthy for doctoral students. Additional sessions would provide opportunities for participants to select their own texts, discover some of the theological depth of the text and the issues the text might address with patients, and to present and share their perspectives on their texts.

## Appendices

### A - E: Outlines of the 5 Seminars

The five seminars are presented in outline format to highlight themes and topics of discussion for each seminar. It should be noted that the discussion will vary with the responses and questions from the chaplains. Themes raised in one session may carry over to subsequent sessions, and subsequent sessions' plans may change based on the questions and responses of the chaplains. Therefore, the outlines below are highlights of expected discussion – topics that seem to flow from the Psalms.

The outlines are preceded by the translated texts used in each session.

## Appendix A: Psalm 23/Grief

Psalm 23

A psalm of David

The Holy One is my shepherd;

I lack nothing.

God makes me lie down in green pastures;

God leads me beside still waters.

God renews my life.

God guides me in just paths

As befits God's name.

Though I walk through the valley

of the shadow of death,

I will not be afraid of malevolence

for You are with me.

Your rod and your staff comfort me.

You spread a table before me in full view of my enemies.

You anoint my head with oil;

My cup is overflowing.

Only goodness and steadfast love

will pursue me all the days of my life

and I will dwell in the house of the Holy One forever.

## **Psalm 23 Grief**

**I. Overview:** Psalm 23 is probably the best known of the Psalms, and has become associated with death, loss and grief. These themes are alluded to on the surface of the Psalm, but it goes much deeper. It can also set the tone for the entire project, in that it there is such a difference between the cursory reading of the Psalm and the deeper understanding of it. There are concepts that follow through to the other Psalms, and can help understand them with the introduction of Psalm 23.

**II. Translation:** Explain the use of original translation, and comparison with King James translation with which most people are familiar:

- A. All translation is interpretation
- B. Using the Hebrew to find the deeper meanings in the words that may lose something in the translation.
- C. Chaplains will be invited to compare the wording with which students are familiar with my translation.
- D. Gender-neutral references to God will be used.

**III. Themes in the text:**

- A. Being a sheep in God's flock
  - 1. What does it mean to be a sheep in God's flock? How does a sheep feel about his/her shepherd?

2. Does a sheep tell the shepherd what to do? Do the sheep make demands of the shepherd?
  3. Does a sheep expect a shepherd to consult, to discuss, to seek his/her approval before the shepherd will act? If the sheep feels protected and taken care of, the sheep surrenders to the shepherd to do the shepherd's job and the sheep does its job.
- B. The relationship of humanity and God. Just as the Psalm is talking about two very different species– humanity and sheep, the Psalms is speaking in the metaphor of two very different kinds of beings – God and humanity.
- C. What is the purpose of prayer under these circumstances? Is prayer intended to influence the shepherd? How does a sheep influence its shepherd? Does it even attempt to do so?
- D. Prayer then focuses more on influencing ourselves to be the best sheep we can be in the flock
- E. The concept of enemies in Psalms: How we are our own worst enemies?
- F. How do we know what God wants us to do? Sheep know what the shepherd wants. With patients, this can be an opportunity to reinterpret their pain and to reframe their suffering in terms of finding the meanings within the journey. If we can look back at our struggles and our hurts and our frustration in the light that there was something we gained from the process we can find meaning and growth within the struggle, from the

struggle. With patients, rods and staffs may mean illness, or may be interpreted in other forms of pain and suffering.

- G. Justice, Ma'agalei tzedek, traditionally translated "right paths"; a better translation would be "circles of justice". How is justice a circle? How does that influence our understanding of the Psalm?
- H. The struggle is in the valley of the shadow of death that is not a physical place but a time: our lifetime. Every moment we live, we live in the valley of the shadow of death, ignoring most of the time that the shadow is ever-present in our lives.
- I. Our journey in the valley (in life) can be a guided tour, led by the shepherd, or, if we engage our humanity and free choice, can be a self-guided tour. But we all walk through this valley at all times.
- J. Fear: God is my shepherd, and if I am walking in the valley of the shadow of death at all times, I have no reason to fear. The word "evil" is a poor translation of the Hebrew, since the English word has so many connotations. The Hebrew is "ra", bad. The phrase is *lo ira ra*, with the alliteration and repeated sound part of the rhythm and sound of the Psalm. The better translation should be "I will fear nothing bad." There is no guarantee that bad things will not happen, but rather that we do not have to fear that which we perceive to be bad.
- K. The "bad" does not come from God, according to the Psalmist, but when it happens, I don't have to fear it. If the Psalmist wanted to imply that the



“bad” was God’s will, he would have. Here again is a point of discussion with patients who wonder about the source of the bad experiences or events.

- L. The shift from first to second person: The Psalm takes us from the personal to the Universal as we journey through the valley. The entire flock is in the shepherd’s care. All people are in God’s care as we walk through the valley.
- M. Table spread before enemies: Who are the enemies? The Psalm is attributed to King David. At what point in David’s life would that attribution apply? This is the writing of a man with perspective, looking back at his life. His table was fully spread with lots of options and he made choices.
- N. Own worst enemy: Examples abound when one looks at King David’s work against himself. Dancing naked in the streets of Jerusalem, in ways that made his wife Michal ashamed, or the Batsheva experience, sending her husband Uriah to his death to cover up his lust for her.
- O. How are we our own worst enemies? We undermine ourselves with the messages we give ourselves. So when a table is spread before us in the presence of our enemies, what it really means is we have choices that appeal to all of our parts and we often let our own worst enemies make our choices for us.

- P. Enough: We can feel that there is want, and need, or we can see the abundance and make other choices. We can focus on what we lack, or focus on what we have. The cup overflowing is a focus not on a half-full glass, or a half empty glass, but rather on a glass that may have some liquid in it, but overflows with the air above it, changing the equation completely from what one perceives and can see, to what one believes, and may not be able to see. Overflowing happens.
- Q. Goodness and steadfast love: in the last sentence are not following, but are chasing, in Hebrew *yirdefuni*, running after me. The question is, if I have goodness and steadfast love chasing me, why am I running?
- R. When we are caught by goodness and steadfast love, we are dwelling in the house of the Holy One, forever, or as long as we can be in that place where goodness and steadfast love catch us. Being caught by goodness and steadfast love means getting out of our own way, enabling the experience of the fullness of the cup, the guidance through the valley.
- S. Discuss why this Psalm became associated with death grief and loss.
- T. Discuss the other sources of comfort that come to participants' mind at times of loss and grief.
- U. Discuss implications of Psalm for patients. Are they fearful? Are they enacting ways in which they are their own worst enemies? What is their relationship with the Holy One? What do they believe happens after they die?



## Appendix B Psalm 27: Shame and Radical Self-Acceptance

Psalm 27

A Psalm of David

God is my light and my help;  
whom should I fear?

The Holy One is the strength of my life;  
whom should I dread?

When mean-spirited people draw me near  
to slander me  
it is these foes and enemies  
who stumble and fall.

Should an army besiege me,  
my heart would have no fear;  
Should war beset me,

I would still feel secure.

Only one thing I ask of God,  
only this do I seek  
to dwell in the house of the Holy One  
all the days of my life  
to gaze upon the beauty of God,  
and to frequent God's sanctuary.

The Holy One will shelter me  
in God's sukkah on a bad day  
the Holy One will conceal me  
in the shelter of God's tent,  
raise me up safely on a rock.

Now is my head high above enemies surrounding me.  
I sacrifice in God's tent with shouts of joy,  
singing and chanting a song to God.

God, hear my voice when I call,  
have mercy on me, answer me.

To You my heart says: "seek my face."

O God, I seek Your face.

Do not hide your face from me;  
do not turn Your servant aside in anger.

You have always been my help  
So do not forsake me, do not abandon me,  
my God, my saving power.

Even if my father and mother abandoned me,  
The Holy One would take me in.

Teach me Your ways, O God,  
and guide me on a level path,  
because of my watchful enemies.

Do not hand me over to the will of my foes,  
for false witnesses and unjust accusers  
have appeared against me, breathing violence.

If only I could believe I will yet see the Holy One's goodness  
in the land of the living!

Hope in the Holy One,  
be strong inside,  
and let your heart be brave,  
Hope in the Holy One!

## **Psalm 27: Shame and Radical Self-Acceptance**

I. **Overview:** Psalm 27 has many similar themes that are examined in Psalm 23, but goes into further depth when it comes to dwelling in God's house.

One again, this is a Psalm of David, and again a Psalm that has to reflect his later years. Again there are issues of being one's own worst enemy, fear, and being in the presence of the Holy One. The first few lines are equal to the shepherd imagery – but God is now seen as a light, help, and strength. With the light, strength and help, there is no need to fear, again, because God the shepherd is present. Even when bad people try to slander me (or when challenging parts of me try to say that I am bad, or attest to my failures) these enemies and foes (parts of me) are doomed, since I know that the good parts will win out. The same is true if "I am besieged by an army" or at war (self-doubt can seem that formidable) I can be confident because the Holy One is present for me.

### **II. Themes in the text:**

- A. I will not be afraid. Rabbi Harold Kushner (2009, p.162) suggests that the repeated expressions of "I'm not afraid" could be self-assurance of someone who is very afraid.
- B. The Psalmist asks for one thing, but spells it out with three things:

(1) to dwell in God's house all the days of my life

(2) to gaze on the beauty of God

(3) to frequent God's sanctuary.

But when is 1 equal to 3? These three things are not the same. How to reconcile?

- C. Where does God dwell? Many people will express two possibilities: (1) heaven or (2) within each person. The Psalmist's theology leads to a more personal connection with God, some element of God's dwelling place being both internal and external.
- D. Face to face with God. "*panim*". The word comes from the same root word (*pay nun hay*) as inside, *bifnim*, or inside of the face. To stand in front of someone one is *lifnay*, towards the face. When one takes something in, one brings it *p'nima*, into the face. The face is the reflection of what is inside, and when Moses sees God's face, Moses looks inside *himself*. (Matt, p. 26) (Face imagery learned from former rabbi, *kabbalist*, Mordechai Gafney at Renewal Judaism conference in 2008.)
- E. In the Garden of Eden allegory, God breathes life into the first person. The word for breath and the word for spirit are the same word in Hebrew – *neshama*. God breathes our souls into us. There is a duality, of God as external, and God as internal, breathed into us with each breath, dwelling in our very souls.

- F. God's dwelling place: internal, within us
- G. Radical self-acceptance: By dwelling in God's house, we dwell within ourselves, fully and completely accepting who we are, inside and outside.
- H. God is a work in progress: Just as God says at the burning bush "I will be Who I will be", God is a work in progress, meaning we are also works in progress, who reflect God Who dwells, in part at least, within us, inside our faces.
- I. To gaze upon the beauty of God, because God dwells within and radical self-acceptance means we accept that we, in our reflection of God's image are reflections of God's beauty. The self-acceptance leads us to see the beauty within ourselves, even as we are works in progress, becoming who we will become.
- J. Frequenting God's sanctuary: If we are God's dwelling place, God's sanctuary is us, and checking in with ourselves, being our truest selves is frequenting God's sanctuary.
- K. To dwell in God's house all the days of my life means that we seek to find a way to accept myself fully, completely, as I am, to see how I reflect the Presence of God in my life, and can serve as God's sanctuary.
- L. Shame: Shame is defined as when a person feels badly about something intrinsic to themselves, internal (*bifnim*, inside the face) which they find unacceptable. One cannot find radical self-acceptance in the face of shame. Radical self-acceptance is about coming to a place of

accepting even the places where one would have found shame, self-doubt, and self-deprecation.

- M. Guilt and shame: guilt is about actions one might regret. Shame is a question of one's core. This Psalm highlights the only way to overcome shame – to accept oneself as God accepts one – to dwell fully within the internal and external house of the Holy One.
- N. God's face: "Don't hide Your face from me, I seek God's face". When we ask God to show God's face to us, we ask to be able to see that Presence within ourselves. When we ask that God not hide God's face from us, we are asking that we be able to understand and feel that Presence of God in even our worst of times, in times when we are fearful, times when our enemies surround us breathing fire, or when parts of ourselves lead us into really dark places, when we are ashamed of our inner selves.
- O. The watchful enemies, again, are parts of ourselves that we know better than to trust, parts that gnaw at us, and give us no rest, our own guilt and our own frustrations.
- P. The image of God's sukkah of peace: what good is a sukkah when it comes to protection? It's totally flimsy, no protection at all. It's not the structure wherein we find security, it's God's Presence.
- Q. The Psalm ends with a shade of reality: "If only I could believe it!!!" So many patients (and religious leaders) have the same nagging doubts. If



only we could believe it. If only we could be fully self-accepting and fully ourselves! If only we could silence our internal enemies long enough to fully and calmly see ourselves as the reflection in God's mirror.

- R. Hope: The ultimate answer to our doubts is hope. Take the hope inside and let your heart be brave and strong, and hope in God. So, even if we have these crises, when we can't find the way to that radical self-acceptance, there is still a way: hope.
- S. How does shame affect the way we respond to ourselves? How does shame impact the chaplain-patient relationship?
- T. How is illness a reflection of God's face? How does a patient come to accept him/herself when faced with serious, even disfiguring illness? Can the disfigurement also be a reflection of God?

### Appendix C Psalm 103: Forgiveness

For David

Bless the Holy One, O my soul  
All my being God's holy name.  
Bless the Holy One, O my soul  
and do not forget all God's kindness.  
God forgives all your sins  
heals all your diseases.  
God redeems your life from the pit,  
surrounds you with steadfast love and mercy.  
God satisfies you with good things in the prime of life  
so that your youth is renewed like an eagle's.  
The Holy One executes acts of justice  
and judgments for all who are wronged.  
God's ways were made known to Moses,  
God's deeds to the children of Israel.  
The Holy One is compassionate and gracious,  
slow to anger, abounding in steadfast love.  
God will not contend forever  
or nurse anger for all time.  
God has not dealt with us according to our sins,  
God has not repaid us according to our iniquities.  
For as the heavens are high above the earth,  
God's steadfast love is intensified  
for those who are in awe of God.  
As east is from west so far has God removed our sins from us.  
As a parent has compassion for his/her children,  
so the Holy One has compassion

for those who are in awe of God.  
For God knows how we are formed;  
God is mindful that we are dust.  
Our days are like grass;  
we bloom like a flower of the field;  
if a wind passes over it, it is gone,  
and its site knows it no more.  
But God's steadfast love is for all eternity  
Towards those who experience the awe of God,  
and God's kindness is for the children's children  
of those who keep the covenant  
and those who remember God's desires to fulfill them.  
God's throne is established in heaven,  
and God's rule is over all.  
Bless the Holy One, God's messengers,  
mighty creatures who do God's bidding,  
obey the voice of God's word.  
Bless the Holy One, all God's workers who do God's will;  
Bless the Holy One, all God's creatures  
in all the places where God is found;  
bless the Holy One, O my soul.

## Psalm 103 - Forgiveness

I. **Overview:** Forgiveness is one of the more challenging experiences humanity faces. Most religions have a means of seeking and receiving God's forgiveness, have concepts of repentance, atonement, and reconciliation. Judaism, Catholicism, most Protestant denominations all provide vehicles for receiving forgiveness, and all say that God is ready, willing and able to forgive the repentant sinner.

This Psalm touches on themes of illness and punishment, as theology of a compassionate, gracious God. Regret, apology and forgiveness are the model. When we harm another person, we're supposed to ask their forgiveness. But it's the forgiving that sometimes is the hardest part. Apology is easy. The thing which was done is done: there's no way to undo it.

The Psalm points out the paradigm: If God can forgive us for all the rotten things we have done, and we're supposed to be like God, we are supposed to find a way out of the bitterness and the pettiness. Yet for humanity, the act of forgiving is much more problematic. There are things people do to one another that are considered to be "unforgiveable" by the person who will not/does not forgive. It's important to forgive precisely because it's not the other person who is suffering as a result of the bitterness; it's the person holding onto the bitterness. If

we don't learn to forgive, all the bitterness just burns us up, and does nothing to the target of the bitterness.

According to Rabbi Harold Kushner, "The embarrassing secret is that many of us are reluctant to forgive. We nurture grievances because they make us feel morally superior. Withholding forgiveness gives us a sense of power, often power over someone who otherwise leaves us feeling powerless. The only power we have over them is the power to remain angry at them. At some level, we enjoy the role of being the long-suffering, aggrieved party." (Kushner 1999)

## **II. Themes in the text:**

- A. We sing praises of God because of God's incredible capacity to forgive, no matter what; to love us, no matter what.
- B. God heals all your diseases: what does "healing" mean in spiritual terms, and how is it different from "cure"?
- C. God judges, is the judge for all who are wronged. What happens when we do not see God's judgment, or understand it? Is illness a punishment? How does punishment work without a verdict, without knowing what one did wrong? How can illness be a punishment when God is a forgiving God? How does judgment work when God is a forgiving God?
- D. God is compassionate and gracious: how does that work with a punishing God?

- E. God's steadfast love towards those who revere him is inviolable.
- F. How far is east from west? How far is God's compassion from us?
- G. Can God's compassion be found even in suffering, illness, grief and loss?  
How?
- H. How do we understand the "pit"? Hitting bottom?
- I. What does it mean to fear God? Better translation would be to be "in awe of" God. How do fear and awe differ? How are they the same? What are the implications of awe of God?
- J. Blades of grass/ passing wind: How do these images work for us?
- K. What does God's love feel like? How is it expressed? How can we be aware of it? How do we feel God's love? How do we feel God's forgiveness?
- L. What does God want from us in exchange for God's eternal love? Is there a quid pro quo?
- M. Blessing God: how does blessing work? Awareness of gratitude, awareness of the blessings in one's own life and attributing them to an external force?
- N. If God can forgive, and that is the paradigm, what are the implications when working with a family with irreconcilable differences?
- O. What are the implications for the patient who is experiencing a sense of being hurt by others, or who is actively hurting others?

- P. If someone can't be communicated with, continues to do things that are offensive, is there an obligation to allow him/her to continue to do damage? But how good does the other person have to be? Can one find the love in the other places and keep away from the sore spots? Can people agree to disagree and yet maintain a relationship of love and respect?
- Q. How does forgiveness impact a patient's experience in the hospital, and how do forgiveness issues impact the doctor/patient relationship?
- R. If a patient believes his/her illness is a punishment from God, how does that affect their journey with the illness? Does finding meaning in suffering further or thwart the healing process?

#### Appendix D Psalm 121: Hope

##### Psalm 121

A song to the heights,

I lift up my eyes to the mountains

From here will my help come?

My help comes from the Holy One

Maker of heaven and earth.

God will not let your foot give way;

Your guardian will not slumber.

See the Guardian of Israel

neither slumbers nor sleeps.

The Holy One is your guardian,

your protection at your right hand.

By day, the sun will not strike you,

nor the moon by night.

The Holy One will guard you from all harm.

The Holy One will guard your spirit.

The Holy One will guard

your going and coming now and forever.



## **Psalm 121 Hope (Everything and its Opposite)**

I. **Overview:** Psalm 121 speaks about our desire to be protected, sheltered, cared for, much the way a sheep might be protected in Psalm 23. Yet a careful reading of the Psalm leads to a much more nuanced sense of perspective: no matter where one stands, there is a way to see and frame a sense of hope. There is no such thing as a hopeless situation. Only a situation in which people have lost track of what they can hope for. Hope doesn't have to be for physical recovery, cure, or resolution. Hope can be establishing goals, thoughts, anything to lead to something better. We don't have to like the reality of being human. But once we begin to accept our own humanity with some humility, we can then deal with hope, within the natural order of the world. Hope is an expectation that somehow, something good will happen. It is the belief that we have some control or influence over a situation. Hope is reframing of experience to include other possibilities.

## **II. Themes in the text:**

- A. Song for ascents: Only Psalm with that introduction; the others are songs of ascents. It implies that it is intended as one goes up. From where to where?
- B. Lift eyes to the mountains: why the mountains? What do they symbolize for us: where are we looking from? Is it possible to be looking from another mountaintop? How would that change the focus?

- C. The Messiah is supposed to come down from the mountains. Is this a reference to looking for the Messiah – the act of hope for better days?
- D. The Hebrew “*m’ayin*,” “from where” can also mean from nothingness. My help comes from nothingness? How can help come from nothingness? What’s the difference between help that comes from beyond us, and help that comes from humanity? Which is related to what we do in the hospital?
- E. What does it mean to be seeking help? Can we identify with times in our lives when we sought help from above? Is there a possibility that patients are also seeking *deus ex machina*? What are the implications of this expectation on their physicians, nurses, chaplains?
- F. Help comes from the Holy One. How does that work? Story of man in rowboat, rejecting rescue waiting for God to come by to save him.
- G. God will not let your foot give way = guide me on right paths as befits God’s name (Ps. 23). Guidance from God. How do we get it? Where do we find God’s maps for us?
- H. Difference between slumber and sleep. Why is this significant? Slumber is the light sleep of someone who dozes, like a security guard at the front gate; sleeping is deeper. If God does neither, what does that mean for the people in God’s protection? How does this impact how we slumber or sleep?
- I. The Holy One is protection at your right hand: why right hand?

- J. The sun and moon striking you: what is the ancient near eastern image of the Universe? The sun and moon are decorations in the sky, which is light or dark regardless of their roles. How does knowing that is the ancient image of the world relation to modern people who know that is not the way the world works?
- K. How does light or dark affect us? What does it mean to be in either, or in the shadows? Do patients feel stuck by either light or darkness?
- L. God's actions reflected in human action: when people are cruel, God is perceived as cruel. When people are seen as compassionate, God is seen as compassionate.
- M. The Holy One will guard you from all harm: How does this work when people get sick, get hurt, harmed? What kind of protection is this? (Reminder of the sukkah from Psalm 27.)
- N. Can the protection be in the very hope that there is assistance from above, in whatever ways it might come?
- O. What is hope?
- Hope is clear-eyed
  - False hope/true hope
  - Everyone has the right to hope
  - Step by step
  - Hope is undying

(Groopman, 2004)

P. What can a person hope for when life is threatened?

What's real and what's appropriate:

- less pain and suffering,
- increased strength,
- appetite,
- courage,
- increased ability to share, talk and connect with the world,
- peace and comfort,
- less to worry about,
- a release from tension fear or anger,
- to be heard and to be understood.
- Comfort in the world to come
- That loved ones find daily reminders of their relationships and the good times they shared
- Greater awareness of God's protection, love and support

Q. Going and Coming: why in this order, and not coming and going, which is the way Americans think of the phrase. But we are always moving on from where we are now – always in a state of going. How does one know one has arrived?

## **Appendix E Psalm 150: Gratitude**

Psalm 150

Halleluyah!

Praise God in God's sanctuary;

Praise God in the firmament of God's power.

Praise God for God's mighty acts,

Praise God as befits God's might acts.

Praise God with blasts of the horn;

Praise God with harp and lyre.

Praise God with timbrel and dance;

Praise God with lute and flute.

Praise God with resounding cymbals;

Praise God with loud-crashing cymbals.

Let all that breathes praise the Holy One.

Halleluyah!

## Psalm 150; Gratitude

I. **Overview:** Dr. Elizabeth Kubler Ross wrote of five stages of bereavement or of dying

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

However, the stages are incomplete. There is the Goldstein Corollary: Gratitude, thankfulness, is the final stage. In working with bereavement groups, I learned that the best way to determine when a person was done with the group was when they could say they are grateful for what they had, and grateful for the ways they had grown since their loss. The process of what they went through was not what they would have wanted. But the realization that they are still alive and have potential for a quality life without the person they lost, marked the end of their need for a bereavement group.

Gratitude for what one had, even if it was for less time than one wanted, or gratitude for the process of recovery from loss or grief, even if it is not the way one would have wanted to experience life, or gratitude for surviving in whatever

way one has, demonstrates an end of the grief process. Gratitude can also be informative for the ways in which patients experience recovery from illness, or the ways in which families experience the loss of a loved one knowing that everything possible was done on the patients' behalf, whatever that might mean.

Gratitude makes a difference when patients decide how satisfied they are with their experience of their treatment. Gratitude can help sustain people experiencing challenges. There is a Jewish tradition of saying 100 blessings per day, as a way of being aware of and counting one's blessings. Rabbi Nachman of Bratslav said that gratitude is the antidote for depression.

Psalm 150 is about being grateful for whatever you have, and experiencing gratitude with everything you can.

## **II. Themes in the text:**

- A. Praise God in God's dwelling place – see Psalm 27. Praising God within and without one's own being.
- B. Where is God's sanctuary?
- C. God's mighty acts: things God did in the Bible, like creation stories, or the 10 Plagues. Or can mighty acts be the renewal of creation within us? Do we and/or patients experience God's mighty acts today? What? How?

- D. The blasts of the shofar: three sounds, one that is alarming, one that sounds like crying, one that is broken. All the sounds inspire awe, but what does it mean to praise God when one is in fear, or crying, or feeling broken?
- E. Praise God with harp and lyre: Lyre was the instrument David used to comfort King Saul when he had bouts of depression and anxiety. Does music of the harp calm? What kinds of music are calming for us today?
- F. What's a timbrel? What's it sound like? How is dance a form of praise of God? How is dance a musical instrument?
- G. What is a lute and what is a flute? Note the difference in how each makes a sound: one has to be plucked; the other is a wind instrument. How are these different expressions of praise? Both employ the use of the hands. One includes an implication of soul – *neshama* – breath. Unlike the shofar/horn, which also uses breath, the flute modulates tone through the finger holes. Hands and breath working together. How does this relate to being ill, looking for God?
- H. How is praising God expressing gratitude? What is the connection between prayer, expressions of gratitude, and joy? How does the multitude of instruments listed in the Psalm express joy? Giving all you have to expressions of gratitude and joy is the opposite of what patients might be thinking about when they are ill.



- I. Praising God with drums and cymbals. Pulsating sounds can resonate as a heartbeat. Cymbals can startle. Gongs can awaken, and inspire awe. Percussion instruments are about vibrations, actually enabling us to feel the sound inside. Can they be instruments of awe? Are there spiritual reverberations? How does the “vibe” matter?
- J. Everything that is alive praises God. How is living in itself a form of praise of God? Can people who are suffering praise God? Where can they find strength to praise when they are suffering? Is there something they can relate to that is about gratitude?
- K. Do the instruments relate to body parts? Drum, belly? Flute voice? Strings that bind us together, or strings that place us in bondage? Cymbals sparkle of the personality?
- L. Common phrase – “it’s all good”. Is there a resonance of this in the Psalm – is everything for the good, even if we don’t see the good?
- M. How do you see the good when you are surrounded by not so good?
- N. Have we learned anything from our difficulties? Is there anything that disease, illness or suffering has taught that one otherwise would not have known about or understood? Can there be good hidden within that which appears to be only bad?
- O. Can we find gratitude when we are dissatisfied with life, with our bodies, or with God? Can one be grateful and disappointed at the same time?

## Appendix F: Pre-Screen

### Interfaith Seminar on Grief, Shame, Forgiveness, Hope, and Gratitude Rabbi H. Rafael Goldstein, BCC

Pre-Seminar Survey

Name (optional) \_\_\_\_\_

Date \_\_\_\_\_

1. What are your expectations of this Seminar?
2. Have you studied Psalms in depth before? When? Where? Which?
3. Do you have a Psalm that you turn to regularly for inspiration?
4. Have you used Psalms in working with patients? In what way (s)?
5. Have you noticed an open Bible in a patient's room? What was it opened to?
6. Have you used any spiritual materials/readings in working with patients? What? Why?

How?

7. Do you have suggestions for spiritual materials that might be useful with patients?
8. Do you think that studying spiritual materials might be a meaningful experience for patients?
9. Are there Psalms you would like to explore?
10. Are there spiritual themes you would like to explore through traditional texts?

**Appendix G: Sample Survey after each session**

**Interfaith Seminar on Grief, Shame, Forgiveness, Hope, and Gratitude**

Rabbi H. Rafael Goldstein, BCC

Name (optional) \_\_\_\_\_

Date \_\_\_\_\_

1. What were your expectations of this Seminar?
2. Did the Seminar meet your expectations? In what ways?
3. What was the most important thing you learned in the Seminar?
4. Do you have suggestions for how to make the Seminar more useful for you as a chaplain?
5. What spiritual materials in your personal experience relate to the theme of this Seminar?
6. Was there enough time in the Seminar to consider both the content and the implications of that content for you as a person/ for you as a chaplain?
7. Do you have suggestions for what might have been missing from the Seminar?
8. What was the least useful thing you heard in the Seminar?
9. Did you come away from the Seminar with
  - a. A better understanding of you?
  - b. A better understanding of the theme?
  - c. Anything else? What else?
10. Would you recommend it to others? Why or why not?

## Appendix H: Final Survey

### **Psalms of Healing: Interfaith Seminar on Grief, Shame, Forgiveness, Hope, and Gratitude** Final Survey

Name (optional) \_\_\_\_\_

Date \_\_\_\_\_

1. What were your expectations of Psalms of Healing?
2. Did the sessions meet your expectations? In what ways?
3. What was the most important thing you learned in any or all of the sessions?
4. Do you have suggestions for how to make Psalms of Healing more useful for you as a chaplain?
5. What do you think you are the outcomes of the Psalms of Healing for you?
6. Do you think Psalms of Healing is useful for your training as a chaplain? Why or why not?
7. Do you have suggestions for what might have been missing from the Psalms of Healing?
8. Were there any topics or discussions you did not find useful or interesting?
9. Did you come away from the Psalms of Healing with
  - d. A better understanding of you?
  - e. A better understanding of the themes?
  - f. Anything else? What else?
10. Would you recommend Psalms of Healing to others? Why or why not?

## Appendix I Zen Psalm 23

### A Zen wording of Rabbi Goldstein's translation of the 23<sup>rd</sup> Psalm

The Holy as Form is experienced as my Shepard  
I lack nothing  
This Holy Manifestation makes me lie down in green pastures  
    Leads me beside still waters  
This Shepard renews my life  
    This Shepard guides me in the Dharma  
    As befits the Un-Named's choice of Holy Expression

Though I walk through the valley of delusion  
    reflecting unending endings  
    I will not fear the destruction of all that I want.  
    For You are with me  
    Your justice and Your law comfort me.

You spread a table before me in full view of my enemies.  
    You anoint my head with oil;  
    My cup is overflowing.  
Only goodness and steadfast love  
    will pursue me all the days of my life  
    And I will dwell in the house of the Holy One forever.

## Appendix J: Pre Screen Results

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1. What are your expectations of this seminar?	how to	just heard about it	Gaining ear	heights into Psalms	learn meta meaning	lots of learning	high/ great teacher!	to learn something	discussion bring new light to bear on Ps. 23 for Pastoral Care	not sure	looking forward to hearing rabbi's perspective	none	to learn about Ps. enjoyment and meaning of Psalms		to be blessed by the beauty and meaning of Psalms
2. Have you studied the Psalms in depth before?	a few	yes, Sarah Lawrence College and from Rabbi Rafael	not much, Ps. 88	yes, from Rabbi Rafael	no	not in depth but as part of Zen center	seminary, not in depth	no	no	not in depth but on my own	no, too little	with rabbi Rafael in my synagogue with rabbi Rafael	some, in church 23, 50, 51, 33, 7, 22		
3. Do you have a Psalm that you turn to regularly for inspiration?		104, 23, 88, 109	no	139, 51	23	23	119, 144, 23 and 91	91	139 no	27, 121, 22	139, 91, 23, 121	35, 37			
4. Have you used Psalms in working with patients? In what way(s)?	yes, sort of proper	no	reading to patient	reading to patient	na	yes, reading to pt	yes, reading to pt	reading prayer, agitated and yes, ps 23 for spiritual of the mentioned a	yes, to engage with the chaplain	yes, ps 23 for spiritual of the mentioned a	yes, to engage with the chaplain	yes, reading to pt and connect	yes, to amplify Psalm, people recognize it		23rd
5. Have you noticed an open Bible in a patient's room? What was it opened to?	no	no	yes, don't know	never	na	yes, Psalms	yes, don't know	don't know	no	yes, Gospels	yes, Psalms	no	Matthew 5	no	
6. Have you used any spiritual materials/ readings in working with patient? What? Why? How?	Our Father, Muslim prayer	yes, in prayer	yes, Christian scriptures, Mystical	poverty, 15 Edo readings/ psalms	yes, psalms, readings, Job, Buddhist/ Hindu charts	ps 51	relationships with patients weren't sustained enough	Psalms Gospels poems, christian mystics	hymns	na	maybe to study and discuss the psalms that are more difficult to understand	music	Our Daily Bread poetry	Celtic prayers, poetry	
7. Do you have any suggestions for spiritual materials that might be useful for patients?	poetry	na	yes	na	na	always carry the Psalms	ugh, I am weak on spiritual materials except poetry	na	various prayers, sacred texts	na	yes, it can be	yes	yes,	very much so	
8. Do you think that studying spiritual materials might be useful with patients?	maybe	yes	yes	yes	yes	91 is requested more than any other	any and all	na	sure- with had my Bible with me	psalms of lament	better working knowledge of all of them	42, 43, 27, 121, 88, 22	na	103, 104, 50, 22	
9. Are there Psalms you would like to explore?	love to learn more	psalm 37	yes	91, 139	50, 81										
10. Are there spiritual themes you would like to explore through traditional texts?	fear, depression/ loss of physical/ mental capacity/ longer at God	spiritual aspect of God	yes	guilt, shame, fear, anger	hopelessness, helplessness, healing	all you mentioned what you said	na	na	hope for goodness	anger, illness, depression paroxysm, violence	suffering and pain, how can I connect to these emotions through traditional texts?	hope	na	na	indifference with God and creation, forgiveness, love, beauty and words of creation

## Appendix K Survey Results Ps. 23

1. What were your expectations of this seminar?	grow in understanding of the psalm and how to apply to my work	na	to learn more about ps 23	na	to find greater meaning in the psalm	didn't have expectations	to develop, apply, understand, interpret	to learn something new	inspiring and reassuring	I had hope	that I would help me in my work	that I would learn passages and application to psalm	expected to learn more about the interpretation of ps 23
2. Did the seminar meet your expectations?	to be an opportunity to understand and provide the theology in its applications	it was challenging to understand the theology in its applications	yes, the depth of the theology in ps 23	yes!	yes, it opened up the psalm for me	didn't have expectations	yes, enjoyed	yes! (Wonderful!)	beautiful and meaningful meaning that "blessed be the Lord"	na	yes, made me think about pastoral care in new ways	yes	yes! I was amazed by the transition discussion
3. What was the most important thing you learned in the seminar?	the Holy One's way of looking at the psalm	the Holy One's way of looking at the psalm	idea of justice	good case reading of the psalm, the idea of surrender	the meaning of the psalm, the idea of death	different way of looking at the psalm	importance of the psalm	perspective on how God and the psalm relate	I appreciated the Godless "blessed be the Lord"	Hebrew words to psalm 23	the psalm also tells us we have nothing to fear	potent uses with how full of meaning psalm is	I loved the substitution of "carmy staff" for "rod of iron" to show the "man of the world"
4. Do you have suggestions for how to make the session more useful for you as a chaplain?	more ways to apply the psalm to each part of the patient's journey	more ways to apply the psalm to each part of the patient's journey	more patient stories	more patient stories	more patient stories	more patient stories	more patient stories	more patient stories	more patient stories	more patient stories	more patient stories	more patient stories	more patient stories
5. What spiritual material in your personal experience refers to the theme of this seminar?	My own spiritual journey has brought the study of the psalm to me	My own spiritual journey has brought the study of the psalm to me	all psalms	na	na	na	na	na	na	na	na	na	na
6. Was there enough time in the session to consider both the content and the implications of that content for you as a person (or you as a chaplain)?	yes	no	more time needed	yes	na	na	na	na	na	na	na	na	na
7. Do you have suggestions for what might have been missing from the session?	comparisons to other versions of the psalm	comparisons to other versions of the psalm	na	na	na	na	na	na	na	na	na	na	na
8. What was the least useful thing you heard in the session?	na	na	na	na	na	na	na	na	na	na	na	na	na
9. Did you come away from the session with:	na	na	na	na	na	na	na	na	na	na	na	na	na
a. A better understanding of you?	yes	no	yes	na	yes	na	na	na	na	na	na	na	na
b. A better understanding of the theme?	yes	no	yes	na	yes	na	na	na	na	na	na	na	na
c. Anything else? What else?	na	na	na	na	na	na	na	na	na	na	na	na	na
10. Would you recommend to others? Why or why not?	yes, for the difference in view	yes, for the difference in view	yes, definitely	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes

## Appendix L Survey Results Ps 27

1. What would you say is the overarching theme of this Psalm?	infects self acceptance and self doubt	to take refuge in God	intimacy, struggle for connection	God's radical acceptance and constant presence	God is inside and outside of me	self-acceptance	internalizing God as our shelter and protection	Hope in God is possible because we are a reflection of God's image	That God is inside each of us	Protection through experiencing the real, feelings of God as the eternal presence	remember we are the divine inside, even in abandonment
2. What was the most important thing you learned in the session?	no bet to be with God	God is laughter for patients to imagine inside/outside/dance!	I want the Hebrew to understand the face - inside/outside/dance!	how to look at scripture and use it to minister to others	relating a Psalm to a hypothetical patient (shame and dignity)	careful reading and a good translation makes a wonderful Psalm experience	the connection between the concept of face in Hebrew word for face inside and outside	drawing more cross-cultural analysis	information about the Psalm itself. This is the first time I read it.	the reminder about holding ourselves open in shame is what let the shame open into God and the inside outside	meditative time to experience saying "open in the shame - as a reminder
3. Do you have suggestions for how to make the session more useful for you as a chaplain?	session was great	clinical vignettes of use	no, this was good	no	no	maybe more discussion around actual case implementation	Yes, I could use the face image in yet another way: transcendence of rejection (God) into the chaplain. The chaplain can hear the patient's story (shame) without fear or rejection, then the patient may be able to work from that to more acceptance.	yes, applications that may be applicable when shame or self-acceptance is an issue	yes, material to guide on inquiry into shame and open always	yes, surprisingly!	
4. Do you see the implications of the session for your clinical practice? How would you use it?	yes	sure. To be with shame guilt and to hold	yes. The right moment could be wonderful for amplification	they need help enough for just the better more experienced at using texts. new frontier for me	I would use it for patients experiencing doubt about God	I could use the psalm with patients who are in doubt and want to be "seen"	I liked the emphasis on being the minister to amplify feelings	yes	more time on clinical applications of therapy would be helpful	yes, but I would have been happy to have another 1/2 hour	yes, surprisingly!
5. Was there enough time in the session to consider both the content and the application of that content for you as a person like you as a chaplain?	yes	This session could have been longer. The psalm is so rich	more clinical focus	write the Hebrew work in Hebrew and Roman alphabets, really make the Hebrew text. Key theological interpretation	excellent presentation	maybe a wider cultural placement - show to apply these ideas in the context of non-belt?	no, but I feel this session improved from the past, although both the content and the delivery were quite valuable	no	score in meditative work - opening the heart to the experience of the Divine		
6. Do you have suggestions for how to make the session more useful for you as a chaplain?	na	more clinical focus	Hebrew and Roman alphabets, really use the Hebrew text. Key theological interpretation	na	the 3:1 discussion seemed not as important	nothing	na	nothing	nothing	na	
7. What was the most useful thing you heard in the session?	na	if someone is not feeling love, tell them God always loves them	na	don't know	na	nothing	na	nothing	nothing	na	
8. Did you come away from the session with a better understanding of your?	yes good question	na	yes	na	yes	yes	yes	no	no - this material is central to the Zoroastrian experience and myself	yes!	
9. A better understanding of the psalm?	yes	yes	yes	na	yes	yes	yes	yes	yes	yes!	
10. A different understanding of the use of texts with patients?	na	yes	how about half a clue for the use of texts	yes	na	no - we talk about this all the time	yes	I can consider using psalm 27 with a patient when appropriate	yes	yes!	
11. Anything else? What else?	na	na	na	na	looking forward to the next one	accepting oneself for who one is is a path towards feeling divine presence	that's all	na	I liked the presentation. It provided another tool to work with patients. It's applicable to both secular and eastern religions.	very	yes - reminder of going deep and saying with what's there
12. Do you think this session is needed in your setting? Why or why not?	Yes, I like the grounding in chaplaincy and why not?	very useful. It is always sure	yes	yes	yes. Different. Usually a patient would not be able to do this. How is it possible to direct for more	Yes, I need to be able to use it with the stories of patients.	yes. It's a fine way to learn to look more closely	yes	yes	yes - the info was new and useful	yes - all of the above
13. Would you recommend this to others? Why or why not?	na	Yes, but maybe an even longer session	na	yes	yes	yes	yes	yes	yes	yes - all of the above	



## Appendix M Survey Results Ps 103

[illegible]

## Appendix N Survey Results Ps. 121

[illegible]

## Appendix O Survey Results Ps 150

1. What were your expectations of this seminar?	none - wanted to be open	exactly what he was doing	deeper into ps 150	to understand ps 150 as a psalm of lament	interpretative skills	to learn about psalms	great/memorable	regrets relevant to psalm	open to whatever	to learn something	familiarity with ps 150	I had high expectations given yes. Opened up the psalm even more for me as I
2. Did the seminar meet your expectations?	Yes, I met my expectations. The seminar was great	yes. The connection between the psalm and salutes	yes, I have a deeper understanding of the psalm	yes, I've understood the beauty of the psalm and its connection to praise God	connected it to an interpretative theme	yes, got in depth analysis	yes	yes, all	that text was highly informative	yes, it introduced the psalm to me in a meaningful depth	yes	yes, I had high expectations given yes. Opened up the psalm even more for me as I
3. What was the most important thing you learned in the seminar?	Hebrew terminology/grammar	the origin and explanation regarding the psalm	God creates through sound	that I have realized the beauty of the psalm and its connection to praise God	gratitude reframes the psalm on life	seeing how to use the psalm to accommodate a situation	being grateful is the key of living	gratitude is the key of living	gratitude is the key of living	gratitude is the key of living	gratitude is the key of living	gratitude is the key of living
4. Do you have suggestions for how to make the seminar more useful for you as a chaplain?	deeper study of the psalm	deeper study of the psalm	deeper study of the psalm	deeper study of the psalm	deeper study of the psalm	deeper study of the psalm	deeper study of the psalm	deeper study of the psalm	deeper study of the psalm	deeper study of the psalm	deeper study of the psalm	deeper study of the psalm
5. What spiritual and/or personal experience relate to the theme of this seminar?	various parts of the psalm	various parts of the psalm	various parts of the psalm	various parts of the psalm	various parts of the psalm	various parts of the psalm	various parts of the psalm	various parts of the psalm	various parts of the psalm	various parts of the psalm	various parts of the psalm	various parts of the psalm
6. Was there enough time in the seminar to discuss the content and the implications of that content for you as a person or you as a chaplain?	more time would have been good to discuss the implications of the psalm	more time would have been good to discuss the implications of the psalm	more time would have been good to discuss the implications of the psalm	more time would have been good to discuss the implications of the psalm	more time would have been good to discuss the implications of the psalm	more time would have been good to discuss the implications of the psalm	more time would have been good to discuss the implications of the psalm	more time would have been good to discuss the implications of the psalm	more time would have been good to discuss the implications of the psalm	more time would have been good to discuss the implications of the psalm	more time would have been good to discuss the implications of the psalm	more time would have been good to discuss the implications of the psalm
7. Do you have suggestions for what might have been missing from the session?	more comparative analysis across disciplines	more comparative analysis across disciplines	more comparative analysis across disciplines	more comparative analysis across disciplines	more comparative analysis across disciplines	more comparative analysis across disciplines	more comparative analysis across disciplines	more comparative analysis across disciplines	more comparative analysis across disciplines	more comparative analysis across disciplines	more comparative analysis across disciplines	more comparative analysis across disciplines
8. What was the least useful thing you heard in the session?	the start of the talk was confusing	the start of the talk was confusing	the start of the talk was confusing	the start of the talk was confusing	the start of the talk was confusing	the start of the talk was confusing	the start of the talk was confusing	the start of the talk was confusing	the start of the talk was confusing	the start of the talk was confusing	the start of the talk was confusing	the start of the talk was confusing
9. Did you come away from the seminar with:	no, but again	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
a. A better understanding of the psalm?	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
b. A better understanding of the psalm's context?	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
c. Anything else? What else?	it was good to have the connection of the psalm to the psalmist's context	it was good to have the connection of the psalm to the psalmist's context	it was good to have the connection of the psalm to the psalmist's context	it was good to have the connection of the psalm to the psalmist's context	it was good to have the connection of the psalm to the psalmist's context	it was good to have the connection of the psalm to the psalmist's context	it was good to have the connection of the psalm to the psalmist's context	it was good to have the connection of the psalm to the psalmist's context	it was good to have the connection of the psalm to the psalmist's context	it was good to have the connection of the psalm to the psalmist's context	it was good to have the connection of the psalm to the psalmist's context	it was good to have the connection of the psalm to the psalmist's context
10. Would you recommend it to others? Why or why not?	yes, Thank you!! I value the spirit in which you taught it in a practical way	yes, because of the history and the connection of the psalm to the psalmist's context	yes	yes, to grow in love with the psalm	yes, it will help them to grow and be inspired by the deep analysis	yes, a good deal of valuable insight was gained	yes, it is good to reflect on the psalmist's personal experience	yes, though the psalm may be more likely to be read than the psalm	yes	sure	if it were shorter	yes, yes, yes!

## Appendix P Final Survey Results

1. What were your expectations of Psalms of Healing?	for the two I heard the second was best	to understand them better (by groups)	gain a deeper understanding of how to use Psalms	to have clearer understanding of Psalms	I didn't have any, just showed up	how to use them. Perhaps has metaphoric in interpretation	In depth look at and discussion of the Psalms we covered	introduced and learn to use Psalms - to use Psalms	become familiar and appropriate usage	teaching, not necessarily holy moments	learn how to use with patients, gain a deeper understanding
2. Did the sessions meet your expectations? In what ways?	yes, I have increased my love for the Psalms for prayer and to share with patients	yes, I gained useful meditative, anastrophic references	yes, Exceeded expectations	no	yes, how to use them	yes. The sessions were fine and informative	yes. All was accomplished	yes	yes! Exceeded	yes, just wish we had more time	yes, just wish we had more time
3. What was the most important thing you learned in any or all of the sessions?	that the psalms address spiritually all the issues we encounter as chaplains	the interpretive and theological possibilities are beyond expectations	a closer understanding of these psalms. I had only read the 23rd before class	that texts are a good resource for my book	that the Psalms are full of wonderful symbolic material and quite lively crafted	just to be introduced to the psalms was huge. To share them with the team	increased familiarity with the psalms	how easy it is to open a psalm to a personal meaning	perhaps more examples of cases where a particular psalm was used and its effects	deeper insight into them. They have always been precious to me. It makes me want to study more.	Definitely. So often patients will mention favorite psalms. Learning how they can be used to help patients is extremely useful
4. Do you have suggestions for how to make Psalms of Healing more useful for you as a chaplain?	na	to know how to explore the violent words used with a patient	that I have a deeper understanding and appreciation of the Psalms as a tool for chaplains	I am inspired and challenged	I have more materials to use	valuable resources to someone in a non-biblical tradition	I enjoyed these Psalms very much	I will use these psalms greater comfort with in my clinical work	discussing psalms	My patient said "I can see the light through the suffering."	
5. What do you think are the outcomes of the Psalms of Healing for you?	na	yes, I will call on spiritual healing first	yes, I will call on them more readily	no	yes, particularly the 91st, which I've integrated into on-call visits	yes. They resonate with many patients	yes, it's always great to feel comfortable with important religious texts	yes	na	Yes, Critical Great tool	no
6. Do you think Psalms of Healing is useful for your training as a chaplain? Why or why not?	na	na	na	na	na	na	na	na	na	na	na
7. Do you have suggestions for what might have been missing from the Psalms of Healing?	not yet	no	no	no	no	no, just more texts	maybe some real life scenarios	include different faith perspectives	na	na	no
8. Were there any topics or discussions you did not find useful or interesting?	yes, Ps 23	no	no	no	no	the more obscure theological details	maybe some real life scenarios	include different faith perspectives	na	na	no
9. Did you come away from the Psalms of Healing with:	yes, a better understanding of the themes?	yes	yes	yes	no	not really, I know I am a rebel	yes	yes	no, yes. Maybe	yes	yes
10. Would you recommend Psalms of Healing to others? Why or why not?	yes for deeper application as a person and as a chaplain	yes. They are lived before God	yes	yes	yes, it speaks to the deep human need to reform the perspectives of life	yes, these textual resources are valuable	yes, it's fun	yes, especially if it includes other faith perspectives	na	yes, life learning!	yes

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