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90
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06 "I have not left the ministry!"

Dick Stenbakken

This author experienced a depth of ministry fulfillment beyond anything he had ever imagined. Explore aspects of chaplaincy not previously considered.

10 My bucket is running empty: Cumulative stress in ministry

Claudio Consuegra and Pamela Consuegra

Those who serve people are the most vulnerable to stress overload—even suicide. Read what you can do, from persons who have seen the worst.

14 Chaplaincy: Are you called?

Lisa Clouzet

"Okay, chaplaincy is a calling." Read about how to determine whether or not this calling applies to you.

17 The healing place

Nigel G. David Sr.

Chaplains and pastors are similar, but learn how a chaplain approaches the place of healing for distress, grief, and loss.

20 Sharpening saws and saving lives

Larry Yeagley

Continuing education in ministry is a must. Get started with timely suggestions—from someone who has been there.

22 Jesus and Eli: Antithetical portraits of spiritual care models

Sikhumbuzo Dube

The wounded need healing—from wounded healers. Learn how to identify right and wrong models of spiritual care.

04 Letters

05 Guest Editorial

26 Dateline

28 Practical Pointers

30 Resources

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I very much appreciate the article. It has given me another avenue through which I can respond to my congregations. Thank you so much.

Speak on

I thoroughly enjoyed Dr. Kendall's article, "The Holy Nudge" (March 2018). Now more than ever, I am convinced God still speaks to us in a sanctified way (as we are committed to obedience and His voice while sold out to His will alone for our lives).

As I read, I was hoping to read a verse that has been very helpful for me through the years as I have learned to listen to God, and perhaps since this is part of a book it's referenced elsewhere. Isaiah 30:21 says, "Whether you turn to the right or to the left, your ears will hear a voice behind you, saying, 'This is the way, walk in it'" (NIV).

Recently I had an experience where I heard from God, through older men, speak directly to my life and specific circumstances. I was reaffirmed because of timing and the setting I was in that God is clearly still speaking to His children!

—Mike Hansen, hospital chaplain, Parker, Colorado, United States

Dr. R. T. Kendall, an American Baptist pastor, was invited to fill the pulpit at Westminster Chapel London, England. What a challenge, to occupy the pulpit once inhabited by G. Campbell Morgan and Martyn

Lloyd-Jones. This man's journey is an amazing account of the unpredictable track upon which God places His people. Fine article!

—Lawrence Downing, DMin, retired pastor

Keep on

I appreciated Shaunti Feldhahn's article ("Game Changers: Five Transformative Truths Every Pastor Needs to Know," March 2018) in understanding our sexuality as married persons. We need more such discussions because they help normalize conversation about our own experiences of sex and attraction. I am speaking as a pastor. If we as church leaders can be balanced and healthy in how we talk about sex in our own lives, then when we help others understand it, that helps cultivate healthy sexuality, which helps not to be predisposed "against" sex.

I realize that Feldhahn's article was directed at pastors, but her article would have had even broader applicability had she included insights on healthy sexuality in the life of single people in their walk of faith as well.

Thanks again for *Ministry*. I find it both inspiring and practical.

—Tim Reimer, pastor, Danforth Mennonite Church, Toronto, Ontario, Canada

Preach on

Derek Morris gave great advice for all preachers of the sacred text! ("Effective Sermon Delivery," September 2017). This is, I believe, the "missing jewel" in most preachers. And this is the single most important reason (aside from prayer and fasting) that makes most preaching fall on deaf ears. We need a resurgence of a George Whitefield, Daniel Rowlands, and Charles Spurgeon style in a post-Christian society that we are suffering from right now.

—Elijah Spurgeon, by email

Right on

The article by Stanley Patterson ("Seven Rules for Pastoral Interns," November 2017) was an eye-opener for me. I can actually say that it is "right on." I'm pastoring one church and a small company which included three different congregations: Spanish, English conservative, and English very conservative. This, at times, is a challenge for me to deal with, but thanks be to God for His leading. I very much appreciate the article. It has given me another avenue through which I can respond to my congregations. Thank you so much.

—Jose J. Gutierrez, pastor, Palmdale Seventh-day Adventist Church

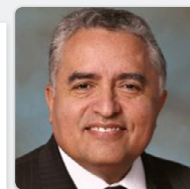
Editorial note: We are happy to say that the article "Seven Rules for Pastoral Interns" received the Professional Resource "Award of Merit" at the 2018 Associated Church Press Conference. Congratulations, Dr. Stanley Patterson!

Spot on

Thank you for the article "Baptizing the Devil: Evolution and Seduction of Christianity" by Clifford Goldstein in the January 2018 issue. For a long time, I have had the ideas that he wrote about—but pretty much kept them to myself. In the current teaching, there is no mention

Continued on page 25

Mario Ceballos, DMin, a chaplain certified by the Association of Professional Chaplains, serves as director of Adventist Chaplaincy Ministries and the World Service Organization for the General Conference of Seventh-day Adventists, Silver Spring, Maryland, United States.



A hole in the bucket

During a working lunch, a senior leader of my denomination asked me, “Isn’t evangelism the most important role of our church?” My response was, “Of course! That is how we fulfill our mission.” During my long trip home following that meeting, I began to ponder this profound question that challenges chaplains and their role in the evangelistic mission of the church.

There are different ways to fulfill the gospel commission of evangelizing the world (Matt. 28:18–20). The most successful form of evangelism has taken place in churches across the planet. Usually, under the leadership of a pastor, church members go into the highways and byways to carry on the mandate of the Lord to teach all nations.

Reaping campaigns with an evangelist follow these efforts, and thousands commit their lives to become disciples of our Lord, Jesus Christ. It continues to be the most successful way to fulfill our God-given destiny. Yet, thousands have gone out the back door.

Our children, dear friends, brothers, sisters, uncles, aunts are escaping through this hole in the bucket. Enter chaplaincy. The chaplain’s evangelistic role is all-encompassing. Every day health-care chaplains meet patients, their families, and visitors in our hospitals. College chaplains work with young people in our educational institutions, and correctional chaplains minister to incarcerated men and women paying their debt to society.

Chaplains minister to the women and men in uniform who are serving in the police or fire and rescue

departments of our communities. Military chaplains share Jesus with those in uniform who are serving their country. Chaplains even minister on sport teams. For many individuals, it is their first and only contact with a church. The concept and image that they take with them of the church is given to them by chaplains. Many times, the chaplain’s passive evangelistic approach and presence evangelizes individuals through the chaplain’s loving care, support, and compassion for their souls.

Chaplains are uniquely trained with years of experience, first as a church pastor. That parish ministry, along with theological and clinical training, prepares chaplains to help patients who are in crisis find answers to their questions. The patients open doors for chaplains to witness and provide precious truth and hope to the dilemmas of eternal life.

Chaplains are ministers representing the church in a secular world. Most of the parishioners are not church members, but look to the chaplain as their spiritual advisor and guide. Chaplains often provide ministry at the crossroads of life—birth, graduations, marriages, promotions, illness, and at the end of life. All chaplains are pastors, and all pastors are called to fulfill the role of a chaplain many times during their ministry.

Ron Edmondson lists seven reasons why people leave the church: burn-out, injury, distraction, life change, mistakes, power struggle, and lack of connections.¹ It is interesting to note that all of those listed have to do with pastoral care. Regardless of our pastoral role, the most important role is

to minister to God’s children wherever they are. If we do not plug the hole through which people are leaving the church, many of our evangelistic efforts are wasted.

Chaplains are evangelists who have been commissioned to form, mold, affirm, and build God’s vibrant, ever-growing church by reaching some who might not hear the good news any other way. Chaplains are evangelists who reinforce and instill loyalty, love, and care for God’s precious church in the impressionable minds of youth. They hold the present and future of God’s church in their hands.

Many years ago, when I was in youth ministries, my wife gave me a little book titled *Children’s Letters to God*. In her innocent and apparent pain of losing someone she cared for, a little girl, called Jane, wrote, “Dear God, instead of letting people die and having to make new ones why don’t you just keep the ones you got now?”² Little Jane delivers a profound statement that should make us pause and examine what we are doing to safeguard those all around us. Our communities will be better served and cared for if we invest more time, money, and effort to care for, or “pastor,” the flock in the churches, schools, hospitals, prisons, military, and law enforcement under our charge. Enter chaplaincy. Together, let’s plug the hole. ☛

1 Ron Edmondson, “7 Disappointing Reasons People Leave Church,” Bible Study Tools, www.biblestudytools.com/blogs/ron-edmondson/7-disappointing-reasons-people-leave-the-church.html.

2 Stuart Hample and Eric Marshall, compilers, *Children’s Letters to God* (New York: Workman Pub Co, 1991), no provided page numbers.

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Dick Stenbakken, EdD, a retired chaplain (colonel), United States Army, is a speaker and author residing in Loveland, Colorado, United States.¹



“I have *not* left the ministry!”

I remember, vividly, when I was returning from Vietnam as a United States Army chaplain, a pastor asked me, “So, what made you decide to leave ministry to become a chaplain?” The semi-smirk on his face made his meaning crystal clear: chaplaincy is not real ministry.

While that incident was many years ago, that same thinking still wafts around ministerial discussions. Be assured, chaplaincy is dead-on center when it comes to ministry. In fact, in various communities and institutions, chaplaincy is a ministry of presence where a local pastor cannot have easy, or sometimes any, access to meet the spiritual needs of people. These chaplaincies are a true reflection of incarnational ministry where ministry is done by someone who, fully part of the group, ministers to that group from an inside perspective rather than trying to impact the system from the outside.

The institutional setting

Chaplaincy also has become an intensely refined ministry in a variety of institutional settings, ranging from hospitals and correctional facilities to the military, campus, industry, and other venues. Institutional ministry has similarities to other kinds of ministries—but also one very big difference. The marked difference is that, as a chaplain, while ministry is done for the people (staff, patients, inmates,

commanders, physicians, nurses, and others in the institutional setting), it also encompasses ministry to the *institution*.

Institutions are unique in that they have their own history, backgrounds, customs, dress codes, culture, and even language. Essentially, an institution is a subculture of its own. That makes it difficult, if not impossible, to minister to an institution from outside the institution. Becoming part of the organization affords the opportunity to develop an identity that is recognized and, therefore, opens doors to ministry that otherwise would not only be shut but, in many cases, locked.

Chaplains, in general, have direct access to the institutional leadership in ways not available to those outside that institution. As an example, in the military, the chaplain is expected and required to interact with the commanders on issues of morale and morality. A local pastor would not have that access on a military installation; nor would the pastor have that kind of access to a workplace where a parishioner is employed.

Chaplains are expected, and welcomed, to interact with the decision-makers in the institution (campus, hospital, or other settings) where they are assigned. If Fred works in a manufacturing plant, his pastor would be seen as out of place trying to seek contact with the plant manager

or even a foreman. However, if Jane is working as a medical technologist in a hospital or Don is down-range in military training, the chaplain would be welcomed and not at all out of place. In fact, the chaplain is *expected* to be there.

The spiritual role

Religious and spiritual services are offered to all, with some selecting the chaplain as their pastor on a more intimate basis. A chaplain either provides for or provides the religious care for those served, as the individuals request or need (mirroring the many occasions on which Jesus asked those He encountered, “What do *you* want?”). If a prison chaplain encounters a Buddhist inmate who wants religious services or contact, a Christian chaplain would arrange for someone with a Buddhist background to provide for the needs of that individual. That is part of the challenge/opportunity of chaplaincy and it is markedly different from the role of a parish pastor.

Chaplaincy is both centrifugal and centripetal by nature. It is centrifugal, in that the chaplain goes out to the people; centripetal, in calling people into a smaller, more intimate religious community.

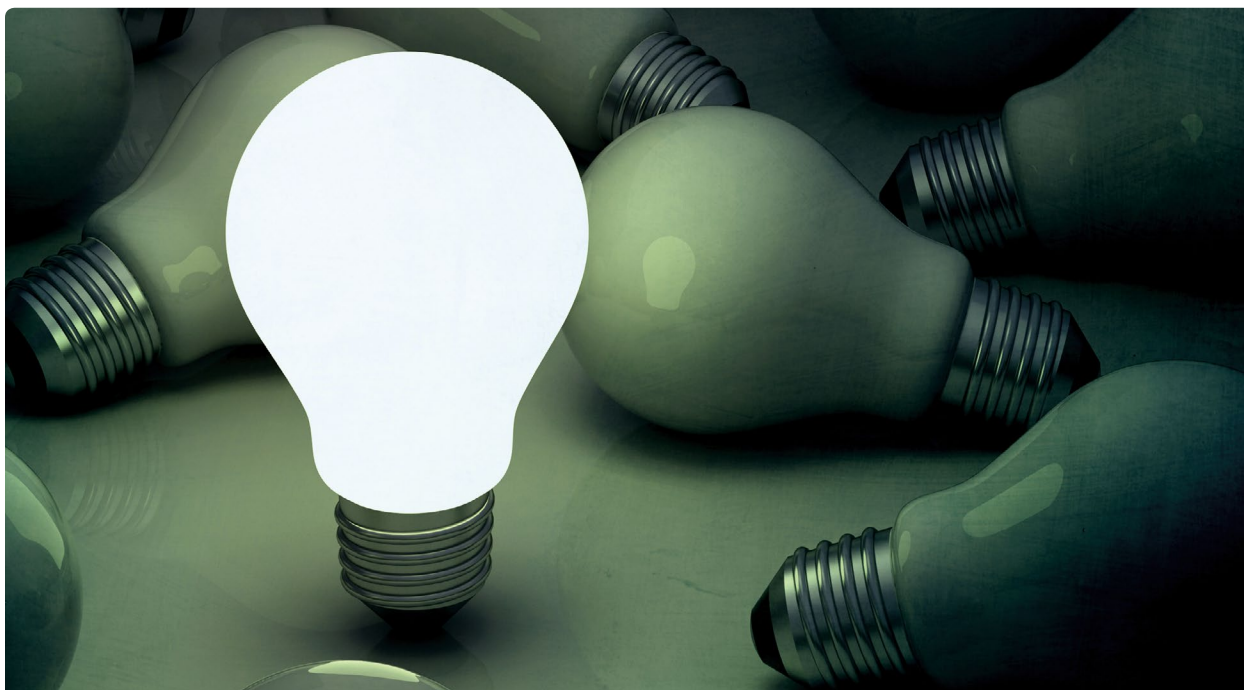
The high bar

Over the past years, chaplaincy has become much more professional,

demanding high levels of training and functioning. The bar keeps getting higher and higher as institutions increase entry-level requirements. In a health-care setting, most employers will require a graduate theological degree plus several quarters of clinical pastoral education

maintain credibility in the institution. Part of the hospital accreditation process is to assess the chaplaincy program to ensure that those serving as chaplains are trained, prepared, and professionally recognized. If not, the hospital can take a “hit” that can degrade the overall score

with people and chaplains of all faiths, ethnicities, and backgrounds. Assignments often include a wide variety of tasks, including visiting, preaching, teaching, mentoring, training, fund management, personnel management, supervising and being



Chaplaincy is an opportunity to mirror the incarnational ministry of Jesus: to be where people have needs and to help them cope, grow, and build a deeper walk with God.

(CPE).² The military and virtually all federal chaplaincies require a master's of divinity degree from an accredited seminary, with two or more years of pastoral experience before one can even apply.

Hospitals in the United States must meet the standards of the Joint Commission on Accreditation of Health-care Organizations (JCAHO) to help

with JCAHO and have a negative impact on the hospital's accreditation and, therefore, its ability to attract third-party payments.

Multitasking, multiculturalism, and diversity

Being a chaplain also means an ever-expanding circle of contacts

supervised, ongoing educational and professional training/upgrades, and policy development. A military chaplain has to pass all the physical fitness requirements, be prepared to deploy with their troops at a moment's notice, and serve wherever assigned. That assignment can mean prolonged separation from home and family and exposure to the rigors and dangers (as

well as opportunities for ministry) in actual combat situations.

Women are highly desired and respected within chaplaincy because they bring different points of view and ideas to the ministry team. Both the United States (US) Army and US Air Force have had women serve as chief of chaplains at the two-star (major general) level.

One key piece in any institutional chaplaincy is the ability and willingness to work closely with people who come from vastly different religious backgrounds and to do so with grace while not compromising one's own religious standards or beliefs. To say the least, it is an ongoing learning

experience to work cooperatively with peers with whom there are theological points upon which you will never agree but with whom you can and do minister on behalf of the institution and those therein.

I can tell a myriad of stories proving that chaplains are vital. A counselee was able to get an understanding of and release from something that had tormented her for most of her life. Her husband was there, with her, when she said, "Thank God! I have waited thirty years to release this; now it's gone." He had no idea how deeply hurt she had been many years before they were married. He only knew something was broken, and they came to get help.

Or a first sergeant who had deep marital and other problems. Some of his men threatened to kill him, so he put two bullet holes through his door, then called for the chaplain. When I responded, he still had the .45 in his hand and half a bottle of whiskey on his table. When I stepped into his place to see what was going on (I had no idea), he leveled the .45 at me from about 10 feet away and told me to shut and lock the door behind me. After some harrowing time together, he put the gun on the table and settled down, and we were able to get him help before he hurt someone or himself.

There are celebrations too. Such as the young Jewish woman who was

The story of Marty BY DICK STENBAKKEN

I was half a world away from my family in Vietnam as a unit chaplain. It was a Saturday night, and as I entered my pitch-dark office, my brain virtually screamed, "There is someone else in this room!" That is creepy anywhere, but in a combat zone, in utter darkness, it puts your adrenaline into overdrive instantly. In a millisecond, various thoughts raced through my mind: *Run for your life! Duck down! Back out slowly! Don't move! Move as fast as you can! Turn on the lights! No . . . that will give them a better shot!* Keep in mind that, as a chaplain, I served on active duty without a weapon, both by my personal choice and by Geneva Convention and US Army regulations.

My hand swept down the wall to the light switch, and the dark room was flooded with light. Then I saw him. His eyes were wider than mine. He was cowering in a corner to my left, wide-wild-eyed, open mouthed, and obviously terrified—one of the troops from our unit. Before I could say anything, he spoke in a quavering

voice, "I just saw the devil!" His visage told me that it might well be true. My first thought was that, maybe, I needed to look over my shoulder, just in case.

"Sir, thank God it's you, Chaplain. I saw the devil tonight, and I'm scared! That's why I came to your office." The words tumbled out of his trembling body. No doubt about it, he was shaking with terror. His eyes were bloodshot, his face flushed. Tears left clean trails down his face as he sat on the floor hugging his knees while he rocked back and forth in the corner of my office.

"You came to the right place," I said more calmly than my blood pressure would have indicated. "You are safe here. Tell me what's happening."

For the next hour, Marty poured out his heart: all of his hurts, challenges, fears, and needs. I listened attentively, and as he wound down, I asked whether he would like for us to pray together. "Oh, yes! I need that, I really do," was his eager reply.

We prayed together, and he calmed down. When the prayer was over, Marty

turned and asked, "Chaplain, do you have a Bible that I could have? I really need to read the Bible and get my head on straight."

"Sure, Marty," I said. "I always keep some pocket-sized New Testament and Psalms with me. Here, take this one."

"Thank you, sir! I'll read it, I really will! And, thanks for listening and caring. Hope I didn't scare you too much," he said with a smile.

I returned his smile saying, "Well, you did surprise me, but maybe God has some surprises for both of us."


He was in chapel for the services the next morning. Smiling, he held up the Bible I had given him the night before. I found out from some of the staff that Marty had quite a reputation. He was known to have a red-hot temper and to be more than willing to have a drink with the guys. It was suspected that he had been into drugs as well. Drugs and alcohol were too readily available, and some of the troops used marijuana and alcohol to ease the stress of being where they were. Heroin was readily available

deep in grief because she could not seem to conceive, and in her family being a parent was paramount. She came to a Christian chaplain for prayer and counseling. We prayed together and looked at Scripture together, and she was able to release her needs to God. Several months later she came back with the news that she and her husband were expecting. She came back with the baby later and asked for a prayer of thanks and blessing.

Being a chaplain is a privilege. Sometimes scary, sometimes dangerous, sometimes filled with celebration, but never boring because chaplains

make a difference in people's lives. Chaplaincy is an opportunity to mirror the incarnational ministry of Jesus: to be where people have needs and to help them cope, grow, and build a deeper walk with God. So, to answer the query of that long-ago question, becoming a chaplain was not leaving ministry. On the contrary, it propelled me into a ministry that is wider and deeper than anything I had ever imagined or experienced before.

Are all called to chaplaincy? No, but as for me and my house, it is an energizing, fun, and challenging ministry that continues to unfold

in new and exciting adventures. Chaplaincy is a calling, a profession, and a ministry opportunity that few options will ever equal. It is worth prayerful consideration. Would it fit everyone? Not at all. Is it truly ministry? Absolutely. 

1 Dick Stenbakken has authored several books, appeared on over 50 TV programs, and produced eight DVD sets. His web page is www.biblefaces.com.

2 See Judith R. Ragsdale, "Transforming Chaplaincy Requires Transforming Clinical Pastoral Education," *Journal of Pastoral Care and Counseling* 72, no. 1, (March 2018): 58–62, doi.org/10.1177/1542305018762133.

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and inexpensive. Had Marty seen the devil, or was he hallucinating? It really did not matter. He had sought contact with me, his unit chaplain, and left with a friend and a Bible.

About a week later, Marty came running up to me as I was entering the mess hall. "Chaplain! I need a Bible!" he said with a broad smile.

"Sure, Marty," I responded, "Take this one."

"Thanks!" he shouted over his shoulder as he trotted off.

A couple of days later, Marty approached me again with another request for another Bible. My thought was, *Maybe he has more problems than any of us know. Maybe he just forgot that I have given him several Bibles.* The additional puzzling thing was that he seemed happy, enthusiastic, and more cooperative in the unit than he had been before.

A couple of weeks later, one of Marty's friends came up to me and blurted out, "Chaplain, what happened to Marty?"

In a combat zone that question can have a myriad of connotations, most of them envisioning less-than-happy answers.

"What do you mean?" I asked, mentally bracing for what I might hear.

"Well, Chaplain, Marty is one of the perimeter guards, you know."

Yes, I knew that, and it only heightened my concern. Perimeter guards were often the first to be hit by the enemy if they tried to penetrate the perimeter of our base.

The young man shook his head and continued, "Marty used to be one of the biggest fighters, drinkers, and druggies in the unit. We were all kind of afraid of him. But lately, well, he has changed. I mean *really* changed. I have seen him talking with you, and I want to know what has happened to Marty."

Before I could answer, the young soldier told me, "Just the other day, when we were changing guards at the wire, here comes Marty with his M-16 on his shoulder—and a Bible in his hand. We hardly ever saw him without his Bible."

"So, what happened," I asked.


"Well, sir, one of the guys spouted off to Marty and said, 'Hey! Marty! You gonna be a preacher or something? Always packin' that Bible around with you!'"

"As quick as a flash," the kid continued his story, "Marty does this left

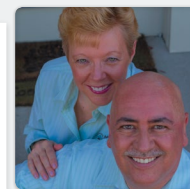
turn, marches up to the guy, grabs him by the collar, puts his Bible right up to the guy's nose and says, 'Listen here. You better take this Bible and read it for yourself. If you don't, I'm gonna rearrange your face! Got it?'"

"And," the kid continued, "he gave me this Bible and wants me to read it. Sir, Marty has changed. He's off the booze and stuff, and he is really a different guy."

All I could do was stifle a smile. Now I know why Marty was asking for more Bibles. While I did not agree with all of his methodology, it was apparent to the whole unit that something had happened to Marty. He had changed his direction, and he wanted others to experience changes in their lives as he had. Our "chance" meeting in my darkened office had started a change in his life that neither of us could have predicted. I think it was not a chance meeting at all. It was a Divine appointment—and I was privileged to be a part of it.

I do not change lives; only God can. But God used me in a unique situation in a unique ministry to bring His change to Marty. That's chaplaincy. 

Claudio Consuegra, DMin, and **Pamela Consuegra, PhD,** are Family Ministries directors for the North American Division of the Seventh-day Adventist Church, Columbia, Maryland, United States.



My bucket is running empty: *Cumulative stress in ministry*

We share a very dubious distinction: both our youngest brothers were policemen—and both committed suicide. The circumstances were different, but the fact remains the same: they both ended their own lives. The trauma associated with these tragedies made us understand why Job could say, “May the day perish on which I was born, and the night in which it was said, ‘A male child is conceived’ ” (Job 3:3).¹ ‘And the question is, How do chaplains and pastors minister to the pain that befalls others while coping with pain that comes to their own doorsteps?’

As a young boy, Pamela’s brother was sexually molested by a man in church. The traumatic abuse caused him to develop a perfectionistic, almost manic-compulsive personality. Dressing impeccably, he cleaned and washed his police car daily and kept his house flawless. One day, while in his second marriage and facing bankruptcy, roadwork damaged his house beyond repair. Telling no one in the family and leaving no note, after his wife and her son left the house early in the morning, he turned his service gun on himself. He was 33 years old.

When Claudio’s younger brother was seven years old, their dad died

suddenly of a massive heart attack. In one day their entire world turned upside down. Their mother plunged into the depths of grief, and for that first year, for all practical purposes, they did not have a mother. Claudio’s brother experienced the death of their father, the emotional absence of their mother, and later the transition of moving to the United States to start a new life in a new land with a new language, a new culture, and, within a year, a new religious faith.

After high school, he joined the Air Force, married, and had 10 tumultuous years in that relationship. He then became a police officer, divorced his first wife, and moved in with and later married his second wife. After 12 years of challenges, discouragement, and stress in police work, he became an Air Force Reserve recruiter. But he was never happy, and after a brief affair, conflict at home, and one attempted suicide, he, too, used a gun to end his life. He was 50 years old.

As we look back at the lives of our two brothers, we realize that they had so many things in common. Each had two marriages, one divorce, two children (a boy and a girl each); both were successful and appreciated in their respective jobs; both were in law enforcement; and both appeared to be generally happy on

the outside. At the same time, they were both deeply traumatized and in pain for most of their lives until they made the final, tragic decision and ended their lives with a gun, a weapon with which they were both very familiar.

It was not one event that led them to the point of suicide but, rather, a series of events. Most of us would probably be able to handle a specific loss, as bad or painful as it may be. What is almost overwhelming to some is a series of such losses. Scripture gives in the life of Job one of the best examples of cumulative stress. We read in the first chapter of the book that bears his name about his first major loss: “ ‘The oxen were plowing and the donkeys feeding beside them, when the Sabeans raided them and took them away—indeed they have killed the servants with the edge of the sword; and I alone have escaped to tell you!’ ” (Job 1:14, 15).

As if that were not enough, “while he was still speaking, another also came and said, ‘The fire of God fell from heaven and burned up the sheep and the servants, and consumed them; and I alone have escaped to tell you!’ ” (v. 16). In one vast sweep, the Sabeans wiped out a large part of Job’s income. The loss of income, investments, property, or savings has driven many to despair

and deep depression. But if that were not enough, Job then learned of the loss of his employees, humans much more valuable emotionally than animals or property: “While he was still speaking, another also came and said, ‘The Chaldeans formed three bands, raided

another also came and said, ‘Your sons and daughters were eating and drinking wine in their oldest brother’s house, and suddenly a great wind came from across the wilderness and struck the four corners of the house, and it fell on the young people, and they are dead;

mother’s womb, and naked shall I return there. The LORD gave, and the LORD has taken away; blessed be the name of the LORD’ ” (v. 21).

One more challenge remained for Job: the loss of his health. “Satan went out from the presence of the LORD, and



Church members may not realize or be aware of how these stressors affect pastoral caregivers, but we feel them deeply inside. Stress in ministry is unending, and it drains and saps our energy daily.

the camels and took them away, yes, and killed the servants with the edge of the sword; and I alone have escaped to tell you!’ ” (v. 17).

It is one thing to lose your employees, even if you care deeply about them; but it is another when death touches your own family members. At this point in the story, Job received the worst news of all: “While he was still speaking,

and I alone have escaped to tell you!’ ” (vv. 18, 19).

One thing added to another and another in Job’s life until they felt like an overwhelming weight he could not lift. But because of the close connection he had with God (vv. 1, 4, 5), he turned to Him and worshiped (v. 20) so that those painful losses did not crush him, “and he said: ‘Naked I came from my

struck Job with painful boils from the sole of his foot to the crown of his head. And he took for himself a potsherd with which to scrape himself while he sat in the midst of the ashes” (Job 2:7, 8). At the moment he most needed support and encouragement, his own wife, who was probably in as much grief as he was, could not help him but instead insisted, “ ‘Curse God and die!’ ” (v. 9).

Nothing can be sweeter than the gift of friendship, particularly when we are going through painful circumstances. Job had lost everything: property, employees, children, and even the support and encouragement of his own wife. He needed someone to help, to walk with him through this dark valley of pain, sickness, and despair.

The book of Job tells us that “when Job’s three friends heard of all this adversity that had come upon him, each one came from his own place—Eliphaz the Temanite, Bildad the Shuhite, and Zophar the Naamathite. For they had made an appointment together to come and mourn with him, and to comfort him. And when they raised their eyes from afar, and did not recognize him, they lifted their voices and wept; and each one tore his robe and sprinkled dust on his head toward heaven. So they sat down with him on the ground seven days and seven nights, and no one spoke a word to him, for they saw that his grief was very great” (vv. 11–13).

Herein lies a very important remedy for a heart heavy with trauma, pain, and grief: Job’s friends, hearing of his distress, came to be with him. When they saw him, they cried with him. In their desire to help him, they sat with him seven days and nights. Silently, they simply sat there for an entire week, kept him company, and ministered to him through their presence. What a powerful lesson for us to learn. If only they had kept silent! During those painful moments, which friends or loved ones may be enduring, there are no words we can say to help them feel better, but our presence, a willing ear, and a caring heart may be a healing balm to their troubled souls.

Cumulative stress

Claudio has served as a volunteer law enforcement chaplain for most of his 35-year ministerial career. He has been with police officers and sheriff’s deputies at the site of a car accident with fatalities, the emergency response for a child who drowned in her bathtub, and at the home of a homicide victim. He spent two weeks at ground zero, in

New York City, the site of the collapse of the World Trade Center after the attacks of September 11, 2001, working with the Port Authority Police department when, in a matter minutes, they lost 27 of their team, including the chief and the top brass. He also participated in 27 debriefings for the emergency personnel involved in the rescue efforts after the bridge collapsed over the Mississippi River in Minneapolis, Minnesota, on August 1, 2007, killing 13 people and injuring 145. During all these years as a law enforcement chaplain, he has seen tough, battle-hardened cops continue doing their job as committed as always—but with stress eating away at them little by little.

Sergeant Robin Klein of the Long Beach California Police department said, “It probably won’t be a bullet that strikes an officer down, but the effects of chronic stress.”² One of the factors associated with stress among law enforcement personnel is those incidents outside the range of normal activity. Such critical events may include attending to disasters (bombings, plane crashes, school shootings, multiple car accidents, etc.), witnessing death or mutilation, and dealing with abused or maltreated children. In general, police officers have rated these events as highly stressful, and yet they form part of their job, sometimes on a daily basis. While some officers may be able to deal appropriately with one or several incidents, the accumulation of such stressful events, without any intervention, can lead to serious chronic stress; PTSD; and, for many, suicide.

Cumulative stress in ministry

As a law enforcement chaplain, Claudio tries to help his officers by teaching them how to recognize the symptoms of police stress and to offer some strategies to cope with it. But cops are not the only ones who experience stress. Working for the church throughout the years, we have also learned that stress is part of life for those of us in the pastoral or educational ministry as well. The monthly board meetings



church conflict
nominating committee
finances
church board
evangelistic meetings

and annual nominating committee meetings, the sermon preparation, the evangelistic meetings, the funeral service for a dear member, camp meeting, and on and on, all wear away at us.

Claudio remembers the day in Milwaukee when he visited a couple from the church and their newborn baby at a hospital. He celebrated and rejoiced with them as they received their little bundle of joy into their family. After leaving that hospital, he drove to another hospital where another couple’s newborn baby was declared brain dead. He was there with them as they made the decision to disconnect the machines that were keeping her body alive and witnessed her last breath. Church members may not realize or be aware of how these stressors affect pastoral caregivers, but we feel them deeply inside.

Stress in ministry is unending, and it drains and saps our energy daily. Imagine your life as a bucket being drained constantly. It would not be long until that bucket is completely empty. The problem is that many of us do not recognize it, or we live in denial that we are approaching or have already reached

Early warning signs	Mild signs	Extended signs	Severe signs
<ul style="list-style-type: none"> • Boredom • Fatigue • Anxiety • Depression • Poor concentration 	<ul style="list-style-type: none"> • Memory problems • Increased illness 	<ul style="list-style-type: none"> • Relationship problems • Alcohol or drug use • Performance changes • Fear of leaving home 	<ul style="list-style-type: none"> • Relationship changes • Health changes • Personality changes • Becoming housebound

the bottom. The above chart shows some signs you must become aware of.

If you see yourself or those close to you exhibiting some of these signs, please remember that some behavior change following a crisis may be a normal response to an extraordinary situation. When you experience a serious loss, life does not just simply go back to normal the next day. For most people, behavior changes following a crisis are generally temporary, and each person responds to crisis in different ways and moves through the experience at his or her own pace. At the same time, you need to remember that you are not alone. Many others will share similar reactions and feelings. Countless pastors and educators experience stress just like yours—or even worse. But remember, it is an indication of strength, not weakness, to ask for help when needed.

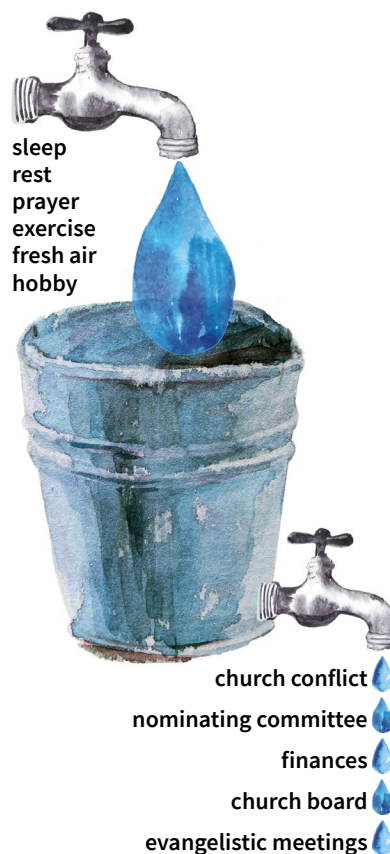
What helps you deal with stress before it accumulates?

Let us go back to the illustration of the bucket. Stress in ministry is a fact of life and drains our bucket daily. The key is to continually replenish what is being drained so that we do not run dry. Activating some healthy coping strategies can ease the cumulative effects of stress. Here are some things you can do:

- Create a daily routine, beginning with prayer, to help regain a sense of control. While our schedule is often unpredictable and our work

unrelenting, organize your calendar so that you have as much regularity as possible.

- Eat balanced, healthy meals.
- Get extra rest to let your body relax and recover. Since a lot of your work happens during the Sabbath, you need to create some “Sabbath space and time” elsewhere during the week.
- Exercise. A daily walk, a hike with the family, and swimming at a nearby pool are all good, relaxing activities.
- Release frustration and anger through safe, exhausting physical activity. Chop wood, lift weights, run a short race or even a marathon, or participate in a challenging competition.
- Ask for support from friends, colleagues, and loved ones, but also seek mental health assistance when you find yourself concerned about your reactions.
- Avoid any kind of stimulant—alcohol, drugs, caffeine, or pornography.
- Try not to spend too much time with media; continually listening to or watching the news can be quite depressing when we are already stressed.
- Be aware of the impact of your own past experiences on your current functioning. Sometimes a sad or stressful event from the past that we did not deal with at the time may come back to haunt us when a similar incident takes place.



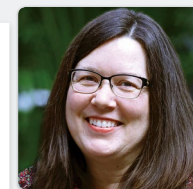
Unlike Job, our younger brothers chose to end their lives instead of reaching out to others for help. And, unlike Job, they could not see beyond their pain and problems. Both of us have been able to come to terms with our brothers' suicides. We will never accept their choice to end their lives, though, and whenever we think of them, it is with great sadness. Above all, we need to learn to recognize the pernicious effects of cumulative stress in ourselves and others and then take the steps to manage it before it adversely affects our lives, families, and ministries. As pastors, chaplains, or educators, we must acknowledge the sober reality that what happens to others can—and does—happen to us. ²

¹ Unless otherwise noted, all scripture quotations are from the New King James Version.

² Ronald J. Burke, ed., *Stress in Policing: Sources, Consequences and Interventions* (New York: Routledge, 2017), 3.

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Chaplaincy: *Are you called?*

A few years ago, a board-certified chaplain randomly interviewed people in New York City's Bryant Park to find out what the word *chaplain* meant to them. Many simply responded, "A what?" or repeated the question, "What is a *chaplain*?" back to the interviewer before admitting that they had no idea. Some of those interviewed associated the word *chaplain* with the military, religion, Catholics, books, and even Charlie Chaplin! A few seemed quite confident in their answers of "a preacher"; "a member of the clergy"; "someone that works in the church"; and "a pastor who serves in the hospital, police department, or fire department." Except for a woman who stated she was a former chaplain, the majority of adults questioned seemed unsure of their responses.

However, when the interviewer questioned a young boy in a Little League baseball outfit, the child confidently and articulately described a chaplain as "somebody who helps people when they're in surgery or when they want to talk to somebody. And a chaplain can be any religion."¹ The lad's simple answer strikes me as quite profound, especially from one so young. Somewhere, somehow, in his limited life experience, he had already begun to form a correct idea of what a chaplain is and does.

I cannot remember when I first heard the word *chaplain*. It seems as if I have known it forever, but I do not think I paid too much attention to it

until a little more than 20 years ago when God began calling me to serve as a healthcare chaplain. I, like the people interviewed in Bryant Park, had little idea of what chaplaincy involved or what was required to be able to serve in it. It has been said that "discerning God's will for a life is often a lifelong quest" and that "ultimately, people seem to *know* God has called them to chaplain ministry when they have a passion to 'carry each other's burdens' (Galatians 6:2), to provide ministry to the 'least of these' (Matthew 25:40), and to 'go' (Matthew 28:19)."² In my case, discerning God's will for each *phase* of my life has more accurately been my experience. Looking back, I can see how my life, up to that point, had prepared me for what He was calling me to do. The parts of me not yet prepared would soon be challenged and still continue to be refined.

What do we do?

Though my calling to chaplaincy was clear to me, the path to get there was not. Without going into detail, I am convinced that I took the long way around, but I am grateful for the detours and the lessons learned along the way. One of my first lessons was how chaplains were both the same as, and yet different from, other ministers. In the healthcare setting, pediatricians (insert specialty of your choice) are physicians. They have studied and completed the requirements to become a physician. But pediatricians are also specialists within the wider field of medicine. Their

specialty defines what type of medicine they concentrate on. Pediatricians (or orthopedists, cardiac surgeons, etc.) are to medicine what chaplains are to ministry: specialists within their field.

Just as *physician* is a general term, so is *minister* (or *pastor*). And just as there are many specialists within the field of medicine, so many specialists also exist within the area of ministry. *Youth pastor* is a specialty, as is *evangelist* and *Bible teacher*. *Chaplain* also designates a specialty of ministry.

Chaplains have training and skills that congregational pastors usually do not have. Areas of chaplaincy can similarly be broken down according to where the chaplain ministers. For example, we would refer to clergy who serve in the military as *military chaplains*, those working in prisons as *prison chaplains*, those in hospitals as *hospital chaplains*, and so on. Within the hospital, chaplains' designations are further identified according to their particular department (pediatrics, behavioral health, oncology, etc.).

What does it take?

Besides differences in ministry titles and settings, the requirements for becoming chaplains also vary (versus ministers in other settings). The basic criteria for the various chaplaincy branches can differ based on factors such as the employing organization and denominational guidelines. Helpful, detailed lists of requirements appear on the Adventist Chaplaincy Ministries (ACM) website³ as well as on the

Association of Professional Chaplains (APC) website.⁴ Briefly stated, in order to become a health-care chaplain, a minister must have (1) advanced training, (2) current credentials (signifying pastoral experience), and (3) ecclesiastical endorsement.⁵

Even though only about 40 percent of Adventist pastors have master's or doctoral degrees,⁶ more and more pastors are getting advanced degrees. The same is expected for chaplains. Besides an MDiv (or equivalency),

verbatim, chaplains review and reflect on what occurred during patient visits and receive feedback from their peers. Feedback provides invaluable insight into possible areas of personal and professional awareness and growth.

Following CPE and 2,000 clinical hours, the potential chaplain must prepare an extensive essay-style application and undergo a face-to-face interview before becoming board certified. Further details regarding board certification can be found at

and ecclesiastical endorsement. Ecclesiastical endorsement verifies that a chaplain is recognized as a current credentialed minister whose ministry contributions are valued by his or her denomination. It is crucial to obtain and maintain endorsement status to qualify for and remain in a chaplaincy position.

What do we learn?

Once employed as a chaplain, the learning does not end. Even the most seemingly routine patient visits can



*Though my calling to chaplaincy was clear to me,
the path to get there was not.*

required advanced training for chaplains includes Clinical Pastoral Education (CPE).⁷ During CPE training, chaplains work in a hospital or other health-care setting to earn clinical hours while also attending classes. Such classes include times for group verbatims (word-for-word written accounts describing specific visits). During these

The Board of Chaplaincy Certification, Inc., (BCCI) website⁸ as well as the ACM website.

As in other health- and medical-related specialties, health-care chaplaincy also requires a certain amount of continuing education to keep current in the field and to maintain up-to-date credentials

offer opportunities for growth. Often the lessons come from those being ministered to. Early in my chaplaincy experience, I realized that most people visiting family and friends in the hospital were not there to welcome healthy, rosy-cheeked babies. While I found it a joy to rejoice with those happily greeting the latest addition

to their family, I also considered it a privilege—a sacred moment—to be allowed to enter into the pain of a total stranger.

One weekend toward the beginning of my chaplaincy training, when I was the chaplain on duty, I responded to an urgent request from a nurse. She asked that I do a *naming ceremony* for a young couple's infant child. On the way to the patient's room, I was

father finally responded, "Um, the nurse just kind of told us she would call someone to come and do that thing. We don't really know what it means."

At that moment, compassion kicked in. I simply inquired whether they wanted a ceremony at all. After saying they did, I asked what they would like to see happen. When the mother asked whether I could just pray for the baby, *baby dedication* came to mind. I offered

life-changing ministry—meeting people where they are.

When I returned to check on the bereaved couple, they had gone. Though I would never see them again, the lessons from that young man and young woman remain with me to this day. Lessons about the importance of each visit, being aware of my prejudices and biases, not overlooking the needs of the staff, and really focusing on the

If the qualifications and requirements of chaplaincy are any indications, it is not for just anybody.

struggling to figure out what a naming ceremony might be. *Could it be some kind of a baby baptism? Or maybe part of a christening ceremony?* I had never seen a naming ceremony and certainly was not familiar with the process. As I entered the room, I prayed for help to know how to minister to the couple. That visit taught me many lessons—and not just about naming ceremonies.

Being new to chaplaincy ministry, I was not expecting the couple to be so young; neither was I expecting the baby not to be alive. My mind raced as I forced my legs to carry me closer to the bed where the mother was sitting up, holding her lifeless infant. Thoughts such as, *Where is their family?; These two seem to barely know each other; and They look like children, themselves* crossed my mind. The father stood about three feet away, looking rather lost. As I neared the bed, they both looked up at me with expressionless faces. Calmly, I let them know I was there for the naming ceremony they had requested. As they looked at each other with puzzled expressions, I began to sense that there was more to this situation than I realized. The young

to pray for them as well, and at that point the mother seemed on the verge of tears. She glanced at the father; they both nodded yes. Then she lifted up the baby for me to hold. As I cradled the little girl in my arms and prayed, I remember feeling such a peace at the realization that I was experiencing a sacred moment. This precious young couple had allowed me to share in their pain.

What about you?

It has been said, "All chaplains are pastors, though not all pastors are called to be chaplains."⁹ If the qualifications and requirements of chaplaincy are any indication, it is not for *just anybody*. In fact, it is not for *just any pastor*. Health-care and other organizations that employ chaplains, however, could greatly benefit from those who have a pastor's heart. If you (or someone you know) feel drawn to chaplaincy, do not wait any longer. Prayerfully take the first step on your journey toward this ministry. Trust in the One who is calling you, and He will accompany you through the entire process. He will equip you for this

needs of the patient and family. They had lost their child; I had found my calling. ☞

- 1 Chaplain Daniel, "What Is a Chaplain?" YouTube video, 2:55, posted March 3, 2015, by "Professional Chaplaincy," [youtube.com/watch?v=QcgBmQ13dec](https://www.youtube.com/watch?v=QcgBmQ13dec).
- 2 Naomi K. Paget and Janet R. McCormack, *The Work of the Chaplain* (Valley Forge, PA: Judson Press, 2006), 119.
- 3 "Chaplaincies/Endorsement," Adventist Chaplaincy Ministries, General Conference, adventistchaplaincies.org/index.php/about-acm/ecclesiastical-endorsement-2/.
- 4 Association of Professional Chaplains, professionalchaplains.org/.
- 5 "Chaplaincies/Endorsement," Adventist Chaplaincy Ministries, General Conference, adventistchaplaincies.org/index.php/about-acm/ecclesiastical-endorsement-2/.
- 6 Roger L. Dudley and Petr Cincala, "The Adventist Pastor: A World Survey," Institute of Church Ministry, Seventh-day Adventist Theological Seminary, May 2013, 5, circle.adventist.org/files/icm/gcresearch/2013_ADV_PASTOR.pdf.
- 7 Accredited CPE training centers can be found at the Association of Professional Chaplains website, www.professionalchaplains.org.
- 8 "BCCI Certification," Board of Chaplaincy Certification Inc, bcciprofessionalchaplains.org/content.asp?pl=25&contentid=25.
- 9 "Chaplaincies/Endorsement," Adventist Chaplaincy Ministries, General Conference, adventistchaplaincies.org/index.php/about-acm/ecclesiastical-endorsement-2/.

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The healing place

Life constantly inflicts wounds that the mind protects with the passing of time. Though people can either accept or deny the reality of such wounds, many choose the latter, rarely allowing the light of honesty and transparency to enter their dark and morbid places. Yet, unlocking the emotions that have broken us can be the very thing that will heal us.

“I have sought to begin not with readymade formulations contained in books but living human documents and actual social conditions in all their complexity.”¹ One Saturday evening about a year ago, I received a call that I was needed for a patient who was nearing the end of life. Since it was my first-ever response as a new clinical chaplain resident, I was petrified, confused, anxious, and, most of all, at a loss for words. In this painful and sacred moment, what could I bring to a family losing a wife, mother, grandmother, and matriarch?

Knowing where to be

All I could do was to be there as support for the family—not so much with my words but by my presence. When the patient finally died, the family said, “Thank you so much for just being here. We felt a sense of calm and comfort with you staying with us until she died.”

That day I realized something that had long troubled me. I have repeatedly observed, as with this patient who was an atheist, a sense of peace in the belief

that this is it—life is over. Yet many a time, *Christian* patients have struggled with the end of life and do not seem to be at peace, causing me to leave feeling unsettled and saddened. I finally realized that it is the crisis of leaving this life wondering whether family members, or even they themselves, are truly saved, that causes such deep, inner turmoil.

It is in these moments that the chaplain must first be secure in his or her own belief system and not allow the crisis to shape the prophetic calling of his or her life. And it requires the even deeper understanding that the life of the patient is not in our hands—but God’s.

“If spiritual struggle, distress caused by something in one’s belief, practice, or experience, is not identified and addressed, it will have adverse effect on one’s health.”² What people experiencing end of life need is not what we may think they should have. Again and again, I have been tempted to somehow find out whether their lives are in spiritual order according to my biblical framework rather than recognizing that I am trying to transfer what I feel they require in that moment because, somehow, I mistakenly confused their soul salvation with my intervention.

Knowing who to be

Recently, I have begun to realize that most people whom I have come across at this critical stage of their life actually have a deeper desire to discover what drives the inner workings

of their own thought processes and actions. I think Robert Charles Powell makes a very valid point when he suggests that “‘religious experience arises spontaneously’ when men and women are ‘forced to think and feel intensely regarding the things that matter most.’”³

Both revelation and experience then are foundational if one is to grasp the development of self as a work in progress. Learning to cultivate the understanding of self is essential for the interpretation of one’s own story, psychologically and theologically. This, then, becomes the principal tool in pastoral care and counseling.

Ultimately, my question continues to be: How does God show up in my human experience, and how do I translate that into my daily role as a clinical chaplain in a way that seeks to help others find purpose and meaning? How do I use the opportunities to listen, empathize, relate, share, and ask questions that lead individuals to experience what can be termed “the healing place”—and which can only be truly found from within?

To be of value for those to whom we minister, we must first be willing to be participants of the very notions or beliefs we promote. As my mother would say, “Practice what you preach.” Hence, when we are conduits of the very thing we are advocating, it becomes authentic to those with whom we interact.

Failure to do this is something that has not only robbed us of deeper opportunities within the pastoral care

field of the hospital, but has even affected our churches. The reality is that God uses those whom He calls despite our deficiencies. As we function in our roles as spiritual leaders, God can still use us even when we are not always obedient. Practically speaking, He works with and through us in spite of us. However, what would our ministries look like if we just surrendered to Him in the first place? Sometimes we miss opportunities because we listened to our own voice instead of His, and then we end up going full circle only to realize that this is the way He wanted us to go initially.

As I have seen how crises reveal hidden truths within myself, I have become aware that this may also be what happens with many of those with whom I interact. So, I have sought to begin with and continue to listen to God's voice and trust Him in the process of being that vessel that may have the last opportunity to speak a word to someone experiencing the end of life.

Knowing how to be

What should we do, say, and be in these moments that really are completely out of our control, when there is grief, perplexity, and the reality of eventual loss? Three things come to mind:

1. *Be honest about who we are.* If we are men or women of faith, we should permit our faith to direct us. That does not mean we should force our beliefs onto someone but, rather, let the understanding of our experiences and who we are be the very thing God uses, the authentic self at work, trusting that God knows what we should ask and say and then allowing it to happen. Although God does not need us, He chooses to use us.

2. *Do not judge but, rather, seek to understand.* One day I was walking past a room. Without any warning or alert, I heard something say, "Nigel, go into that room, he is in distress." So, without any agenda, I introduced myself. The patient took my hand and gave me a firm handshake. The man proceeded to tell me about his turmoil with his wife

and that his only joy was his daughter. But he also wanted to know whether it was OK to be cremated—as a Christian. He explained that he had already made peace with God and was ready to die.

Clinical chaplaincy has taught me about the dangers of *pairing* and *countertransference*. Pairing takes place when we have something in common with a patient (as I did with him), so we minister from that so-called common place of things. Transference takes place when the patient redirects feel-

more than a casual conversation. It involves a deeper awareness of the patient and what is being said, understood, and finally evaluated. Hilsman states, "It may take significant practice to develop this skill, replacing diagnostic listening with personal listening which seeks to access the soul."⁴

3. *Seek to discover the healing place.* I have learned in clinical chaplaincy work that what people seem to desire most is healing. That does not necessarily mean that their problem will be

I finally realized that it is the crisis of leaving this life wondering whether family members, or even they themselves, are truly saved, that causes such deep inner turmoil.

ings meant for others onto the therapist or chaplain, but countertransference occurs when the counselor or chaplain unconsciously projects his or her feelings onto the client. The results of pairing and countertransference can produce an emotional entanglement with a client in which the chaplain can begin to function as one who has been there and done that—"so let me now show you how life is in that context." It can lead to a judgmental type of conversation that is usually nonproductive because it becomes more about the chaplain than the patient.

Being in spiritual crisis, what the man needed was the ability to realize where he was and what true meaning looked like at this juncture of his life. Here is where the ability not only to see oneself but to explore and grapple with someone else's perspective becomes

miraculously transformed—but that they are healed in their spirit, meaning to be at peace with whatever they are facing. The healing place, then, lies not outside of us but deep within us and becomes a reality when one can say, "Despite what life throws at me, 'It is well with my soul.'"

For us to be able to access the soul—or, should I say, the deeper parts of a person's experience—we must be able to connect with them. But that requires the personal investment of time; showing genuine care; and offering, if nothing else, a comforting heart. When people sense that we care, it is amazing how much they are willing to share.

Clearly, my role as a clinical chaplain is not one of being judgmental or spouting rehearsed sermonic lines or pastoral remedies but to be present and

allow those to whom I am ministering that opportunity to share their story. As I listen, I am offered the unique opportunity to be invited into someone else's world, an act of unbridled trust somehow involving the perception that the chaplain is connected to something spiritual.

In turn, this affords the opportunity—sometimes in a very small window—for God to use me in aiding that individual to find meaning and purpose *from their perspective*. And somehow, through our

permission or regard for the patient's belief. Rather, he is to listen, comfort, and ask searching questions that may unlock the quest for purpose and meaning in the midst of grief, loss, perplexity, and distress. Nigel David the chaplain will also share the power of prayer and God's Word—but only if invited. On one occasion I received such an invitation.

I had a patient who was a 20-year-old African-American gunshot victim. Although he was in the intensive care unit, I thankfully learned that he would

asked who I was and what I did. After I explained, lo and behold, about five minutes later, he asked whether I knew anything about gang life. That was an invitation. I shared my story. When I finished, everyone in that room was in tears. The young man declared, "If God can do that for you, then I know there is hope for me."

The joy of this work is knowing that the chaplain sows seeds from which the patient may experience fruition in this life—or even in the life to come. This



interaction, to discover that which may be missing or needed in their present situation.

Knowing when to be

So, how does Nigel David the chaplain differ from Nigel David the pastor? Nigel David the pastor sees his primary role as empowering members to be the best they can be, in light of their spiritual gifts, for the edification of the body of Christ. He also has a platform from which to minister as the shepherd of the flock through preaching, teaching, and offering pastoral care and counseling.

On the other hand, Nigel David the chaplain does not enter a patient's domain with pastoral authority to share the good news of the gospel without

make a full recovery. Before I went in to see him, I researched his case and realized that he had some type of gang affiliation. It immediately reminded me of my own past as a former gang member and the close encounters with death I had experienced. At the same time, I also remembered how, back then, I thought I knew it all, believing that someone outside of gang life had no idea what it was like—and how I would not want to speak to such a person. With this in mind, I decided not to enter the situation with all the answers but to be willing to listen and to learn about his story and what it meant to him.

I went in and saw the young man. His mother was present and greeted me warmly. The patient smiled and

joy becomes, for patient and chaplain, a mutual healing place. ☺

- 1 Anton T. Boisen, *The Exploration of the Inner World: A Study of Mental Disorder and Religious Experience* (Chicago, IL: Willett, Clark & Co., 1937), 185.
- 2 David A. Lichter, "Studies Show Spiritual Care Linked to Better Health Outcomes," *Health Progress* 94, no. 2 (Mar–Apr 2013): 64.
- 3 Robert Charles Powell, "Religion in Crisis and Custom: Formation and Transformation—Discovery and Recovery—of Spirit and Soul" (Address, 8th Asia Pacific Congress on Pastoral Care and Counseling, People's Republic of China, Tsuen Wan, The New Territories, the Hong Kong Special Administrative Region, August 2005), 2, metro.inter.edu/facultad/esthumanisticos/coleccion_anton_boisen/case_study/Religion%20in%20Crisis%20and%20Custom.pdf.
- 4 Gordon J. Hillsman, *Spiritual Care in Common Terms: How Chaplains Can Effectively Describe the Spiritual Needs of Patients in Medical Records* (London, UK: Jessica Kingsley, 2017), 253.

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Sharpening saws and saving lives

Mary lay motionless. The nurse said that she was comatose. Panic swept over me. Could Mary hear me? What could I say? After a short prayer I headed for the door. What did the nurses think? Would I have the courage to return to the intensive care unit? I truly did not know what else to do.

Nothing in my pastoral training prepared me for this, my first day of ministry.

Later that same week, I was asked to conduct a funeral. I must have done all the wrong things because the funeral director quietly told me after the graveside service: "If you need advice on conducting funerals, you are welcome to come by my office any time."

Church administrators had asked me to be the pastor of two churches. Even though I had just graduated from five years of ministerial training, the first few months felt like being in water over my head. Too proud to admit my situation to my employers, I would have to seek help in other places.

Help came without my asking. A widow three times my age served the church as a Bible worker. She studied the Bible with people interested in joining the church. More than that, she sensed my need of mentoring. Every Monday morning, she served as my counselor and encourager. We discussed church problems freely—but in strict confidence. She helped me set my priorities.

My point here? There is a clear need for continuing education. Yes, we as pastors were required to attend the monthly workers' meetings, but those dealt primarily with church growth and church policy. The finer skills of pastoral ministry were not addressed.

Regardless of all my ministerial training, I needed more education and mentoring. That is when it dawned on me: continuing education was not just my requisite; it was my responsibility.

A conviction to know

I attended the first H. M. S. Richards Lectureship on Preaching. His lectures became a book that I have treasured for decades.¹ His last lecture went from seven to midnight. No notes. He

My personal continuing education plan was rounded out by reading. I would like to share a few of the books, all of which are still in my library. Fortunately, older books can still be purchased with the help of online services. Every pastor needs to develop his or her own library. Thanks to online purchasing, developing a library is less costly than when I began my library.

Ernest E. Bruder, *Ministering to Deeply Troubled People* (Philadelphia, PA: Fortress Press, 1964).

James J. Lynch, *A Cry Unheard* (Baltimore, MD: Bancroft Press, 2000).

Robert Shank, *Life in the Son* (St. Louis, MO: von Hoffman Press, 1964).

Ruth Davis Konigsberg, *The Truth About Grief* (New York: Simon & Schuster, 2011).

Geoff Walters, *Why Do Christians Find It Hard to Grieve?* (Carlisle: Paternoster Press, 1997).

Judith S. Wallerstein, *The Unexpected Legacy of Divorce* (New York: Hyperion, 2000).

Henri J. M. Nouwen, *The Wounded Healer* (New York: Doubleday & Company, 1972).

Eugene H. Peterson, *As Kingfishers Catch Fire* (New York: WaterBrook, 2017).

Twelve years into retirement, I continue to read good books. Continuing education does not have a cutting-off date. Whether it is an enlightening seminar or a thought-provoking book, we all should be eager to learn.

appealed to us to develop our pastoral skills. He emphasized that pastors are not working for the conference—but for God.

My personal visitation with H. M. S. Richards gave me the determination to learn how to reach people where they hurt. That determination took me to seminars on ministry and compassion, whether nearby or afar.

the enlightenment was abundant. What I learned was helpful when I later taught pastoral counseling at the seminary at Andrews University.

Sometimes my continuing education disappointed me. I had hoped to learn how to care for terminally ill people by enrolling for two quarters of Clinical Pastoral Education. When I asked the supervisor for help, he

“Pastor, your member, Ned Jones, is a patient in our cardiac unit. We have done everything medically, but he is not responding. Our staff is wondering if spiritual care might turn things around, but spiritual care is not our bag. Could you help us?”

I could explain the 2,300-year prophecy from the book of Daniel and give 10 proof texts for 25 Bible doctrines,



That is when it dawned on me: continuing education was not just my requisite; it was my responsibility.

The first American hospice in Branford, Connecticut, offered a seminar on caring for the terminally ill and their families. I flew hundreds of miles to attend.

Shortly thereafter I attended the first national hospice convention in Washington, DC. I visited with Dr. Cicely Saunders from St. Christopher Hospice in London. I asked her what a pastor can do for dying people. She smiled and said: “There is always something you can do, if only rubbing a tired bottom.”


A major ten-week class on pastoral ministry was held at a Lutheran hospital. The tuition was minimal, but

gave this reply: “Look. I’m not into this death and dying stuff. Why don’t you spend class time on the cancer wards?” As it turned out, the patients became my best teachers.

A commitment to grow

Ministers must grow in an age when more and more parishioners are better educated. If that is what it takes, church administrators should require a significant time of continuing education per year. And even if they don’t—you must. You see, I remember when the cardiologist called me.

but how could I give hope to a man who had given up? I have no exact memory of what I told Ned, but perhaps all my extra training had kicked in because six months later he introduced me to his wife as “the man who saved my life.”

Continuing education keeps you fresh, relevant, and on the cutting edge. Stephen Covey calls it sharpening your saw.¹ I call it fulfilling your call. It may preserve your ministry—and it may save someone’s life. 

1 H. M. S. Richards, *Feed My Sheep* (Washington, DC: Review and Herald Pub. Assn., 1958).

2 www.franklincovey.com/the-7-habits/habit-7.html.

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Jesus and Eli:

Antithetical portraits of spiritual care models

Spiritual care is a vulnerable calling. It is ministry to the wounded by the wounded. The deep-seated wounds of a minister can indeed be a wellspring of strength for those to whom he or she ministers. There is a Talmudic legend of the Messiah among the poor, which appropriately illustrates this notion. In the narrative, while others unbind all their wounds at the same time and then bind them up again, the Messiah unbinds one wound at a time and binds it up again, saying, “‘Perhaps I shall be needed; if so I must always be ready so as not to delay for a moment.’”¹ In the call to care for others, while self-care must be a prerequisite, it cannot be a preoccupation. Being a wounded caregiver calls for a carefully considered spiritual care plan.

LOVE spiritual care model

Jesus’ LOVE spiritual care model, illustrated in the healing of the demon-possessed young man (Mark 9:18–26), has “linking up” (connecting), observation, verifying, and empowerment as its key elements. Jesus began by connecting with His care-seekers before He could provide total healing. He not only connected with His patients

but took time to observe and verify before empowering them.

Connecting with care-seekers. In providing pastoral care, the primary step is to connect with the care-seekers. In the account of the boy with an evil spirit, Jesus connected well with the parent by paying attention to the narrative. Being powerful, Jesus could have simply exorcised the demon without additional time taken. However, noticing that the father could, in clinical terms, be the identified patient, He took time to connect with the father.

In talking about connecting, Ellen G. White, a nineteenth century prolific writer, explains that “there is need of coming close to the people by personal effort.” While preaching is good, she proposes that if less time were given to it, “and more time were spent in personal ministry, greater results would be seen.”² Samuel Park, a practical theologian, suggests that when caregivers are connecting with their clients, “they are also interested in finding the care-seekers’ connection to and relationship with God.”³

Failure to acknowledge one’s wounds may inhibit the connecting process. Henri J. M. Nouwen explains that one leadership deception “is to think that man can be led out of the

desert by someone who has never been there.”⁴ Consequently, some pastors who are going through pain may fear admitting it, since they presume that doing so may expose their vulnerability.

There are important questions to consider in the connecting stage. How is the care-seeker connecting with the caregiver? How is the caregiver connecting with the members of the care-seeker’s family? How is the care seeker connecting with members of his or her family? How is the care-seeker connecting with the divine?

Observation. Jesus observed by enquiring: “‘How long has this been happening to him?’” (v. 21, NASB). He employed a systematic approach to meeting His care seeker’s need. While Craig A. Evans, a New Testament scholar, observes that “the question about how long the boy had suffered from his condition underscores the seriousness of it,”⁵ R. T. France, another scholar, suggests that “the enquiry may also be part of Jesus’ ‘diagnosis’ of the problem to be confronted.”⁶ In this question, the trajectory of the illness was not only traced but also how it had impacted the faith of the parent. In response to this enquiry, the father of the boy said, “‘From childhood. It has often thrown him both into the fire

and into the water' ” (vv. 21, 22, NASB). Jesus did not interject but continued to listen as the father narrated until he revealed the primary concern. “ ‘But if You can do anything,’ ” he pleaded, “ ‘take pity on us and help us!’ ” (v. 22, NASB).

In a medical setting, the caregiver needs to monitor the level of grief by enquiring: What does the care seeker understand about the medical facts given to him or her? How does the patient interpret the diagnosis? The principle is the same in any setting. One needs to observe by finding out whether the care seeker understands the implications of the presenting situation. This will be showing sympathy, as Christ did.

Verifying. The caregiver needs to verify the feelings that the care seeker

repeating the phrase “if you can,” Jesus was motivating the father to reveal more about his faith and feelings.

Throughout His healing ministry, Jesus verified the faith of His care seekers (Matt. 9:2, 22, 29; 15:28; Mark 2:5; 5:34; 10:52; Luke 7:9, 50; 8:48). White explains that there was “no lack of power on the part of Christ; the healing of the son depend[ed] upon the father’s faith.”⁸ Jesus could have healed the boy without verifying the faith of the father. However, the consent of the father was necessary for him to receive relevant spiritual care.

Even though Jesus knew what His care seekers needed, His well-thought-out spiritual care plan helped them to willingly point out their primary concern. The phrase “What do you want Me to do for you?” (Matt. 20:32,

In this stage important questions to consider would be, What support system does the care seeker have in his or her community? What spiritual ritual empowers the care seeker in the present challenge? What empowerment does the family provide the care seeker? What is the appropriate empowerment resource for the care seeker?

FEAR spiritual care model

Eli’s FEAR spiritual care model (1 Sam. 1:9–18) encompasses four elements, namely fear, echoing, acknowledging, and regret. It is seen in Hannah’s narrative.

Fear. The ministry of Eli was punctuated with fear. The record is that he “shrank from this duty [of restraining and governing his children], because it

The deep-seated wounds of a minister can indeed be a wellspring of strength for those to whom he or she ministers.

has toward his or her condition. He needs to find out what the care seekers’ nonverbal cues are communicating. What elements in the present situation connect with past grief? Does the care seeker’s faith enable him or her to face the presenting situation?

Jesus verified the belief and feelings of the boy’s father by saying, “ ‘If You can?’ ” All things are possible to him who believes’ ” (v. 23, NASB). As an adept spiritual caregiver with empathetic listening, Christ was careful to use literal repetition and rephrasing. Robert A. Kidd, a board-certified chaplain and spiritual care and values integration director, says that literal repetition shows that the caregiver “honors the speaker’s choice of words and offers them back as a way of smoothing the way for continued dialogue.”⁷ By

Mark 10:51, Luke 18:41, NASB), in the healing of the blind for instance, shows that Jesus did not want to assume what need is meant to be met.

Empowerment. Caregiving as a systemic approach will empower not only the care seeker but others directly or indirectly linked to the sufferer. Jesus not only empowered the son by casting away the evil spirit but also strengthened the faith of the boy’s father. Evans observes that Jesus provided “enablement for both the father and his son: for the father, *the needed faith*, for the son, *the needed deliverance* from an evil spirit.”⁹ In the narrative, He empowered the faith of the nine disciples that had failed to cast out the evil spirit, the father of the boy, and the onlooking multitude who beheld the manifestation of divine power.

involved crossing the will of his sons.”¹⁰ On account of his unresolved issues and fear, Eli was quick “to administer [what he thought was] a deserved rebuke”¹¹ and “blindly, did not recognize piety, and his accusation was false.”¹²

Echoing. Eli “thought [that Hannah] was drunk” (v. 13, NASB) and sternly rebuked her. He was simply echoing what his sons were doing. The reproach was probably reminiscent of their actions. Had he carefully observed, he would have realized that his care seeker was speaking out of her “ ‘great concern and provocation’ ” (v. 16, NASB). Sometimes clergymen’s roughness is generally a façade motivated by the fear of acknowledging their wounds.

Acknowledging. By labeling Hannah as a drunkard, the caregiver implied that she was wicked and worthless.

This prompted Hannah to say, “‘Do not consider your maidservant as a worthless woman’ ” (v. 16). The word here translated as “worthless” is *bēlîya’al*, the same word used to describe the sons of Eli in 1 Samuel 2:12. Eli did not try to verify the nonverbal cues that were indicating the heaviness of heart. In this instance Eli acknowledged that he made a wrong assumption.

Regret. While Eli’s promise of having a child came as a relief, Eli must have regretted when he noticed that he had accused Hannah wrongly. Unpremeditated spiritual care leads to regret.

Empowered for our salvation

The ministry of Jesus on the walk to Emmaus (Luke 24:13–31) also illustrates the LOVE care model. Jesus *connected* by joining the stressed disciples on their way to Emmaus. He made His *observation* by asking what issues they were discussing. He *verified* the intensity of pain they had by further asking what events were

disturbing them. After listening to their narrative, He then *empowered* them by expounding from “Moses and all the prophets, He explained to them the things concerning Himself in all the Scriptures” (v. 27, NASB). His positive counseling approach empowered them to share the good news of His resurrection.

From Eli’s ministry, we can see pitfalls that need to be avoided. First, his failure to be observant made him fail to notice the grief that motivated the care seeker’s actions. Pastoral caregivers need to be observant and to avoid being judgmental. This will make their parishes havens for burdened care seekers.

The second issue is to avoid projection. This defense mechanism is replicated by chaplains or pastors who fear to face their untoward situations squarely. Spiritual caregivers should observe that any “neurotic ‘baggage’ that might hinder the work of therapy or care”¹³ eventually leads to projection. Larry VandeCreek, a pastoral care specialist, suggests that research in this area will help “to determine whether

some of our efforts are more helpful than others, whether religious interventions of one style or another are helpful or hurtful. The truth is that we do not know whether we heal or hurt.”¹⁴

Third, perfectionism must be shunned because it interferes with caregiving. Eli’s perfectionistic thinking led him to force holiness on his care seeker. The result is always a lack of empathy.

Wounded for our transgressions

The ministries of Jesus and Eli present two portraits of spiritual care that are diverse in their approach. They present both the beauty and the drawback of one’s viewpoint toward personal wounds. They also present the need for taking time for self-care and acknowledging our pain. Lastly, while the ministry of Jesus serves as a perfect model for spiritual care, it is important to note that it was not a matter of accident, but it was a conscientious, methodical, and sensitive initiative.

Both Jesus and Eli were wounded by their immediate environments. However, their attitude toward their “woundedness” impacted their spiritual care plans differently. Jesus was “wounded for our transgressions” (Isa. 53:5) while Eli was wounded by the wrongdoing of his wayward sons. In following the model of Jesus, the spiritual caregiver will learn to “look after his own wounds but at the same time be prepared to heal the wounds of others.”¹⁵ Edward P. Wimberly, a professor of pastoral care, maintains that when ministers have their “wounds transformed from sources of personal weakness to reservoirs of strength for those in need,”¹⁶ they will acknowledge their vulnerability and take time for self-care.


While Jesus’ spiritual care plan was motivated by love for errant mankind, Eli’s care plan was impaired by the fear of his wayward sons and his own lack of action. While the ministry of Jesus utilized a proactive approach, Eli employed a reactive methodology of pastoral care. Evidently, Jesus’ method is the best spiritual care model:

7 questions for chaplains and pastoral caregivers

1. What are your “wounds”? How might you engage the wounds of those to whom you minister? How can you provide a safe environment in which to grow?
2. How can a minister maintain healthy boundaries when sharing his or her own wounds while healing and being vulnerable to the believer or patient in hospital?
3. What does being vulnerable with your spiritual care look like for you in a postmodern, twenty-first-century world?
4. What roles do reflective listening and the ministry of presence alone play in providing spiritual care and nurture to a soul?
5. How can our churches become a practical, safe space for wounded healers to share their story without making anyone feel a sense of fear or a lack of empathy from others?
6. How does the breakdown of the family affect the spiritual care the minister can provide?
7. What self-care practices can you, as a spiritual caregiver, engage in to prevent burnout or being overly stressed?

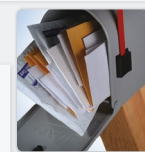
—By Chaplain Anthony Chandler, resident chaplain, Department of Veterans Affairs, Columbia, Maryland, United States.

1. He *connected* with His care seekers.
2. He *observed* their situation.
3. He *verified* their needs, faith, and feelings toward the presenting situation.
4. He *empowered* them in the areas where there was a need.

Scripture informs us that while Eli hurt, Jesus healed. The restoration of humankind's wholeness is needed. Providing the appropriate spiritual care is an essential element that completes the well-being puzzle. Indeed, in following the model of Jesus, spiritual caregivers will learn to transform their "woundedness into a resource to be used in caring."¹⁷ 

- 1 www.centerforwomensministries.org/the-wounded-healer-part-1/.
- 2 Ellen G. White, *The Ministry of Healing* (Mountain View, CA: Pacific Press Pub. Assn., 1905), 143.
- 3 Samuel Park, "Pastoral Identity as Social Construction: An Exploration of Pastoral Identity in Postmodern, Intercultural, and Multifaith Contexts" (PhD dissertation, Texas Christian University, 2010).
- 4 Henri J. M. Nouwen, *The Wounded Healer: Ministry in Contemporary Society* (New York: Doubleday, 1972), 72.
- 5 Craig A. Evans, *Mark 8:27–16:20*, Word Biblical Commentary 34B (Dallas: TX: Word, 2002), 52.
- 6 R. T. France, *The Gospel of Mark*, The New International Greek Testament Commentary (Grand Rapids, MI: Paternoster Press, 2002), 366.
- 7 Robert A. Kidd, "Foundational Listening Skills," in *Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook* (Woodstock, VT: Skylight Paths, 2014), 94.
- 8 Ellen G. White, *The Desire of Ages* (Oakland, CA: Pacific Press Pub. Assn., 1898), 428.
- 9 Evans, *Mark 8:27–16:20*, 52, emphasis added.
- 10 Ellen G. White, *Conflict and Courage* (Washington, DC: Review and Herald Pub. Assn, 1970), 140.
- 11 Ellen G. White, *Patriarchs and Prophets* (Battle Creek, MI: Review and Herald Pub. Assn., 1890), 570.
- 12 Ralph W. Klein, *1 Samuel*, Word Biblical Commentary 10 (Dallas, TX: Word, 2002), 8.
- 13 Pamela Cooper-White, *Shared Wisdom: Use of the Self in Pastoral Care and Counseling* (Minneapolis, MN: Fortress Press, 2004), 5.
- 14 Larry Vandecreek, A Research Primer for Pastoral Care and Counseling (Decatur, GA: Journal of Pastoral Care Publications, 1988), 2, quoted in Amy Elise Green, "Critical Components in the Formation of Clinical Pastoral Education Supervisors" (DMin dissertation, Ecumenical Theological Seminary, 2011).
- 15 Henri J. M. Nouwen, "The Wounded Healer," in *Images of Pastoral Care: Classic Readings*, ed. Robert C. Dykstra (St. Louis, MO: Chalice Press, 2005), 77.
- 16 Edward P. Wimberly, *Recalling Our Own Stories: Spiritual Renewal for Religious Caregivers* (San Francisco, CA: Jossey-Bass, 1997), 8.
- 17 Wimberly, *Recalling Our Own Stories*, 11.

LETTERS *continued from page 4*



of God or of a God. Concerning the Big Bang Theory, where did all those gases that exploded come from? We know they couldn't exist without a God to create them.

There are many ideas of how we became human. One, of course, is that we were all fish who came up upon the earth, started to breathe air, and then eat grass. Some of us became elephants—or horses—or cats. Some grew wings, others crawled on the ground. We even grew fur and tails—but no mention of the Divine Creator!

The Bible tells us that God created man and woman as humans, not as something else. Unfortunately, we are taught that the Darwin theory is the truth; not that it is just a theory—but the truth. The Bible may not tell us everything, but it tells us what God wants us to know.

—The Rev. Hugh Wilkes, Episcopal church, Zephyrhills, Florida, United States

I am a Methodist pastor, retired these twenty years and now given to writing Christian poetry. The January 2018 *Ministry* came in today's mail just as I put the finishing touches on a Creation poem, and I trust this may serve as my reply.

I was a candidate for a PhD in 1953 at Columbia with Theodosius Dobzhansky, a prime mover in the Neo-Darwinian Synthesis. I withdrew from the study of human evolution to enter the ministry.

I served as a pastor for 43 years in California. It may be of some interest to note that my father considered himself to be a Seventh-day Adventist, though I was raised without church participation of any kind and had to be converted from atheism in 1951.

Here is a poem to fill out my response to Clifford Goldstein's article ("Baptizing the Devil: Evolution and Seduction of Christianity")

The Wizard of Awe

I cannot imagine a hand that could fashion
A galaxy swirling in space,
With spiral arms crowded, and stars
and gas clouded,
With vast astronomical grace.

I can't comprehend and I cannot pretend
To number the galaxies there.
To think they may be like the sands of
the sea
Is a number my mind cannot bear!

No hand wrought this wonder, I'm told
as I ponder,
So I wait for the tale to unfold.
I know all this occurred by the power
of His word;
With awe I such glories behold!

—Earl L. Langguth, retired Methodist pastor, Penn Valley, California, United States

► First Chaplaincy Ministries director Charles D. Martin passes at 94

California, United States—Charles D. Martin, a Seventh-day Adventist pastor who was instrumental in starting Adventist Chaplaincy Ministries (ACM) at the General Conference of Seventh-day Adventist headquarters in 1985, passed away January 7, 2018. He was 94 years old. Martin served in the Youth department of the General Conference and was the director of the National Service Organization from 1980–1986.

Martin pastored in the Southeastern California Conference until 1950, when he became conference youth director.

“It was a time when conference youth directors were also assigned to work with the church’s National Service Organization (NSO),” said Martin in an interview in 2010. “NSO activities focused on counseling young Adventists who faced the possibility of being drafted.”

In 1957 he, his wife, Pearl, and family went to Singapore, where he

served as youth director of what was then the Far Eastern Division. In 1966 he became an associate youth director of the General Conference. “My previous work with the NSO at the conference level built the experience that I would need in my new position as a General Conference associate youth director,” he said.

In 1985, Martin was appointed the first director of the General Conference Service—a department after 1995—of Adventist Chaplaincy Ministries.

Under Martin’s leadership, annual professional growth conferences were established, specifically designed to meet the needs of Adventist chaplains. “The annual conferences were a special time to renew our friendships and commitment to our ministry,” Martin stated.

Martin retired in 1987. Three years later he and his wife went to Korea to



Photo: Adventist Chaplaincy Ministries

operate the Adventist Servicemen’s Center in Seoul, returning to the United States in 1991. [Adventist Review / Deena Bartel-Wagner, ACM]

► Inter-American Adventists move to revitalize the Medical Cadet Corps

Levittown, Puerto Rico—A historic meeting for the revitalization of the Medical Cadet Corps (MCC) program took place during a special training session April 30 to May 3, 2018. The meeting provided special training for MCC officers who are currently involved in the program across the North American and Inter-American divisions, as well as initiating other leaders who are interested in reviving the MCC in their regions.

“The MCC program originally helped Adventist servicemen serve according to their conscience,” said **Mario Ceballos**, World Service Organization–General Conference (WSO-GC) and Chaplaincy director. MCC cadets are trained and

equipped to provide spiritual comfort and other services such as first aid during emergency situations, Ceballos explained.

“In today’s world, many countries no longer have a draft, and although we never know when world events could lead to a reinstatement of conscription, it is best to prepare our young adults,” Ceballos said. MCC training also equips cadets, ages 17 and older, to serve in their local communities in times of disaster.

The MCC was originally launched on January 8, 1934, at Union College. Training imitated the approach used for training medics in the United States Army and included close-order drill,



Photo: World Service Organization

army organizational structure, physical training, military courtesy, camp hygiene, litter drill, and first aid.

The US Army soon recognized the value of soldiers who had received this type of training and often placed them in positions of leadership and authority within their unit.

The vision of training young men for noncombatant service caught on, and



other Adventist colleges adopted the program. In 1939 the General Conference voted to adopt the plan of military medical training. It was named the Seventh-day Adventist Medical Cadet Corps (SDAMCC).

During the recent training week, MCC officers attended the presentations MCC Operations and Organization, Senior Military Leadership Protocol, and Ethics.

“This is all about retaking the ministry that will allow many countries to show the face of the church full of compassion in service while it prepares young people to serve in natural disasters, in civic events, all [while] opening the door for others to learn about the Seventh-day Adventist Church,” explained **Hiram Ruiz**, Chaplaincy and WSO director for the Inter-American Division (IAD).

Ruiz said that Montemorelos University had been running the MCC training since the 1950s up to 2013 (The

MCC was deactivated in North America in 1972). Groups in Colombia, Venezuela, and other countries in the Inter-America



MCC leaders in East Puerto Rico train young people on a Sunday at the Adventist school in San Juan, Puerto Rico. [Photo: Libna Stevens, Inter-American Division News]

Division continued running on their own to assist their communities. In Puerto Rico, the church has been successfully running the MCC program since 1951.

David Sebastian, WSO in the Puerto Rican Union Conference, said that the

MCC is widely recognized across the island nation.

“Even though young cadets are not called to serve in the military, the effort of this organization moves with more emphasis in the spiritual life, civic life, community service to assist in the well-being of communities after natural disasters and other situations, serving selflessly,” said Sebastian.

Reviving the MCC will offer more opportunities for the young people in churches throughout the region comprising the Inter-American Division. A dozen leaders traveled from countries in the IAD for the special MCC training, and implementation will follow during the next six months

in Costa Rica, Honduras, Colombia, the Dominican Republic, Jamaica, Mexico, and other islands across the Caribbean, Ruiz said.

[Deena Bartel-Wagner, ACM / Inter-American Division News]

► Ministry of Military Chaplains honored at memorial dedication ceremony

Honolulu, Hawaii, United States— The first time Chaplain (Colonel) **Richard “Dick” Stenbakken**, United States Army, retired, visited the National Memorial Cemetery in Honolulu, Hawaii, was while stationed in Vietnam in November 1970.

Now, after a 47-year wait, Stenbakken’s dream of placing a memorial at the National Memorial Cemetery of the Pacific to honor past and present US Army, Air Force, Navy, and Marine chaplains became a reality in a special dedication ceremony on December 13, 2017.



Participants from various faiths place sand from Iwo Jima on and around the memorial marker. [Photo: Honolulu Creative Media]

Photo: Honolulu Creative Media



What began as a dream became a journey full of miracles.

Speaking at the dedication service, Stenbakken said that the placement of this memorial “honors every chaplain across the Pacific from all branches of the military and multiple faiths.” The ceremony was attended by a roster of chaplains from various faiths, including a Roman Catholic, a

PRACTICAL POINTERS > PAUL ANDERSON

Paul Anderson, DMin, a retired United States Navy chaplain, serves as director of Adventist Chaplaincy Ministries for the North American Division, Columbia, Maryland, United States.



Chaplains—so who are we?

Chaplains are duly trained, credentialed, and often board-certified ministers of the gospel who work in specialized ministry settings beyond congregational confines. Chaplaincy is a post-pastoral specialty of the called that requires pastoral identity, competence, experience, curiosity, and compassion. A mantra for the profession is, “All chaplains are pastors, but not all pastors are chaplains.”

Chaplains are men and women who possess that special blend of passion, compassion, and knowledge, compounded by a willingness to contact, connect, and journey with people and families who are experiencing existential transitions, trauma, grief, or a myriad of personal experiences.

Personal conviction

Chaplaincy in the United States was institutionalized during the Revolutionary War. President George Washington was convicted

that chaplaincy be a priority for the regiments that he commanded. He wrote to the United States (US) Congress expressing his ardent demand that chaplains be made available to his troops. His opinion was that the presence of chaplains regulated the morality and enhanced the morale of his soldiers.

Congress not only supplied and funded the establishment of the role of military chaplains, they established and have perpetuated the office of chaplain for the US House of Representatives and the US Senate.

Originally, chaplains were pastors with notoriety who were appointed to their role by potentates within their sphere of influence. An effective preacher or leader would be selected and empowered to function in a specific role within a context beyond the walls of his or her church. More than a personal conviction, contemporary norms require a professional preparation before assuming the title of chaplain.

Pastoral competence

The gold standard for the profession of chaplaincy requires that an aspirant earn five levels of professional competence. The first is the academic acquisition of a master of divinity degree, or equivalent, from an accredited seminary. The second is the development and honing of a denominationally specific pastoral identity. This is achieved by gaining at least two years of post-seminary pastoral experience. The third is denominational credentialing and/or ordination. A chaplain must be a credentialed, professional clergy person. The fourth step in becoming a chaplain is denominational endorsement for the specialized ministry of choice. The fifth step requires board certification within the chosen specialty.

Professional certification

For health-care chaplains, there are 14 board certifying agencies in the US. The two primary agencies are the




Methodist, an Anglican, a Unitarian, a Jewish rabbi, and Stenbakken, a Seventh-day Adventist.

“You would be hard pressed to have a more diversified group involved in the process,” said Stenbakken, who served 23 years on active duty as an army chaplain before becoming director of Chaplaincy Ministries for the Seventh-day Adventist Church.

The Punchbowl stone marker itself came to California by cargo ship from India. It was a special jet-black, sloped-surface stone weighing 1,600 pounds (725 kilograms) on which three bronze 3-D plaques representing the US Navy, Army, and Air Force chaplaincy offices were placed.

Stenbakken described how “seeing those very fresh graves caused me

to ponder how many of ‘my troops’ were here, or might yet be here. Not as visitors, like myself, but as names etched in snow-white marble, watered by the tears of family and friends. Those thoughts uniquely encouraged and deepened my commitment to minister as an army chaplain.” [Rajmund Dabrowski, Rocky Mountain Conference / *Adventist Review*] 

Association of Professional Chaplains (APC) and the College of Pastoral Supervision and Psychotherapy (CPSP). Some large and peculiar faith systems, in order to meet the high standard of professionalism without compromising distinctive elements of faith, have established parallel and equal accrediting organizations. The Roman Catholic Church has established the National Association of Catholic Chaplains (NACC). Neshama is the Association of Jewish Chaplains. Recently, the Seventh-day Adventist Church launched the Adventist Chaplaincy Institute (ACI) as a cognate agency to APC and CPSP.

The International Conference of Police Chaplains (ICPC) is the certifying agency for law enforcement chaplains. Their requirements for board certification include five years of pastoral experience, denominational and agency endorsement, specialty training, and community review and approval.


Community chaplains who respond to crisis situations are required to have specialized training and certification through the Federal

Emergency Management Agency (FEMA) and the National Voluntary Organizations Active in Disaster (VOAD). The Seventh-day Adventist Church has an internationally recognized agency that trains, certifies, and deploys volunteers to assist in times of national or community crisis. The Adventist Community Services (ACS) department is the certifying body for pastors preparing for endorsement as community chaplains.

The National Association of College and University Chaplains (NACUC) was established at Yale University in 1948. It was to be, and became, a collegial forum for spiritual leaders with a bent for specialized ministry to young adults on academic campuses in North America. It purported the advocacy of religion and spirituality on the campuses and dialogues of academia. Cognate organizations have flourished since then. The North American Division Campus Chaplains Advisory (NADCCA) and Public Campus Ministries departments are the advocacy arms of the Seventh-day Adventist Church for college and university chaplains.

So who are we?

Chaplains can be found working on the campuses of colleges and universities, in prisons, and in health-care facilities. Law enforcement and fire and emergency management/response departments often employ or call upon chaplains during crisis situations. Sports teams are regularly contracting team chaplains. Coaches have discovered that having a spiritual mentor available for their athletes provides another dimension of personal development and character stability. Corporations began hiring chaplains after World War II. In the current milieu of diversity awareness and appreciation, chaplaincy has morphed into titles such as life coach and personnel development specialist.

Wherever they serve, chaplains are pastors with specialized, mission-focused ministries. They bring hope, healing, and compassion to people who find themselves in hard times or dark places in their lives. Chaplains are the hands, feet, and heart of God reaching people in places where churches might have neither relevance nor opportunity. Thank God for chaplains. 



Nothing to Fear: Principles and Prayers to Help You Thrive in a Threatening World

by Barry C. Black, Carol Stream, IL: Tyndale Momentum, 2017.

In a world where the daily diet of news feeds consists of school violence, domestic terrorism, police brutality, fake news, and oppressed and depressed people without hope, Chaplain Barry Black boldly guides, directs, and helps us overcome our fears. The three transitions of this book are first knowing whose we are, then knowing who we are, and finally, knowing the dangers and pitfalls that could potentially paralyze us from confidently living out our life's mission. The author addresses seven biblical principles that move us from the dark halls of fear, stress, and worry to the bright plains of unleashing your God-given confidence to live your best life:

1. *Prepare to be sent.* Expect to deal with life's curveballs by relying on and obeying the voice of the Lord. Prepare your heart and mind with diligent prayer and study.
2. *Do a reality check.* Build up your spiritual endurance for the tests that will come, but do not neglect your family life or prayer time.
3. *Thrive in a predatory world.* Pray without ceasing, understand your enemy and his tactics, and trust God.
4. *Be as wise as a serpent.* Cultivate reverence and integrity and speak boldly to your enemies.
5. *Be as innocent as a dove.* Avoid the pitfalls of pride, anger, lust, gluttony, envy, and slovenliness.
6. *Concentrate on the task.* Learn to prioritize your life, keep your eyes on the prize, and maximize the time you have left on this earth.
7. *Persevere through rejection.* Trust God's confidence in you and learn to embrace opposition in your life.

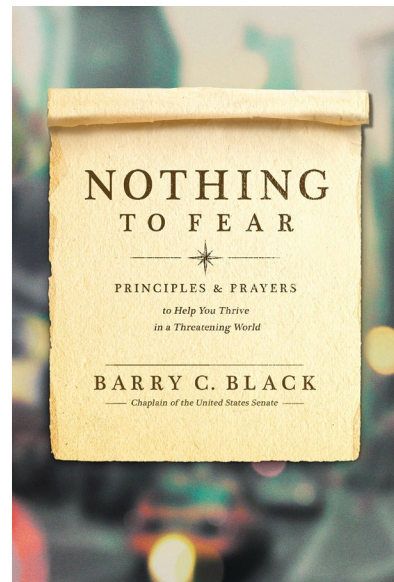
Chaplain Black skillfully and purposefully takes us on a journey of becoming fearless disciples for Jesus

Christ in any environment by intentionally prompting us to prepare and develop our hearts and minds for God's work. "If God were seeking a person for a special assignment, how would you measure up? . . . Few things help us stay fearless in a threatening world more than knowing that God desires to use us for his glory" (37). We are encouraged to develop our God-given talents and strengthen our prayer life. We cannot wait for the crisis moment or the moment of opportunity to get ready; we need to be ready beforehand and stay ready.

What makes one fearless is not one's trust in his or her own abilities and skills but, rather, a quiet confidence in the One who knows and sees all to help us overcome. "The purpose of prayer is not to persuade a reluctant deity, but to give God permission to give us His best for our lives" (59). This emphasis by the author on intentional and purposeful prayer helps water our parched souls, enabling us to thrive in a predatory and joy-sucking world.

As we launch out into a predatory world, the author admonishes us to be as wise as serpents and as innocent as doves. "You and I can deal with broken dreams and stay fearless . . . by living intentionally, living with courage, finding guidance in God's Word, trusting God's sovereignty, submitting to God's will, and embracing opposition" (222).

I personally enjoy how the author weaves his own personal story of character building, trials, and humility that has led him from the hood to the (Capitol) hill. The septic environment of drugs, prostitutes, and organized gangs dotted the landscape, yet Chaplain Black cultivated an unwavering work ethic and commitment to God that elevated him above the climate of despair that sought to derail his expectations and destroy his life.



While he was in the US Navy, one of Chaplain Black's supervisors remarked that "he would never promote him [Black] as long as he was on the evaluation board." Dr. Black remained fearless and humble and confidently performed his duties for the Lord, and not man. He became the first African American and first Seventh-day Adventist chaplain to hold the rank of admiral and the first to serve in his present position, chaplain of the United States Senate. Along the way, he also became that supervisor's boss.

I wholeheartedly recommend this book to all who are looking for practical and realistic ways to lead in community with the heart of a servant and to lead confidently in a world desperately looking for hope amid the stormy seas of life. I affirm that we indeed have nothing to fear if we rest in God's providential protection, as servants in His army to finish His work. 🙏

—Reviewed by Anthony Chandler, MDiv, who serves as a government analyst and part-time resident chaplain at the Department of Veterans Affairs, Columbia, Maryland, United States.

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that they may know
You, the only true God,
and Jesus Christ whom
You have sent.”

JOHN 17:3, NKJV

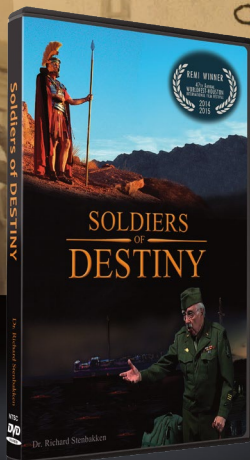
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*In Flanders Fields
—
In Flanders fields the poppies grow
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That mark our place; and in the sky
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