WHAT IS CLINICAL PASTORAL EDUCATION?

CULTIVATING DIVINE WHOLENESS AMID HUMAN BROKENNESS

SPIRITUAL HEALING THROUGH CARE

Revisiting a misunderstood service

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Having been told briefly about clinical pastoral education (CPE), I was enthused to participate, not knowing what it fully entailed. To apply to the program, I was required to write an autobiography, which proved quite reflective and challenging. It helped me realize how my childhood experience impacted my adulthood, worldview, and pastoral ministry.

Real-life application
I read, “The program facilitates the development of pastoral identity, interpersonal competence, pastoral assessment skills, professional collaboration, group leadership, pastoral care and counseling, and pastoral theological reflection.” I discovered that it dynamically integrated psychology and theology into ministry, equipping me to minister to persons of all faiths and to persons of no faith.

This clinical method of learning, involving action, reflection, and new action, has been my new approach to achieving personal and professional growth. As I practiced ministry to law enforcement officers during my CPE training, I was able to make necessary changes in my pastoral practice based on feedback I received from my peers and supervisor. I was challenged, as a part of my goal, to use the behavioral sciences as a diagnostic tool in my encounters with my clients. This provided a learning experience second to none.

The benefits
I can truly testify to the great benefits I received in the development of core competencies from the CPE program, which provided the opportunity to offer clinical pastoral care to the police officers in Jamaica. Some of the benefits are outlined below:

- Cultivating the understanding of the self as the principal tool in pastoral care and counseling. This includes the ability to reflect and interpret my own life story, both psychologically and theologically, and to use this understanding in an empathetic manner in counseling and/or pastoral care.
- Establishing and deepening pastoral bonds with persons and groups in various life situations and crisis-ridden circumstances, including providing appropriate religious/spiritual resources.
- Offering basic care and counseling skills, which include listening, empathy, reflection, analysis of...
problems, support, conflict resolution, advocacy, theological reflection, and the development of a critical eye to examine and evaluate human behavior and religious symbols for their meaning and significance.

- Conducting a critical analysis of my religious tradition as a Seventh-day Adventist Christian and fostering collaborative relationships with other chaplains and community clergy of various faith groups.
- Working as a pastoral member on an interdisciplinary team, including appropriate documentation, awareness of and integration within the culture and systems, and being a moral and ethical voice in the organization.
- Making effective use of the behavioral sciences and human development in my ministry as a clinical chaplain.
- Increasing the development of my leadership ability and personal authority balanced with an awareness of appropriate boundaries and ethical conduct.
- Becoming more familiar with the basic literature in the field—clinical, behavioral, ethical, and theological—and incorporating such knowledge into my ministry.

**Being more effective**

The CPE program has surely been inspirational, transformational, and educational to me as an individual, as part of my family, and as a clinician. It has opened a new world to me as far as pastoral care and counseling are concerned in both church and law enforcement settings. I am eternally grateful to this program for equipping me to be an effective clinical chaplain so that I may offer the best care, whether at the bedside or with my law enforcement officers. I will continue to promote the great benefits of this program to my pastoral colleagues and to those with whom I serve as a law enforcement chaplain.

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3. Adapted from the Episcopal Health Services (EHS) objectives taken from the CPE Handbook of the EHS Clinical Pastoral Education Resident/Intern Training Manual, page 27.
Anointing the sick: Revisiting a misunderstood service
Paddy had been a stalwart member of his small Adventist church. When he was in his 70s and in frail health, I got a call from his daughter, who said that he had been taken to the hospital’s intensive care unit and was not expected to last the night. At the hospital, I met the family and two pastors who knew him. Only one pastor was allowed to go into the ICU, and he prayed with Paddy.

The next day, Paddy was doing so well that he came home that afternoon. His family could not believe it. Though not active believers, they openly confessed that this was a miracle.

About a year later, Paddy’s health again deteriorated. The same three pastors met again, this time in Paddy’s home. We anointed him with oil and prayed as the apostle James directs us. A day or two later, Paddy died.

What was the difference between the first prayer that “worked” and the second that apparently didn’t?

Or did it?

What is the purpose of anointing? What is the expected outcome? Contemporary Christianity is fascinated with physical healing, and James’s injunction to anoint the sick is understood within this context. Sometimes, as pastors, we might be hesitant to anoint the sick in case the person does not get better, and our credibility might be questioned. According to the Bible, though, what is the real focus of anointing?

Not the last rites (James 5:14)

First, anointing is not last rites, although the two are often conflated. This was manifested when an elderly member of my church was about to have a heart operation. It was not major surgery. She was in good health, but because of her age, a higher than usual risk was involved. As such, she requested anointing.

The atmosphere in her room was pleasant. Just before the anointing, her daughter began to cry. She did not say why, but apparently, in her church, anointing was reserved for the dying. We reassured her that, from a biblical perspective, this was not the case, and then she calmed down. We had the anointing, the operation went well, and soon the elderly member was worshiping with us again.

James describes anointing as a service for any believer who is sick: “Is anyone among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord” (James 5:14). While
anointing should not be taken lightly, it should not be offered only in life-threatening situations. It is a service that can be offered to all suffering believers.

A service for believers (James 5:14)

James begins the anointing pericope with the words: “Is anyone among you sick?” (verse 14). The phrase “among you,” en humin, literally “in you” or “in your midst,” indicates that James is referring to believers who have made the local congregation their spiritual home.

Of course, we can pray for the well-being of unbelievers as well. Jesus offered healing not only for active followers or for Israelites but also for Gentiles, like the Syro-Phoenician woman’s daughter (Mark 7:26).

It seems, however, that anointing is more than a prayer for healing. Oil represents the Holy Spirit (e.g., 1 Sam. 16:13; Acts 10:38), suggesting that a person who requests anointing has at least a foundational faith.

The promise of salvation (James 5:15)

The Bible promises four things to the sick person who is anointed. The first is that “the prayer of faith will save the one who is sick” (James 5:15).

The verb sōzō, “to save,” appears 106 times in the New Testament (NT) and can refer to salvation from sin as well as “salvation” from disease or other predicaments. The former nuance predominates. In addition to verse 15, James uses the verb four more times, each one with spiritual salvation in view.

Why would James offer a promise of spiritual salvation to a physically sick person?

Jews believed that sickness was the result of sin (e.g., John 9:2), perhaps because God had promised Israel health if they followed His commandments (e.g., Exod. 15:26). Sickness, therefore, was seen as evidence of transgression.

Jesus negated this thinking, but not completely. While one man’s blindness was not a result of sin (John 9:3), to the paralytic, He said: “Sin no more, that nothing worse may happen to you” (John 5:14).

A sick believer could question his or her standing before God; others could question that standing as well. Or that sickness could have been, indeed, a result of sin. The anointing service would function as a reaffirmation of forgiveness, as well as of the person’s standing before God and the congregation.

The first promise, therefore, offers spiritual rather than physical salvation.

The promise of a rising (James 5:15)

The second promise follows the first: “the Lord will raise him up” (James 5:15).

The verb egeirō, “to raise up,” is used 144 times in the NT but only here in James. It often refers to the eschatological resurrection (e.g., Luke 20:37). But it can also refer to all kinds of temporal risings—from the rising of a sick person from sickness (e.g., Matt. 8:15) to the rising out of bed in the morning (e.g., Matt. 1:24), or even to things like the rising of one nation against another (Mark 13:8).

What is the meaning here? Two possibilities: it refers either to the future resurrection or to a healed person rising from the sickbed. Because the context is that of sickness, the latter option seems best. Conversely, because this phrase follows immediately on the promise of salvation, James could be talking about eschatological salvation, the first resurrection.

It does not have to be either-or. Clearly, the sick person would like to rise from the sickbed, healed. However, this does not always happen. There were times when even Jesus would not heal (e.g., Mark 6:5 or John 5:3, where He healed only one of “a multitude of invalids”).

A believer getting sick and, perhaps, dying could place a stigma on that person, especially when sickness was believed to be a result of sin. In contrast, James assures the sick that, by being prayed over and anointed, they are good before God. Whether or not they rise from their sickbed, they will rise in the resurrection of the just.

The promise of forgiveness (James 5:15)

The third promise is of forgiveness: “If he [the sick person] has committed sins, he will be forgiven” (James 5:15). Here, James indirectly acknowledges the widespread belief that sickness was caused by sin. But, like Jesus in John 9:3, he dismisses a casuistic relation between the two and puts the association in very tentative terms: “If he has committed sins.”

Whether the underlying cause is sin or whether such a perception exists, James assures that the anointing establishes forgiveness as a fact. In this sense, the spiritual status of the sick believer will be fully restored before the church family and before God, so the person can face the future unafraid.

The promise of healing—perhaps (James 5:16)

The first three promises in James 5:15 deal primarily with spiritual reassurance, salvation,
resurrection, and forgiveness. All three primary verbs, “save,” “raise up,” and “forgiven,” appear in the indicative mood, the mood of certainty.²

We now come to the last promise, the only one that pertains solely to physical healing. It is preceded by an injunction to mutual confession: “Confess your sins to one another” (verse 16).

Though God has the prerogative to save anyone who requests salvation, the work of redemption entails the restoration of not only Divine-human relations but also human relationships, accomplished through mutual confession.

With mutual confession accomplished, James offers the only statement that pertains to physical healing alone: “Pray for one another, that you may be healed” (verse 16). This is also the only promise that appears in the mood of probability, the subjunctive mood,³ iathēte, “that you may be healed.” There is no guarantee that God will heal the person physically. No such thing is promised. Rather, James instructs his readers to offer such a request and leave the matter to God.

James does not want to dismiss physical healing. On the contrary, he assures his readers that “the prayer of a righteous person has great power as it is working” (verse 16).

The expression “the prayer . . . as it is working” (deēsis . . . energoumenē) is unusual. The word translated “prayer,” deēsis, signifies not just a prayer but a heartfelt entreaty.⁴ It reflects back on God’s promise through Jeremiah: “You will seek me and find me, when you seek me with all your heart” (Jer. 29:13).

The phrase “it is working,” energoumenē, appears in the present tense and suggests ongoing action. This could suggest two things. First, prayer should be ongoing; that is, it should continue after the anointing service. Second, we need to understand prayer in the context of the cosmic conflict, whereby everything good that God wants to do for His people is resisted by the “accuser of our brothers” (Rev. 12:10). The meaning could be that a prayer offered will be acted upon when the time is right. A prayer is never wasted, even if not answered immediately.

To boost confidence in the efficacy of prayer, James mentions Elijah, who prayed, and rain was withheld for three and a half years. Then he prayed again, and rain was restored.

Conclusion

Anointing is frequently perceived as a service for physical healing. But that is a limited view. While the promise of physical healing is not negated, it is offered only as a probability—a strong one, but a probability, nonetheless.

James’s primary concern seems to be spiritual restoration, as seen in the promises of salvation and forgiveness, as well as in the possible reference to the eschatological resurrection.

His primary spiritual concern is also evident in the conclusion of the pericope, where James declares that a person who brings back someone who has wandered from the truth will “save his soul from death” (James 5:20); probably, the eschatological death is in view here.

As pastors, we should never hesitate to anoint the sick. It is not our reputation that is at stake if the person does not get better. The service is not about us but about the sick person’s well-being. Properly understood, anointing affirms the sick person’s standing before God and the congregation, while the heartfelt prayer may also lead to physical restoration. The anointing service is a God-given tool in the work of restoring fallen humanity to the image and likeness of God.

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1 Scripture is from the English Standard Version.
2 Daniel B. Wallace, Greek Grammar Beyond the Basics (Grand Rapids, MI: Zondervan, 1996), 448.
3 Wallace, 461.

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Cultivating divine wholeness amidst human brokenness:
Ministry to the sick, dying, and grieving
Olivia was a patient who died unexpectedly from a perfect storm of unpredictable complications before I saw her and her family. She was six years old.

Ministering in such situations as Olivia's case is an intimidating aspect of pastoral work, yet we cannot neglect them because suffering hearts are searching for spiritual healing. When individuals face life-altering illnesses, are actively dying, or are deeply grieving, spiritual care by both church pastors and clinical chaplains helps them navigate the gulf between the reality of human brokenness and the divine wholeness that God intended for us. As spiritual caregivers, we seek to help them find their way to the true Source of hope and healing.

But that challenges the pastoral status quo. Because suffering creates deep spiritual wounds, we must adapt practical ministry skills to meet their needs. Pastoral care becomes bearing witness, counseling becomes existential exploration, preaching and teaching become reflection and the making of new meaning, and leadership becomes ethical guidance. Within this context, as spiritual caregivers, we must be aware of the unique challenges that arise so that spiritual healing can take place.

**Bearing witness**

To “bear witness” is to sit with someone who is suffering, creating an opportunity for honest conversation about that pain. It gives legitimacy to suffering that is both very real and intangible. Take Olivia’s family: sitting with them; encouraging them; listening to their stories and remaining present as they feel every raw emotion; telling them that their pain, the love they felt for their daughter, and the future that they could not now imagine for themselves all mattered. The medical team, with their focus on physical solutions, will often overlook such pain, and well-meaning family members and friends might unintentionally dismiss the emotions experienced.

Spiritual caregivers must provide space for people to safely share their deepest pains. It involves an act of will and courage on our part because deep suffering radiates pain. Listening without judgment challenges our natural instinct of self-preservation. Being fully attentive means hearing the pain behind the words and recognizing when our personal emotional reactions threaten to take away focus from the one who is struggling.

As pastors and chaplains, we can slip into a number of common mistakes:

1. **Being uncomfortable with strong emotions.** Tears and angry outbursts are normal and natural and provide healing, although it is difficult for others to endure. The discomfort of being around such reactions can create a strong desire to escape or shut down that emotion. Such phrases as “just have faith” devalue the enormity of such pain, making the suffering individual feel even worse.

   **Solution:** Go to therapy. Getting comfortable with personal feelings and processing trauma and pain enables us to have greater empathy. It also creates an ability to recognize personal emotional reactions that can get in the way of being fully present in someone else’s pain.

2. **Being uncomfortable with death.** Theoretical and spiritual knowledge of death is not the same as sitting in a room with it. Death is scary, painful, and confusing, and facing it brings up feelings that can overwhelm anyone. Efforts to make personal pain stop cause greater disconnection and more grief.

   **Solution:** Take a clinical pastoral education class. Volunteer with a hospice or nursing home. Take time to really listen to those facing death and learn from them. The more comfortable we are with our own mortality, the more we will be with those dying.
3. **Being too busy.** Stories of suffering are often time-consuming and emotionally draining, making it challenging to set aside tasks that we might feel to be otherwise more productive. A distracted mind takes away from the sacred space needed to process pain and suffering.

   **Solution:** Prioritize. Acknowledge the trust and courage it takes for someone to share their pain, and respect that by leaving behind distracting thoughts and daily tasks. Stepping into another’s pain is walking onto holy ground, and we must keep that space and time sacred.

**Existential exploration**

Suffering brings up existential questions that can seem too big or scary to talk through. They can even feel like a denial of faith, causing great emotional distress. For example, anger toward God is a common reaction to suffering. If left unacknowledged, it can grow into questions about God’s existence and the meaning of life. Existential exploration requires conversation about such topics as ultimate meaning, feelings of condemnation, and other, even deeper, questions. Initiating such uncomfortable conversations gives “permission” to speak what otherwise feels unutterable and thus begins the process of dealing with deep pain.

Suffering itself is a taboo subject that can trigger difficult questions. Our pastoral role is helping individuals learn how to be honest with God about things that they might consider unspeakable. Spiritual caregivers must be competent in meeting specific spiritual pain, such as deep grief, with appropriate spiritual practices. We encounter the true depths of human brokenness in conversations about “forbidden” Christian topics and existential questions.

   **Common mistakes in existential exploration:**

   1. **Avoidance.** When we, as spiritual caregivers, actively evade hard topics or make it clear that we are uncomfortable with them, we reinforce the isolation that those who are suffering already feel. It promotes unhealthy healing practices, and we miss opportunities to point hurting people to Jesus.

      **Solution:** Listen to the Holy Spirit. Trust that God has called you to this place and given you the right instincts, especially when it feels uncomfortable. Get familiar with taboo suffering. One of the most common forms of this kind of suffering is miscarriage. Parents struggle to feel permission to grieve if they did not have a baby in their arms, yet a life has ended, which means that grief will be present.

   2. **Preaching/teaching.** When we feel uncomfortable, it is easy to slip into this trap. We must balance nonjudgmental guidance with enough distance to allow individuals to find their own path of healing. In such situations, preaching and teaching are more of a crutch for the uncomfortable caregiver than a solution for suffering.

      **Solution:** Rely on your “bearing witness” skills and have deeply formed relationships. Often, people have their own solutions and just need someone willing to listen attentively to help them work through them. Part of it involves having developed enough trust for them to have a safe place to talk through difficult topics.

   3. **Expecting solutions.** We cannot solve suffering from this side of heaven—we can only struggle through it, especially when facing existential questions. It is in this process of wrestling with our existence that we find God. The only way to truly help someone who is suffering is to simply be with them.

      **Solution:** Be intentional about not setting an agenda. Recognize that, as painful as it is, working through suffering is valuable in and of itself. There does not have to be a time frame or specific outcome.

**Reflection and meaning making**

Illness, death, and grief are transitional moments when people begin to question things that once brought value and meaning to life. Spiritual care offers safety in such searching as people reconnect with familiar practices such as Scripture, prayer, and anointing. Rituals give us a deeper sense of God’s presence. They also provide vital stability, especially in tragic, unexpected, or violent circumstances.

Spiritual care through reflection and meaning making (making sense of life events) helps people process suffering and reestablish normalcy. As spiritual caregivers, we must come to know our care recipients well because the practices we employ must have some kind of personal meaning for them as they seek to establish a new spiritual foundation. To help determine what will be effective for each situation, we must have conversations about things like hope, relationships, meaning, and peace as we seek to find ways to connect individuals back to the familiar comfort they once found.

   **Some common mistakes in this area:**

   1. **Apathy.** It is easy to jump straight into beloved Bible texts rather than assessing the most effective practices for a particular situation because, often, we need a break from the pain.
Solution: Because this is deeply painful work, we must pay attention to ourselves and our personal reactions so that we can offer the right kind of spiritual care at the appropriate time.

2. Assumption. Choosing rituals, practices, or services “generally” considered comforting can devalue the individual circumstance. Take the example of feeling abandoned by God. While we usually consider Psalm 23 comforting, if someone feels as if God has left them, hearing about Him as an ever-present shepherd can make them feel more distanced.

Solution: Listen well and be bold in asking about needs. We must see those suffering in the light of their pain, which requires conscious effort. Asking what someone wants to pray for, for example, can open doors for assessment and conversation.

3. Preaching or teaching. To be preached to or lectured at when suffering can feel dismissive. It requires a judicious call because the line between it and spiritual reflection is blurry. Generally, the person talking most is the one who is healing most. Preaching or teaching can easily slip into alleviating our personal discomfort or stroking ego instead of helping.

Solution: Intentionally choose your responses. Use a good spiritual assessment model to determine the pressing needs and then select interventions that will be helpful. Use discernment and read body language so that you can adjust the intervention as needed.

Ethical guidance

In medical care, life-altering, ethically gray decisions come up on a regular basis, often because of limited information or time. It leaves people feeling lost, confused, and scared. Spiritual caregivers must be ready to have difficult conversations about topics such as euthanasia, termination of pregnancy, and ending life-sustaining treatments in relation to big questions about God, spirituality, and salvation. We also must always consider the complicated emotional responses that emerge in such issues.

Spiritual care in ethically sticky situations involves helping individuals find God amid their uncertainty. We must be willing and able to take in the available information and guide conversations to make the best decisions. That starts with understanding the value systems of the people involved and staying connected with them as circumstances change. The most important thing is to facilitate open, honest conversations.

Common mistakes made in ethical guidance:

1. Pride. Being on the outside of a situation can make certain decisions feel obvious, and with unchecked pride, our counsel can become pushy, cruel, and even abusive. No one is morally superior in ethically gray areas. Keep in mind that we are not God. There are questions that we cannot answer, no matter how much education or experience we might have.

Solution: Humility. Remind people you cannot make decisions for them. Liberal prayer will remind everyone involved that God is the only One who possesses all wisdom and that He is bigger than any situation we might encounter.

2. Personal opinions. Our personal opinions must not dictate the final decision. No matter how much individuals ask, we do not get to make their choices for them. Even if we do share our views, we should do so judiciously.

Solution: Be honest, clear, and firm. Use compassion and empathy to point individuals back to God. Our responsibility is to help people explore their own relationship with Him and then receive discernment from Him alone.

3. Fear. It will be crushing for those suffering if we avoid them or dismiss the pain they experience. Anyone facing life-altering decisions already feels alone and overwhelmed. Our role is to walk with them through it, no matter what we might feel.

Solution: We must wrestle with such issues ourselves. The more confident we are in what we believe, the less intimidated we will feel when such topics come up. It will prepare us to be humble, empathetic, and honest in our conversations. Because such circumstances take a spiritual and emotional toll, we must have our own spiritual counselors.

Final thoughts

Spiritual care for those facing life-altering illnesses, actively dying, and deeply grieving can feel impossible. Ministry to Olivia’s family felt impossible. What could I, a fallible, limited human being, do? The truth is, it is the space we are all in when offering spiritual care during moments of deep pain—a space of both deep fragility and immense resiliency that we must recognize and hold with tenderness. It is the space where our pastoral calling lies: in serving the deepest needs of suffering humanity by helping others to navigate through the brokenness of life toward the wholeness that only Jesus offers.

Share your thoughts on this article by writing to ministrymagazine@gc.adventist.org
What is clinical pastoral education?

In the summer of 2000, I completed my first unit of clinical pastoral education (CPE). That experience left an indelible impression. It began a journey that proved both exciting and painful, and it brought to life the words, “The truth will set you free.” But first, it will make you mad. I often would arrive home and wonder aloud: “Why on earth did I join this crazy thing?” The safety that I had built into my world was rocked by strangers who seemed to be projecting their own “stuff” onto me.

However, when resistance gave way to vulnerability, the question changed to: “Why didn’t I do this before?” That question stemmed from a deep desire to share experiences that confirmed the call to be a supervisor—notwithstanding that the journey would take some painful detours.

Learning process

With the phrase clinical pastoral education, various ideas come to mind, though CPE has slowly been growing in denominational main-streams. Long gone are the days when Adventist chaplaincy was considered the cemetery of failed pastors. Nowadays, I find myself at the tip of a movement that is revolutionizing the way ministry—especially the ministry of chaplains—is seen in church.

CPE is not simply “chaplaincy education.” As the name clearly states, it is pastoral education. Its main goal is not to make you a chaplain, although you need to stay the course in CPE if you want to be one. Instead, CPE is about helping you become the best pastor you can be, whatever your ministry. But CPE may take you to painful places, making the journey difficult.

In CPE, when learning occurs, it is transformative and reshapes the person and the minister. Thus, theological reflection, or theology in the context of CPE, emerges from life encounters or, as pioneering chaplain Anton Boisen boldly claims, from the “living human document.” In this context, the usual hermeneutical tools prove inept. The direct human experience is where learning opportunities begin.

This learning process—where reflection plays an important role—involves participation in ongoing revelations. As a CPE unit continues to grow, communal andragogical moments occur. Trainees bring to CPE what they want to find and
address: personal fragmentations stemming from their encounters with similarly fragmented people. However, in a miraculous mirroring experience, the trainees discover the gaps between who they are and what they do. Healing and learning in CPE involve helping the trainee find the critical bridges while simultaneously widening the gaps.

Who are we

Carl Jung states that personality is the outcome of a conscious and unconscious collision with which we develop shapers that teach us what we should be (persona) and should not be (shadow). I agree with Jung. Maturation involves the process of removing our masks. It includes separation and connection, leading to a more comprehensive knowledge of who we are.

Growth consists of becoming transparent, authentic, and being honest with oneself. This invites the creative tension of being unique as an individual while, at the same time, conforming to group norms and humanity in general. The process of growth and maturation happens most effectively face-to-face and heart-to-heart. It requires individual and group experiences.

Teaching from the heart in a trainee-centered way is ideal in CPE. Educationally, learning is enhanced by intentionally fostering an environment where the trainee is free to discover and learn from direct experiences. Education in CPE is an artful implementation of teaching from within.

Diversity

Diversity in CPE is evidenced in at least two ways. First, in learning. David Kolb provides a segue for teaching from the heart by acknowledging the diverse ways people learn. Learning sets bearings and allows for change to take place. It remains relevant by being malleable enough to adapt to new circumstances and by integrating evaluation and assessment at every possible point in the process.

Second, in supervising. The supervisor must recognize that trainees have diverse hands-on ways to achieve valuable learning in the education for their ministry. Supervisors revere trainees who are aware of their gifts, abilities, motivations, and educational needs while at the same time allowing space for trainees who are still struggling with their need to learn.

I want to share two principles with anyone contemplating CPE.

1. CPE is education by involvement. It is adult, person-, student-, and trainee-centered learning.

2. Learning in CPE requires vulnerability. Vulnerability requires trusting that your peers and supervisor have a covenant of confidentiality upon which it is understood that everything that happens in CPE stays in CPE. While every experience will afford a learning opportunity, we need to remember those learning opportunities are confidential and sacred.

Are you overwhelmed yet? If so, welcome to the world of CPE. But when you come out at the other end, you will be the best version of the pastor God wants you to be. Of course, there will be some bruises, but they are the evidence that something worthwhile has happened.

The process of growth and maturation happens most effectively face-to-face and heart-to-heart. It requires individual and group experiences.

You will find yourself uncomfortable with the fact that you set your own learning goals and enter a learning covenant with your supervisor and peers. Realizing this early in the process will go a long way in helping you take advantage of CPE.

2. A version of this article appeared in The Adventist Chaplain, issue 2, 2022.

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Research has shown that professional chaplain visits during hospitalization increase patient satisfaction. A survey of patients found that a chaplain’s care correlated highly with their belief that their spiritual needs had been met. Chaplain visits contributed to the patients having a sense of hope and mental strength. It helped them realize that God does care for them.¹

**Spiritual pain**

While pain is the hard reality of disease, old age, and dying, our response to pain—called suffering—is highly subjective. Pain in life is inevitable, but suffering is optional. When body, mind, and spirit are cared for, most fears—suffering—about the crisis or the end of life will then vanish.²

We can define pain as any unpleasant sensation occurring in varying degrees of severity because of injury, disease, or emotional trauma. Rarely do people choose pain. Instead, an involuntary instinct seeks to do whatever it takes to stop it.

To determine whether a person’s hospitalization triggered an emotional and spiritual crisis, the ancients spoke about “taking a spiritual pulse” by asking the person in crisis, “How are you within?” The response to such a simple question can provide valuable insight into the inner struggle and what will be needed to restore the person’s emotional, spiritual, and religious balance.³

One of the most powerful images of hope appears in Isaiah 41:13, where God says that His people do not need to fear because He is the one “who takes hold of your right hand” (NIV). It is comforting to know that God is close to us during our time of need.

In every healthcare intervention, a sense of hope is central to alleviating or mitigating pain and removing suffering. We should remember that some people will find hope in the smile of a friend, holding a loved one’s hand, seeing their pet, or knowing that their loved ones, including their beloved pet, will be taken care of post-death.⁴ A pastor’s reassuring interventions, whether by facilitating one’s wishes to have a loved one or pet at their bedside or via a video call, can make a difference whether they rest in Christ with peace (a good death) or struggle with the dying process because of unfinished business (a bad death). For others, hope grows out of financial security or a stable marriage, grandchildren, and a sense of meaning and purpose in life.⁵

Steve Thomas, DMin, is a senior pastor and healthcare chaplain residing in Wellingborough, United Kingdom.
People in extreme physical anguish can experience challenges that affect their religious faith. Some appear to have sources of strength that enable them to continue living after their expected time has expired. They refuse to die until some unfinished business is resolved, even though their doctor predicted their death months earlier. Finally, the closure takes place with acts like a separated loved one’s visit at the bedside, family forgiveness given, the arrival of a long-awaited relative, or the disclosure of a long-held secret. Then, the person dies. How do we know when such a critical issue may be keeping someone from a peaceful death?

**Courageous questions**

Regardless of who may visit the hospitalized person, courageous questions take both intuition and courage to inquire about what is happening inside the individual, emotionally and spiritually. Diagnosing pain involves listening rather than compulsively talking and trying to fix it. The pastoral caregiver’s job is to help the person articulate what may be happening in them. Their role is to become a mirror reflecting compassion back to the person.

I experienced this with patient Beth, a 34-year-old African-Caribbean lawyer and Christian mother of three adult children. Despite her ovarian cancer and leukemia, Beth remained actively involved in church and life. Because she appeared emotionally distanced from her husband, some felt concerned that her busyness was a distraction, keeping her from facing “ghosts” from the past and preparing for a good death.

An in-depth spiritual assessment revealed that Beth was spiritually struggling with a crisis of faith because of her image of God and her lack of forgiveness. I asked her, “Share with me what your thoughts are when you read, ‘Forgive me my sins as much as I forgive those who sinned against me?’” The interventions that provided spiritual healing for Beth were forgiveness exercises, confession (James 5:16), journaling (writing down how she was feeling and what triggered or led to her feelings), and a personal life review.

Keeping a journal can be a powerful opportunity for self-reflection during any crisis, especially at the end of life. Through writing, Beth looked at the pattern of disappointments in her life and found a path to forgiveness. Her willingness to keep a journal created a life review process. Survivors of near-death experiences unanimously speak about some form of life review as an integral part of recovery.

As Beth gained the courage to express herself more candidly and restore relationships, God heard her prayers and granted her time. She left the hospital with great joy and hope.

What helped me, as her pastoral caregiver, to be present and nonjudgmental was being fully aware of my own fear of cancer as a result of caring for my wife during her encounter with the disease. From that faith journey, I learned a lot, especially from the strength of her faith in God and how she persevered even in her pain. My wife’s willingness to lean into the pain authentically revealed its reality and nature, and her faithfulness to God helped her pastor husband learn so much about peace and a willingness to take the good and the bad that came from the disease.

The experience reinforced the reality that God is good and that He walks and talks with His children. It helped both of us encounter God and see who He is. He then chose me, another wounded human being, to be that instrument who would listen and answer questions and thereby provide hope for another. I became God’s agent of hope for Beth. Her faith journey also strengthened my relationship with God.

**Member-centered**

The following principles will help you through the process of being member-centered in supporting suffering parishioners:

*Build a relationship of care and support.* Beyond building rapport, as a pastoral caregiver, lay a foundation of trust and care that your member can draw upon.

*Convey a calming presence.* Convey a calming presence through a non-anxious manner while demonstrating acceptance. Your peaceful presence will hopefully calm them as well.
Demonstrate caring and concern. We can express caring and concern in numerous ways, depending on the circumstances of the situation. Be sensitive to what God might be indicating for you to do for the person, such as encouraging self-care.

Affirm faith. Affirm faith as part of bolstering a sense of connection to the person's closely held spiritual and religious beliefs by assisting with spiritual/religious practices (e.g., Communion, morning devotions, and evening prayers) and through exploring issues of faith and values.

Lessen anxiety. One important ministry activity that lessens anxiety is exploring the divine promise of hope, what God promises for our future.

Supportive love

Death is not something that everyone wants to think about, but when the time comes, we need to ensure that those in our care face their ending with love and support. It is often the last thing we can do for them.

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4 Andrew D. Lester, Hope in Pastoral Care and Counseling (Louisville, KY: Westminster John Knox, 1995).
5 Howard Clinebell and Bridget Clare McKeever, Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth (Nashville, TN: Abingdon, 2011).
6 Pseudonym.

Share your thoughts on this article by writing to ministrymagazine@gc.adventist.org

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LETTERS

Encouragement

I have received the Ministry magazine regularly. When I receive it, I always start by reading the editorial. Then I read the beautiful magazine page by page. I am very proud of it. My favorite recent items are Eric Freking's article “Atomic Habits: Five Changes to Revive Your Church” (August 2023), Boubakar Sanou’s “Pastoral Leadership: A Catalyst for Whole-Church Ministry” (July 2023), and Jeffrey O. Brown's editorial, “The Pressure of Summer Ministry” (May 2023). They encourage our field mission service to improve on all levels. I hope these items are useful for God’s vineyard worldwide. This magazine reveals how to uplift the spiritual status of all servants of God.

I also recently enjoyed the Dateline section. I would like to send in world report news items for the journal, if possible. May the Captain of our salvation guide your staff and associates at all times!

—CT Do Khaw Tuan, Myanmar

Value

I wish to express my appreciation to the leadership of Ministry Magazine for the good job they are doing and for sending copies of the magazine to me. The articles are invaluable, reflecting the norms of today's Christianity and ministerial assignments and challenges. God bless this wonderful team.

—Olurotimi Adebanjo, Reverend, Nigeria

Relevance

The Levite and the Concubine” by Jeff Scoggins (November 2023)—great article! My wife was interested also. I could finally see a reason to include that story in the Bible. Not only Hosea but also Jesus referred to it to help show how corrupt anyone can become. Thanks!

Regarding the cover of the November 2023 issue—I loved it! Especially the autumn colors covering the man. The other illustrations in that issue were marvelous also!

—Ertis Johnson, Pastor, Oklahoma
The clinical pastoral education program and its benefits to church pastors

Clinical pastoral education (CPE) has been one of the most helpful programs in both my personal and professional life. It enables me to work on my issues, such as lack of self-confidence, fear of self-disclosure, and impatience. By teaching me how to reflect on who I am daily, it opened my eyes to the importance of self-care and self-growth for optimal ministry performance and personal well-being. Furthermore, it provides me with skills to offer pastoral, spiritual, and emotional support to those whom I work with—church members, students, and patients. It also reveals my areas of strength that can enhance my ministry.

What is CPE?
Clinical pastoral education is specialized training for professional chaplains. However, it is helpful in all pastoral fields. It also provides pastoral/spiritual care training for clergy and other interested individuals, especially those in the helping ministries. CPE focuses on teaching chaplaincy ministry skills (or, as often stated, pastoral/spiritual care skills).

The history of CPE dates back to the early twentieth century. Anton Boisen, one of the pioneer founders of the CPE movement, believed that exposing seminarians to real-life human experiences as part of their training would better prepare them for effective ministry. Such training is still the core of CPE today. Using real-life experience, CPE (1) helps its recipients develop an awareness of themselves and how their attitudes, values, assumptions, strengths, and weaknesses affect their pastoral/spiritual care; (2) trains its recipients to provide clients with quality pastoral/spiritual care; (3) helps build empathic relationships with their clients for the clients’ well-being; and (4) integrates both didactic and experiential learning to enable caregivers to develop their own helping strategies that they can apply to various pastoral issues, circumstances, and groups.

The Department of Chaplaincy and CPE at the Ohio State University Wexner Medical Center states that CPE employs “the clinical method of learning . . . that combines action (the actual practice of ministry to persons) and reflection (using resources such as written reports of visits, discussion and feedback from peers and a Certified Educator, and application and integration of didactic material). An ongoing learning cycle is formed which enables students to develop and expand their ministry skills and knowledge while also deepening their self-awareness and self-knowledge.”

The relevance of CPE to local church pastors
Local church pastors would benefit in at least two ways from CPE:
Pastoral/spiritual skills acquisition. CPE (1) enhances pastoral care skills for the well-being of church members (caring for the whole being of each member can motivate them to be involved in the church’s mission); (2) promotes the pastors’ self-awareness, helping them realize that it can make or mar a pastor’s ministry and possibly damage the church’s reputation; and (3) can be used as a tool for the mission of the church.

The word pastoral takes its meaning from the word shepherd. Jesus told the apostle Peter to feed His sheep (John 21:15–17). Such “feeding” includes having concern for both the salvation and well-being of church members. Author Ellen G. White wrote, “The pastor is a shepherd of the sheep, guarding them, feeding them, warning
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them, reproving them, or encouraging them, as the case may require."

Pastors must address their church members’ real-life issues because whatever affects one aspect of human life will impact the other. “Every physical problem has emotional, spiritual, and social ramifications, and every emotional, spiritual, or social problem has physical impact.” Caring for the whole being of each church member can motivate that individual to participate in the mission of the church—to make disciples of all nations. We could draw a lesson from Christ’s method of ministry. Jesus “mingled with men as one who desired their good. He showed His sympathy for them, ministered to their needs, and won their confidence. Then He bade them, ‘Follow Me.’”

Self-awareness benefits. Personality issues and other personal problems can create rifts between church pastors and their members. Personal issues such as workaholism, anger, and sexual problems are, unfortunately, not uncommon among clergy.

Because every individual has areas of weakness, CPE will make pastors aware of their character/behavior and provide them with continuous self-reflection and self-care skills. Understanding one’s personality type can help one become aware of how personality traits limit a person and then how to overcome them.

Trends in pastors’ training

The benefits of CPE to pastoral work have motivated some theological seminars in developed countries to include one unit of CPE in their curriculum, especially the Master of Divinity program. In addition, CPE can be taken at any point during one’s ministry career. During my CPE basic training at Loma Linda University’s CPE center, two of my peers were clergy sent by their parish to undergo CPE training because of its relevance to church ministry.

Thus, pastors who did not receive CPE as part of their theological education can still take it. Numerous accredited CPE centers exist around the world. Also, a significant increase in distance CPE has appeared online. Besides, organizations like the Asia Association of Clinical Pastoral Education (AACPE) and Adventist Chaplaincy Institute (ACI) are committed to going around the world when invited to run CPE programs in person. Thus, pastors can access CPE regardless of where they are.

CPE and mission

It is not uncommon to hear people talk about CPE tilting more toward psychology than spirituality. Not only that, some assume that CPE is antimission, but that is not so. One of the leaders behind CPE, at its conception, stated, “This movement has no new gospel to proclaim: we are not seeking to introduce anything into the theological curriculum beyond a new approach to some ancient problems. We are trying, rather, to call attention back to the central task of the church, that of saving souls, and to the central problem of theology, that of sin and salvation. What is new is the attempt to begin with the study of the living human document rather than with books and to focus attention upon those who are grappling desperately with the issues of spiritual life and death.”

Clinical pastoral education is, therefore, an additional tool for mission work. Correctly applying the skills learned under the guardianship of the Holy Spirit will help church pastors retain their members and aid them in the work of soul winning.

If you are looking for ways to further equip yourself or pastors under your watch for increasing competence in soul/spiritual uplifting ministry, CPE is one area to consider. We must value the continuous education of our workers.

References

1. G. S. Rey, Clinical Pastoral Education Students Handbook (Manila, Philippines: Pastoral Care Services Department of Adventist Medical Center, n.d.).
5. Ellen G. White, Pastoral Ministry (Silver Spring, MD: General Conference Ministerial Association, 1995), 224.
The word *chaplaincy* has become more of a description of care rather than a focus on a place or building. The two words *chapel* and *chaplaincy* are practically and philosophically different. Spiritual care in the former pertains to Christian beliefs and rituals, while spiritual care in the latter provides emotional support for people from all walks of life regardless of spiritual, religious, or philosophical beliefs or practices.

As explained in the introduction of *Chaplaincy and Spiritual Care in the Twenty-First Century*, chaplaincy is tied to “the free exercise of religion, which is complicated. . . . People might be spiritual and not religious, which would be most senior leaders that I’m talking to. . . . so I have to explain what chaplaincy is—that it is inextricably connected to religion, although we’re there for people regardless of whether they’re religious or not” (2).

A colleague of mine likes to say, “As chaplains, we are here for people of all faiths and for people with no faith.” Ministering to people of all faiths and no faith requires that the chaplain role be present in almost every facet of life and that chaplains themselves may come from any of the world’s belief systems. “Chaplains today work in a range of institutions, including airports, community settings, disaster zones, fire and police departments, higher education, healthcare, the military, prisons, ports, sports teams, the Veterans Administration, and other workplaces” (4).

During the pandemic and since, we have seen a significant increase in the work of chaplains. They run into danger while others run from danger. They face intense trauma and mass casualties and are permitted to be with loved ones during the final moments of life. They support nurses, doctors, police, and firefighters during times of fear, grief, trauma, and uncertainty. They sit with people in their pain and despair as they process emotions and thoughts, a discipline most are not prepared to do, nor do they have the time to do it. Basically, the role of the chaplain spans from before the first responder arrives until the last person leaves.

This is the basic focus of the book: to bring to the forefront the work of chaplains by naming three broad areas of competency important for all chaplains—meaning-making competencies, interpersonal competencies, and organizational competencies. From these foci, the book masterfully explores the importance of “meaning making,” namely assessing and providing presence and intervention, ultimately providing leadership, facilitation, and spiritual reflection. This spiritual reflection varies as much as the persons who are in need.

This book has also allowed me to see the two distinct differences between pastoral ministry and chaplaincy from different levels of leadership. As a chaplain, my role is to allow people to lean on their faith traditions, even if their traditions completely oppose those of my faith tradition. The role of a chaplain is to allow people to anchor themselves in their own faith tradition or belief system to help them cope during times of loss, trauma, and grief.

Chaplaincy aims to *facilitate meaning* within a person’s belief system, while pastoral ministry seeks to *define meaning* through the life, death, and resurrection of Jesus Christ, in addition to helping the believer cope with the various situations and emotions of life based on biblical promises.

As I reflect on the material presented in this book, I can confidently say it has been a great resource for me as a chaplain working in a hospital and as a pastor assigned to a church.
In 1976, when I became a chaplain, it was said that I was leaving the ministry,” said Rear Admiral (Ret.) Barry Black, guest speaker for chaplains’ Sabbath at Oakwood University Church on December 2, 2023. “I was looked upon as leaving the ministry because providing spiritual nourishment in a pluralistic setting of religious diversity was not valued by the church.”

The irony of this statement was not lost on the hundreds of chaplains and other guests attending the service launching the chaplains’ track of the North American Division (NAD) Pastoral Evangelism and Leadership Council (PELC).

Black’s critics could not anticipate his remarkable, far-reaching ministry, including assuming office as the sixty-second chaplain of the United States Senate on July 7, 2003, and, previously, serving as chief of chaplains of the US Navy. His words underscored that chaplains’ pastoral work in diverse settings is as vital to the church’s mission as ministry within a traditional church context.

More than 700 NAD-endorsed chaplains serve across six disciplines—corrections, healthcare, community, law enforcement, military, and campus chaplaincy. Washington Johnson II, director of NAD Adventist Chaplaincy Ministries, defined chaplaincy as “reflecting the image of God, meeting people where they are.” They were later affirmed for their work as “agents of healing” in a prayer of consecration by Debleaire Snell, lead pastor of Oakwood University Church and speaker/director of Breath of Life Ministries.

In Black’s message, “Thriving in an Unfriendly World,” he recounted being in his Senate office on January 6, 2021—the day the Electoral College verified the presidential election votes—watching helplessly as an angry mob attacked the Capitol. God sent an angel in the form of Gino Aversano, a six-foot three-inch burly United States Capitol Police officer who followed the Spirit’s prompting to “go find [his] chaplain.”

Black testified, “Beloved, I have lived long enough to know that ‘the angel of the Lord...
encampeth round about them that fear him, and delivereth them!!” (Ps. 34:7, KJV). “But I also know we are living in an unfriendly world.”

During the chaplains’ Sabbath luncheon, keynote speaker Chaplain Johnny Poole, retired US Navy captain and cofounder of Chaplain Care, emphasized that humility signifies strength. He shared countless stories of mentors who were his guiding lights, expressing his passion to reflect the Greater Light through his work equipping and placing chaplains where needed.

The Sabbath program closed with the ordination of US Army chaplain Colonel Primitivo Davis. “I find it very interesting and fulfilling to work alongside other people of faith,” Davis said. “I work with priests, Buddhist monks, Muslim imams, and probably every Protestant denomination in America,” he added. Davis also enjoys serving soldiers and civilians holding diverse theological perspectives, including atheists. Davis described the broad scope of his role: “People look at chaplains not just through the eyes of the clerical. They look at them as life problem solvers. And we all have problems.” He shares wisdom from the Word and gently nudges them along a path toward God. [Christelle Agboka, NAD]

A Seventh-day Adventist pastor has risen to the top rank of chaplaincy, from a lieutenant to a colonel, faster than any chaplain before him in Ghana. Chaplain Lt. Col. Peter Nyarko Duodu now serves as head of military chaplains in the Ghanaian Armed Forces.

With the help of Chaplain Duodu, the Adventist Church received permission to build a church on the military campus, one of only a few religions granted this privilege.

The success of Adventist chaplains in the military prompted the police force and prisons to create Adventist chaplain positions as well. The president of the Southern Ghana Union Conference of Seventh-day Adventists, Thomas Techie Ocean, congratulated Chief Inspector Samuel Danso Marfoh for being the first Adventist to be inducted into the chaplaincy of the Ghana Police Service Chaplaincy. The police chaplain received special permission to start a church service on the police training campus.

Recently, a family retreat for military and police chaplains and their wives was organized in Accra, Ghana. The chaplains are all ordained pastors in the Seventh-day Adventist Church who also serve as commissioned officers of the Ghana Armed Forces and the Ghana Police Service.

The aim of the retreat was to enhance and equip the spouses of the chaplains to better support their husbands in their specialized ministry. The participants included seven military chaplains and their spouses, as well as one police chaplain and his spouse.

According to Chaplain Duodu, the retreat was organized to offer a special time for prayer, counseling, sharing, and learning for the officers and their wives.

“Serving as a pastor and a military officer can be a daunting task, and knowing you are not alone in your struggles is helpful. That is why we have brought them together to learn, pray, and get counseling and encouragement from each other,” Duodu said. [Solace Asafo, West-Central Africa]
In 2023, M. Gilda Dholah-Roddy, associate director of the North American Division (NAD) Adventist Chaplaincy Ministries (ACM), was commissioned as a US Army Reserve chaplain in a ceremony held at the NAD headquarters in Columbia, Maryland. In her new role, Chaplain (Captain) Dholah-Roddy will offer spiritual and pastoral support to military personnel in Virginia, United States.

Dholah-Roddy took the oath of office administered by Chaplain (Brigadier General) Andrew R. Harewood, the most senior chaplain in the US Army Reserve and a Seventh-day Adventist minister. Dholah-Roddy vowed to “faithfully discharge the duties of the office upon which I am about to enter; so help me God.”

Dholah-Roddy serves one weekend a month and two weeks a year, engaging in drilling and other activities alongside the soldiers to build trust. Her ministry will include counseling, religious education, pastoral care, conducting funerals and weddings, and supporting service members and their families in different ways.

In 2022, Dholah-Roddy became the first chaplain and first woman appointed associate director for NAD ACM. The NAD ACM provides endorsement, resourcing, and mentorship to more than 800 Seventh-day Adventist chaplains, including nearly 150 serving in the United States military. [Office of Communication, North American Division]
How to live a pastoral life without limits

Please prepare twenty robes for the baptism we have planned for our church next month,” I requested of my head deacon.

“Pastor,” he responded, “we’ve never baptized more than six people at a time in this church. In fact, we only possess seven baptismal robes.” My head deacon was a deeply spiritual man whom I held in high esteem. But his beliefs were somewhat constrained by past experiences.

I explained to him, “I understand that this city is challenging for winning souls, and I’m aware of our limited success in the past. However, I’ve been earnestly praying for twenty souls, and I firmly believe that God will answer this prayer. Please, let’s arrange for additional baptismal robes.”

When the day of the baptism arrived, to my head deacon’s surprise, we baptized not 20 individuals but 21! It was not a lack of faith in God on his part; rather, he had been conditioned to view certain achievements as unattainable simply because they had not been accomplished before.

Limiting beliefs

Have you ever been influenced by such limiting beliefs? I commonly encounter, “Evangelism doesn’t work anymore” or “This area is too difficult; people won’t respond to the gospel.”

Are you holding on to any limiting beliefs? Sometimes, they are so deeply embedded in our subconscious that we aren’t even aware of their presence. It’s like the classic story of the elephant tied with a rope. While strolling through an elephant camp, a man noticed that the elephants were not confined within cages or constrained by chains. Their only restraint was a slender piece of rope tied to one of their legs. As he observed these massive creatures, he couldn’t help but wonder why they didn’t use their formidable strength to snap the rope and liberate themselves from the camp. Breaking free seemed entirely within their capacity, yet they remained motionless and made no attempt to escape.

Intrigued and eager to understand, the man approached a nearby trainer and inquired about the elephants’ docile behavior. The trainer offered this insight: “When they were very young and much smaller, we used the same-sized rope to secure them. At that tender age, it sufficed to keep them in place. As they matured, they became conditioned to believe that they could not break free. They still hold the false belief that the rope possesses the power to restrain them, so they never attempt to break their bonds.” The sole reason the elephants did not liberate themselves and flee from the camp was that, over time, they had embraced the limiting belief that it was impossible.

Does God want us to be limited in our service to Him? The apostle Paul says, “For this reason, since the day we heard about you, we have not stopped praying for you. We continually ask God to fill you with the knowledge of his will through all the wisdom and understanding that the Spirit gives, so that you may live a life worthy of the Lord and please him in every way: bearing fruit in every good work, growing in the knowledge of God, being strengthened with all power according to his glorious might so that you may have great endurance and patience” (Col. 1:9–11, NIV). This sounds like Christian growth without limitation.

God wants us to have “all power,” not limited power. Author Ellen G. White comments, “There is no limit to the usefulness of one who, by putting self aside, makes room for the working of the Holy Spirit on his heart, and lives a life wholly consecrated to God.” No limit. That is why Jesus sent the Holy Spirit. The Holy Spirit is the spirit of limitless possibilities.

God’s people have three essential tasks to accomplish His commission: (1) pray fervently and persistently for the Holy Spirit’s power, (2) study and understand the Bible, and (3) spread the Word of Jesus Christ to others. We are not alone in this mission. Jesus is offering us “all power” today to achieve this goal. That’s good news.

Our Forgotten Brothers

This is a shortened version of a Ministry article published in October 1961 that we can still learn from today.

During the past three years I have served as chaplain of a Federal hospital, a Federal prison, and a State training school for delinquent youth. I have lived with men and boys who had made shipwreck of their lives, so they had been sent off where they would be out of sight of “decent” people, and keys were turned behind them.

After these years of observing such “awful” people, there have come upon me some very firm convictions. One is: The church should be contributing far more toward the spiritual rehabilitation of these lonely and broken outcasts, than we are doing at present.

We are all aware of the fact that the increase of lawlessness and violence has filled these correctional facilities of our country far beyond their capacities. All this constitutes a vast field of labor for the servants of Christ. The numbers of lost men and women are ever increasing. These people must be given spiritual help.

While this spiritual guidance cannot always be completed during the time they are wards of an institution, it can be begun. When they see the help they might receive from God, many reach out for it.

Evidence of this desire for spiritual help is found in the large number of prisoners enrolled in the Voice of Prophecy correspondence courses throughout the country. But what are we doing to follow up the interests? Has any plan been worked out that assures personal visitation by workers or trained laymen who are orientated in this line of approach? Ministers in the area of these prisons are like ministers elsewhere—too busy and often too inadequately prepared to take on these added responsibilities.

Yet this call must be answered. Ministering to broken men and women about us is a service that cannot be left to others to do. I have found that many of the boys for whom I labor would make earnest Christians if they were only given a chance. But when a mother abandons a little boy, when a father kills a boy’s stepmother before his eyes, when a boy is shunted from home to home, what else can we expect?

This requires more than a compassionate heart and a willing hand. Men and women in the modern halls of correction and rehabilitation must be given more than the unskilled care. Dealing with the minds of men is the most delicate work in the world, and it must be undertaken with some skill.

Ministering to broken men and women about us is a service that cannot be left to others to do. I have found that many of the boys for whom I labor would make earnest Christians if they were only given a chance.

It is up to us to develop the right kind of technique to open these doors. It will cost money, if for no other reason than the fact that the field is so large. But can we stand by as a church and do nothing for those who have fallen victims to sin?

The person who has broken the law and fallen into disgrace and shame is still a child for whom Christ died. Only Christ can save him. He is our brother as well as is the saint in the church for whom we labor. May God roll upon us then a sense of obligation toward these “disinherited souls” who are increasing in such numbers all about us.

Tonight he may be sitting in some lonely cell, wishing that he had the power to live a better life. Let us help him.
Need a week of prayer speaker? We’ve got you covered. Need scientifically sound support for the biblical story of creation? We have that, too. At Southern Adventist University, we believe in the important work you are doing as a pastor. These free resources are just one way we’re here for you:

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Meet more than 70 speakers who are available on a variety of topics, plus musicians and touring groups, all willing to come to you.

**Faith and Science | southern.edu/faithandscience**
Take a self-guided tour through our Origins Exhibit, or download ready-to-use educational materials about creation and evolution that are scientifically accurate and biblically sound.

**Institute of Archaeology | southern.edu/archaeology**
Access our Egyptology book collection online, watch archived archaeology lectures, or visit our museum’s special exhibit “Peace and War” to explore the historic Assyrian conquest and miraculous deliverance of Jerusalem.