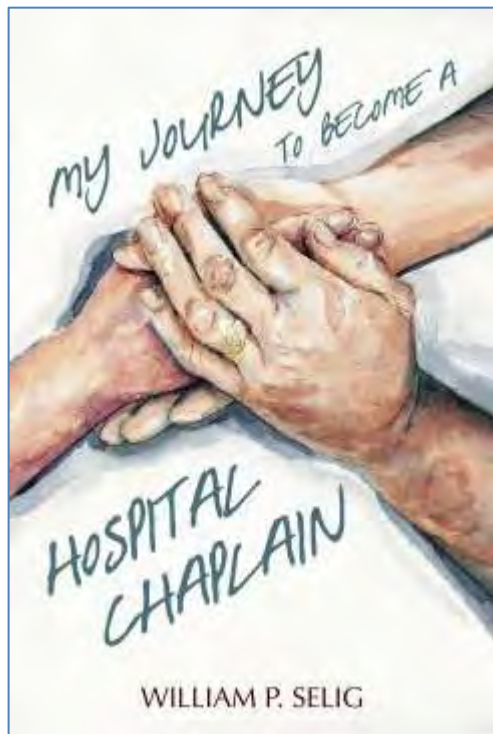


My Journey to Become a Hospital Chaplain

William P. Selig
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It was early morning at the hospital when I was called to an elderly patient's room. The son and his family had driven all night to be there. As I entered the room, it was as if a curtain was being drawn open, a spotlight appeared, the audience hushed, and the performance was about to begin. There were no introductions, not a single word was spoken. Somehow everyone "knew" me. Frankly, they knew me even better than I did – *the chaplain is here*.

In that spirit-filled atmosphere, my heart "heard" and understood that we were in the midst of a sacred moment. We stood around the bed and held hands. As a prayer came from my lips, in the background I could hear the weeping of the family and relatives. When I stopped speaking and opened my eyes, I felt like a spent rain cloud. Everyone was looking at me. After a moment, the patient whispered, "Thank you, pastor. Your words filled my soul."

So many times I have seen how the power of prayer brings a sense of connection to God's love and healing power. When a patient is lying in bed feeling distressed and anxious, prayer has the potential to provide spiritual healing and bring a sense

of harmony and wholeness. Make no mistake. Spiritual pain and fear are just as real as physical pain.

My journey to become a chaplain truly has been a blessing. As much as God has used me to touch the lives of so many patients, family and staff, I have to testify that I too have been touched and my own spiritual growth has benefitted. More than once, I've wondered who gains more from the encounters: the patient or myself?



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The Chaplain's Mission

Hospital chaplains have a unique mission. We are called by our Heavenly Parent to selflessly minister to patients' spiritual needs. This represents the recognition that men and women are multi-dimensional – we all have an eternal spirit in addition to our physical body and mind – and that good health is about maintaining a balance. To be fully healthy, there must be harmony and integration at all levels.

The role of the hospital chaplain is not to witness to any particular faith tradition but to support the development and stability of this triangle – body, mind and spirit – so each person can become whole and in the image of God as described in Genesis 1:27: "So God created mankind in his own image, in the image of God he created them; male and female he created them."

The hospital chaplain focuses on the spiritual needs and questions passing through people's minds when they or someone they love is sick or in crisis. For example: Why is this happening to me? Did I do something wrong? What gives me comfort and hope? Who loves me? Who is important to me? What happens after this life?

When lives have been turned upside down, people are anxious and look for balance. Patients seek meaning, comfort, hope, and community. There is a desperate desire for answers, and most of all, no one wants to be alone. By discussing meaning, value and purpose, the chaplain interacts at the very core of who they are.

In essence, I feel like a spiritual catalyst, a match ready to ignite their connection with a higher power. It is an awesome responsibility to remind patients that we are spiritual beings having a physical experience, and that faith really does have the power to heal, sustain and guide beyond faith boundaries, race, national origin, language, and gender.

Clinical Pastoral Education (CPE)

To become a chaplain certified by the Association for Clinical Pastoral Education (ACPE) there is a

several-year process that requires four CPE units to develop skills in spiritual care and 2,000 hours of clinical time visiting patients. One point that becomes apparent very quickly is the relationship between gaining competence and my own willingness to self-reflect and share myself with others. In short, to become a chaplain, one has to know oneself.

In my case, I completed five CPE units, which included the one-year Chaplain Residency program. These were taken at two prestigious hospitals in the Washington, DC area which exposed me to two unique types of environments and cultures. The National Institutes of Health is a clinical research hospital with a limited number of patients, while the MedStar Washington Hospital Center is an inner-city facility that deals with emergency situations on a daily basis.

The CPE curriculum is designed to give chaplains experience, both conceptually and practically, in three areas: Pastoral Formation, which refers to our own spiritual journey and what has led us to pursue this course; Pastoral Competence, which is to practice spiritual care skills and be comfortable with diverse populations; and Pastoral Reflection, which is to honestly examine our clinical experiences with the help of our fellow chaplains and supervisor, particularly with reference to personal strengths and weaknesses.

During the programs, my colleagues and I had to prepare many written papers including verbatim reports of the dialogue during a care visit, as well as personal analysis and evaluation. Lectures were presented on various topics including loss and grief, conflict, boundaries, palliative care, and ethics.

The CPE program is based on the “action-reflection model,” which means that after each visitation, we reflect and prayerfully analyze the interaction. I am especially grateful to my peers and supervisors and benefitted from their observations and insights.

My fellow chaplains and our supervisor also had hour-long gatherings each week called “Being in Relation Seminars” (BIRS) or “InterPersonal Relations” (IPR). These were particularly challenging because they require self-honesty and authenticity in a group setting.

Regrettably, these are not qualities men are traditionally brought up to value. We are taught from an early age to be strong and stoic – and that emotions are a sign of weakness. I found it difficult and sometimes confusing to identify my emotions; however, there were breakthrough moments when I realized I could trust myself, that it was okay to be vulnerable, and important to express what I was feeling.



The interaction with fellow chaplains and one’s supervisor is a fundamental part of the training. They played a huge part in smoothing out my rough edges and the emotional fallout that comes with hospital visitations. We helped each other every day.

I remember the first time that one of my colleagues came back to the office after dealing with an end-of-life scenario. He was so shaken he could barely speak. The other chaplains and I offered him comfort and encouraged him to express his feelings. Likewise, for myself as well, there were

many times that talking with my fellow chaplains allowed me to process what was so new and unexpected, and my personal gut issues that worry me, such as getting old or being rejected because of my faith. My colleagues came to my rescue many times and I like to think that I was there for them.

I am especially grateful for the opportunity to share about my faith with my colleagues and during our community worship. I was encouraged and pushed to explore my own beliefs, heritage and community. We benefited from hearing about each other’s faith traditions and rituals, which included: Catholic, Eastern Orthodox, Seventh Day Adventist, Presbyterian, Unitarian, Methodist, and Muslim. The hospital goes out of its way to recruit representatives of diverse backgrounds, whether for the full-time staff, residents, and the interns who participate in the intensive summer session or the extended year-long program.

During the many hours in the classroom and at the bedside of patients, I had the opportunity to develop my chaplaincy skills and gifts – listening, giving emotional/supportive presence, and encouraging patients to express their feelings.

We were assigned different wards in the hospital including maternity, cardiac, burn, oncology, and psychiatric for daily visitation, as well as intensive 12-hour shifts, referred to as “on-call,” when we could be called to any area of the hospital on a moment’s notice, often the trauma unit or emergency room.

Besides the spiritual care visitations, we were each responsible to lead morning worship service in the

chapel, referred to as the “Community Centering Moment.” During my one-year residency, I led the service once a week and tried to reflect on themes about the human experience – fear, hope, patience, reconciliation, love – universal themes beyond any particular faith.

Included in my new book of becoming a hospital chaplain are not only several sermons I gave, but a few case studies. Basically, these are verbatim accounts of the circumstances of the visit and what was said and my evaluation. I found it to be an insightful learning exercise. These experiences helped me realize from day one that the most precious gift I bring to a patient is myself, my time, care and concern

Conclusion

I have no illusions that my journey to become a hospital chaplain has ended or is completed; I am still “becoming” a chaplain. My chaplaincy, just as my life, is a work in progress.

I’m truly humbled by the first responders, the hospital staff, and my fellow chaplains and the sacrifices that they make daily to care for and give support to patients, families and staff. I am grateful they have welcomed me with open arms – a fellow soldier in the battle. I am pleased to be counted on as a resource for the patients, doctors, nurses, and hospital personnel. The chaplains are part of a multi-disciplinary team treating the whole person, the body, the mind, and the spirit.

By my calculations, I interacted with more than 3,000 people during the past three years. I journeyed with people from around the world, of diverse backgrounds and faiths, together in grief and loss, joy and happiness.

The realm of feelings and emotions is filled with intensity and strength. Once a chaplain enters that domain, there’s no way to exit unscathed. It would be like jumping into a swimming pool and expecting not to get wet. It doesn’t work that way. I am grateful for the many lessons that helped me develop and mature spiritually. The CPE experience has really pushed my heart to deepen and expand. I know God has used me countless times to comfort patients. This truly gives me enormous satisfaction.

Father Moon said:

“When you die, you must take with you three accomplishments. One, that you loved God. Two, that you loved yourself and worked hard to establish your essential self. And three, that you worked hard to expand the love you shared with your spouse and your family to the entire world. This love for humanity and for God will remain forever. It will define your right to ownership in the next world.”

If I had to give advice to someone, I would summarize the past three years and all my experiences with the words “live for the sake of others” and the reminder that the journey is just beginning.

This article is adapted from Dr. Selig’s new book, My Journey to Become a Hospital Chaplain, available from Lulu.com (142 pp.). Those interested in a career as a chaplain, working in a hospital, hospice, the military, or correctional facility, should check out UTS’s Chaplaincy Track.

William P. Selig is an interfaith hospital chaplain in the Washington, DC area. Chaplain Selig has been a member of the Unification Movement for more than 40 years. He graduated from the University of Maryland with a Bachelor of Arts, and has a Master of Religious Education and a Doctor of Ministry degree from Unification Theological Seminary.