

EMOTIONAL INTELLIGENCE AND CHAPLAINCY: AN ANALYSIS OF
ELEMENTS OF EMOTIONAL INTELLIGENCE IN CHAPLAINS' CLINICAL
TRAINING AND ENCOUNTERS

PROJECT REPORT
SUBMITTED TO THE FACULTY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE
DOCTOR OF MINISTRY
BY
AGNES MAKAU-OLWENDO

WINEBRENNER THEOLOGICAL SEMINARY

FINDLAY, OHIO

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ABSTRACT

Life crises elicit emotions and people's process of adaptation varies. Medical crises are no exception. Chaplains are part of the healthcare interdisciplinary team that provides holistic care. They are trained to address spiritual and emotional needs. Patients and their families undergo emotional sometimes spiritual distress when faced with news of devastating diagnosis or death. They need someone to come alongside them as they process and adjust to new situations. In order for chaplains to function effectively in these situations, they need to understand that people will react emotionally first before they can reason, and even when they begin to reason, it does not override emotions. Chaplains must then identify their emotions before they can identify and address other people's emotions. A chaplain who can successfully execute this skill is said to possess emotional intelligence.

Emotional intelligence is crucial in the functioning of a healthcare chaplain and deserves intentional inclusion in chaplain's clinical pastoral education. Emotional intelligence focuses on self-awareness and self-management, social awareness and relationship management, these are areas that sum up a chaplain's scope of interactions. It is imperative to sensitize chaplains in training to equip them to identify elements of emotional intelligence and apply these in their spiritual interventions. These elements of emotional intelligence include but are not limited to, compassion, cognitive empathy, active listening, realistic self-assessment, initiative, and insight.

This research addresses the need to develop emotional intelligent amongst healthcare chaplains. The findings yielded significant themes that include emotional intelligence, chaplaincy skills, self-awareness as a chaplain, and social awareness in chaplaincy. The analysis of verbatim reports and data from interviews revealed that there is evidence of elements of emotional intelligence in interventions performed by the chaplains while in training and post-clinical pastoral education. The data revealed that intense emotional clinical encounters characterized diversity, sudden death, and intense grief acted as catalysts for demonstration of emotional intelligence. However, the data also revealed while chaplains excelled in social awareness and relationship management, the element of realistic self-assessment was generally lacking, although self-awareness seemed to be a topic of emphasis during CPE training. Respondents' perception of self-awareness seemed to matter only in areas of caring for others. However, self-awareness without self-care is an incomplete concept. Possessing emotional intelligence includes self-management.

The research project offers recommendations that include: redesigning clinical pastoral curriculum to include emotional intelligence, adaptation of appreciative inquiry as a non-antagonistic assessment approach, a rubric that describes elements of emotional intelligence, and self-evaluation that is a long term, user friendly for both CPE students and practicing chaplains.

CHAPTER ONE: INTRODUCTION TO THE PROJECT

Context of Problem

In clinical chaplaincy the encounters are diverse. For example, on this particular day, the pager went off and the chaplain intern on call responded. The nurse informed him that he was needed in the mother-baby unit by a couple who had just experienced the stillbirth of their first child. When the intern got to the couple's hospital room, they were both crying and the mother was holding the little stillborn baby. The intern introduced himself as the chaplain and the couple informed him that they would like to have their baby baptized before they bury him. The intern was stunned. "How can any Christian think of baptizing a dead body? Baptism is for the living," his thoughts raced. "We want to make sure he goes to heaven, since we will not have the chance to present him in church for baptism," the father of the baby continued, interrupting the intern's thoughts. He quickly found his voice and asked, "Are you Protestants or Roman Catholics?" The husband explained that they were Protestants from out of state visiting relatives and the baby came early. However, the nurse had advised them that if they had any spiritual needs the hospital had chaplains who would be glad to provide spiritual care and emotional support.

The chaplain intern excused himself saying he would be back in a few minutes. As he walked down the hospital halls, he felt overwhelmed; the scenario brought back the emotions he experienced about fifteen years prior when he and his wife had gone through

similar loss of their first son at birth. He remembered the tears, disappointment, and devastation. He wished he did not have to deal with the situation at hand, but for now he would keep his personal experience to himself; it was the baptism of the baby that he did not know how to handle.

He stepped through the hospital entrance and called the hospital's spiritual care manager, explained the situation, and asked the manager for guidance. The manager advised him to do as the couple had requested. "But I do not believe in baptizing dead bodies and my church does not do that," the intern objected. "You can do it in the hospital, since the patients are from diverse backgrounds and we need to address the patient's need. Our approach is interfaith," the manager replied. "If you do not feel up to it, I can arrange for someone else to come and do it. However, if you feel called to chaplaincy, I would suggest you do it because you will come across this again and again; it is good experience for you. Just use very little water and do not press hard on the baby's forehead. The baby can stay in the mother's hands, use a few drops of water, wipe gently with a clean cloth (you can ask at the nurses' station for a clean cloth), and conclude with prayer. Remember to pray with the parents and ask them if there is anything else they would like you to do for them," the manager continued. After a long pause and then the intern reluctantly replied, "Okay, I think I will do it." "Alright, let me know how it goes," replied the manager.

The intern returned to the mother-baby unit armed with a clean cloth and a small bowl of water, led in a brief baptismal ceremony for the baby while the parents listened, concluded with prayer, and asked the parents if there was anything else he could do for them. They thanked him profusely and said how grateful they were that their little baby

would be with God, now that he had been baptized. He bade them good bye and wished them well. In the parking lot he sat in his car for a long time pondering this encounter and processing his emotional response. It felt so inappropriate to him, yet was acceptable to the hospital's spiritual care manager, and seemed necessary for the couple. The encounter challenged his intellect and emotions. He wondered if chaplaincy was really in his calling. How would his theology survive in such a place? What would be his professional, pastoral, and personal position in chaplaincy if he had to face and fulfill such kinds of requests? What would he do about his own pain? He wept at the memory of his son whom they lost at birth those fifteen years ago. After gaining his composure he drove away, conflicted and unsure if he would continue with his clinical pastoral education.

In another instance, a chaplain intern was shocked after visiting a patient who did not accept prayer. The intern had been a pastor in a local church for many years and in all his life he had never seen a sick person decline prayer. This experience challenged his worth. He wondered what would be his role as a chaplain if people declined a practice that defined his ministry. The practice of saying a prayer, reading scriptures, singing a hymn, officiating ordinances, and overseeing a religious ritual was common in his religious circles.

Yet another chaplain intern felt rejected when a group of bereaved relatives walked away and did not acknowledge his attempts to comfort them. Their speech, facial expressions, and overall behavior frustrated the intern. During a Clinical Pastoral Education seminar, a new intern was cautioned by the supervisor against spending so much time with a particular patient she visited every day, she felt confused. She did not

understand what was so wrong with spending two hours every day with a pleasant eighty year-old female patient who made her feel so comfortable, so appreciated and made the day go so fast. These examples demonstrate the uniqueness of chaplaincy ministry and importance of a chaplain's emotional intelligence. Emotional intelligence refers to "the ability to monitor one's own and others' emotions, to discriminate among them and to use the information to guide one's thinking and actions."¹

Chaplaincy is a specialized ministry where the minister serves in an institutional setting, usually serving persons of diverse religious or no religious affiliation. The chaplain is present to listen, care, and respond appropriately to the needs and agenda of the recipient or client. A chaplain cannot have an agenda; the way forward is mapped out during or after the visit with the patient or family. In comparison with other members of the interdisciplinary team, a chaplain's role is mostly to "be" not to "do." "To be" is to exist, to be actively present; a chaplain exists alongside someone who is experiencing spiritual and emotional distress resulting from physical psychological or mental distress. "To be" is a non-judgmental presence that ideally should foster and encourage reflection, life review, and expression of feelings. It is an emotional enabling presence initiating the process of exploration of issues, adjustment, adaptation, self-realization, reconciliation, and forgiveness. A chaplain's "To Be" is a non-anxious existence that adapts a non-exit posture. A chaplain should not look worried or hurried. This can be illustrated by using the Hebrew imperfect tense which refers to "an action that has begun but not yet

¹ Peter Salovey and Jack Mayer, "Emotional Intelligence," *Imagination, Cognition, and Personality* 9, no. 3 (1990): 189.

complete.”² In this sense, “To be” not only suggests a beginning but also it has the sense of continuity. The chaplain services are not a “hit and run” kind of approach, it starts with presence or availability and follows with an intentional assessment of patients’ needs with the goal of appropriate interventions towards desired outcomes. It is not a case of ‘describe and prescribe.’ It has an element of trust, reliability, and indiscrimination. It is a process not an event.

At the risk of sounding contradictory, the chaplain service is a presence that provides space for the hurting person to process feelings. The patient can speak and pour out their heart without shame, guilt, or fear, as if there is no one and yet there is someone. It is a presence that liberates the patient to freely explore and express their emotions without the demands to be emotionally proper or take turns. People who are in a crisis need a good listener to help them explore their issues. In such a process, it is therapeutic to talk and yet it is unnatural to talk to oneself out loud. A chaplain’s presence enables a therapeutic exploration of patients’ issues. Therefore, the chaplain is the presence that comforts and calms those undergoing moments of crises. Chaplains walk into the “unknown” of various situations, the ability to effectively address these situations at the spur of the moment is extremely important. This project will demonstrate that possessing emotional intelligence can greatly enhance the functioning of a chaplain in such contexts.

In an attempt to make a point for emotional intelligence, Thomas Hora makes a few distinctions. He writes, the compassionate man says, “I love you because I understand you,” The empathetic man says, “I know how you feel,” the sympathizing man says, “I feel for you,” empathy and sympathy are ... devoid of healing power. They

²Jeff A. Benner, “Learn Hebrew Verbs Lesson 5: Biblical Application,” http://www.ancient-hebrew.org/37_lesson05.html [accessed November 14, 2013].

have a temporary soothing effect but they do not heal ... emotional intelligence says, “I am in this process with you.”³ A healthcare chaplain does not only empathize or show compassion, she is a sojourner who comes alongside another at a critical juncture in the person’s life journey to offer spiritual care. Take, for instance, a patient with dementia. To most people including caregivers, demented patients are described as having “nonsensical speech” or “unintelligent conversations,” yet these make a large population of hospice patients. G. Allen Power, a geriatrician, suggests that any care for a patient with dementia should adapt the experiential approach instead of relying on drugs. He writes that when these patients seem to wander, they are searching. Therefore, the experiential approach asks us to try to understand what a person may be searching for. In many cases, it is simply *home*—familiarity. In a nursing home, there is often very little that holds meaning for an individual other than a few possessions in her room. There is often nothing in other living areas that “speaks” to her. Unfamiliar care partners who provide only superficial interactions also augment feelings of unfamiliarity. And an operational structure in which people come and go in a task-directed fashion (instead of stopping by to visit and connect, as we would in our own home) adds to the unfamiliarity and discomfort as well.⁴ In other words, the dementia patient will not calm down; they will keep wandering until they can find something they are connected to in their current residence.

³ Thomas Hora. *Beyond the Dream: Awakening to Reality*, 2nd ed. (New York: Crossroads, 1996), 79.

⁴ G. Allen Power, *Dementia Beyond Drugs: Changing the Culture of Care* (Baltimore: Health Professions Press, 2010), 195.

In this case, Power's experiential model views people with dementia through their own eyes as far as possible.

It views behavioral expressions as attempts to problem-solve, cope with stressors, achieve control, or communicate needs as opposed to the biomedical model, which centers on the perceptions and needs of the families and care staff, while discounting the unique perspectives of the person who actually experiences the illness.⁵

The experiential model increases the wellbeing of the patient, unlike the biomedical model, which interprets the patient's expression of needs as confusion and applies a medication "fix." This model, however, requires someone who can sojourn with the patient in their "wandering." An effective clinical chaplain will "see through client's eyes" or "what a person is searching for." The process is has a lot to do with coming alongside the patient, helping them express their needs and encouraging them as they find their way in adjustments. The feelings people have about their interactions with a chaplain can impact the outcome of the visit. A patient's spiritual needs assessment is "measured" against their spirituality. It has to do with the patient's sense of sacredness. The chaplain cannot use his or her own spirituality or lifestyle as a rule for the patient's assessment. In order to achieve this, the chaplain has to develop their professional, pastoral, and personal identity and avoid incidents of anxiety, transference, or counter transference. A person who minds other people's feelings in order to help them process their emotions in times of distress would be more effective if they developed their emotional intelligence.

Emotional intelligence enables a chaplain to navigate easily through diverse and numerous clinical encounters; therefore, chaplains in training should include the

⁵ G. Allen Power, 80.

development elements of emotional intelligence from the beginning of their Clinical

Pastoral Education. Clinical Pastoral Education is

... an interfaith professional education for ministry. It brings theological students and ministers of all faiths (pastors, priests, rabbis, imams, and others) into supervised encounter with persons in crisis. Out of an intense involvement with persons in need, and the feedback from peers and teachers, students develop new awareness of themselves as persons and of the needs of those to whom they minister. From theological reflection on specific human situations, they gain a new understanding of ministry. Within the interdisciplinary team process of helping persons, they develop skills in interpersonal and interprofessional relationships... The CPE participant's contract is developed around the learning goals of:

- **Pastoral Reflection** - reflection on one's self as person and pastor in relationship to persons in crisis, the supervisor, and peer group members, as well as the curriculum and institutional setting.
- **Pastoral Formation** - focus on personal and pastoral identity issues in learning and ministry.
- **Pastoral Competence** - deepening and unfolding of competence in pastoral function, pastoral skills and knowledge of theology and the behavioral sciences.

Some centers also offer Pastoral Specialization, focusing on the student's desire to become competent and knowledgeable in a particular area of ministry, e.g. oncology, urban ministry, parish ministry, hospice ministry, etc.⁶

Currently there are two accrediting bodies for clinical pastoral education: ACPE (Association of Clinical Pastoral Education) and CPSP (College of Pastoral Supervision and Psychotherapy). After four units of CPE with each unit usually taking four months or four hundred hours of supervised clinical service, the chaplain can be certified by the following certification boards: APC (Association of Professional Chaplains), this certification board requires one year chaplaincy experience beyond the clinical pastoral Education, NACC (National Association of Catholic Chaplains), NAJC (National Association of Jewish Chaplains) and CPSP (College of Pastoral Supervision and Psychotherapy).

⁶ ACPE, "Frequently Asked Questions about ACPE Clinical Pastoral Education," <http://www.acpe.edu/faq.htm#faq1> [accessed August 12, 2013].

Clinical pastoral education is a method of theological education training in pastoral care skills, concepts and ministry.”⁷ Chaplains in training acquire their skills through experiential learning. Jankowski, Vanderwerker, Murphy, Montoye, and Ross define CPE as “experiential learning of the art and science of pastoral care. CPE students increase capacities in psychological strengths such as self-awareness and empathy and improve skills in interpersonal and inter-professional relationships.”⁸ David Kolb defines experiential learning as, “the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience.”⁹ Kolb identifies two ways of transforming experience: reflective observation and active experimentation. Concrete experience serves as a basis for reflection. From these reflections, we assimilate the information and form abstract concepts. We can use these concepts to develop new theories about the world, which we then actively test. Through the testing of our ideas, we once again gather information through experience, cycling back to the beginning of the process. The process does not necessarily begin with experience. Instead, each person must choose which learning mode will work best based upon the specific situation. Experiential learning is a student-centered approach to learning that can occur without the presence of a facilitator. It is a preferred learning method for adult learners.

⁷ Baptist Health Louisville, “Frequently Asked Questions About Clinical Pastoral Education,” <http://www.baptisteast.com/Services/Pastoral+Care/Frequently+Asked+Questions+about+Clinical+Pastoral+Education> [accessed December 09, 2103].

⁸ Katherine R. B. Jankowski, Lauren C. Vanderwerker, Kathryn Murphy, Martin Montoye, and A. Meigs Ross, “Change in Pastoral Skills, Emotional Intelligence, Self –Reflection and Social Desirability Across A Unit Of CPE” *Journal Of Healthcare Chaplaincy* 15, no. 2 (2008): 132-48.

⁹ David Kolb, *Experiential Learning: Experience as the Source as Learning and Development* (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1984), 38.

However, Dewey recognizes that “experiences can either be educative or mis-educative,”¹⁰ and hence can distort further learning. What should an instructor do with experiences that are “mis-educative?” There should be criteria to avoid promoting experiences that may lead to distortion or disconnection. Thus, experiential learning can benefit from portions of guided study and guidelines for reflection. Supplements to experiential learning may be essential in contexts where certain objectives, skills, or principles are expected, as is the case with clinical pastoral education. Healthcare chaplains gain their experience from a clinical context. Their training includes ministering to patients, family, and staff at a hospital, nursing home, or hospice. However, they need to understand themselves and how “their attitudes values, assumptions, strengths and weaknesses affect their pastoral care.”¹¹

Understanding self is not a natural or obvious awareness; it may require more than the innate aspect of the epistemological process, it may require guidance. The understanding of self and others is highly influenced by one’s environment and experiences. Due to the diverse backgrounds of people’s upbringing and experiences, an essential skill should not be left to chance. What we know and how we know is not universal. What is important, non-negotiable, accepted, or ethical is largely influenced by where we have been, whom we encounter, and what we have been exposed to. In CPE an important exposure for chaplains is their theological/religious beliefs and experiences. In church-owned hospitals the chaplain usually represents the same denomination, while other hospitals may choose from a variety of religious backgrounds depending on their

¹⁰ John Dewey, *Experience and Education* (New York: Kappa and Delta Pi, 1938), 25.

¹¹ WellSpan Health, “Objectives and Outcomes,” <http://www.wellspan.org/for-medical-professionals/education/clinical-pastoral-education/objectives-outcomes/> [accessed July 25, 2013].

clientele. Although chaplains belong to specific religious groups, most hospitals stress that the spiritual services provided must be interfaith and that people of all religious faiths or no faith must be respected. Chaplains are expected to use a non-evangelistic spiritual care approach. The chaplain, however, can share their personal faith upon request of patient, family or staff as long as he is aware of the extent and context of sharing.

Further, the chaplain is expected to be aware of other religious ministers who are within reach and can provide additional and individualized religious services upon request. Since the chaplain often works with an interdisciplinary team, it is imperative that he is aware of what the responsibilities are in patient care. It is common for a chaplain to be presented with a myriad of patient needs, some of which are not under spiritual care. In such a case, a chaplain who knows his or her resources will enhance ministry effectiveness. Therefore, the nature of chaplaincy ministry requires training that employs epistemological methods that will achieve desired outcomes. An inclusion of guided or didactic teaching on important topics or skills like elements of emotional intelligence in the experiential learning would be helpful in chaplaincy training.

Additionally, the nature of the social context in which chaplaincy is practiced places an enormous emotional burden on a chaplain. This translates into “understanding where a person is coming from as well as how to communicate effectively as a result.”¹² However, dealing effectively with emotions may not come naturally because, as Travis Bradberry and Jean Greaves point out, when confronted with a situation people will experience it emotionally before they can reason. In addition, the situation may not stop

¹² John Errigo, “Emotional Intelligence: A Positive Influence on Leadership Effectiveness and Cohesive Team Development” (master’s thesis, Saint Joseph’s University, 2009), 20-21.

or change and one has to control their own behavior against an onslaught of emotions.

The authors further explain:

The daily challenge of dealing effectively with emotions is critical to the human condition because our brains are hard-wired to give emotions the upper hand. Here is how it works: everything you see, smell, hear, taste, or touch travels through your body in the form of electric signals. These signals pass from cell to cell until they reach their ultimate destination, your brain. They enter your brain at the base near the spinal cord, but must travel to your frontal lobe (behind your forehead) before reaching that place where rational, logical thinking takes place. The trouble is, they pass your limbic system along the way—the place where emotions are produced. This journey ensures you experience things emotionally before your reason can kick into gear. ... The rational area of your brain (the front of your brain) can't stop the emotion "felt" by your limbic system but the two areas do influence each other.¹³

The awareness of how the human brain works will enable a minister to devise ways of addressing his/her emotions and understanding when others do or do not have the capacity to do the same. It is the intentional attempt to work against the "flow of your brain." The chaplain has to remember that human beings react to situations emotionally before they can reason. Even though they process the situation to the point of reasoning, reasoning does not override the emotions. Therefore, the chaplain's understanding of self and others is of utmost importance. As Daniel Goleman explains:

If you can't manage yourself, you can't manage someone else. The ability to manage yourself – to have self-awareness and self-regulation – is the basis of managing others, in many ways. For instance, science has learned that if you are tuned out of your emotions, you will be poor at reading them in other people. And if you can't fine-tune your own actions—keeping yourself from blowing up or falling to pieces, marshaling positive drives—you'll be poor at handling the people you deal with. Star leaders are stars at leading themselves, first.¹⁴

¹³ Travis Bradberry and Jean Greaves, *Emotional Intelligence 2.0* (San Diego: Talentsmart, 2009), 6.

¹⁴ Daniel Goleman, "Leadership: The Power of Emotional Intelligence," interview with Dan Schawbel, <http://www.forbes.com/sites/danschawbel/2011/09/15/daniel-goleman-on-leadership-and-the-power-of-emotional-intelligence> [accessed July 19, 2013].

Bradberry and Greaves agree, and they write, “Emotions can help you and they can hurt you. But you have no say in the matter until you understand them.”¹⁵ Also,

[d]eveloping the elements of emotional intelligence is an essential process towards the status of emotional intelligence. Some of the aforementioned elements are Self-awareness is, Self-regulation, Motivation, Empathy, Social skills. According to Daniel Coleman, “self-awareness is the ability to recognize and understand your moods, emotions and drives, as well as their effect on others.”¹⁶

The indicators of self-awareness are self-confidence that exudes presence and decisiveness, and realistic self-assessment. Self-awareness is the basis for all other elements of emotional intelligence. According to Ricky Griffin and George Moorhead, “Self-awareness is the capacity of being aware of how they are feeling, such that they are able to guide their own lives and behaviors.”¹⁷ Clawson, however, cautions that emotional awareness “requires reflection if one learns to pause, to focus inward, and to seek one's emotions, one can become more aware of them. You might begin asking yourself several times during a normal day, ‘What am I feeling now?’ If you question yourself frequently for a week, you will probably be able to notice what you feel more readily. Then the challenge—one accepted by people with high emotional intelligence—is to manage those emotions in a more constructive way.

People who develop a high emotional intelligence do not yield to their emotions easily—rather they seek to manage them.”¹⁸ They have the ability to express their

¹⁵ Bradberry and Greaves, 12.

¹⁶ Daniel Goleman, “What Makes a Leader?” *Harvard Business Review*, 2004, <http://hbr.org/2004/01/what-makes-a-leader/ar/1> [accessed August 13, 2013]: 88.

¹⁷ Ricky W. Griffin and George R. Moorhead, *Organization Behavior: Managing People and Organizations* (New York: Houghton Mifflin Company, 2007), 65.

¹⁸ James Clawson, *Level Three Leadership: Getting Below the Surface*, 4th ed. (Upper Saddle River, NJ: Pearson Prentice Hall, 2009), 176.

feelings, beliefs, and thoughts and defend their rights in a non- destructive way. People who have self-awareness know their strengths and weaknesses. Possessing emotional intelligence increases one's level of tolerance and influences the process of stress management. Travis Bradberry and Jean Greaves advise that "emotional intelligence is not part of a personality: it is a skill which can be increased if one discovers the areas they need to work on."¹⁹ Therefore, it would appropriate to nurture elements of emotional intelligence in order to improve the functioning of a clinical chaplain.

Statement of the Problem

Clinical encounters bring out the strengths and weakness of chaplains. In some cases they are an indication that a chaplain needs self-reflection. Sometimes however, these encounters are a product of the discrepancy between stated learning outcomes and the methods of learning. The nature of chaplaincy ministry requires an integrative learning approach. Chaplains should be able to make connections between concepts and experiences. In some cases chaplains in training cannot identify how they influenced undesired outcome in a clinical encounter. This is an indication that skills deserve emphasis both through experience and didactic teaching. Elements of emotional intelligence are useful in clinical encounters. Lack of emotional intelligence negatively impacts the functioning of a clinical chaplain.

Clinical pastoral education that does not nurture the development of a chaplain's emotional intelligence can result to unnecessary difficulties in their clinical encounters with patients. Emotional intelligence development should be intentionally pursued in

¹⁹ Bradberry and Greaves, 26.

clinical pastoral education because knowledge and experience can be limited by environment.

Purpose of the Study

The purpose of this qualitative study is to identify and analyze elements of emotional intelligence in the clinical training and encounters of chaplains, and to design a CPE course syllabus that includes the development of emotional intelligence.

Clinical Pastoral Education (CPE) is offered in different centers under different supervisors who might aim at developing the self-awareness of a clinical chaplain. This project will demonstrate that emotional intelligence improves the functioning of a clinical chaplain. Including the development of emotional intelligence in CPE sets the foundation for building an important chaplaincy ministry skill. Clinical interns and residents run the risk of cementing learned pastoral care styles that may be appropriate in their churches but are unacceptable and unhelpful in a clinical context.

Research Methodology

The researcher will use qualitative and quantitative research methods that include questionnaires, interviews, and verbatim reports' literary analysis. The researcher will identify common elements of emotional intelligence evident in the clinical training and encounters of chaplains recorded during their CPE training. Further, the researcher will gather data through focus group and individual interviews. In these interviews, the participants will have an opportunity to reflect on their clinical encounters and express their understanding of emotional intelligence. The data provided through the research will be organized into common themes that will be aligned with elements of emotional intelligence. The research will be conducted in the state of Ohio in the USA.

Research Questions

The research will answer the following questions:

1. How does emotional intelligence improve the functioning of a healthcare chaplain?
2. What are the common elements of emotional intelligence evident in clinical training and encounters of chaplains?
3. What are the characteristics of experiential learning and how do they hinder or enhance the development of a healthcare chaplain?

Significance of the Study

This study is significant to clinical chaplains and CPE programs. It will create awareness on the importance of emotional intelligence in chaplaincy ministry. The study will encourage CPE students to develop their emotional intelligence and encourage CPE supervisors to intentionally include the development of emotional intelligence in the curriculum. The research will also guide in researcher in designing CPE Unit one course syllabus and a supervisor's manual.

This study focuses mostly on the chaplain as an individual, enabling her to negotiate the intricate nature of chaplaincy ministry more easily. The ministry of a clinical chaplain occurs in the context of a 'clinic.' The 'clinic' is a high-stress context, and yet the chaplains are supposed to be a non-anxious presence. The role of a healthcare chaplain is to provide emotional support, counseling, and spiritual care (religious services, rites, and rituals) in a context of diversity and plurality of age, culture, religion, language, and ethnicity. A chaplain comes alongside the person in crisis to provide guidance in what the person embraces as spirituality or values as sacred. Generally

clinical chaplains do not have the advantage of building long term relationships; they only provide field-oriented short term comfort care at critical times within a diverse community. The function of a clinical chaplain can be enhanced through developing elements of emotional intelligence. These elements can be nurtured through CPE seminars. CPE programs rely heavily on experiential learning for the training of chaplains. Left to experience, important topics may not receive the attention they deserve during a chaplain's CPE unit. This study, therefore, attempts to contribute to the training of chaplains through organizations like CPSP (College of Pastoral Supervision and Psychotherapy) and ACPE (Association of Clinical Pastoral Education), through encouraging the intentional inclusion of the development of emotional intelligence in the CPE syllabus.

Assumptions of the Study

The assumptions of this study are as follows:

- There is a correlation between possessing emotional intelligence and the non-anxious presence expected of chaplains in stressful situations.
- Emotional intelligence is a skill that can be developed or improved.
- Possessing emotional intelligence enhances leadership effectiveness and participation in an interdisciplinary team in the clinical context.
- CPE programs assume that candidates have previously been formed and influenced in way befitting a chaplain and that may or may not be true for all.

- The parameters of a societal influence on an individual's self-awareness may hinder their function in a diverse and plural community as found in the clinical context.
- Developing emotional intelligence is a process.
- Teaching emotional intelligence is out of necessity, not an indication of deficit. The inclusion of emotional intelligence in a program is not an indication that the learners are inadequate.
- Pastors do not necessarily make good healthcare chaplains. Possessing a strong background in religion and willingness to serve others is essential, but serving in diversity and plurality requires specialized training.

Experiential learning does not always enhance core values; therefore, a facilitator may need to supplement with guided study. Understanding one's personality is not a natural or obvious awareness; it may require more than the innate aspect of the epistemological process. The understanding of self and others can be heightened through emotional literacy.

Limitations of the Study

The limitations of this project are as follows:

- The study is limited to the experiential learning of clinical pastoral education programs.
- The study is limited to the functioning of a healthcare chaplain.
- This study will focus on emotional intelligence in its capacity to enhance the effectiveness of healthcare chaplaincy.

Definition of Terms

For the purposes of this project, the following key terms are defined as follows:

Chaplain: A member of the clergy who provides spiritual guidance to members of an institution such as armed forces, schools, industrial, and healthcare. A healthcare chaplain provides spiritual care and emotional support to individuals and groups as dictated by the needs within the context of healthcare. He or she acts as a sojourner alongside the patient or family at a critical time in their life journey to offer spiritual care.

Clinical Pastoral Education: “An interfaith professional education for ministry. It brings theological students and ministers of all faiths (pastors, priests, rabbis, imams, and others) into supervised encounter with persons in crisis. Out of an intense involvement with persons in need, and the feedback from peers and teachers, students develop new awareness of themselves as persons and of the needs of those to whom they minister. From theological reflection on specific human situations, they gain a new understanding of ministry. Within the interdisciplinary team process of helping persons, they develop skills in interpersonal and interprofessional relationships.”²⁰

Verbatim Report: is a two part written record of a chaplain’s clinical encounter with a client. The first part is a word for word conversation between a chaplain and a client and the second part is a reflection on the professional, personal, and theological position of the chaplain regarding the said clinical encounter.

Emotional Intelligence: one’s own ability to effectively identify and understand their emotions, as well as other people’s ability to communicate to them meaningfully. Its success lies in adapting to the situation while at the same time gleaning, understanding,

²⁰ ACPE, [accessed August 12, 2013].

and integrating the insights from the other person's emotions to determine the appropriate action for a given situation.

Experiential Learning: The process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience. Kolb identifies two ways of transforming experience: “reflective observation and active experimentation. Concrete experience serves as a basis for reflection. From these reflections, we assimilate the information and form abstract concepts. We can use these concepts to develop new theories about the world, which we then actively test. Through the testing of our ideas, we once again gather information through experience, cycling back to the beginning of the process. The process does not necessarily begin with experience, however. Instead, each person must choose which learning mode will work best based upon the specific situation”²¹.

Organization of the Study

Chapter One will introduce the context of the problem, state the research problem, explain the purpose of the study, summarize the significance of the study, clarify the assumptions and limitations, outline the research methodology, define key terms and words used in the research, and give an overview of the research procedure.

Chapter Two will discuss the theological foundation for the study. It will focus on biblical basis for chaplaincy, biblical model of compassion from the story of the Good Samaritan, the nature of humanity as God's creation with an emphasis on the *imago dei*, emotions, and spirituality.

²¹David Kolb, *Experiential Learning: Experience as the Source as Learning and Development* (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1984), 38.

Chapter Three will focus on the literature review of themes related to this research. A significant part will be on emotional intelligence, experiential learning, clinical pastoral education, and spiritual care.

Chapter Four will discuss the research process. This includes creating the interview protocol, a description of the research procedure, pilot testing, and description of the research population. It will also include the approval of human rights in research and an explanation of informed consent.

Chapter Five will include the data report and analysis of findings. The data will be generated from the interviews conducted with the chaplains, analysis of CPE verbatim reports, and narrative. This data will be categorized into themes aligned with elements of emotional intelligence.

Chapter Six will comprise of the summary of findings, recommendations, and insights for further research. The summary will reflect on elements of emotional intelligence and their implications. It will also include the rationale for the intentional inclusion of emotional intelligence development in the first CPE unit to supplement the experiential learning in the training of a healthcare chaplain.

Summary

A clinical chaplain should expect diverse encounters during his/her visits with patients and families. A chaplain's visit with a patient can be very unique. Many times it is not the same as the patient's pastor's visit. The aforementioned clinical encounters in the *Introduction* are an indication of mental or emotional disequilibrium in the face of dissimilar beliefs, practices or etiquette. During CPE a chaplain can be guided towards identifying and developing elements of emotional development such as mental flexibility,

delayed gratification, impulse control, good judgment, courage, perseverance, empathy, and compassion. These elements of emotional intelligence will guard the chaplain against discrimination, discomfort, transference, intolerance, indifference, feelings of rejection, and frustration over dissimilar beliefs, forms, practices or etiquette. As previously stated, the purpose of the study is to identify and analyze elements of emotional intelligence in the clinical training and encounters of chaplains, and to design a CPE course syllabus that includes the development of emotional intelligence.

CHAPTER TWO

BIBLICAL AND THEOLOGICAL FOUNDATIONS

Introduction

This chapter explores the biblical and theological foundations for the study on *Emotional Intelligence and Chaplaincy*. It discusses biblical themes upon which the ministry of chaplaincy is founded and grounded. The chapter explores the place of emotions in religiosity, exercising emotions in relationship with others and emotions in self-formation. The themes are embedded in the wider theological reflection of God, self and others. In this discussion, the ideas of Jonathan Edwards are hereby noteworthy. His treatise, “Religious Affections”²² has significantly contributed towards the understanding of emotions and spirituality. Jonathan Edwards “(October 5, 1703 – March 22, 1758) was a Christian preacher and theologian. He is widely acknowledged to be America’s most important and original philosophical theologian,” and one of America’s greatest intellectuals. Edwards’s theological work is broad in scope, but he is often associated with Reformed theology, the metaphysics of theological determinism, and the Puritan heritage.”²³ Written in 1746 during the First Great Awakening, “Religious Affections” remains an important and challenging Christian treatise. Concerned that many people do not display true “religious affections,” Jonathan Edwards attempts to “discern . . .

²² Jonathan Edwards, “A Treatise Concerning Religious Affections in Three Parts,” <http://www.revival-library.org/catalogues/miscellanies/theology/edwardsaffects.html> [accessed February 2, 2015].

²³ Ibid.

wherein true religion does consist.” Balancing between extreme “intellectualism” and extreme “emotionalism,” Edwards argues that emotions are an important part of true religion, but that one must distinguish between legitimate and illegitimate emotions. He provides both “negative” or unreliable signs of true religious emotions and “positive” or reliable signs of true religious emotions.²⁴

Jonathan Edwards advocates for expression of emotions in spirituality. He describes the nature of emotions and their importance in religion. He argues that religious affections are gracious and shows the signs that tell if these affections are gracious or not—signs of truly gracious and holy affections. Edwards wrote the treatise concerning religious affections in three parts.²⁵

Part One: Concerning the nature of the affections and their importance in religion, Edwards quotes and expounds upon 1 Peter 1:8 “Whom having not seen, ye love; in whom, though now ye see him not, yet believing, ye rejoice with joy unspeakable and full of glory.”²⁶ Edwards draws the following teachings from this biblical reference:

1. Love to Christ: “Whom having not yet seen, ye love.” The world was ready to wonder, what strange principle it was, that influenced them to expose themselves to so great sufferings, to forsake the things that were seen, and renounce all that was dear and pleasant, which was the object of sense. They loved Jesus Christ, for they saw him spiritually whom the world saw not, and whom they themselves had never seen with bodily eyes.

2. Joy in Christ. Though their outward sufferings were very grievous, their inward spiritual joys were greater than their sufferings; and these supported them, and enabled them to suffer with cheerfulness.

Therefore, true religion, in great part, consists in holy affections.

- Show what is intended by the affections.

²⁴Edwards, “A Treatise Concerning Religious Affections in Three Parts,” <http://www.revival-library.org/catalogues/miscellanies/theology/edwardsaffects.html> [accessed February 2, 2015].

²⁵ Ibid.

²⁶ 1 Pt 1:8 [KJV].

- Observe some things which make it evident, that a great part of true religion lies in the affections.²⁷

Part Two: True religion in great part, consists in the affections. Edwards

concluded that a true religion consists of affections:

- God, in his Word, greatly insists upon it, that we be good in earnest, “fervent in spirit,” and our hearts vigorously engaged in religion: (Rom. 12:11, Deut. 10:12)
- True religion is of a practical nature, and God hath so constituted the human nature, that the affections are very much the spring of men’s actions, this also shows, that true religion must consist very much in the affections.
- Nothing is more manifest in fact, than that the things of religion take hold of men’s souls, no further than they affect them in their disposition or behavior.
- The Holy Scriptures do everywhere place religion very much in the affection; such as fear, hope, love, hatred, desire, joy, sorrow, gratitude, compassion, and zeal.
- The Scriptures do represent true religion, as being summarily comprehended in love, the chief of the affections, and fountain of all other affections.
- The religion of the most eminent saints we have an account of in the Scripture, consisted much in holy affections. (a) David, that “man after God’s own heart;” (b) the apostle Paul; who was in many respects, the chief of all the ministers of the New Testament; being above all others, a chosen vessel unto Christ, to bear his name before the Gentiles, (c) the apostle John, that beloved disciple, who was the nearest and dearest to his Master
- He whom God sent into the world to be the light of the world . . . Lord Jesus Christ, was a person who was remarkably of a tender and affectionate heart; and his virtue was expressed very much in the exercise of holy affections.
- This appears from the nature and design of the ordinances and duties, which God hath appointed, as means and expressions of true religion. For instance in the duty of prayer is to affect our own hearts with the things we express, and so to prepare us to receive the blessings we ask.
- It is evidence that true religion, or holiness of heart, lies very much in the affection of the heart, that the Scriptures place the sin of the heart very much in hardness of heart. (Mark 3:5)²⁸

Part Three: Some inferences deduce from doctrine. In part three of his treatise,

Edward makes the following inferences:

²⁷ Jonathan Edwards, “A Treatise Concerning Religious Affections in Three Parts.”

²⁸ Ibid.

- We may hence learn how great their error is, who are for discarding all religious affections, as having nothing solid or substantial in them
- If it be so, that true religion lies much in the affections, hence we may infer, that such means are to be desired.
- God has given to mankind affections, for the same purpose which he has given all the faculties and principles of the human soul for, viz., that they might be subservient to man's chief end, and the great business for which God has created him, that is, the business of religion. And yet how common is it among mankind, that their affections are much more exercised and engaged in other matters, than in religion!²⁹

Therefore, according to Edward's "Religious Affections," the origin of man's religious affections is God, and one can only say they love God if they have affection for him from their hearts. This means trusting God because he is love and his love will never change. Our love for God can be expressed outwards or practically in actions. Love influences other emotions; it shapes our character and practice. Religious affections are works of faith exercised graciously.

Exercising Affections: Showing Compassion

In Matthew 14:14-22, Jesus exemplified compassion and illustrated the same idea in the story of the Good Samaritan; the epitome of compassion in Luke 10: 29-37. The Good Samaritan demonstrates empathy and acceptance to someone he did not know. Some try to make a distinction between empathy and compassion. Some see empathy as a deeper concept than compassion and define empathy as "trying to imagine another's problem coupled with strong feelings for that person, understanding his problem and sharing the feeling, while compassion is defined as sympathetic feeling towards another

²⁹ Edwards, "A Treatise Concerning Religious Affections in Three Parts.

without attempting to know the feelings or even understanding the density of their suffering”³⁰ In this research empathy is compassion in action.

The biblical story of the Good Samaritan is a great model for spiritual caregivers. There is no spiritual and emotional support without compassion. Jesus set a good example when he responded to the crowds that followed him with compassion. Matthew 14:14-22 says, “When Jesus landed and saw a large crowd; he had compassion on them and healed their sick. . . .” Jesus’ sympathy towards the people moved his actions to heal and provide for them. In this context, compassion is not just a feeling, it is love in action. Compassion has to mature from being a concept and feeling to a loving action. The crowd had followed Jesus to a remote place to listen to him teach as the day went on, the people became hungry. Jesus noticed their need and chose to provide food for them. He met their need. But when an expert in the law decided to test Jesus saying “Teacher,” he asked, “What must I do to inherit eternal life?”³¹ Jesus elaborated his answer by telling the parable of the Good Samaritan recorded in Luke 10:25-37. This parable is a good example on how to show compassion:

“Compassion” in Luke 10:33 comes from the Greek, *splagchnizomai* meaning “to be moved as to one’s innards.” A person’s innards represent the seat of the warm, tender emotions or feelings. It specifically symbolizes the higher viscera: the heart, lungs, and liver, signifying compassion out of the depth of one’s character. The Samaritan not only intervenes on behalf of the beaten traveler, he goes beyond the call of duty to ensure the man receives care until he has recovered. He does not contemplate his action but reacts from the pre-shaped compassion of his true character.³²

³⁰ Daniel Goleman, “What Makes a Leader?” *Harvard Business Review*, January 2004, <https://hbr.org/2004/01/what-makes-a-leader> [accessed August 13, 2013].

³¹ Lk 10:25 [NIV].

³² Martin Collins, “Bible Verses about Splagchnizomai,” <http://www.bibletools.org/index.cfm/fuseaction/Topical.show/RTD/cgg/ID/7650/SSplagchnizoh.htm> [accessed August 25, 2013].

The teaching of parable is modeled after the commandment, “You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind . . . and your neighbor as yourself”³³ modeled after the very law the law expert thought he understood.

The expert of the law wanted to know who falls in the category of neighbor. Perhaps Jesus illustration was unexpected, telling by the characters of the “Good Samaritan” story. The description of the scene of beating implies the urgency for compassion:

There is a road that goes down from Jerusalem to Jericho. It is 17 miles long and drops about 3,000 feet in those 17 miles. It has long been a hazardous trip due to thieves and robbers. Jesus intentionally leaves the man undescribed. The audience, being Jewish, would naturally assume that he was a Jew. Being in this half dead state he would be unconscious. Since he is stripped, he then is unidentifiable. Historically, a person can be identified in one of two ways: his dress and his speech, i.e. dialect. The man is any person: void of ethnic background, void of stature, void of position.³⁴

The ‘neighbor who needs compassionate care in Luke 10:25-37 has no identity. He is beaten and needs help. The priest and the Levite neglected him but the Samaritan, though deemed as defiled, shows compassion. This is not only a feeling but an action. He binds his wounds, carries him to an inn, pays for his care, and promises to return. The Samaritan felt the man’s need and he provided the care the man needed. The Levite and the priest took care of their own needs, regulations, reputation, and feelings, when they passed by the side and ignored the beaten man. According to John Walvoord and Roy

³³ Lk 10:27 [NIV].

³⁴ Matt Slick, “Good Samaritan,” <http://carm.org/good-samaritan-luke-10-25-37> [accessed August 25, 2013].

Zuck, both the priest and the Levite might have feared for their purity even though the half dead man might have been a Jew:

Priests were supposed to be ritually clean, exemplars of the law. There would be immediate shame and embarrassment suffered by them at the expense of the people and their peers for such defilement. Having just completed his mandatory two weeks of service, he would then need to return and stand at the Eastern Gate along with the rest of the unclean. Furthermore, in addition to the humiliation involved, the process of restoring ritual purity was time consuming and costly. It required finding, buying, and reducing a red heifer to ashes, and the ritual took a full week. The priest is in a predicament. Moreover, he cannot approach closer than four cubits to a dead man without being defiled, and he will have to overstep that boundary just to ascertain the condition of the wounded man. Levites were descendants of Levi but not of Aaron, and they assisted the priests (Aaron's descendants) in the temple.³⁵

But according to the teaching of Jesus in this parable, if a neighbor is in need, religiosity is immaterial. Love is above all laws. A person who is in need is one's neighbor and he deserves compassion, a neighbor can be found anywhere, anytime. The needs of one's neighbor will challenge beliefs, faith, feelings, commitments, priorities, and require time. The priest and Levite who passed by could have argued the Samaritan had no sense of spirituality being a product of Jew and Gentile (unclean in every way). But the model of compassion in this story is multi-faith, and most likely cross-cultural. Compassion is based on need not on religion, age, or ethnicity.

According to this parable, compassion is an expression of love, love for neighbor and love for self. The man, who had been beaten and left by the roadside needed care. The priest and the Levite did not help him. They were focused only on themselves. The Good Samaritan also took care of himself, but he first chose to help the man in need. Reverend Father George Morelli explains that, "Compassion is the deep awareness of the

³⁵ John F. Walvoord and Roy B. Zuck, *The Bible Knowledge Commentary* (Wheaton, IL: Scripture Press Publications, 1983), 234.

suffering of others coupled with the desire to relieve it. Compassion is related to the psychological construct of empathy. Empathy is the ability to think and feel what others are thinking and feeling.”³⁶ Neither empathy nor compassion takes away from loving oneself.

Further, Lewis and Haviland-Jones write,

In terms of human development, empathy is the foundation of pro-social behaviors such as altruism. Compassion is a precursor of love (agape). Love is what we do for the good and welfare of others. How can we love, how can we work for the good and welfare of others, if we are not aware of their suffering nor have a desire to relieve it? We love others only if we can first sense their needs.”³⁷

This researcher would add: and if we can put oneself in another’s situation. The Bible admonishes “. . . you shall love . . . and your neighbor as yourself;”³⁸ perhaps one’s thought pattern should be, “If I were the one in the situation, how would I want to be treated?” Therefore showing compassion requires self-reflection and self-assessment that propels one to act in love but to desire the same. In this context, after the Samaritan took care of the beaten man and “the next day he took out two denarii and gave them to the innkeeper. Look after him,” he said, “and when I return, I will reimburse you for any extra expense you may have.”³⁹ He left to complete his journey.

Compassion is not automatic. In the story of the Good Samaritan, the priest and the Levite lacked empathy. The priest and the Levite were religious elites while the Samaritan was seen as of the mixed unclean breed. Yet, he stands out in this great model

³⁶ George Morrelli, *Compassion and Love: Developing Chaplaincy and Pastoral Counseling Skills*, <http://www.antiochian.org/1141324009> [accessed November 21, 2012].

³⁷ Michael Lewis and Jeannette M. Haviland-Jones, eds., *Handbook of Emotions* (New York: Guilford Press, 1993), 27.

³⁸ Lk 10:27 [NIV].

³⁹ Lk 10:35 [NIV].

of compassion. Our IQ, religious affiliation, social, or economic statuses have no relation to the degree of compassion that one may display. Anyone can show compassion, but that is not always the case. And so Daniel Goleman wonders “Why are we not compassionate most of the time?”⁴⁰ He believes,

“The fact we choose to be compassionate or not in a given situation seems to be determined by where we put our focus - on to ourselves, or on to others. It isn’t until we notice suffering or that someone needs help that we decide to aid someone. This explains why sometimes we are compassionate in donating money for tsunami, yet not offering a hand to the homeless person leaning against the subway wall as we speed by on our way to work.”⁴¹

The difference is in the focus, is the giver focused on themselves . . . or on the recipient – as an expression of compassion? When people focus on themselves they in essence turn off that part that is compassion – for the other person. Nicole Schneider writes,

When the Tsunami hit Asia, true acts of compassion came in from all over the world, it dragged us away from our Christmas dinners and family time, to help, to act and to donate. Compassion in some cases reaching its highest form, many people for the first time in their lives went out on the street to collect funds, or even flew to Asia to help. One has to wonder how much compassion there would have been if it wasn’t for the fact that live footage was shown 24/7 on TV, directing our focus to the affected areas of the world.⁴²

According to Goleman, “Compassion starts with the simple act of noticing followed by finding out what the situation is, making a decision, and acting on it. But it

⁴⁰ Daniel Goleman, “Compassion,” http://www.ted.com/talks/daniel_goleman_on_compassion.html [accessed November 10, 2012].

⁴¹ Ibid.

⁴² Nicole Schneider, “Emotional Intelligence and Compassion,” <http://EzineArticles.com/3590690> [accessed October 25, 2012].

starts with noticing—noticing the distress of the other person, and going alongside them towards finding relief.”⁴³ Lesley Brown concurs:

Compassion is the virtue of empathy for the suffering of others. It is regarded as a fundamental part of human love, and a cornerstone of greater social interconnection and humanism —foundational to the highest principles in philosophy, society, and personhood. Compassion is often regarded as emotional in nature, and there is an aspect of compassion which regards a quantitative dimension, such that individual’s compassion is often given a property of “depth,” “vigour,” or “passion.” The etymology of “compassion” is Latin, meaning “co-suffering.” More virtuous than simple empathy, compassion commonly gives rise to an active desire to alleviate another’s suffering. It is often, though not inevitably, the key component in what manifests in the social context as altruism. In ethical terms, the various expressions down the ages of the so-called Golden Rule embody by implication the principle of compassion: . . . Do to others what you would have them do to you.⁴⁴

In spiritual care, compassion is like a two edged sword, the caregiver not only needs to be conscious about others’ distress and desire to alleviate it, but also to be aware of their own distress and have the desire to alleviate it. According to Lewis and Haviland-Jones, compassion includes the triangle that includes: Love of God, love of neighbor, and love of self. All Christians are to discern the needs of one another and relieve them if possible. Christians are to live lives of compassion just like Jesus did. The way one accomplishes this is based on one’s own personality and talents. This vocation is universal, but people fulfill it in their own way. Christians should do a “compassion assessment” of the needs of those around them. Then they should do a “talent assessment” of their skills to determine how to relieve those needs. “Let us put aside our

⁴³ Nicole Schneider, “Emotional Intelligence and Compassion,” <http://EzineArticles.com/3590690> [accessed October 25, 2012].

⁴⁴ Lesley Brown, *The New Shorter Oxford English Dictionary on Historical Principles* (Oxford, UK: Clarendon, 2002), 54.

needs for the good of the neighbor, and that will lead us to find rest in God.”⁴⁵

Compassion should create a sense of belonging for both the caregiver and the care recipient. If a spiritual caregiver does not have a sense of belonging in the daily responsibilities of providing comfort care, they probably have not included themselves in the compassion triangle: love of God, love of neighbor, and love of self. Self-neglect is unacceptable for comfort caregivers.

But how can one go about showing compassion? What is involved in the process of compassion? Simon and Karen Fox discuss four elements of compassion that correspond to four basic human needs:

Attention: This is awareness to the signs, signals, and clues that indicate what is important to others, letting go of personal concerns, worries, and cares, and focusing entirely on the person you are visiting. It is paying attention to what is important and valuable to them. This interest should be genuine.

Acknowledgement: Acknowledgement is about expressing your respect and appreciation for a person as a unique individual. Acknowledge their existence, speak to them directly, engage them in a life affirming conversation so that they feel encouraged and empowered. This preserves the person’s dignity and bolsters a desire to live and recover.

Affection: A kind and gentle touch communicates warmth and care. The process of treatment may be void of a caring human touch, but a spiritual caregiver can provide this.

Acceptance: Acceptance is expressed when a spiritual caregiver is non-judgmental, tolerant, and forgiving. Acceptance means allowing the person to be who they are. Acceptance frees people to share true feelings, talk about difficult issues, and a chance to talk honestly and openly.⁴⁶

These elements provide a guideline on how one can be of a comforting presence because compassion is an essential virtue in life. As Mother Teresa said, “The greatest pain on earth is not the pain of hunger or poverty, but rather the pain of isolation,

⁴⁵ Lewis and Haviland-Jones, 27.

⁴⁶ Simon Fox and Karen Fox, *What Can I Say: A Guide To Visiting Friends and Family Who Are Ill* (Santa Barbara, CA: Adventures In Caring Foundation, 2003), 5.

abandonment, and feeling unloved.”⁴⁷ Showing compassion alleviates human pain. People need human contact with someone who cares and who listens. Compassion is more than talk and feelings, it is action.

Compassion and cognitive empathy are some of the key elements of emotional intelligence, the ability to understand the emotional make up of other people and to respond appropriately. It is the ability to treat people according to their emotional reactions. Leaders with empathy have the ability to put themselves in someone else’s situation; they listen to emotions and pay attention to body language. Empathetic people have the expertise in building and retaining talent, have cultural sensitivity, and they provide great service to clients and customers.

People in emotional distress do not want just the information; they desire to experience the transformation. Emotions are the mirror to the soul; they paint a picture to what a person is going through mentally or physically. In times of emotional distress, most of those who believe in a higher being, including Christians, are eager to tap into the godly attributes of love, kindness, goodness, and mercy instead of concentrating on wrath, judgment, doctrine, or dogma. According to Joel Osteen, an American author, famous televangelist, and senior pastor of Lakewood church in Houston, Texas, “People are used to ministers beating them over the head with condemnation.” Referring to Romans 2:4, he continues, “Scripture says it is the goodness of God that causes people to repent. . . .”⁴⁸

⁴⁷ Simon Fox and Karen Fox, *What Can I Say: A Guide To Visiting Friends and Family Who Are Ill* (Santa Barbara, CA: Adventures In Caring Foundation, 2003), 5.

⁴⁸ Joel Osteen, “Uplifted,” joelosteenblog.com [accessed January 14, 2012].

Others, however, want to find a reason for their suffering and they might interpret their suffering as God's wrath and judgment upon them. It takes a compassionate person to take time to find the origin of such thoughts and to walk alongside the other person in their journey to self-discovery and healing. Even this category of people deserves to be encouraged and pointed towards the "goodness of God." The goodness of God softens the heart, motivates someone to reconsider their stand and catalyzes healing.

In an attempt to show compassion some people suffer from *compassion fatigue*. Compassion fatigue is defined in the field of traumatology as secondary traumatic stress⁴⁹ and it is associated with the "cost of caring"⁵⁰ for others in emotional pain. Compassion fatigue is simply burn out that manifests itself in deep physical, emotional, and spiritual exhaustion which can be accelerated by the pressure to live up to high standards. This can result in anger, withdrawal, over commitment, lack of balance in life and objectivity, less empathy, and resentment.

For Christians, compassion fatigue may sound like an oxymoron, especially when the Bible clearly states in Galatians 6:9, "Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up"⁵¹ and 2 Thessalonians 3:13 "And as for you, brothers and sisters, never tire of doing what is right."⁵² The former was meant as a teaching in support of supporting the minister of the gospel and to an extent to what believers did in general life and the latter was a teaching meant for the believers not

⁴⁹ Charles Figley, "What is Compassion Fatigue?" <http://www.giftfromwithin.org/html/What-is-Compassion-Fatigue-Dr-Charles-Figley.html> [accessed November 21, 2012].

⁵⁰ Charles Figley, "Traumatization and Comfort: Close Relationships May Be Hazardous To Your Health," (keynote presentation at the conference, *Families and Close Relationships: Individuals in Social Interaction*, at Texas Tech University, Lubbock, TX, February, 1982).

⁵¹ Gal 6:9 [NIV].

⁵² 2 Thes 3:13 [NIV].

to stop helping those who deserved help on the account of the idle that took advantage and abused acts of kindness. This should be understood in context. Hence compassion fatigue implies that caring too much can hurt and when it hurts it is no longer “doing good.” According to Stephen Roberts, Kevin Ellers, and John Wilson, people who suffer from compassion fatigue may lack objectivity, have increased absenteeism, lose balance in life, have low self-esteem, lack joy, enjoyment, or happiness, may be depressed, have outbursts of anger, blame others, have sleep disturbances, frequent headaches, are workaholic, hypertensive, and hyper-vigilant.⁵³

John-Henry Pfifferling and Kay Gilley suggest,

- To prevent or recover from compassion fatigue, take time for self-reflection, identify what’s important and live in a way that reflects it.
- To sustain yourself at work, develop “principles of practice” - guidelines of personal integrity that articulate the parameters of your personal values. Commit to live and work within these principles.⁵⁴

Therefore, in order to prevent compassion fatigue a spiritual caregiver can:

1. Practice self-care. Adopt the Good Samaritan (Luke 10:25-37) model of compassion.

- He felt compassion, “Took pity on the beaten man and stopped.” v. 33
- He acted and delegated. “He gave the beaten man first aid took him to the inn and paid for his care.” v. 34
- He committed himself. “He promised the inn keeper to pay any extra charges the man may incur on his way back.” v. 35

⁵³ Stephen Roberts, Kevin Ellers, and John Wilson, “Compassion,” *Fatigue in Disaster Spiritual Care* (Woodstock, VT: Skylight Paths Publishing, 2008), 80.

⁵⁴ John-Henry Pfifferling and Kay Gilley, *Overcoming Compassion Fatigue*, <http://www.aafp.org/fpm/2000/0400/p39.html> [accessed November 21, 2012].

- BUT the Good Samaritan took care of himself. “When I return. . . .” v. 35
He continued with his journey. Spiritual caregivers should pattern their ministry after the greatest law “He [Jesus] answered, ‘Love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind’ and, ‘Love your neighbor as **yourself**’”⁵⁵
Caregivers have to be intentional about including their own care in the process.

2. Practice discernment but err on the side of grace. Discernment is the gift of the Holy Spirit (1 Corinthians 12:10; Acts 17:11). Discernment is a depth of insight that “enables one to distinguish the chaff from the wheat and to divide the manifestations of the flesh from the operations of the Spirit.”⁵⁶

Discernment works hand in hand with wisdom, the ability to apply knowledge to issues of daily life effectively. When Jesus saw the crowds, “He was moved with compassion,”⁵⁷ but there are times he discerned that they were not following him for his teachings, but to get food. In John 6:26, Jesus answered, “Very truly I tell you, you are looking for me, not because you saw the signs I performed but because you ate the loaves and had your fill.”⁵⁸ Spiritual caregivers need to watch out for attention seekers – people who will exploit suffering to gain sympathy for themselves. People who constantly demand attention and want it done at their pace and mostly, they want it done now. They

⁵⁵ Lk 10:27 [NIV].

⁵⁶ A. W. Tozer, *Discernment*, Acts 17:11 Bible Studies, <http://www.acts17-11.com/discern.html> [accessed November 21, 2012].

⁵⁷ Mt 6:36 [NIV].

⁵⁸ Jn 6:26 [NIV].

have low self-esteem, to an extent they have narcissistic tendencies. They have an overwhelming desire to be noticed and are emotionally unstable. One moment they are helpless and demanding help, the next they are moving mountains. Their objective is to keep people around them “tied to their needs” They have the most pain, the strangest disease, the most urgent need, the most traumatic experience, the saddest story—they are simply needy. Over a period of time they develop a pattern.

3. Develop self-sustaining ministry perimeters and know your limits. Jesus withdrew from the crowd when they had the wrong intentions. “Jesus, knowing that they intended to come and make him king by force, withdrew again to a mountain by himself.”⁵⁹ Like the Good Samaritan, show compassion but complete your own journey too.

Exercising Affections: Honoring the Image of God in Man

One of the unique points of the story of the Good Samaritan in Luke 10:25-37 is that the beaten man had no identity. He was bloody and stripped of his clothes. He was not able to speak, therefore no one could tell his dialect, yet the Good Samaritan overlooked all that and showed him compassion. He saw a human being in need and that is all the Samaritan needed to offer help. When a chaplain walks the halls of hospital floors and enters rooms, there is a significant aspect of the unknown involved. A patient could have supportive relationships or not, free or incarcerated with a security guard or police sitting at the room entrance, with an incurable medical condition or not, with or without hope, in fact there could be any number of issues that might come up during the chaplain’s visit. The one certain aspect however, is that, the patient is a human being.

⁵⁹ Jn 6:15 [NIV].

Human identity is of divine origin. In the beginning God created man in his own image.

The *imago Dei* (image of God) in people is a divine initiative and should be honored. In Genesis 1:26-27, the Scriptures declare,

then God said, “Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground.” So God created mankind in his own image, in the image of God he created them; male and female he created them.⁶⁰

The image of God in humankind embraces the wholeness of a person, i.e. body, mind, and soul. This calls for a holistic approach to human well-being. The conversation between a chaplain and a patient should broach all immediate areas of concern in order to reflect an accurate spiritual assessment. The soul should not be ignored; it is the seat of desires, feelings and emotions. (Feelings express both one’s physical and emotional reactions.) Emotions by themselves are not evil, although people may respond with discomfort towards certain emotions. Therefore, people who serve and honor God, should serve the community by dignifying everyone in honor of the *imago Dei*. When Jesus said “I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me,”⁶¹ he did not specify who deserved to be visited except that they needed to be visited. If spiritual caregivers do active listening and respond to a patient’s needs, the patient feels honored, accepted, comforted, respected, important, and hopeful. The rawness of crises requires a listening ear and a caring attitude.

The doctrine of the creation of man implies human beings are spiritual beings with a degree of spirituality regardless of religious affiliation, culture or experience. Each

⁶⁰ Gn 1:26-27 [NIV].

⁶¹ Mt 25:36 [NIV].

person has a set of beliefs, organized or not, that governs their lifestyle. Most people tend to have a sense of sacredness, something or someone they hold sacred. Understanding a person's definition of spirituality is crucial; it is the beginning point in comprehending the significance of what they identify as spiritual needs. The common denominator for all human beings is their divine origin and that should influence the chaplain's approach and conviction on spiritual care for their holistic well-being. The spiritual assessment process should take into consideration the divine origin of human identity and the person's sense of spirituality.

Lack of acknowledgement of the *imago Dei* can result to what James calls favoritism:

My brothers and sisters, believers in our glorious Lord Jesus Christ must not show favoritism. Suppose a man comes into your meeting wearing a gold ring and fine clothes, and a poor man in filthy old clothes also comes in. If you show special attention to the man wearing fine clothes and say, "Here's a good seat for you," but say to the poor man, "You stand there" or "Sit on the floor by my feet," have you not discriminated among yourselves and become judges with evil thoughts?⁶²

This favoritism or discrimination is a conflict of faith as John taught, ". . . For whoever does not love their brother and sister, whom they have seen, cannot love God, whom they have not seen."⁶³ Discrimination, rejection, or favoritism can sometimes hurt more than a medical condition. Spiritual caregivers should extend an attitude of acceptance towards all.

Discrimination can be perceived or real. No one should give any appearance of it anyway especially spiritual caregivers. Human beings have the potential to discriminate

⁶² Jas 2:1-4 [NIV].

⁶³ 1 Jn 4:20 [NIV].

and they can sometimes forget that though there may be diversities, “. . . it is the same God who works all things in all persons”⁶⁴ because he (God) is the originator of the human race.⁶⁵ Therefore, every human being deserves to be treated with dignity and respect. Dignity, confidentiality, and presence emphasized in spiritual needs assessment and care should reflect on God’s creation of human kind. Dignifying a hurting person, holding in confidence their deepest fears and concerns and being ‘present’ in the care process is a testament to honoring the image of God in that person.

A spiritual caregiver should aim at meeting the need and not be influenced by the social economic status, personality, race, color, or the religious affiliation of a care recipient because everyone is created in the image of God. So what is *imago Dei*?

According to the writer of “Religious Facts”⁶⁶ there have different approaches or views in understanding the *imago Dei* some of which include:

1. The image of God as similarity. The understanding that the *imago Dei* describes people’s similarity to God. This view focuses on the physical similarities people have with God, while others expand the definition to incorporate non-physical components. This position argues that people’s similarity with God is passed down from Adam.
2. The image of God as counterpart. The view that the *imago Dei* describes people as God’s counterpart in the universe. This view focuses on human beings as relational partner for God. The relationship operates to some degree

⁶⁴ 1 Cor 12:6 [NASB].

⁶⁵ Gn 1:27 [NIV].

⁶⁶ Anonymous, Religion Facts “Imago Dei,” <http://www.religionfacts.com/christianity/beliefs/imago-dei> [accessed August 25, 2013].

in the manner that humans relate to one another by conversation. The proponents of this view emphasize that God primarily created people for fellowship.

3. The image of God has dominion. This view of *imago Dei* describes people's dominion over the earth. The application of *imago Dei* in focus. The essence of this view is ruling over creation coupled with the notion that having *imago Dei* qualifies people to rule. Therefore, the *imago Dei* refers to the human's status as created beings.
4. The image of God as representation—this view describes people as God's representatives on earth. It does not focus so much on God's relationship to people, as it does peoples relationship to others. Advocates of this view emphasize on the transcendence of God over people, thus making a special need for his continued presence on the earth. God meets this need through giving people the *imago Dei*.

The main biblical passage to this discussion is Genesis 1:26-28 which reads:

Then God said, "Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground." So God created mankind in his own image, in the image of God he created them; male and female he created them. God blessed them and said to them, "Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish in the sea and the birds in the sky and over every living creature that moves on the ground."⁶⁷

There are only a few other passages that are cross-references to this passage, including: Genesis, 5:13, 9:5-6, Psalm 8, 1 Corinthians 11:7, and James 3:9. The main verb in Genesis 1:26 is plural "Let us. . . ." Anthony Hoekema purports it is an indication

⁶⁷ Gn 1:26-28 [NIV].

that the “creation of man is in a class by itself since this type of expression is used of no other creature”⁶⁸ and the “us” shows that God exists as a being in fellowship and that man is not in the image of angels but of God as understood in the doctrine of the Trinity.

Hoekema further explains that “the word translated ‘man’ can be used to refer to *man* as male, or proper name *Adam*, or man as human being. In this passage it is used as man in distinction from nonhuman creatures.”⁶⁹ Key Hebrew words are *tselem* translated as in the passage as “image,” and *demut*, translated as “likeness.” Some argue that the words are intended to be synonymous while others say they are distinct when used elsewhere in the Bible. *Tselem* refers to visual, physical representation, while *demut* is used to refer to likeness or form. Augustine believed that man can understand God by looking inwardly to himself. The human epistemological process does lead man to discover the *imago Dei*.⁷⁰ Augustine is believed to have “accepted the account of creation in Genesis as true”⁷¹ and that the image of God in man is in man’s intellect and will.

Historically there have been theologians who have influenced the understanding of the image of God. Irenaeus who lived in the second century, believed that due to the fall, people lost the likeness of God but retained the image. To him image meant humans are rationale and free beings. The image was never affected by the fall and what us being

⁶⁸ Anthony A. Hoekema, *Created in God’s Image* (Carlisle, UK: Paternoster Press, 1986), 5-6.

⁶⁹ Ibid.

⁷⁰ Ernest Benz, “Imago Dei: Man as the Image of God,” *The Farms Review* (January 17, 2005): 224.

⁷¹ John Joseph O’Meara, *The Creation of Man in St. Augustine’s De genesi ad litteram* (Villanova, PA: Augustinian Institute, Villanova University Press, 1980), 14.

restored in people is the likeness of God.⁷² Thomas Aquinas however, believed that the image of God in man is exists in the persons intellect or reason, intellect is the most God like quality. According to him other creatures do not have mind with the abilities people have. Thomas believed the image of God exists in three stages: stage one: all people, stage two: all people who are just, and stage three: people who know and love God perfectly.⁷³ To John Calvin the image of God exists in the soul and the fall drastically affected the image and likeness of God in human beings, perfectly righteous, intelligent, and obedient like looking in a mirror. After the fall reason and will remained although tainted and the mirror was shattered.⁷⁴ According to Karl Barth, people were created to be in communion with each other just like the Trinitarian Godhead is in communion with each other.⁷⁵

Reid Ashbaucher believes that God qualified his statements by applying “image” to both male and female human beings is important:

The qualifier demonstrates that God is not speaking of mankind’s outward appearance or body structure. God is speaking to our metaphysical and moral attributes. When we speak of “likeness” we are speaking of the metaphysical makeup of God and mankind. When we speak of “image” we are speaking of something else . . . many theologians believe that terms “image” and “likeness” used in Genesis 1:26 are parallel terms; that is, they are terms being used to say the same thing for emphasizing a point being made. This is how some of the language is constructed in what we call “poetic books” or “the writings”. The word “according” is a technical term meaning to be consistent with or to be in harmony with some known pattern. The image being spoken of must be consistent with or in harmony with God’s pattern or metaphysical structure. . . .” God’s

⁷² Irenaeus of Lyons, *Against Heresies* (Seattle: CreateSpace Independent Publishing Platform, 2012), 56.

⁷³ Thomas Aquinas, as quoted in Hoekema, *Created in God’s Image*, 34.

⁷⁴ John Calvin, *Institutes of the Christian Religion*, ed. John McNeill, 2 vols. (Philadelphia: Westminster Press, 1960), 86-87.

⁷⁵ Karl Barth, *Church Dogmatics III/2* (Edinburgh, UK: T. & T. Clark, 1956), 301.

image” must [then] refer to attributes of that structure. If we understand these two concepts in this light then “image” and “likeness” are not a parallelism. Being made in the image of God means that we are in God’s metaphysical likeness that possess many of God’s attributes but limited by the nature God created us with.⁷⁶

It is evident that theologians and religious institutions have made attempts to understand the concept of the image of God in man without consensus. This research subscribes to the Reformed theology view otherwise known as the broader and narrower view which states that “the *imago Dei* in a narrower sense, consisting of knowledge, righteousness, and true holiness was wholly lost at the fall, but the *imago Dei* in the wider sense which includes man’s “intellectual power.” Natural affections and moral freedom “was retained”⁷⁷ “The image of God (which cannot be lost) was spiritual, immortal, rational substance of the souls, with the powers of knowing and freely willing: the divine image, which can be lost, lay for knowledge in wisdom for the will and its effects in true righteousness and holiness”⁷⁸ in an attempt to reconcile some differences in interpretation. Robert L. Reymond presents the following arguments:

- Both Genesis 1:27 and 9:6 employ only *tselem* (“image”), apparently regarding the one word as sufficient to explain the entire idea.
- Genesis 5:1 employs only *demut* (“likeness”) . . . This again suggests that the one word is sufficient to express the entire idea.
- In Genesis 5:3 both terms are employed, but the verse reverses both the order of the terms and the usage of repositions found in Genesis 1:26.
- In Colossians 3:10 (see also 1:15 and 2 Corinthians 4:4) only “image” (*eikon*) is found, while in James 3:9 only “likeness” (*homoiosis*) is employed, again suggesting that either term sufficiently expresses the original idea.
- If the words “image” and “likeness” do not have different contents, why then does the Bible use two different words? The answer is quite simple. There are images which bear little or no similarity to that of which they are images.

⁷⁶ Reid Ashbaucher, *Made in the Image of God: Understanding the Nature of God and Mankind in a Changing World* (Collierville, TN: Innovo publishing 2011), 132, 135-136.

⁷⁷ Louis Berkhof, *Systematic Theology* (Grand Rapids: Eerdmans, 1996), 204.

⁷⁸ G. T. Thompson, *Reformed Dogmatics* (Grand Rapids: Baker Book House 1978), 235.

They are, in effect, symbols. The addition of the word “likeness” tells us that man is an image in the sense that he is actually like God and reflects His glory. Thus the use of the two words, “image” and “likeness,” states, “Emphatically that man uniquely reflects God, that is to say, man as created was the ‘very image’ or ‘perfect likeness’ of God.”⁷⁹

The image of God in man is therefore a state, and every one by virtue of creation has the image of God and can have a relationship with God and others. Having a relationship with God and others extends to emotions. Emotions are responses and reactions to everyday life. To have emotions is to be alive. It is a measure of one’s health status. People with “flat affect” cause concerns because they are not seen as normal or healthy. However, people are socialized to hide emotions that give negative feelings.

Exercising Affections: Nurturing the Fruit of the Holy Spirit

Self-formation is a crucial step in exercising affections in a religious context. A person wrote to an advice column and asked, “My teacher (a Buddhist monk) essentially says that I need to practice transcending my emotions if I want to advance in my spiritual training and my wife says I need to get into my emotions (if I want to stay in my marriage). What am I not getting?” and part of the answer was “The way we see it, your teacher and your wife are both right. But they are speaking from two aspects of self and you may have to choose which aspect you want to focus on developing most at this stage in your life.”⁸⁰ In spiritual care, that answer is partially true, partially because the approach to healing should be holistic. Spiritual care would embrace an approach that gets into the emotions to unearth and address emotional wounds. Then find ways to move

⁷⁹ Robert L. Reymond, *A New Systematic Theology of the Christian Faith* (Nashville: Thomas Nelson, 1998), 427.

⁸⁰ Douglas Moseley, “Spirituality and Emotions,” <http://www.intimacytraining.com/advice-columns/spirituality-and-emotions> [accessed January 27, 2013].

from those painful situations into healing. Emotions are our God-given capacity to experience and respond:

This includes both pleasant or positive and painful or negative inner feelings. The English word *emotion* comes from the Latin verb *motere*, meaning “to move” with the prefix “e” meaning “to move away” This suggests a tendency to act is implicit in every emotion. All emotions are in essence, inclinations to act, the instant plans for handling life that God has instilled in us. God designed our emotions to put us in motion.⁸¹

The book of Psalms explores an array of human emotions. First are the emotions that are readily acceptable and embraced. These emotions include: joy (Psalm 133:1-22; 150:1-6), peace (Psalm 55:1-55), gratitude (Psalm 136:1-26), and contentment (Psalm 62:1-12). Second are emotions that cause uneasiness like: abandonment (Psalm 22: 1-31), anger (Psalm 79:1-13) depression (Psalm 88:1-18); disappointment (Psalm 107:1-41), uncertainty (Psalm 19:1-14), restlessness (Psalm 42:1-14) and outrage (Psalm 137:1-9). No one can claim to understand all emotions because they are complex and sometimes complicated. Peter Scazzero asserts that “very few people emerge out of their families of origin emotionally whole or mature. They grow up emotionally undeveloped.”⁸² He reveals that for many years “the emotional aspects or areas of humanity remained largely untouched” and “he ignored the reality that signs of emotional immaturity were everywhere in and around me. . . .”⁸³ He avoided conflict, and ignored his anger, sadness, and fear. He lived without boundaries. In his book he exhorts the readers “know yourself

⁸¹ Robert Kelleman, “Why We Feel What We Feel,” <http://www.rpmministries.org/2011/03/why-we-feel-what-we-feel/> [accessed January 27, 2013].

⁸² Peter Scazzero, *Emotionally Healthy Spirituality: It’s Impossible to be Spiritually Mature, While Remaining Emotionally Immature* (Grand Rapids: Zondervan, 2006), 12.

⁸³ Ibid., 15.

that you may know God.”⁸⁴ Scazzero believes that emotional immaturity directly impacts spirituality.

In comfort care, emotions form a large part of spiritual care. Spiritual caregivers will be impacted by their emotional maturity or immaturity. They have to come to an understanding of their own development in order to identify signs of emotional needs in others. Each person has a set of beliefs, organized or not, that governs their lifestyle. Most people tend to have a sense of sacredness, something or someone they hold sacred. Understanding a person’s definition of spirituality is crucial; it is the beginning point in comprehending the significance of what they identify as spiritual needs. The common denominator for all human beings is their divine origin and that should influence their approach and conviction on spiritual care for their holistic well-being. The spiritual assessment process takes into consideration the divine origin of human identity and the person’s spirituality.

Spiritual caregivers need self-formation just like everyone else. They need to nurture their spiritual development. Scripture teaches “The mind controlled by the Spirit is life and peace,”⁸⁵ and that man being a triune being of body, soul, and spirit⁸⁶ is likely to have either “Faith-led emotions or fear-led emotions.”⁸⁷ Ebner explains that, “Emotional wellness is elusive if emotional health is not based on the knowledge of being deeply loved by God. This is the deepest need for all human beings.”⁸⁸ People who feel

⁸⁴ Scazzero, 65.

⁸⁵ Rom 8:6 [NIV].

⁸⁶ 1 Thes 5:3; Heb 4:12 [NIV].

⁸⁷ Gwen Ebner, classroom lecture, DM 840, WTS, Findlay, OH, January 29, 2013.

⁸⁸ Ibid.

unloved are plagued by fear, unresolved guilt, grief, worry, insecurity, and self-destructive patterns. Spiritual care should be based on God's love, the loving character of God that transcends all emotions. According to Galatians 5:16-26, emotions are part of spirituality. A growing Christian emotional well-being influences their growth in the realm of the fruit of the Holy Spirit: "But the fruit of the Holy Spirit is love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control. . . ." ⁸⁹ and believers can expect the Holy Spirit to produce similar attributes in them as they continue to grow. Mark Hollinger believes,

There are two basic emotions, love and fear. From these two emotions comes out the fruit of the Holy Spirit or the lack of it. Out of the emotion of love, comes self-control, faithfulness, gentleness, kindness, and the like. Out of the emotion of fear comes suspicion, stinginess, judgmentalism, resentment, anger, bitterness, pride, and the like. Fear lies to us that we are bigger, safer, and leads to isolation of self . . . fear make it hard for us to let go of things that are of no benefit to us. ⁹⁰

These two emotions can greatly influence people's decisions. In the contemporary world this can be illustrated by this story about a clothing company:

I heard this story about Patagonia [a company that makes clothes for climbing, skiing, surfing and other sports]. The CEO is Casey Sheahan, and I heard this story from his wife [Tara]. A couple of years ago, the economy dipped, and Casey was considering laying off people. At that time, it seemed to him that laying off people was his only solution. Tara asked him a very short and powerful question. She asked him, "Are you making this decision out of fear or out of love?" This may sound like a fluffy, new age kind of question, but it struck him, and he realized he was acting out of fear. So he didn't go through with the layoffs. The year after that, they ended up having record sales. If Casey had laid off all those people, he would have been in trouble the next year because he would have had to hire all these people back and retrain people and so on. So even when it's "obvious" that you have to fire people, if you see things in an emotionally

⁸⁹ Gal 5:22-23 [NIV].

⁹⁰ Mark Hollinger, "July in the Movies: God is Always Speaking" (Sermon Series. St. Mark's United Methodist, Findlay, OH, July 13, 2014).

intelligent way, it turns out that it may not be the only solution. There may be other creative solutions that enable better outcomes.⁹¹

In times of crisis, emotional and spiritual identity plays a key role to the person well-being. According to Psalm 139, the psalmist acknowledges that God has full knowledge of him including his thoughts (v.2) and that he cannot flee from God in any way (v.7) and concludes with “Search me, God, and know my heart; test me and know my concerns. See if there is any offensive way in me; lead me in the everlasting way.”⁹² The psalmist is self-aware in comparison of who God is. His identity is laid bare before the eyes of God. The Psalmist lays his heart and thoughts before God as part of his (the Psalmist’s) being. In spiritual care, it is important for a caregiver to adapt an approach that engages the physical, spiritual, emotional, and mental aspects of the person.

Spiritual care calls for the adaptation of a theological position that considers the care recipient to be created in the image of God. The DNA of a human being includes emotions even though their sense of spirituality might be different from the chaplain’s. The chaplain assumes the position of the “anointed” “. . . to proclaim good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free,”⁹³ following the model of compassion modeled after the story of the Good Samaritan. The objective is not to convert, but to bring inner healing.

⁹¹ Wharton University, “How Emotional Intelligence Helps the Bottom Line,” <http://knowledge.wharton.upenn.edu/article/how-emotional-intelligence-helps-the-bottom-line/> [accessed July 17, 2014].

⁹² Ps 139:23-24 [HCSB].

⁹³ Is 61:6 [NIV].

According to Mark and Patti Virkler, people need “Prayers that Heal the Heart” in order to experience “inner healing.”⁹⁴ They explain, “The heart speaks in a language that is different from that of the mind. . . . The Bible considers the language of the heart to be pictures, emotions, flow, and faith.”⁹⁵ This implies that healing is not complete until it has touched the heart. The Bible teaches that God is also preoccupied with the healing of people’s hearts. “He is close to the brokenhearted and saves those who are crushed in the spirit,”⁹⁶ and that “He heals the brokenhearted and binds up their wounds.”⁹⁷ God fully understands human emotions because he created humankind in his own image.⁹⁸ This image includes emotions just like the description God in Exodus 34:6-7: “. . . God is merciful, gracious, slow to anger. . . .”⁹⁹ There is a need to address everything that permeates and consumes the human mind until that which disturbs from deep within the heart has been healed. Hence the need for holistic approach for holistic well-being and this includes spiritual care and emotional support. The knowledge of the origin of human affections, emotional maturity, and exercising affections in service to others is one of the major pillars in chaplaincy ministry.

⁹⁴ Mark Virkler and Patti Virkler, *Prayers that Heal the Heart* (Gainesville, FL: Bridge-Logos Publishers, 2001), 3.

⁹⁵ Ibid.

⁹⁶ Ps 34:18 [NIV].

⁹⁷ Ps 147:3 [NIV].

⁹⁸ Gn 1:27-28 [NIV].

⁹⁹ Ex 34:6-7 [NIV].

CHAPTER THREE

LITERATURE REVIEW AND OTHER SOURCES

Introduction

This chapter reviews literature that is related to the research topic, “emotional intelligence and chaplaincy,” that is, emotional intelligence, function of chaplains, experiential learning (for practical skills), and appreciative inquiry, (assessment method) that is appropriate for adult education. All of these are themes that the researcher will integrate in the overall research project. The purpose of this chapter is to demonstrate a connection between the function, training, and skill assessment of a chaplain. The chaplain’s pastoral skills require experiential training, however, there is need to nurture the right skills and discourage unhelpful skills. Further, the pastoral skills need to be aligned to the appropriate method of assessment for adult learners.

The Function of a Chaplain

Healthcare chaplains makeup the research population of this project, therefore, a background of the chaplaincy ministry is important. A chaplain is a member of the clergy who provides spiritual guidance to members of an institution such as armed forces, prisons, schools, industrial, and healthcare. The role of a chaplain is to provide emotional support, counseling, and spiritual care including religious services, rites, and rituals to individuals and groups as dictated by the needs:

The word chaplain comes from the Latin word for a cloak and the word grew out of the story of St Martin meeting a man begging in the rain with no cloak. If St Martin had met the man's need by giving him his own cloak he would have shifted the problem to himself, so instead, he tore his own cloak in two and shared it, half for the beggar and half for himself. From this the understanding of a chaplain as someone who shares support with those in the storms of life and offers some spiritual help and direction in those difficult times.¹⁰⁰

According to John Kulp,

the title of Chaplain (Latin *cappellani*) originated in the fourth century. Chaplains are named after the "Chapels" that they had responsibility for. Chapels themselves were named after a religious relic called the cappella, a half cape worn by St. Martin. Other religious relics were added to the collection and stored in the chapel as well. The ministers and priests that cared for the chapel were appointed by the king to guard the relics.¹⁰¹

Kulp continues to explain that chaplains were also appointed by kings as advisors for both religious and non-religious issues. Most people tend to be familiar with military chaplains whose primary duties according to Kulp included the "providing of religious services, advising their commanders on religious, moral and morale issues; providing religious education, counseling, and emotional support to the people and families of their military units."¹⁰² However, there are more branches of chaplaincy that have developed with time. According to Naomi Kohatsu, Janet Rae, and Paget McCormack, there are a number of different types of chaplaincy:

1. Military chaplaincy
2. Healthcare chaplaincy
3. Industrial and workplace chaplaincy
4. Correctional and prison chaplaincy
5. First responder chaplaincy
 - a. Law enforcement chaplains

¹⁰⁰ Cambridge University Hospitals, "History of Chaplaincy," http://www.chu.org.uk/cuh/services/non_clin/chaplaincy/history_of_chaplaincy.html [accessed September 22, 2013].

¹⁰¹ John Kulp, "History of Chaplains," Martial Arts Chaplain Association, <http://www.christianblackbeltassoc.org/chhistory.html> [accessed September 22, 2013].

¹⁰² Ibid.

- b. Fire department chaplains
 - c. Emergency services chaplains
- 6. Crisis intervention and disaster chaplaincy
- 7. Other chaplain specialties
 - a. Campus chaplains
 - b. Sports and recreation chaplains
 - c. Parish chaplains.¹⁰³

Many directors of healthcare facilities have adapted a holistic approach to well-being for their patients, residents, and staff. They have included the spiritual well-being as one of the goals to be actively pursued if individuals are to be healthy. This is not a far-fetched objective because, “Hospitals originally grew out of hospices (places where travelers could find hospitality, Christian love, and medical care, on their journey), so it is appropriate that hospitals have their own chaplains who can continue within that tradition of offering care and support to those having difficult times.”¹⁰⁴

In the beginning chaplains were expected to visit people of their faith, but as time went on healthcare chaplains became more “generic,” serving everyone and having an awareness of useful resources that are easily accessible to meet unique needs of patients when the need arises. In England,

when the NHS was first established, it was decided that the needs of the whole person ought to be considered. This meant that if hospitals were of a specific size then a chaplain was appointed to work in the establishment so that the religious needs of patients were duly catered for. Thus chaplains are appointed in direct proportion the spiritual and religious needs represented by the inpatient population of that particular hospital originally.

The close connection between the State and the Church of England meant that originally all posts went to Anglicans (i.e. Church of England ministers), and it was assumed that the majority of patients would be Anglican. The needs of the other denominations, particularly the Free Churches, were recognised by the

¹⁰³ Naomi Kohatsu Paget and Janet Rae McCormack, *The Work of a Chaplain* (Valley Forge, PA: Judson Press, 2006), 25.

¹⁰⁴ Cambridge University Hospitals, “History of Chaplaincy,” http://www.chu.org.uk/cuh/services/non_clin/chaplaincy/history_of_chaplaincy.html [accessed September 22, 2013].

appointment of Free Church chaplains. In recent years, the same has been true in terms of recognising the needs of those of other faiths.

A careful protocol was followed so that the respective chaplains only visited their own ‘followers,’ but this has now largely changed, so that chaplains are more ‘generic’ - and many patients from diverse traditions are happy to be visited by any chaplain on the team.¹⁰⁵

Chaplains are therefore expected to avoid proselytizing, and instead adapt a “generic” non-evangelistic approach that seeks to meet the needs of the client regardless of their faith orientation or religious affiliation. Chaplains provide short-term comfort care within critical circumstances. They serve a diverse and pluralistic population. Ideally a chaplain’s definition of spirituality should embrace all faiths. Chaplains should have an understanding of both spirituality and religiosity. Myers admits that when defining spirituality, confusion between religiosity and spirituality has been noted despite scholars’ contention that they are two different but related constructs.¹⁰⁶ However, Mullen sums the argument and writes, “religion is the context within which spirituality is practiced.”¹⁰⁷ Further, Burke and Miranti argue that “religion is a narrower concept predominantly concerned with how one practices their spirituality. It is possible for a person to be spiritual and not be religious and it is possible for someone to be religious but not spiritual.”¹⁰⁸ Davis, Kerr, and Robinson Kurpius differentiate religiosity and spirituality. They write:

¹⁰⁵ Cambridge University Hospitals, “History of Chaplaincy,” http://www.chu.org.uk/cuh/services/non_clin/chaplaincy/history_of_chaplaincy.html [accessed September 22, 2013].

¹⁰⁶ Jean E. Myers and Kirk Williard, “Integrating Spirituality into Counseling and Counselor Training: A Developmental, Wellness Approach,” *Counseling and Values* 47, no. 2 (2003): 142.

¹⁰⁷ Peter Francis Mullen, “Education for Moral and Spiritual Development” (doctoral dissertation, University of Massachusetts-Amherst, 1977), 11.

¹⁰⁸ Mary Thomas Burke and Judy Miranti, “The Spiritual and Religious Dimensions of Counseling,” in *The Handbook of Counseling* eds. Don C. Locke, Jane E. Myers, and Edwin L. Herr (Thousand Oaks, CA: Sage 2001), 358.

Religiosity suggests an allegiance to a particular system of faith and worship. Religiosity shares many attributes with the concept of spirituality; however, religiosity adds an element of theological structure and formality not present in spirituality. They are more overlapping than distinct. In many cases religiosity provides a structure conducive to spirituality.¹⁰⁹

Religion is the framework within which spirituality is practiced. It is evident that definitions on spirituality vary in wording and meaning and there is no common accepted definition. Ingersoll notes that some define spirituality as communication with God,¹¹⁰ others as movement towards God,¹¹¹ or as a focus on ultimate concerns and meanings of life.¹¹² Some describe God as a force greater than oneself.¹¹³ Others have introduced concepts and language that focus on a particular outcome or state of being¹¹⁴ or on the process of spiritual development.¹¹⁵ In discussing notions of spirituality, Geroy attests that literature suggests individual spirituality transcends religion or professing of certain

¹⁰⁹ Timothy L. Davis, Barbara A. Kerr, and Sharon E. Robinson Kurpius, eds. "Meaning, Purpose, and Religiosity in At-Risk Youth: The Relationship Between Anxiety and Spirituality," *Journal of Psychology and Theology* 31, no. 4 (2003): 356.

¹¹⁰ Elliot R. Ingersoll, "Spirituality, Religion, and Counseling: Dimensions and Relationships," *Counseling and Values* vol. 38, Issue 2 (1994): 98.

¹¹¹ Frank Northen Magill and Ian P. McGreal, eds., *Christian Spirituality: The Essential Guide to the Most Influential Spiritual Writings of the Christian Tradition* (San Francisco: Harper & Row, 1988), 78.

¹¹² Paul Tillich, *Theology of Culture* (New York: Oxford University Press, 1959), 12.

¹¹³ Steven Hawks, "Spiritual Health: Definition and Theory," *Wellness Perspectives* 10 (1994): 3-11.

¹¹⁴ Patrick Love and Donna Talbot "Defining Spiritual Development: A Missing Consideration for Student Affairs," *NASPA Journal* 37, no. 1 (1999): 361.

¹¹⁵ Cynthia K. Chandler, Janice Miner Holden, and Cheryl A. Kolander, "Counseling for Spiritual Wellness: Theory and Practice," *Journal of Counseling and Development* 71, no. 2 (1992): 168.

beliefs.¹¹⁶ Geroy writes that “spirituality is the internal expression of being, sense of a place, interconnectedness, and meaning-seeking.”¹¹⁷

Mattes writes:

Spirituality is about questions, searching, discerning, meaning making, and transcending. Spirituality is the essential element of who we are as human beings. Spirituality is that component of our humanness that draws us and pulls us out of ourselves in the recognition that there is something that lies beyond us. Spirituality is that force which motivates us and propels us forward whether we consciously realize it or not. It becomes a companion to the very human process of making meaning out of one’s lived experiences thus enabling a person to have a greater awareness of the gifts one’s life has bestowed, the values one holds, and the insight into one’s own motivations. Spirituality is an integral part of being human and it becomes a formative process as it assists us in gaining a greater understanding of who we really are as a unique individual.¹¹⁸

He cautions that, “Spirituality is not a given doctrine, a belief system or a set of rituals. Spirituality is not about correct or incorrect answers, structured approaches to prayer or even holiness.”¹¹⁹ Geroy suggests three types of commitment behavior as manifestations of spirituality: compliance, affiliation, and internalization.¹²⁰

Not all scholars define spirituality from a religious point of view. Some writers define spirituality from a human and non-religious perspective, while others define spirituality from an exclusively religious viewpoint. The common themes that emerge from various definitions on spirituality are: God, self, internalizations, communication,

¹¹⁶ Gary D. Geroy, “Spirituality,” *Journal of Leadership and Organizational Studies* 9 (Spring 2003): 67.

¹¹⁷ *Ibid.*, 68.

¹¹⁸ Roy Mattes, N. Graham Standish, and Ellen McCormack, “Formative Spirituality: A Foundational and Integrative Approach to Spiritual Direction: Part 1: Understanding the Individual,” *Presence: The Journal of Spiritual Directors International* 7, no. 1 (2001): 7-19.

¹¹⁹ *Ibid.*, 56.

¹²⁰ Gary Geroy, “Preparing Students for Spirituality in the Workplace,” <http://onlinelibrary.wiley.com/doi/10.1002/tl.215/abstract> [accessed July 10, 2014].

interconnectedness, meaning-seeking, and transcendence. These themes suggest that spirituality is not only personal but it also involves others and relates to a higher being. That is why an individual is able to transcend beyond oneself because there is a force larger than self that is involved. Love and Talbot present a paradox of spirituality. “Its experience is personal and unique but only finds its fullest manifestation in the context of an ever broadening, mutually supportive community.”¹²¹

Community defines values and beliefs, and people tend to align themselves with what is acceptable within a community. However, an individual should have self-understanding in order to belong to a community. For a Christian, spirituality is “the lived experience of Christian belief in both its general and more specific forms.”¹²² It is life that comes through the grace of God and relates both to the individual and to the community (i.e., the body of Christ). It is rooted in connectedness, relationships, communion, and communication with the community and God. Its extent is unlimited, because it hinges on God who exists in the Trinity and is the author of Christian spirituality.

The work of the Holy Spirit in believers is the source of the transcendent dimension of spirituality. This aspect is expressed in “being aware of something beyond the spatial-temporal world.”¹²³ It is the willingness and obedience of a believer that affects the work of the Holy Spirit in his/her life. McGrath writes, “Christian spirituality

¹²¹ Love and Talbot, 366.

¹²² Ewert H. Cousins, “What is Spirituality?” in “Modern Christian Spirituality: Methodological and Historical Essays,” *American Academy of Studies in Religion* 62 (1990): 41.

¹²³ A. H. Maslow, *The Farther Reaches of Human Nature* (New York: Penguin Books, 1971), 17.

concerns the quest for a fulfilled and authentic Christian existence,”¹²⁴ while Jones adds “... involving the bringing together of the fundamental ideas of Christianity and the whole experience of living on the basis of and within the scope of the Christian faith”¹²⁵ Therefore, spirituality is how Christians live their Christianity, both in their present attitude to life and their hope for later life. This is to say that the believer’s expression of spirituality reflects their eschatological beliefs. To quote Richards:

Spirituality is a term broadly applied across a range of religions. In some eastern faiths the spiritual person denies every normal human desire and by rigid asceticism, seeks to lose his or her personal identity. In some catholic traditions spirituality is linked with a monastic commitment to meditation and worship, highlighted by momentary numinous experiences of unity with God. In some protestant traditions the spiritual person is assumed to be a dour traditionalist who seldom smiles and has only a critical look for those who are less holy.¹²⁶

Richards believes that spirituality has to do with being an integrated person in the fullest sense. To which Cully adds:

To live the spiritual life is to be related to God, with this relationship as the basis for all human relationships. To see the image of the creator in each created being is to have a perspective from which to live among other human beings. The spiritual life, particularly though the forms of prayer, cannot be lived in a possessive sense of closeness to God. The intercessory nature of prayer is a mark of authentic spirituality.¹²⁷

Spirituality is an age-old quest. It will take on different shapes and shades for different times, people, and faiths. For some it will be organized religion but not for others. In chaplaincy, a working definition of spirituality would be what a person holds

¹²⁴ Alister McGrath, ed. *Christian Spirituality: An Introduction* (Oxford, UK: Blackwell Publishing, 1999), 2.

¹²⁵ Tony Jones, *Soul Shaper: Exploring Spirituality and Contemplative Practices in Youth Ministry* (Grand Rapids: Zondervan/Youth Specialties, 2003), 24.

¹²⁶ Lawrence Richards, *A Practical Theology of Spirituality* (Grand Rapids: Zondervan, 1987), 11.

¹²⁷ Iris V. Cully, *Education for Spiritual Growth* (San Francisco: Harper & Row, 1984), 15, 17.

sacred. Their values shape their beliefs and practices. Their sense of spirituality underlies their felt spiritual needs. A chaplain must do active listening in order to unearth the needs to be addressed within the time the patient is under his care. Chaplains must have inner self-awareness spiritually and emotionally. Phil Reinders testifies to this and says, “When I have a strong awareness of who I am, I am freed up to not get freaked out about conflict. I do not need the other person’s approval. I can speak the truth in love and be present without taking on someone else anxiety.”¹²⁸ Being self-aware enables one to take into account their emotions and separate them from the feelings of the client. However, Reinders cautions, “There is not sufficient attention paid to training pastors to be self – aware.”¹²⁹ Self-awareness is an element of emotional intelligence. Developing emotional intelligence influences one’s adaptive skills and informs a holistic approach to spirituality, especially for people who minister in unpredictable circumstances. More effort is needed in developing the emotional competencies of pastors and more so healthcare chaplains, whose daily spiritual interventions revolve around spiritual and emotional crises. Elements of emotional intelligence need to be promoted within encounters between chaplains and spiritual care recipients.

Identifying Elements of Emotional Intelligence in Chaplains’ Experiences

Emotional intelligence refers to “the ability to monitor one’s own and other’s emotions, to discriminate among them and to use the information to guide one’s thinking

¹²⁸ Rachel Van Harmelen, “Emotional Intelligence in Ministry: The Crux of the Matter,” *Christian Courier*, December 17, 2007, 2.

¹²⁹ Van Harmelen, 2.

and actions.”¹³⁰ This translates into “understanding where a person is coming from as well as how to communicate effectively as a result.”¹³¹ According to Daniel Goleman, self-awareness is the basis for other components of emotional intelligence. He writes, “the ability to recognize and understand your moods, emotions, and drives, as well as their effect on others. The key indicators of self-awareness are self-confidence; realistic self-assessment. . . .”¹³² Griffin and Moorhead concur that, “self-awareness refers to a person’s capacity for being aware of how they are feeling. In general, more self-awareness allows a person to more effectively guide their own lives and behaviors.”¹³³ Without self-awareness there is no foundation for emotional intelligence.

Many writers and researchers have recently shown an interest in emotional intelligence. Several people have written on or researched the benefits of possessing emotional intelligence. In 2007, Jessica Beauvais published a study titled, *An Assessment of the Knowledge of and Attitudes Toward Emotional Intelligence and Social and Emotional Learning Among Educators* and she concluded that:

Emotional intelligence (EI), as first introduced by Myer and Salovey (1997), has evolved from an abstract theory of intelligence to applications in everyday life. Formal instruction and development of social and emotional skills is becoming increasingly common across a wide array of fields and industries. Social and emotional learning (SEL) is proving to be academically and personally beneficial when implemented with children in school settings.¹³⁴

¹³⁰ Peter Salovey and Jack Mayer, “Emotional Intelligence,” *Imagination, Cognition, and Personality* 9, no. 3 (1990): 189.

¹³¹ John Errigo, “Emotional Intelligence: A Positive Influence on Leadership Effectiveness and Cohesive Team Development” (master’s thesis, Saint Joseph’s University, 2009), 20-21.

¹³² Daniel Goleman, *Emotional Intelligence* (New York: Bantam Books, 1995), 88.

¹³³ Ricky W. Griffin and Gregory Moorhead, *Organizational Behavior: Managing People and Organizations*, 8th ed. (New York: Houghton Mifflin Company, 2007), 65.

¹³⁴ Jessica A. Beauvais, “An Assessment of the Knowledge of and Attitudes Toward Emotional Intelligence and Social and Emotional Learning Among Educators” (master’s thesis, University of Dayton, 2007), iii.

The purpose of her research was to investigate the potential benefits of SEL as perceived by educators. She proposed that, “social and emotional skill development may offset stressors that contribute to occupational burnout.”¹³⁵ After using internet-based surveys, Beauvais reported that, “younger educators, with fewer years of service, exhibited greater knowledge of EI and SEL as well as greater interest in social and emotional skill development as means of alleviating burnout.”¹³⁶ Beauvais points out the benefits of emotional intelligence as well as the generation that is embracing the skill.

Likewise Joseph Brian Lyons did similar research on *Emotional Intelligence and the Stress Process*. His study examined “the relationship between emotional intelligence (the ability to perceive, integrate, understand and regulate emotions) and the stress process.”¹³⁷ Lyons sought to demonstrate that EI could influence stress appraisals. He reported that, “individuals who are high in EI may appraise stressful situations as challenges while those with low EI may appraise stressful situations as threats.”¹³⁸ He assessed the psychological and physiological indices of threat and challenge appraisals. The results indicated that, “EI predicts psychological and physiological challenge.”¹³⁹ His documented effects were dependent in part on perceived social support. In essence Lyons demonstrated that high emotional intelligence significantly lessens the perceived burden in facing stressful situations.

¹³⁵ Beauvais, iii.

¹³⁶ Ibid.

¹³⁷ Joseph Brian Lyons, “Emotional Intelligence and the Stress Process” (master’s thesis, Wright State University, 2003), iii.

¹³⁸ Ibid.

¹³⁹ Ibid.

Additionally, Adina Bloom Lewkowicz affirms that emotional intelligence is important and she proposes it should be taught. In her book, *Teaching Emotional Intelligence: Strategies and Activities for Helping Students Make Effective Choices* she argues that when people do not know, they make poor choices.¹⁴⁰ Citing the experience of a teenager who had gone through a drug recovery program, Lewkowicz writes, “The knowledge and skills with which to develop positive healthy, successful children and prevent future problems are available and teachable.”¹⁴¹ Teaching emotional intelligence enabled youngsters to “make informed, effective choices regarding their emotional, physical, mental, and social well-being and led to the development of happy, healthy, highly functioning adults.”¹⁴² Lewkowicz argues for the role of emotional intelligence as a skill that informs better choices and improves the functioning of an individual and essentially affecting the person’s well-being.

On the Christian front, Chad David Johnson conducted research on *Emotional Intelligence: The Core of the Church Leader for Missional Living in the Emerging Culture*. Johnson argues that leadership crisis in the church is largely because of a lack of emotional intelligence among church leaders. He suggests that although people have come up with effective leadership traits, “The underlying piece that makes these leadership gifts effective for the leader and the community or business that they lead is a fundamental growth in their awareness of their emotions and the emotions of others.”¹⁴³

¹⁴⁰ Adina Bloom Lewkowicz, *Teaching Emotional Intelligence: Strategies and Activities for Helping Students Make Effective Choices* (Thousand Oaks, CA: Corwin Press, 2007), vii.

¹⁴¹ Ibid.

¹⁴² Ibid.

¹⁴³ Chad David Johnson, “Emotional Intelligence: The Core of the Church Leader for Missional Living in the Emerging Culture” (doctoral dissertation, George Fox Evangelical Seminary, 2005), iii.

He reports that the four components that build one another for missional living in this emerging culture flow from the leader's core emotional intelligence. These components are "Incarnational Living, Transparent Leading, Intuitive Learning, and Connective Linking."¹⁴⁴

In 2008 Jankowski, Vanderwerker, Murphy, and Montoye did a study with CPE students to measure the "Change in Pastoral Skills, Emotional Intelligence, Self-reflection, and Social Desirability Across a Unit of CPE"¹⁴⁵ They focused on 144 participants (72 males and 72 females) starting from 2006-2008 to assess:

- Pastoral skills and confidence
- Emotional intelligence
- Self-reflection and insight
- Social desirability.

The study was conducted as part of an ongoing effort to evaluate Health Care Chaplaincy's CPE Program. The demographic items included: age, gender, level of education, religious denomination, prior units of CPE, years of experience in professional ministry or pastoral care, and years of theological study. The average age of the students was approximately forty-three years. All participants were graduates of high school, and 60 % had a master's degree or higher. Most of the students were Roman Catholic, Jewish, Anglican, or of other Protestant denominations. On average, students had four and a half years of theological study, and six years of experience in professional ministry. Fifty-five

¹⁴⁴ Johnson, iv.

¹⁴⁵ Katherine Jankowski, Lauren Vanderwerker, Kathryn Murphy, and Martin Montoye, "Change in Pastoral Skills, Emotional Intelligence, Self-reflection, and Social Desirability Across a Unit of CPE," *Journal of Health Care Chaplaincy* 15 (2008): 135.

percent were intensive unit CPE students, and the remaining were extended unit students. For most students this was their first CPE course.

Twenty-one students were in their second unit of CPE and seventeen students were in their third unit or higher. The participants completed questionnaires at the beginning and end of their units. The summary findings stated that:

As a whole, students in this study showed significant increases in their pastoral care skills and emotional intelligence over the course of their CPE training. However, some groups of students experienced more improvement than others. For pastoral skills, students with fewer years of professional ministry, no prior CPE experience, and lower scores on a social desirability scale experienced more positive change in their skills. The sole significant predictor of improved emotional intelligence and improved self-reflection was participating in an intensive course. In a surprising finding, there was a significant decrease in average self-reflection and insight scores in students in the extended course. In contrast, while not significant, there was a slight improvement in self-reflection in students in their third or fourth CPE unit. . . . These are unique findings and invite further research exploration.¹⁴⁶

There is need for further investigation on indicators of emotional intelligence. There is a need to further describe emotional intelligence. Emotional intelligence is classified into two major areas:

- (a) Self - inner awareness and management
- (b) Social - awareness and relationship management; one must first understand self and then be able to interact meaningfully with others.

¹⁴⁶ Jankowski et al., 145.

According to Marcia Sirota, twelve elements of emotional intelligence are:

1. **Empathy.** The ability to understand what other people are feeling will make a person more sensitive and aware and will result in more meaningful relationships.
2. **Making right choices.** This is the ability and understanding to make conscious choices in your life and to avoid unnecessary difficulties. One must recognize that one's actions have consequences.
3. **Good judgment.** The gift of making well-thought-out decisions and seeing people for who they really are will maximize the possibilities of success in all areas of life.
4. **Personal responsibility.** When a person holds himself accountable and does not blame anyone else for his mistakes or misfortunes, he is empowered to change things for the better. Other people respect him, because he owns up to his part in relationships.
5. **Insight.** The ability to see oneself clearly and to understand one's own motivations allows for the possibility of personal growth. Insight into others allows one to have a greater impact in one's own relationships.
6. **Mental flexibility.** Being able to change one's mind or to see things from different points of view makes it possible to navigate all sorts of relationships and to succeed where other more rigid thinkers would fail.
7. **Compassion.** Being honest with oneself can be painful, but it is easier with a kind and gentle attitude. This type of compassion facilitates personal transformation, while compassion toward others supports deeper, more loving connections.
8. **Integrity.** Following through on commitments and keeping promises creates much goodwill in personal and professional relationships and promotes success in both arenas.
9. **Impulse control.** Thinking before speaking or acting gives a chance to make deliberate, even sophisticated choices about how one present oneself to others. Not acting out of primitive impulses, urges, or emotions avoids social embarrassment.
10. **Deferring gratification.** This is the ability to avoid seeking for immediate praise or recognition after a good deed. It is one thing to want something, but the ability to put off having it is empowering. Mastery of one's needs allows prioritizing around life goals.
11. **Perseverance.** Sticking with something, especially when it is challenging, allows one to see it through to completion and demonstrates to others that one is dependable and potentially a high achiever.
12. **Emotional courage.** As opposed to the physical variety, emotional courage is the ability to do the right thing, see the truth, open your heart, and trust yourself and others enough to be vulnerable, even if all this is frightening. This causes others hold a person in high regard.¹⁴⁷

¹⁴⁷ Marcia Sirota, "12 Elements of Emotional Intelligence," <http://omtimes.com/2010/08/12-elements-of-emotional-intelligence/3/> [accessed July 10 2014].

Daniel Goleman suggests five main components of emotional intelligence:

1. **Self-awareness:** Recognize and understand your own moods and motivations and their effect on others. To achieve this state, you must be able to monitor your own emotional state and identify your own emotions.
2. **Self-Regulation:** Controlling your impulses—instead of being quick to react rashly, you can reign in your emotions and think before responding. You express yourself appropriately.
3. **Internal Motivation:** Internal motivation is marked by an interest in learning. It is also self-improvement vs. a pursuit of wealth and status (as a pursuit of wealth and status is an external motivator).
4. **Empathy:** The ability to understand another person's emotional reaction. This is only possible when one has achieved self-awareness—as one cannot understand others until they understand themselves.
5. **Social Skills:** Identifying social cues to establish common ground, manage relationships, and build networks.¹⁴⁸

These elements are identifiable from day-to-day encounters with self and others.

They are indications that one possesses emotional intelligence. Possessing these elements of emotional intelligence improves functionality. The ability to identify elements of emotional intelligence contributes towards self-reflection, insight, and confidence.

Nurturing Emotional Intelligence in Experiential Learning

Many studies have documented the personal change and growth of CPE students with respect to their development of identity and authority as pastoral care givers. These studies report improvement in attributes, behaviors, and personality attributes that are desirable in a self-aware person who is able to attend to another person's pastoral needs. In a comprehensive review of thirty-nine studies documenting the impact of CPE on students, Jankowski concluded that CPE students gain, among other benefits, autonomy and self-awareness from their CPE experience. He noted the need for more research

¹⁴⁸ Mark Beard, "5 Main Components of Emotional Intelligence," Inspire Business Solutions, March 2, 2012, <http://inspirebusinesssolutions.com/blog/5-main-components-of-emotional-intelligence> [accessed November 25, 2013].

documenting the translation of self-awareness into solid pastoral skills.¹⁴⁹ In an early study in 1977, Geary evaluated four groups of individuals who were enrolled in CPE class: thirty-one first time CPE enrollees, thirty-one church people outside of CPE, twenty-one individuals in their second, third, or fourth unit of CPE, and eighteen individuals who had taken a previous CPE class but were not currently enrolled.

Using a pre-test/post-test design, Geary found advanced CPE individuals “exhibited higher post-test scores on empathy and inner direction, whereas first time CPE students exhibited higher post-test scores on self-acceptance and inner-directed existentiality.”¹⁵⁰ These gains diminished for all students after a period of about five months. However, “self-actualization, general efficacy, and long-range problem solving increased by the end of an intensive unit of CPE.”¹⁵¹ O’Connor and others report that students agreed they “developed ministry skills, developed new goals, and learned about their personal functioning.”¹⁵² Thomas, Stein, and Klein found that CPE increase self-awareness and acceptance and those students became more “person-centered.” Extended unit students showed “greater increase in defensiveness and a lower level of peak experiencing compared to intensive unit students.”¹⁵³

Derrickson and Ebersole asked students five years out of CPE what they remembered most often and what helped them most from their CPE experience. Intensive

¹⁴⁹ Jankowski et al., 133

¹⁵⁰ Thomas F. Geary, “Personal Growth in CPE,” *Journal of Pastoral Care* (1977): 17.

¹⁵¹ Jankowski et al., 134.

¹⁵² Thomas St. James O’Connor et al., “Quantitative and Qualitative Outcome Research on Regional Basic Supervised SPE Program,” *Journal of Pastoral Care* 51, no. 2 (1997): 195.

¹⁵³ John T. Thomas, Leonard I. Stein, and Marjorie H. Klein, “A Comparative Evaluation of Changes in Basic Clinical Pastoral Education Students in Different Types of Clinical Setting as Measured by the Adjective Checklist and Experience Scale,” *Journal of Pastoral Care* 36, no. 3 (1982): 181.

unit students reported that they remembered CPE “most when engaged in personal reflection.”¹⁵⁴ For extended unit students, “visiting the sick in their current placement made them remember their CPE experience most often.”¹⁵⁵ Intensive unit students remembered “many didactic seminars across a wide range of topics while extended unit student mostly remembered medical seminars.”¹⁵⁶ Intensive unit students recalled “their supervisor more often as a therapist, in contrast to the extended unit students who saw their supervisor more as a mentor.”¹⁵⁷

Teaching and learning styles influence the outcomes of the learning process. They are directly related to achievement of study objectives. Professional development that employs the experiential approach for enhancing skills has to develop indicators of successful completion of the study. Clinical pastoral programs embrace the hands-on learning style otherwise called experiential learning, as opposed to theoretical learning. Supervisors might teach during seminar sessions once a week and the rest is done through hands-on experience. Entwistle defines teaching style and attempts to make a distinction between style and method. He argues that, “The teaching methods are about the science of teaching whereas teaching styles are about the art of teaching.”¹⁵⁸ But Reiff adds, “There is no right way to learn or to teach, but there are certain styles that are more

¹⁵⁴ Paul Derrickson and Myron Ebersole, “The Lasting Effects of CPE: A Five Year Review,” *Journal of Pastoral Care* 20, no.1 (1986): 16.

¹⁵⁵ Derrickson and Ebersole, 17.

¹⁵⁶ Derrickson and Ebersole, 17.

¹⁵⁷ *Ibid.*, 18.

¹⁵⁸ James Noel Entwistle, *Styles of Learning and Teaching: An Integrated Outline of Educational Psychology for Students, Teachers, and Lecturers* (Chichester, NY: Wiley, 1981), 24.

appropriate for a given situation.”¹⁵⁹ Grassian and Kaplowitz point out that learning styles (characteristics, cognitive, affective, and physiological behaviors) serve as relatively stable indicators of how learners perceive, interact with and respond to the learning environment.”¹⁶⁰ Learning should bring a measure of change or transformation and this may be affected by the teaching style used.

Kolb defines learning as “the process whereby knowledge is created through the transformation of experience.”¹⁶¹ Kolb argues that learning through experience is the best way to develop. Likewise, Dewey supports education through experience,¹⁶² as do Freire,¹⁶³ Groome,¹⁶⁴ Mezirow,¹⁶⁵ Sarasin,¹⁶⁶ Cohen and Sovet,¹⁶⁷ and LeFever.¹⁶⁸ Charter writes that Groome’s position emphasizes experience over Scripture and the

¹⁵⁹ Judith C. Reiff, *Learning Styles* (Washington, D. C.: National Education Association, 1992), 7.

¹⁶⁰ Esther Grassian and Joan R. Kaplowitz, *Information Literacy Instruction: Theory and Practice* (New York: Neal-Schuman Publishers, 2001), 59.

¹⁶¹ David Kolb, *Experiential Learning: Experiences as the Source of Learning and Development* (Englewood Cliff, NJ: Prentice Hall, 1984), 38.

¹⁶² John Dewey, *Experience and Education* (New York: Collier Books Macmillan, 1959), 89.

¹⁶³ Paulo Freire, *Education for Critical Consciousness* (New York: Continuum, 1973), 18-19.

¹⁶⁴ Thomas Groome, *Christian Religious Education: Sharing Our Story and Vision* (San Francisco: Harper and Row Publishers, 1980), 5.

¹⁶⁵ Jack Mezirow, *Transformative Dimensions of Adult Learning* (San Francisco: Jossey-Bass, 1991), 168-169.

¹⁶⁶ Lynne Celli Sarasin, *Learning Style Perspectives: Impact in the Classroom* (Madison: Atwood Publishers, 1999), 23.

¹⁶⁷ Stewart Cohen and Carolyn Sovet, “Human Service Education: Experiential Learning and Student Development,” *College Student Journal* 23, no. 2 (1989): 117-122.

¹⁶⁸ Marlene LeFever, *Creative Teaching Methods: Be an Effective Christian Teacher* (Elgin, IL: David C. Cook Publishing, 1985), 9.

illumination the Holy Spirit.¹⁶⁹ However, Dewey points out that not all experiences are educative and that mis-education can occur from negative experiences.

In support, Piaget¹⁷⁰ and Poppenhagen¹⁷¹ demonstrate that the environment shapes intelligence. Experiential learning focuses on skills used on acquisition of knowledge, organizing and using information, the increase of interpersonal skills, and social participation. Experiential learning assures continuity because any living moment is part of one's experience. According to Dewey, "The two principles of continuity and interaction are not separate from each other. They intercept and unite. They are, so to speak, the longitudinal and lateral aspects of experience. Different situations succeed one another."¹⁷² Freire agrees and says that, "Knowledge emerges only through invention and reinvention."¹⁷³ The educator has to inquire of the learner if the learner is to be relevantly educated. Dewey would concur with this because, "He passionately believed that ideas made sense only as solutions to problems and that educationalists had neglected this fact."¹⁷⁴

Likewise, Erickson believed that every stage of life development has a conflict that should be solved. According to his theory of human development on conflict of self and the society, there are eight stages of human development. Each stage focuses on a

¹⁶⁹ Miriam Charter, "Thomas H. Groome's Shared Praxis Approach to Ministry: Questioning its Application in the Protestant Evangelical Church," *Trinity Journal* 15, no. 1 (1994): 89-113.

¹⁷⁰ Jean Piaget, *Genetic Epistemology* (New York: Columbia University Press, 1968), 58.

¹⁷¹ Brent W. Poppenhagen, "Active Learning for Postsecondary Educators: A Study of Two Learning Designs" (paper presented at the annual meeting of the American Educational Research Association, Los Angeles, California, April 13-17, 1982), 201-270.

¹⁷² Dewey, 44.

¹⁷³ Paulo Freire, *Pedagogy of the Oppressed* (New York: Herder and Herder, 1970), 58.

¹⁷⁴ Ainelie Oksenberg Rorty, ed. *Philosophies on Education* (New York: Rutledge, 1998), 401.

different conflict that one needs to solve in order to develop successfully into the next stage of life. If one makes the wrong choice, the ability to deal with the consecutive stage is impaired. Erickson's theory closely ties personality growth with parental and societal values.¹⁷⁵ Inevitably, if transformation is expected then theory must relate to practice. Teachers who dump information and ignore reflection may not achieve an effective response from the learners.

Tobias advises that, "students are characterized by significantly different learning styles: they preferentially focus on different types of information, tend to operate on perceived information in different ways, and achieve understanding at different rates."¹⁷⁶ She concludes that students are "not dumb, they are different."¹⁷⁷ John Locke believes educators can mistake conditioning with educating. He says that, "Children are to be *educated*, and not merely *conditioned*, and this means their capacity to resist their desires steadily increased."¹⁷⁸ Positive change in learners' lives can be an indicator of effective learning. This change is what "differentiates teaching from propagandizing, conditioning and indoctrinating."¹⁷⁹ Teaching done inappropriately is likely to lead to rejection.

Freire believes that the concept of generative themes would be an effective learning method. Generative theme is a cultural or political topic of great concern or importance to learners. "Generative" has the idea of originating from the people or

¹⁷⁵ Erik Erickson, *Life Cycle Completed* (New York: Norton and Company 1998), 24.

¹⁷⁶ Sheila Tobias, *They're Not Dumb, They're Different: Stalking the Second Tier (Occasional Paper on Neglected Problems in Science Education)* (Tucson: Research Corporation, 1990), 2.

¹⁷⁷ Tobias, 18.

¹⁷⁸ Rorty, 46.

¹⁷⁹ Ronald Hyman, *Ways of Teaching* (New York: J.B. Lippincott Company, 1974), 11.

produced by the people. According to Freire, generative themes can be done in two phases. Phase One is research on the needs of the people. Informal encounters give better results. “The interviews reveal longings, frustrations, disbeliefs, hopes, and the impetus to participate.”¹⁸⁰ Try to see the connections of relationships between concerns, words, and themes. Phase Two is the selection of generative themes. The criteria would be themes or words shared amongst the people. Look for: (a) “Richness” – themes or words that bring out what people are most interested in or concerned about, (b) “Difficulty” – themes or words that indicate some level of difficulty, experienced by the people, and (c) “Pragmatism” – look for issues that work well socially, culturally, and politically for the people. Create codifications – naming situations – problems containing elements that can be decoded by the group. The generative words and themes are set according to the codifications.¹⁸¹ Freire notes that the following practices are suggested by generative themes:

- An educator will allow people to identify their own needs/concerns.
- An educator will facilitate well enough for the people to identify their needs/concerns.
- The process will be dialogical.
- An educator will offer people their own **generative themes** and let them **dialogue**.
- An educator will use **generative themes** to make learning **transformational** and **lifelong**. The litmus test for one’s dialogical method is that other **generative themes** come up; if not, the educator is anti-dialogical and therefore dominating.
- An educator will create learning materials from the **generative themes**.
- An educator will modify the program to suit the context but keep the philosophy behind it. An educator who is supposed to do the tasks correctly will be available.

¹⁸⁰ Freire, *Pedagogy of the Oppressed*, 49.

¹⁸¹ Ibid.

- The educator will be patient with the people because the process takes time.¹⁸²

Any learning should have measurable goals whether through testing, observation, or application.

Assessing Emotional Intelligence using Appreciative Inquiry

Every learning goal deserves an evaluation, and so does the development of emotional intelligence. Emotional intelligence is a lifetime engagement since people will face new personalities and situations every so often. Therefore, it might be helpful to employ a sustainable, non- threatening evaluation tool that can be appropriate with different ages, cultures, faiths, and nationalities. Appreciative inquiry would be an appropriate tool to evaluate one's development of emotional intelligence.

Appreciative inquiry is “an approach to strategic change and sustainable growth for organizations. The intent of Appreciative Inquiry is to engage all stakeholder groups in inquiry into the positive potential for cultural and systemic change. It is ground in social constructivism.”¹⁸³ It is an approach recommended for organizations in which “evolving, social constructions change and transform the capacity of the organization to possibilities not probable in a hierarchical ordered system.”¹⁸⁴ Siegel asserts that emotional intelligence and appreciative inquiry are relatively new, citing that fact that literature for both areas began less than forty years ago. Appreciative inquiry “suggests that for an organization to be effective in its executives, its leadership, and as a change

¹⁸² Freire, *Pedagogy of the Oppressed*, 87.

¹⁸³ Linda Marie Siegel, “The Effects of Appreciative Inquiry on Emotional Intelligence” (doctoral dissertation, Ashland University, 2008), 18.

¹⁸⁴ *Ibid.*, 13.

agent, it must be adept at the art of understanding, reading, and analyzing organization as living, human constructions.”¹⁸⁵ This has been experienced in different venues, such as corporate board rooms, schools, urban neighborhoods, or non-profit organizations. It is a view that chooses affirmative, valuing, and generative ways in which organizations are understood. The process of appreciative inquiry empowers participants and fosters ownership of values.

Appreciative Inquiry and Evaluation

According to Cooperrider, Whitney, and Stavros the theoretical basis of appreciative inquiry is first based on the meaning of the two words:

Appreciate is a verb that means to value; recognize the best in people or the world around us; affirm past and present strengths, successes, and potentials; to perceive those things that give life (health, vitality, excellence) to living systems. Inquire is a verb which means to explore and discover, to ask questions; to be open to seeing new potentials and possibilities. Synonyms are: discover, search, systematically explore, and study.¹⁸⁶

Therefore, “appreciative inquiry is an approach to seeking what is right in an organization in order to create a better future for it.”¹⁸⁷ Hammond adds that, “appreciative inquiry suggests that we look for what works in an organization.”¹⁸⁸ Appreciative inquiry is said to be a relatively new asset-based approach from the field of organizational development. Wacławski and Church write that some people have called appreciative

¹⁸⁵ Stephen P. Fitzgerald, Kenneth L. Murrell, and Lynn H. Newman, “Appreciative Inquiry: The New Frontier” in *Organizational Development and Transformation: Managing Effective Change*, eds. Wendell L. French, Cecil H. Bell, and Robert A. Zawacki (Boston: McGraw-Hill Irwin, 2002), 225.

¹⁸⁶ David L. Cooperrider, Diana Whitney, and Jacqueline M. Stavros. *Appreciative Inquiry Handbook* (Bedford Heights, OH: Lakeshore Publishers.2003), 1.

¹⁸⁷ Anne T. Coghlan, Hallie Preskill, and Tessie Tzavaras Catsambas, eds. *Using Appreciative Inquiry in Evaluation*. (San Francisco: Jossey-Bass, 2003), 5.

¹⁸⁸ Sue Annis Hammond and Cathy Royal, eds., *Lessons from the Field: Applying Appreciative Inquiry* (Plano, TX: Practical Press, 1998), 7.

inquiry “ground breaking” and “a new frontier,”¹⁸⁹ and it has also gained attention for its successful application in facilitating organizational change. Appreciative inquiry has been described as “a rapidly evolving transformational method, a form of intervention originated by Cooperrider that is revolutionizing the field of organizational development.”¹⁹⁰ Without underestimating either the excitement or the skepticism that might accompany newly introduced approaches, it is important to note that appreciative inquiry is to be appreciated for going against the grain and focusing on the positive and how it shapes the future.

A good beginning point would be Watkins and Mohr’s appreciative inquiry 4-D model¹⁹¹ presented by Coghlan, Preskill, and Catsambas. This model of appreciative inquiry is first grounded in Cooperrider’s five principles of inquiry. These principles are:

- **Constructionist Principle.** Our capacity for imagination and creation of images of the future allows for human systems (including organizations) to be altered or reconstructed.
- **Simultaneity Principle.** Seeds of change are planted in the first question asked. Therefore, inquiry and intervention are interrelated and simultaneous.
- **Poetic Principle.** Organizations are like an open book of poetry.
- **Anticipatory Principle.** An image of the future precedes the actual change.
- **Positive Principle.** The more positive the question is, the more positive the data. The more positive the willingness to participate is, the more lasting the change process.¹⁹²

¹⁸⁹ Janine Waclawski, and Allan Church, eds., *Organizational Development: A Data-Driven Approach to Organizational Change* (San Francisco: Jossey-Bass, 2002), 203.

¹⁹⁰ Robert Quinn, *Building the Bridge as You Walk on It* (San Francisco: Jossey-Bass, 2004), 122.

¹⁹¹ Coghlan, Preskill, and Catsambas, 6.

¹⁹² Cooperrider, Whitney, and Stavros, 2.

Siegel suggests that one connection between appreciative inquiry and emotional intelligence may be the poetic principle¹⁹³ that posits that human organizations are an open book, constantly being co-authored by its members. The poetic principle is engaged in the collection of stories. Another principle of appreciative inquiry is that of simultaneity, which suggests inquiry, change learning, and formation happen simultaneously when a question is posed. At that very moment, learning or understanding about what was asked begins to deepen. Both of these principles of appreciative inquiry are deeply reliant upon the individual and that individual's relationship to the group.

Coghlan, Preskill, and Catsambas also give foundational or generic questions, which guide the interviews in the four steps that they are suggesting. These foundational questions are listed as:

- Describe a high point experience in your organization, a time when you were most alive and engaged.
- Without being modest, what is it that you most value about yourself, your work, and your organization?
- What are the core factors that give life to your organization, without which the organization would cease to exist?
- What three wishes do you have to enhance the health and vitality of your organization?¹⁹⁴

Watkins and Mohr suggest the following steps in their 4-D model where the above generic questions should be applied. The first is: (a) Discovery—"What is the best of what is?"¹⁹⁵ Begin with appreciating the accomplishments.

¹⁹³ Siegel, 18.

¹⁹⁴ Coghlan, Preskill, and Catsambas, 10.

¹⁹⁵ Jane Magruder Watkins and Bernard J. Mohr, *Appreciative Inquiry: Change at the Speed of Imagination* (San Francisco: Jossey-Bass, 2001), 43.

Coghlan, Preskill, and Catsambas suggest that,

Participants share their individual stories in pairs and then with the larger group, and together they identify key topics or themes common to the stories. They then create a customized interview protocol by selecting three to five of the identified topics or themes and writing several appreciative questions for each. Using the new protocol, interviews are conducted with as many organization members as possible, ideally by the members themselves.¹⁹⁶

Holman and Devane add that the focus of this step should be to mobilize a systemic or system wide inquiry into the positive change.

The second is: (b) Dream—“What might be?” Envisioning results. This second stage is what Coghlan, Preskill, and Catsambas call the “dream phase” in which, they say that

the participants then begin the dream phase: based on the information obtained from the interviews, they envision themselves and their organization functioning at their best. Through various kinds of visualization and other creative exercises, participants think broadly and holistically about a desired future.¹⁹⁷

Third is: (c) Design—“What should be the ideal?” Co-constructing the future.

Coghlan, Preskill, and Catsambas propose that

based on their dreams in the dream phase, in the design phase participants propose strategies, processes, and systems; make decisions; and develop collaborations that will create and support positive change. They develop provocative propositions and design statements that are concrete, detailed visions based on what was discovered about past successes.¹⁹⁸

Fourth is: (d) Destiny—“How to empower, learn and adjust/improvise?”

Sustaining the change. Here, Coghlan, Preskill, and Catsambas suggest that

in the destiny phase, participants begin to implement both their overall visions of the dream phase and the specific provocative propositions of the design stages.

¹⁹⁶ Coghlan, Preskill, and Catsambas, 10.

¹⁹⁷ Ibid.

¹⁹⁸ Coghlan, Preskill, and Catsambas, 11.

This phase is ongoing as participants continue to implement changes and monitor their progress, and engage in new dialogue and Appreciative Inquiries.¹⁹⁹

Hammond and Royal have suggestions on how to go through the whole process.

Their “how do to it” list has the following points to consider:

- Begin with a topic
- Create questions to explore the topic
- Conduct inquiry interviews
- Share information to uncover themes
- Create provocative propositions
- Transfer into action.²⁰⁰

However, there are a few challenges to appreciative inquiry. Some say it does not acknowledge the fact that human beings have a fallen nature hence it is wrong to “make people feel good” and not acknowledge that they have failures. In the church, it is likely someone may point out the same. To this end, McEwen says that some groups who have hit this kind of a dead end have tried to name the process “gratitude inquiry.” In other words, questions are asked based on what people are grateful for. This will ensure that the Christians can get comfortable with it and not feel like their theology is being compromised.

A second challenge could be socio-cultural issues. According to Bertrand, there are factors that cause behavior to be structured, “... most theoretical models of behavior causation, the socio-cultural structure, that is, the expected (ideal) patterns of behavior.”²⁰¹ The generation and cultural conflicts may arise amongst candidates who do not think it is proper to “critic “the age gap may be an issue. However, the mediator, who

¹⁹⁹ Coghlan, Preskill, and Catsambas, 11.

²⁰⁰ Hammond and Royal, 10.

²⁰¹ Alvin Lee Bertrand, *Basic Sociology: An Introduction to Theory and Method* (New York: Appleton-Century-Crofts, 1967), 57.

in this case is the facilitator of appreciative inquiry, requires a willingness to learn as well as a willingness to assist others in their process of learning and co-creating. It requires a willingness to be appreciative inquiry, not just to do appreciative inquiry. Amongst other qualities, the mediator should be an inquirer, learner, and adaptive to change.

Appreciative inquiry facilitators are students of organization life.²⁰²

A third challenge is the fact that it is easier to say what the problem is than to say what one is grateful for. Therefore, at step three, “What should be the ideal?” and step four, “How to empower, learn and adjust/improvise?” the facilitator has be alert to any judgmental utterances and steer the dialogue to the desired end.

The fourth challenge is if there are warring factions. As Ingersoll writes, “If conflict exists, it is well to take extra care to ensure that there is a full and genuine commitment to the process by all the warring factions, and that each will take the trouble to read the text of the other.”²⁰³ This fourth challenge can be bred by fear of people in religious positions who may feel entitled to respect. Others may have a priestly mentality that they are the “keepers of holiness” and therefore “the Lord’s anointed.” This would be left to the mediator again to prepare the groups as to the significance of the appreciative inquiry process.

The literature review indicates that the function of a chaplain can be enhanced through exercising emotional intelligence. Emotional intelligence improves adaptive skills in different scenarios. Therefore, the training of chaplains can be improved through

²⁰² James Ludema, Diana Whitney, Bernard Mohr, and Thomas Griffin, *The Appreciative Inquiry Summit* (San Francisco: Berrett-Koehler Publishers, 2003), 218-219.

²⁰³ Elliot R. Ingersoll, “Spirituality, Religion, and Counseling: Dimensions and Relationships,” *Counseling and Values* 38, Issue 2 (1994): 99.

the inclusion of the development and assessment of emotional intelligence. However, the assessment method needs to be adaptive to adult learners, and appreciative inquiry would be an appropriate evaluation method for adults.

CHAPTER FOUR

RESEARCH DESIGN AND PROCEDURES

The purpose of this qualitative research is to identify and analyze elements of emotional intelligence in chaplains' clinical training and encounters. Furthermore, the researcher will design a Clinical Pastoral Education (CPE) course syllabus with the implications of this research. The researcher will do a literary analysis of verbatim reports from CPE graduates, and practicing chaplains on their clinical encounters with patients. The researcher will analyze these narratives and identify elements of emotional intelligence. The research will be conducted in the state of Ohio in the USA. The study attempts to contribute to the training of chaplains through organizations like the College of Pastoral Supervision and Psychotherapy (CPSP) and the Association of Professional Chaplains (APC).

Statement of the Problem

This researcher is a board certified chaplain and counselor and was privileged to participate in healthcare chaplain training both under CPSP and APC. The researcher was able to obtain four units of CPE, the frequently highest required units for a hospital chaplain position, through participation in chaplain internship and residency. The researcher has provided spiritual care in a retirement/nursing home facility, hospital, and hospice, all of which are considered healthcare facilities. These facilities consist of people dealing with illness, emotional distress, and issues related to death and dying. The

problem identified in this research is that there is need to train healthcare chaplains in areas that play a crucial role in healthcare contexts. Spiritual care in healthcare contexts is mostly individualized and geared more towards comfort care. Its approach should aim at producing the desired outcome. Spiritual care in healthcare contexts, therefore, in some ways differs from parish ministry. A healthcare chaplain cannot prepare a sermon that fits all the patients and families in a hospital. Neither will the chaplain's beliefs and practices always be relevant to the people they serve. Many times the chaplains will set aside their beliefs and practices in order to meet the needs of a patient or family. The development of a chaplain's emotional intelligence heightens the chaplain's sensitivity towards other people's needs and fosters their tolerance in dealing with diversity may it be in gender, age, mental status, religion, culture, language, color, or race. Emotional intelligence improves self (inner) and social awareness; it influences how a healthcare chaplain functions in accepting others and self. A chaplain who is emotionally intelligent not only functions well within the healthcare interdisciplinary team, but he/she will also sojourn with one who is hurting, letting them be themselves and bringing a sense of comfort.

Hypothesis

It is the assumption of this researcher that emotional intelligence is crucial to the effectiveness of a chaplain, and that there is need to include emotional intelligence development in the experiential learning of clinical pastoral education (CPE). The nature of healthcare chaplaincy demands a high sense of self-awareness and the capacity to be present and provide support in intense situations, without feeling the need to fix or provide a formula for emotional distress. The hands-on experience in chaplain training occupies more than fifty percent of the total training time. Therefore, it is imperative that

what is discussed for the rest of the time is carefully selected and bears weight towards the function of a chaplain. It is this researcher's conviction that experience should not be the only actively pursued epistemological method in the development of a clinical chaplain. There should be a place for "knowledge by description" in a "knowledge by acquaintance" dominant learning process. People may be "keen observers but not good interpreters."²⁰⁴

In such cases the people will need guidance, probably a theoretical framework that provides a rubric, especially for chaplains in training. In the context of emotional intelligence and chaplaincy, this researcher has the assumption that possessing emotional intelligence is essential for effective functioning of a chaplain. Possessing emotional intelligence enables one to let others be, liberating them from the expectation to be strong in times of emotional distress, and creating an atmosphere to express themselves without fear, thereby fostering healing.

One who possesses emotional intelligence does not expect those in emotional and spiritual distress to provide immediate gratification for his/her efforts, nor does he hold them responsible for his comfort. A chaplain who possesses emotional intelligence will refrain from imposing his beliefs, practices, spirituality, or language on anyone. This kind of a chaplain is comfortable with silence and allows people to process their thoughts at their pace during clinical encounters. Emotional intelligence influences how one responds to situations, especially if they are different from his, including those situations that expose his own vulnerabilities.

²⁰⁴ Jonathan Merrill, "Keen Observers but Poor Interpreters," <http://www.gomerrill.com/Home/tabid/55/EntryId/47/Keen-observers-but-poor-interpreters-hellip.aspx> [accessed January 10, 2014].

Therefore, the development of emotional intelligence is important to the functioning of a chaplain and should not be left to chance. Any imperative outcome should embrace intentional method. In order to hone a skill one must put his mind to it. He has to plan for it, not wait for chance or fate. It is the assumption of this researcher that chaplains would be saved a lot of pain if they are introduced to emotional intelligence right in the beginning of their training. The chaplains can then continue to enhance their skill throughout their ministry.

Methods and Procedures

The qualitative research design focuses first on literary analysis, to identify elements of emotional intelligence in written clinical encounters, and second on interviews to draw out chaplains' experience, understanding, and use of emotional intelligence. The focus of literary analysis is the author and their message. "Literary analysis focuses on how the structure, character, setting, and other techniques are used by the author. An analysis is the practice of looking closely at small parts to see how they affect the whole,"²⁰⁵ or it can be defined as "a detailed element or structure of something, typically as a basis for discussion or interpretation."²⁰⁶ The researcher will analyze verbatim reports written by resident chaplains for elements of emotional intelligence and discuss the significance of her observation to the research. These reports will be representative of the clinical pastoral education journey from units one to four. The data from the literary analysis will be organized according to elements of emotional

²⁰⁵ Arrow Head Schools, "Literary Analysis," www.arrowheadschoools.org/faculty/freeburg/LiteraryAnalysis.pdf [accessed June 24, 2014].

²⁰⁶ Oxford Advanced Learners Dictionary, "Analysis," http://www.oxforddictionaries.com/us/definition/american_english/analysis [accessed June 24, 2014].

intelligence. The analysis of the verbatim reports will contribute towards the gleaning of emerging themes that are an indication of emotional intelligence derived from the practical experience of chaplains in training.

The individual interviews will be in two parts. Part one will focus on the demographics of the research population. Part two will focus on verbal interviews, either face-to-face or over the phone. According to Meredith Gall, Joyce Gall, and Walter Borg, “Interviews are adaptable and an interviewer can follow up a respondent’s answers to obtain more information and gain clarity. An interviewer can also probe deeply into a respondent’s opinions and feelings.”²⁰⁷ The interview provides a window into the participants’ view of their own reality. The design gives a chance for the participants to narrate and reflect on the clinical encounters. The interviewees will also get an opportunity to express their understanding of emotional intelligence. They will be able to reflect and critique their role and experiences within the healthcare interdisciplinary team. Their perceptions about any discrepancies between training and field experience of clinical chaplaincy will be encouraged. Through the interviews, the chaplains will be able to describe their understanding and application of emotional intelligence. Data collected from the interviews will be transcribed, analyzed, and patterned according to the themes that will emerge from the respondents’ perceptions.

The participants’ viewpoints will provide the information from the insiders related directly to the research problem. This insider’s perspective is called the “*emic perspective*.”²⁰⁸ The *emic perspective* will serve as a springboard for the argument for

²⁰⁷ Meredith Gall, Joyce Gall, and Walter Borg, *Educational Research: An Introduction* (New York: Longman Publishers, 1996), 289.

²⁰⁸ Gall, Gall, and Borg, 548.

intentional inclusion of emotional intelligence in the experiential learning of healthcare chaplains. Consequently, the findings will guide the researcher in designing a course syllabus for CPE unit one that includes emotional intelligence development.

Research Questions

The research will answer the following questions:

1. How does emotional intelligence improve the functioning of a healthcare chaplain?
2. What are the common elements of emotional intelligence evident in clinical training and encounters of chaplains?
3. What are the characteristics of experiential learning, and how do they hinder or enhance the development of a healthcare chaplain?

Interview Protocol

The interviews will be conducted in English.

Part One: Demographic

1. What is your Gender?

Male

Female

2. How old are you?

20-35 years

36-45 years

46-55 years

56-65 years

66-75 years

3. How long have you served as a clinical chaplain?
4. What is your education level? Bachelors, Masters, or Doctorate?
5. How many CPE units have you completed?
6. Were you trained under APC, CPSP, or both?
7. Are you board certified by APC, NACC, CPSP, NAJC, or not certified?
8. Which of the following contexts did you serve (or are serving) as a chaplain and for how long? (choose all that apply)
 - a. Hospital_____ How long ? _____
 - b. Nursing home _____ How long? _____
 - c. Hospice _____ How Long? _____
 - d. Other _____ How Long? _____

Part Two: Oral Interview

The interview questions are as follows:

1. Briefly describe your chaplaincy journey.
2. Describe some of the skills you use in your ministry as a chaplain? In which way did your CPE training improve your pastoral care?
3. Think of a memorable chaplain visit that you made and briefly describe what happened. What do you think influenced the outcome?
4. What is your understanding of “self- awareness” in the context of chaplaincy?
5. What is your understanding of “social awareness” in relation to chaplaincy?
6. What do you wish you knew before your first clinical encounter?
7. In what kind of situations have you felt it is beneficial to share personal experiences, like medical history, death, or grief with a patient or family?

8. Imagine you visit a pre-surgical patient who is in a spiritual crisis. You assume he is afraid of surgery and therefore must be dealing with fear. However, he confides to you that he thinks God is punishing him for something awful he did to one of his family members. For the first time in his life surgery renders him so helpless and he is scared that he will die on the table as a result. He confesses in details of something you think is so inhuman, immoral, and criminal. How would his confession influence your approach?
9. In your opinion, what would you say influenced your most effective chaplaincy encounters?
11. If you were invited as a resource person for a CPE program, what are some of the insights about self and social interactions would you share with a chaplain in training?
12. The information you have provided in this interview contributes towards the research on emotional intelligence and chaplaincy. What comes to your mind when you hear the term, “emotional intelligence”?
13. Is there anything else that stands out in your chaplaincy experience that you would like to share?

Literary Analysis

Literary analysis will focus on the written clinical encounters by resident chaplains that participated in CPE programs in 2011-2014. Resident chaplains will be asked to submit at least four verbatim reports, one from each of the four CPE units representative of their journey in CPE training. These verbatim reports have several components:

- Patient, chaplain, and facility information
- Clinical encounter or verbatim report
- Chaplain's personal, pastoral, and professional evaluation.

Not only do these verbatim reports provide the conversation on the chaplain's visit, but they also include a self-critique of the chaplain's performance. The researcher will be identifying elements of emotional intelligence that served as strengths. The elements of emotional intelligence that will be non-integrated yet they seem appropriate will be identified as growth areas.

Pilot Testing

A pilot test will be done with five chaplains who are healthcare chaplains but are not part of the sample. Chaplains participating in the pilot will be those trained under CPSP or APC and do not serve in the state of Ohio. The pilot testing will be for quality assurance. The chaplains in the pilot testing will enable the researcher to revise and restate any unclear questions or questions that do not elicit valuable information. The chaplains will be expected to provide feedback on wording and relevancy.

Population

The participants in this research are expected to share similar experiences as pertaining to fact that they are healthcare chaplains, and they were trained through CPE programs either under CPSP, APC or both. They are all adults aged 20-75 years with an understanding of pastoral care in parish and healthcare contexts. Experience in parish ministry will not be a prerequisite for the interviewees. They should be practicing chaplains in the state of Ohio.

Sampling Procedure

A purposeful, representative sampling selects healthcare chaplains from the state of Ohio as a representative sample of the population. The participants will meet the following criteria which will be used to identify the population:

1. Currently working as a healthcare/clinical chaplain in Ohio
2. Aged 20-75 years
3. Have a theological degree
4. CPE training under CPSP or APC.

Description of Research Population

A chaplain is a member of the clergy who provides spiritual guidance to members of an institution such as the armed forces, prisons, schools, industrial, or healthcare. The role of a chaplain is to provide emotional support, counseling, and spiritual care including religious services, rites, and rituals to individuals and groups as dictated by the needs. Currently, healthcare chaplains are the most well-known branch of chaplains. Many directors of healthcare facilities have adapted a holistic approach to well-being of their patients, residents, and staff. They have included the spiritual well-being as one of the goals to be actively pursued if individuals are to be healthy. The duties of a clinical chaplain include:

- Assessment of patient's emotional spiritual needs
- Crisis intervention
- Hospice patient care plans
- Support bereaved families
- Assisting in comfort care

- Assisting in advance directives
- Charting of daily clinical visits from various hospital departments
- Attending to referrals, night and weekend calls
- Attending to spiritual practices or rites e.g. baptism
- Outreach ministries to a community charity group that provides room and board to the homeless
- Leading worship services, prayer and other group sessions for spiritual nurture.

The nature of chaplain ministry is unpredictable. The ministry is usually in short-term, critical, and diverse situations. This research is focused on how best a chaplain can function in such situations.

Research Procedure

First, the researcher will solicit verbatim reports from recent CPE graduates (2011-2014) for literary analysis. Second, the researcher will contact point persons like conveners of chaplain chapters in Ohio and acquaintances, informing them of the research intent. The researcher will request to be introduced via e-mail to practicing chaplains with a request to participate in interviews for data collection. (See Appendix A). The respondents to the researcher's request will be contacted and given more details about the research including the research human rights. The researcher will send part one of the interviews to those who commit to the research in order to obtain the demographics of the research population. The researcher will arrange for individual interviews according to the interviewee's choice. The oral interviews will be conducted in person or over the phone.

Desimone and Le Floch explain that researchers should be able to ask the right questions in order to improve the validity and reliability of data.²⁰⁹ Griffie concurs and adds that:

People interviewed may not be able to say what they think, may not have an opinion, or may not be able to state their opinion in a clear way; individuals available for the interviews may not have the desired information; and respondents may be unwilling to discuss what they know. In addition, interviewing requires high level questioning skills and active interpretation.²¹⁰

It is the researcher's assumption that the interviews will bring out the participants' perceptions of the significance of emotional intelligence in a clinical chaplain's ministry.

Interview processes important to this research are triangulation and re-interviewing.

Griffie explains further about the interview process:

Triangulation, having multiple interviews with the same person asking at least some of the same questions each time and re-interviewing which involves, taking the transcript back to the interviewee and see if they agree with the researchers interpretation and having a discussion in case the interviewee disagrees with the interpretation, or seeking for people who may have opposing views and seeking their reasons for disapproving say, an innovation or consulting and informed, but neutral, even critical, colleague both to look at the data summary and interpretation.²¹¹

Re-interviewing and triangulation play a crucial part in research. After several interviews, many themes might emerged that may necessitate re-interviewing and triangulation. If re-interviewing proves a necessity, some of the interviewees will be contacted and asked further questions on some of the common themes. Griffie concludes with an important caution that, "Interviewing is one method by which qualitative data can

²⁰⁹ Laura Desimone and Kerstin Carlson le Floch, "Are We Asking the Right Questions? Using Cognitive Interviews to Impose Surveys in Education Research," *Educational Evaluation and Policy Analysis* 26, no.1 (Spring 2004): 1.

²¹⁰ Dale Griffie, "Research Tips: Interview Data Collection," *Journal of Developmental Education* 28, no. 3 (Spring 2005): 36.

²¹¹ Griffie, 37.

be gathered. Although it may be less formal than some quantitative methodology, it is important to design a systematic interview technique as well as carefully analyze and validate interview data.”²¹² Dilley adds, “What happens in an interview event transcends protocol or design. Further the nature of interview analysis and reporting is more than transcribing what happened when words are spoken.”²¹³ Her point is further strengthened by Kvale who writes, “The researcher goes beyond what is directly said to work out structures and relations of meaning not immediately apparent in a text. This requires a creation distance from what is said, which is achieved by a methodological or theoretical stance, re-contextualizing what is said in a specific conceptual context.”²¹⁴ According to Rubin and Rubin,

qualitative research is not looking for principles that are true all the time and in all conditions, like laws of physics; rather, the goal is understanding of specific circumstances, how and why things actually happen in a complex world. Knowledge in qualitative interviewing is situational and conditional.²¹⁵

Bernard believes that asking probing questions promotes understanding of the situation and enables the interviewees to express themselves accordingly.²¹⁶

²¹² Griffie, 37.

²¹³ Patrick Dilley, “Interviews and the Philosophy of Qualitative Research,” *The Journal of Higher Education* 75, no. 1 (Jan.-Feb. 2004): 127.

²¹⁴ Steinar Kvale, *Interviews: An Introduction to Qualitative Research Interviewing* (London: Sage Publications, 1996), 201.

²¹⁵ H. J. Rubin and I. S. Rubin, “Qualitative Interviewing: The Art of Hearing Data,” in *Interviews: An Introduction to Qualitative Research Interviewing* (London: Sage Publications, 1995), 38.

²¹⁶ Russell Bernard, *Research Methods in Anthropology: Qualitative and Quantitative Methods*. (New York: Altamira Press, 2002), 210-215.

Human Rights in Research

The human rights in research from Winebrenner Theological Seminary will be explained to the participants. At the initial contact with each participant, the researcher will describe the process and the need for the collection of the data. The need of the respondents' perspective and the possible significance of the findings to healthcare chaplaincy and clinical pastoral education (CPE) will be discussed. Confidentiality and anonymity will be assured and written informed consent (see Appendix B) will be obtained from all the participants. They will be reminded of their right to withdraw from the interview at any time before or during the interview.

Summary

This chapter on research design and procedures describes the process of acquiring data to prove or disprove the hypothesis. The working hypothesis is that emotional intelligence is crucial to the effectiveness of a chaplain, and that there is need to include emotional intelligence development in the experiential learning of clinical pastoral education (CPE). The nature of healthcare chaplaincy demands a high sense of self-awareness and the capacity to be present and provide support in intense situations.

The research procedure also describes the process of identifying the population, research problem, methods used for data collection and research questions.

The research population for this project includes chaplains in training and practicing chaplains aged between twenty to seventy years. It is qualitative research that combines literary analysis, to identify elements of emotional intelligence in written clinical encounters, and interviews to draw out chaplains' experience, understanding, and

use of emotional intelligence. The data collected is aimed at addressing the research questions namely:

1. How does emotional intelligence improve the functioning of a healthcare chaplain?
2. What are the common elements of emotional intelligence evident in clinical training and encounters of chaplains?
3. What are the characteristics of experiential learning, and how do they hinder or enhance the development of a healthcare chaplain?

The verbatim reports written only by chaplains in training provide a significant contrast to the interviews conducted with practicing chaplains most of whom are coordinators of spiritual care in their respective practice locations. The chaplains in training have an immediate spiritual care supervisor who evaluates their performance and requires self-evaluation on a regular basis while practicing chaplains may not be required to do the same.

CHAPTER FIVE

RESULTS AND ANALYSIS OF DATA

Introduction

The purpose of this chapter is to report and analyze data gathered for this qualitative research on identified elements of emotional intelligence in chaplains' clinical encounters. The data will contribute towards an in-depth exploration of the following research questions:

1. How does emotional intelligence improve the functioning of a healthcare chaplain?
2. What are the common elements of emotional intelligence evident in clinical training and encounters of chaplains?
3. What are the characteristics of experiential learning, and how do they hinder or enhance the development of a healthcare chaplain?

The population of this research included recent CPE graduates and practicing healthcare chaplains. The data was gathered from literary analysis of verbatim reports of CPE residents' conversations with patients and individual interviews with practicing chaplains. The researcher asked recent CPE graduates to submit four verbatim reports previously written for a CPE seminar. These CPE graduates, referred to as CPE residents, chose the verbatim reports to submit from their clinical pastoral education archives. The

CPE residents were not interviewed. The practicing chaplains were either interviewed via the phone or in person. They were not asked to submit any verbatim reports.

The focus of literary analysis is the author and their message. “Literary analysis focuses on how the structure, character setting and other techniques are used by the author. An analysis is the practice of looking closely at small parts to see how they affect the whole.”²¹⁷ Or, it is “a detailed elements or structure of something, typically as a basis for discussion or interpretation.”²¹⁸ The researcher analyzed forty verbatim reports, collected from ten CPE graduates, for elements of emotional intelligence. The verbatim reports represent the respondents’ clinical pastoral education journey from their earliest CPE unit to their most recent CPE unit. These reports yield the content of raw conversations between chaplains and patients. The analysis includes the researcher’s observation and interpretation of any content significant to the research.

The process of identification includes reading through verbatim reports, and identifying and highlighting elements of emotional intelligence that correspond to the chaplain’s responses, questions, suggestions, action, and revelations to the patient or family. For example, when CPE Resident One responds to a patient, “I can bring a warm blanket for you,”²¹⁹ it is an indication that he has the ability to initiate and he is a good listener. The elements of emotional intelligence are then listed in a table to correspond to the verbatim reports A, B, C, or D. The verbatim reports are listed from the earliest (being A) to the most recent (being D). A summary with references from relevant

²¹⁷ Arrowhead Schools, “Literary Analysis,” <http://www.arrowheadschoools.org/faculty/freeburg/Literary%20Analysis.pdf> [accessed June 24, 2014].

²¹⁸ Oxford Dictionaries, “Analysis,” http://www.oxforddictionaries.com/us/definition/american_english/analysis [accessed June 24, 2014].

²¹⁹ CPE Resident One, Verbatim Report D (Northwest Ohio, April 16, 2013), 5.

verbatim reports demonstrating the researcher's observations and interpretations is presented alongside each CPE resident's list of elements of emotional intelligence.

The data from the literary analysis is organized according to the most identifiable elements of emotional intelligence from each verbatim report as perceived by the researcher. The summaries for each CPE resident's verbatim reports are presented in Tables 5.1 to 5.10. The data is not for comparison amongst CPE residents.

Interview data is drawn from individual interviews. The data collected from individual interviews is organized according to interview questions and interviewee responses. The justification for the different sources of data in this research is based on the fact that CPE verbatim reports are mandatory for chaplains in training but not required for a practicing chaplain.

Chaplains in training are not only required to write conversations between chaplain and patient, but they also have to reflect on their personal, professional, and pastoral positions related to the clinical episode. The demographics are not a factor in the findings, since emotional intelligence is ideally a soft lifelong skill that is useful for personal and social development. This research is to identify how the soft skill translates into a chaplain's personal, pastoral, and professional development. Data indicating the significance of possessing emotional intelligence regardless of gender, race, age, religious affiliation, and professional status would influence the learning style and environment of CPE programs.

As mentioned before, the only notable difference between the respondents in this research is that the verbatim reports of conversations between chaplains and patients were only available through CPE graduates, who are required to present these reports in class

and receive critique from the colleagues. It is not the practice of experienced chaplains to write verbatim reports of their conversations with patients or families. The writings of Sirota,²²⁰ and Mayer and Salovey²²¹ are helpful in summarizing notable elements of emotional intelligence in this research and their classification into two major areas: (A) self (inner) awareness and management, and (B) social awareness. These two areas are comprised of the following characteristics:

A. Self (inner) awareness and management

- Emotional courage
- Perseverance
- Self-assessment
- Confidence
- Self-control
- Flexibility
- Integrity
- Adaptability
- Impulse control
- Deferring gratification
- Decisiveness
- Good judgment
- Quick stress recovery
- Non-anxious presence
- Calmness
- Initiative
- Inner motivation
- Resilient
- Self-discipline
- Personal responsibility
- Insight

B. Social awareness

- Compassion
- Active listening
- Cognitive empathy

²²⁰ Marcia Sirota, "12 Elements of Emotional Intelligence," <http://omtimes.com/2010/08/12-elements-of-emotional-intelligence/3/> [accessed November 23, 2013].

²²¹ John Mayer and Peter Salovey, "5 Main Components of Emotional Intelligence," <http://inspirebusinesssolutions.com/blog/5-main-components-of-emotional-intelligence> [accessed November 25, 2013].

Acceptance
 Tolerance
 Realistic assessment of others
 Good boundaries
 Inspiring
 Influential
 Transformation catalyst.

Further, the writings of Sirota²²² Mayer and Salovey²²³ are essential in translating emotional intelligence into life situations. The following are translatable elements of emotional intelligence that would improve functionality, although the list is not exhaustive.

4. **Cognitive empathy.** The ability to understand what other people are feeling will make a person more sensitive and aware. It will result in more meaningful relationships.
5. **Making right choices.** This is the ability and understanding to make conscious choices in one's life and to avoid unnecessary difficulties. It is recognition that one's actions have consequences.
6. **Good judgment.** The gift of making well-thought-out decisions and seeing people for who they really are will maximize the possibilities of success in all areas of life.
7. **Personal responsibility.** When a person holds himself accountable and does not blame anyone else for his mistakes or misfortunes, he is empowered to

²²² Marcia Sirota, "12 Elements of Emotional Intelligence," <http://omtimes.com/2010/08/12-elements-of-emotional-intelligence/3/> [accessed November 23, 2013].

²²³ John Mayer and Peter Salovey, "5 Main Components of Emotional Intelligence," <http://inspirebusinesssolutions.com/blog/5-main-components-of-emotional-intelligence> [accessed November 25, 2013].

change things for the better. Other people respect him, because he owns up to his part in relationships.

8. **Insight.** The ability to see oneself clearly and to understand one's own motivations allows for the possibility of personal growth. Insight into others allows one to have a greater impact in one's own relationships.
9. **Mental flexibility.** Being able to change one's mind or to see things from different points of view makes it possible to navigate all sorts of relationships and to succeed where other more rigid thinkers would fail.
10. **Compassion.** Being honest with oneself can be painful, but it is easier with a kind and gentle attitude. This type of compassion facilitates personal transformation, while compassion toward others supports deeper, more loving connections.
11. **Integrity.** Following through on commitments and keeping promises creates much goodwill in personal and professional relationships and promotes success in both arenas.
12. **Impulse control.** Thinking before speaking or acting gives a chance to make deliberate, even sophisticated choices about how one presents oneself to others. Not acting out of primitive impulses, urges, or emotions avoids social embarrassment.
13. **Deferring gratification.** This is the ability to avoid seeking for immediate praise or recognition after a good deed. It is one thing to want something, but the ability to put off having it is empowering. Mastery of one's needs allows prioritizing around life goals.

- 14. Perseverance.** Sticking with something, especially when it's challenging, allows one to see it through to completion and demonstrates to others that one is dependable and potentially a high achiever.
- 15. Emotional courage.** As opposed to the physical variety, emotional courage is the ability to do the right thing, see the truth, open your heart, and trust yourself and others enough to be vulnerable, even if all this is frightening. This causes others hold a person in high regard.
- 16. Realistic assessment of self.** This is the ability to correctly identify and name one's emotions and realistically rate one's confidence.
- 17. Realistic assessment of others.** This is the ability to correctly identify and name others' emotions.
- 18. Adaptability.** This means accommodating change with ease, and is also an indication of good self-management.
- 19. Good boundaries.** Knowing the extent of one's involvement and taking care of oneself, respecting other people's wishes, and letting them have their dignity are examples of good boundaries.
- 20. Quick stress recovery.** This is thinking clearly and having one's brain in an optimal state for whatever cognitive abilities are needed.
- 21. Non-anxious presence/calmness/active listening.** Be fully present and genuinely engaged in what the other person is saying. Ask the right question. Do not look like wanting to exit.

22. Acceptance/sensitivity/tolerance. Have a non-discriminative sense of comfort while with others, even though they might be different. Treat them with dignity.

23. Transformation catalyst/influential. Initiate and facilitate significant positive change.

Elements of emotional intelligence can be said to be “capable of being operationalized as a set of abilities ... meeting certain correlational criteria: the abilities defined by the intelligence should form a related set (i.e., be intercorrelated).”²²⁴ The elements may have an effect on each other and exist in a cluster. Mike Poskey summarizes: “An employee with high emotional intelligence can manage his or her impulses, communicate with others effectively, manage change well, solve problems, and use humor to build rapport in tense situations.”²²⁵ These elements of emotional intelligence are indicators of self and social awareness.

Analysis

Clinical Encounters/Verbatim Reports’ Data Analysis

Tables 5.1 to 5.10 will show identified integrated elements of emotional intelligence, from verbatim reports of chaplains’ conversations with patients submitted by CPE students that participated in CPE programs in 2011-2014. Each table represents a respondent’s four verbatim reports representing their journey as student of CPE (i.e., table 1.1 represents Chaplain Resident One’s verbatim reports). The verbatim reports are

²²⁴ John Mayer, Mark Caruso, and Peter Sarovey, “Emotional Intelligence Meets Traditional Standards of an Intelligence,” *Intelligence* 27, Issue 4 (1999): 267.

²²⁵ Mike Poskey, “The Power of Emotional Intelligence,” <https://neurocapability.wordpress.com/tag/emotional-intelligence/> [accessed on October 29, 2014].

arranged from the earliest to the most recent for each resident chaplain. The purpose of the identification process is to demonstrate the existence of elements of emotional intelligence in chaplains' encounters with patients. The identification process is not meant for comparisons amongst the respondents.

Clinical verbatim reports have several components:

- a. Patient, chaplain, and facility information
- b. Clinical encounter or verbatim report
- c. Chaplain's personal, pastoral, and professional evaluation.

The CPE student not only writes a verbatim report of the clinical visit but he also evaluates his perception of his performance as a person, a pastor, and a professional. This complete report is often presented during a session with other learners who critique all the components of the report. In the following tables, "CR" is code for CPE resident.

Table 5.1. CR1 Verbatim Reports Data Analysis

	Verbatim Report A	Verbatim Report B	Verbatim Report C	Verbatim Report D
Identified Integrated Elements of Emotional Intelligence	*Compassion *Cognitive Empathy *Mental flexibility *Confidence *Decisive *Active Listening *Transformational Catalyst	*Compassion *Acceptable *Adaptability *Tolerance *Impulse Control *Perseverance *Confidence *Active Listening	*Compassion *Emotional Courage *Adaptability *Mental Flexibility *Good Judgment *Confidence *Cognitive Empathy *Active Listening	*Compassion *Acceptance *Mental Flexibility *Good Judgment *Perseverance *Confidence *Active Listening *Inspiring

CR1's verbatim reports depicts him as upbeat and inspiring. He starts with an appropriate introduction, "Good morning, I am chaplain [name]. How are you feeling today?"²²⁶ His spiritual assessment is patient-centered and he shows compassion: "The spiritual department provides spiritual care and emotional support for all the patients and their families; I am here to visit with you and let you know that service is available to you."²²⁷ He listens well, offers help, and takes initiative to make appropriate suggestions. When a patient posed, "They are not telling me anything about my scan results,"²²⁸ he calmly replies, "You know you can ask the doctor when he comes today,"²²⁹ empowering the patient but also showing professionalism. In another instance he suggests, "The nurse can provide that."²³⁰ He makes helpful suggestions such as, "You can call the food service and they will bring you"²³¹ and makes appropriate offers such as, "Are you cold? I can bring a warm blanket for you."²³² His approach is effective. Patients and families seem to find their footing after a visit with CR1. "I feel better now, thank you for your help,"²³³ says the patient.

From his verbatim reports, he seems to have visited with different ages and genders. He had rapport with everyone, including a patient who was incarcerated and had

²²⁶ CPE Resident One, Verbatim Report A (Northwest Ohio September 18, 2012), 1.

²²⁷ CPE Resident One, Verbatim Report B (Northwest Ohio, October 9, 2012), 1.

²²⁸ CPE Resident One, Verbatim Report A (Northwest Ohio, September 18, 2012), 3.

²²⁹ CPE Resident One, Verbatim Report A (Northwest Ohio, September 18 2012), 3.

²³⁰ CPE Resident One, Verbatim Report C (Northwest Ohio, January 8 2013), 5.

²³¹ CPE Resident One, Verbatim Report A (Northwest Ohio, September 18, 2012), 4.

²³² CPE Resident One, Verbatim Report D (Northwest Ohio, April 16, 2013), 5.

²³³ CPE Resident One, Verbatim Report A (Northwest Ohio, September 18, 2012), 7.

a security guard by his door. He shows compassion and emotional acceptance to everyone he visits. He says of the incarcerated patient, “I saw tears in his eyes when I told him ‘You can request for a chaplain anytime day or night during your stay here.’”²³⁴ His flexibility with the diverse group is evident. “Please come and visit again,”²³⁵ is echoed by the patients at the conclusion of his conversations. His theological reflection is excellent but his personal evaluations reflect a certain degree of self-doubt. From his verbatim reports the following excerpts are common: “I was worried that ...”²³⁶, “The following day I was still thinking about it and wondering if ...”²³⁷, “I had already been with the family for four hours. I did not know whether to leave or not.”²³⁸, and “I was tempted to call the supervisor ...”²³⁹ CR1 seems to accomplish a lot but yet second guesses himself. He probably does not realize how well he connects with the patients. The lack of realistic self-assessment can affect self-awareness.

Table 5.2. CR2 Verbatim Reports Data Analysis

	Verbatim Report A	Verbatim Report B	Verbatim Report C	Verbatim Report D
Identified Integrated Elements of Emotional Intelligence	*Compassion *Perseverance *Adaptability *Integrity *Active Listening	*Compassion *Initiative *Active Listening	*Compassion *Non- Anxious Presence *Emotional Courage *Tolerance	*Compassion *Adaptability *Decisive *Active Listening

²³⁴ CPE Resident One, Verbatim Report D (Northwest Ohio, April 16, 2013), 10.

²³⁵ CPE Resident One, Verbatim Report D (Northwest Ohio, April 16, 2013), 9.

²³⁶ CPE Resident One, Verbatim Report B (Northwest Ohio, October 9, 2012), 10.

²³⁷ CPE Resident One, Verbatim Report C (Northwest Ohio, January 8, 2013), 8.

²³⁸ CPE Resident One, Verbatim Report A (Northwest Ohio, September 18, 2012), 6.

²³⁹ CPE Resident One, Verbatim Report A (Northwest Ohio, September 18, 2012), 6.

CR2 had unique spiritual care experiences. Two of his verbatim reports are visits with hospital staff members that are going through emotional crises related to their families. The visits seem significantly helpful to the recipient. The visits also indicate significant social interaction, such as, “Hello chaplain, what are you up to today? Did you watch the game last night?”²⁴⁰ According to Verbatim Report C, one of the clients states, “I am glad you passed by. Have you seen the new movie [title]? Let me know what you think when you watch it.”²⁴¹ Some of this social interaction had spiritual significance. A female client reveals, “I feel a bit lost nowadays.... My husband is of a different race and I am concerned my son does not seem to know where he belongs.”²⁴² The CPE resident’s response seems to speak to the client because it is followed by a significant pause: “Do you have a sense of belonging? Is there something your son might be observing from you? ... She paused and then replied, I think the way I talk about it at home gives the impression that we do not belong ... not in the community, school or church ... I might have also implied that I regret some of my choices ... cross cultural choices.”²⁴³ CR2’s visits with patients and family are intuitive and reveal deep spiritual and emotional needs. “I noticed when your sister suggested a visit from the priest you were not pleased, tell me, might you be afraid of death?”²⁴⁴ he asks. To which the lady replies, “Well, you

²⁴⁰ CPE Resident Two, Verbatim Report A (Northwest Ohio, October 18, 2011), 1.

²⁴¹ CPE Resident Two, Verbatim Report C (Northwest Ohio, April 10, 2012), 5.

²⁴² CPE Resident Two, Verbatim Report A (Northwest Ohio, October 18, 2011), 4.

²⁴³ CPE Resident Two, Verbatim Report A (Northwest Ohio, October 18, 2011), 6.

²⁴⁴ CPE Resident Two, Verbatim Report D (Northwest Ohio, May 29, 2012), 4.

know the way it is ... when you call the priest ... it is like ushering in death ... (Lady burst into tears).”²⁴⁵

From his personal, pastoral, and professional evaluation, he seems resilient and does not allude to being worn out physically or emotionally, but there are indicators of inner conflict. “I am making good friends but I have a hard time figuring out if they see me as a chaplain or a friend.”²⁴⁶ “I think some people need help with reflecting on their lives and evaluating their choices. Others need a little nudge in order to take responsibility... sometimes it is difficult to talk about sensitive issues.”²⁴⁷ In his professional evaluation, he seems to be rethinking his approach to visits with staff members: “I am yet to find out if some of these people really need counseling. Sometimes I think all they need is the company. What is the line between social visit and spiritual care anyway? Tough call....”²⁴⁸ CR2’s social awareness however, seems to enhance his approach to spiritual care and emotional support.

Table 5.3. CR3 Verbatim Reports Data Analysis

	Verbatim Report A	Verbatim Report B	Verbatim Report C	Verbatim Report D
Identified Integrated Elements of Emotional Intelligence	*Compassion *Integrity *Emotional Courage *Inspiring	*Compassion *Active listening *Emotional Courage	*Compassion *Emotional Courage *Transformational Catalyst	*Compassion *Acceptance *Emotional Courage

²⁴⁵ CPE Resident Two, Verbatim Report D (Northwest Ohio, May 29, 2012), 4.

²⁴⁶ CPE Resident Two, Verbatim Report A (Northwest Ohio, October 18, 2011), 10.

²⁴⁷ CPE Resident Two, Verbatim Report B (Northwest Ohio, February 14 2012), 9.

²⁴⁸ CPE Resident Two, Verbatim Report A (Northwest Ohio, October 18, 2011), 10.

CR3 comes across as a good listener, empathetic and going out of her way to make patients and families process their situations. From her verbatim reports she comes across as compassionate and encouraging. She writes, “The patient’s eyes began to well up, I reached out and touched her hand.”²⁴⁹ She possesses emotional courage to stand by patients in difficult situations. “After the doctor delivered the sad news the patient’s wife was distraught, I reached out and hugged her, and we stood there for what seemed like eternity.”²⁵⁰

“I touched the [patient’s] dad on the shoulder as his tears flowed freely.”²⁵¹ he patients and families are appreciative of CR3’s ministry. “Thank you for being here for us.”²⁵² Another patient states, “You came at the right time.”²⁵³ However, there are indicators that she expects her efforts to be recognized by her clients. She seeks gratification from those who receive comfort from her. As she converses with a patient, she says of herself, “I have not slept. I was on call last night but I had to see you again today.”²⁵⁴ Or, “I have a migraine but do not worry. After I pray with you I will get a cup of coffee ... I should be fine.”²⁵⁵ She also gives numerous references of her own life experiences socially, clinically, and religiously. “When I suffered from ... they gave me

²⁴⁹ CPE Resident Three, Verbatim Report A (Northwest Ohio, October 18, 2011), 4.

²⁵⁰ CPE Resident Three, Verbatim Report D (Northwest Ohio, May 29, 2012), 6.

²⁵¹ CPE Resident Three, Verbatim Report D (Northwest Ohio, May 29, 2012), 7.

²⁵² CPE Resident Three, Verbatim Report D (Northwest Ohio, May 29, 2012), 7.

²⁵³ CPE Resident Three, Verbatim Report A (Northwest Ohio, October 18, 2011), 6.

²⁵⁴ CPE Resident Three, Verbatim Report C (Northwest Ohio, April 17, 2012), 4.

²⁵⁵ CPE Resident Three, Verbatim Report B (Northwest Ohio, January 24, 2012), 3.

... and I was healed.”²⁵⁶ “You know God is good.”²⁵⁷ “I have something interesting for you to read.”²⁵⁸ “Would you like me to wash your feet? We do that in our church ... it is a healing experience.”²⁵⁹

There are times she sounds like she needs comfort herself, as if coming from a wounded place or maybe just showing her vulnerability. “You know, I am also divorced.”²⁶⁰ She also presents the idea of God, prayer, and Scriptures in the four verbatim reports. She will often offer religious solutions. “We should pray about that.”²⁶¹ “Can I offer you a blessing?”²⁶² “Here is good little book for you to read.”²⁶³ In her personal, pastoral, and professional evaluation she constantly points out her ailing body. “After that long visit I had to go home and rub my feet, they were so swollen.”²⁶⁴ “I had a bad headache I needed to lie down immediately after work.”²⁶⁵ It is not evident if her stress recovery techniques worked.

Table 5.4. CR4 Verbatim Reports Data Analysis

	Verbatim Report A	Verbatim Report B	Verbatim Report C	Verbatim Report D
Identified Integrated	*Compassion *Perseverance	*Compassion *Confidence	*Compassion *Non- Anxious	*Compassion *Tolerance

²⁵⁶CPE Resident Three, Verbatim Report B (Northwest Ohio, January 24, 2012), 5.

²⁵⁷ CPE Resident Three, Verbatim Report C (Northwest Ohio, April 17, 2012), 3.

²⁵⁸ CPE Resident Three, Verbatim Report D (Northwest Ohio May 1, 2012), 5.

²⁵⁹CPE Resident Three, Verbatim Report A (Northwest Ohio, November 15, 2011), 4.

²⁶⁰ CPE Resident Three, Verbatim Report C (Northwest Ohio, April 17, 2012), 5.

²⁶¹ CPE Resident Three, Verbatim Report C (Northwest Ohio, April 17, 2012), 5.

²⁶² CPE Resident Three, Verbatim Report A (Northwest Ohio, November 15, 2011), 6.

²⁶³ CPE Resident Three, Verbatim Report A (Northwest Ohio, November 15, 2011), 6.

²⁶⁴ CPE Resident Three, Verbatim Report B (Northwest Ohio, January 24, 2012), 9.

²⁶⁵ CPE Resident Three, Verbatim Report C (Northwest Ohio, April 17, 2012), 8.

Elements of Emotional Intelligence	*Personal responsibility *Deferring Gratification *Emotional Courage *Good Judgment	*Perseverance	Presence *Insightful *Decisive	*Confidence *Good Boundaries *Impulse Control *Non – Anxious Presence
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CR4 never complains about any patient or family. Emotionally he seems to have a spine of steel. He is tolerant, compassionate, and perseveres through visits. In situations where one may consider escaping, he stays. In Verbatim Report D a female patient poses, “So, you go round seeing everyone in the hospital? Don’t you people have anything better to do?”²⁶⁶ CR4 manages to visit that patient for thirty minutes. In his thoughts and feelings he reflects there must have been something deeper in the woman’s sour taste. His perseverance pays off. CR4 manages to bring out the true emotional needs of the patient and she even requests prayer, “I am a bit scared that my condition is terminal. I am divorced, my husband has custody of the kids because I had a drug problem.” She says, “You can pray for me; sorry I was not nice when you came in. I am not used to people being nice to me. I want to be healed; I want to see my children.”²⁶⁷ He replies, “What about other family members? Any of them live near you?”²⁶⁸ She answered, “No ... they no longer care ... my drug problem drove them away.”²⁶⁹ His interpersonal skills are commendable.

²⁶⁶ CPE Resident Four, Verbatim Report D (Northwest Ohio, May 29, 2012), 1.

²⁶⁷ CPE Resident Four, Verbatim Report D (Northwest Ohio, May 29, 2012), 2.

²⁶⁸ CPE Resident Four, Verbatim Report D (Northwest Ohio, May, 29, 2012), 2.

²⁶⁹ CPE Resident Four, Verbatim Report D (Northwest Ohio, May 29, 2012), 2.

He encounters a family that has just been bereaved, and they are devastated. The deceased is a male in his early forties, with a wife and children. He was helping his mother-in-law when he suddenly died. There are feelings of sadness and guilt. He guides the family and stands by the deceased's bedside with the family. As the family leaves the hospital he writes, "The family hugged each other and were united in grief."²⁷⁰ However, in his reflection of personal, pastoral, and professional position, he does not cite his strengths and he downplays his effectiveness. He writes statements like, "I hope to improve in my future clinical visits."²⁷¹ "I am trusting God to enable me next time to ..."²⁷² While that may be applicable, he refrains from any appearance of pride. This may be a sign of humility, religious convictions, or inner motivation. He has confidence in visiting the patients. A realistic assessment of self would enable him to identify his own steps of development.

Table 5.5. CR5 Verbatim Reports Data Analysis

	Verbatim Report A	Verbatim Report B	Verbatim Report C	Verbatim Report D
Identified Integrated Elements of Emotional Intelligence	*Compassion *Insightful *Decisive *Cognitive Empathy	*Compassion *Adaptability *Realistic assessment of others	*Compassion *Emotional Courage *Perseverance *Adaptability *Flexibility *Decisive	*Compassion *Emotional Courage *Adaptability

CR5 is very passionate in his visits and he jokes a lot. In his personal evaluations he calls himself a risk taker. If someone is offended by his jokes he will apologize and

²⁷⁰ CPE Resident Four, Verbatim Report C (Northwest Ohio, April 24, 2012), 8.

²⁷¹ CPE Resident Four, Verbatim Report A (Northwest Ohio, March 6, 2012), 9.

²⁷² CPE Resident Four, Verbatim Report B (Northwest Ohio, March 20, 2012), 8.

hope they forgive him and move on. His humor is an attempt to bond with patients and families; it is a coping mechanism in difficult situations. Most of the times, his humor seems to work. “I remember that show,”²⁷³ states a patient. “You remind me of the 60s,”²⁷⁴ chimes a patient. CR5 does not come across as anxious. He would visit with patients for extended periods of time, was insightful, and would follow through with his decisions. He rarely second guesses himself. He easily converses with the people he visits. “If I may ask, are you a Christian?”²⁷⁵ he says. “Yes ... I am a member of the United Methodist church,”²⁷⁶ a patient answers. “We have something in common then. I assume prayer is important to you?” he continues. “Would it be okay with you if I led us in prayer before you go in for surgery?”²⁷⁷ He has intelligent theological discussions. A young patient asks him, “Why do you think Job suffered and yet God told Satan that he [Job] was a righteous man?”²⁷⁸ “Well the answer is in the book of Job. God had confidence in Job’s faith. Job’s belief in God was not based on his prosperity. It is also a lesson for us that suffering is not a necessarily punishment for sin,”²⁷⁹ he answers.

²⁷³ CPE Resident Five, Verbatim Report A (Northwest Ohio, February 5, 2013), 5.

²⁷⁴ CPE Resident Five, Verbatim Report A (Northwest Ohio, February 5, 2013), 6.

²⁷⁵ CPE Resident Five, Verbatim Report B (Northwest Ohio, February 26, 2013), 3.

²⁷⁶ CPE Resident Five, Verbatim Report B (Northwest Ohio, February 26, 2013), 3.

²⁷⁷ CPE Resident Five, Verbatim Report B (Northwest Ohio, February 26, 2013), 4.

²⁷⁸ CPE Resident Five, Verbatim Report C (Northwest Ohio, March 19, 2013), 4.

²⁷⁹ CPE Resident Five, Verbatim Report C (Northwest Ohio, March 19, 2013), 4.

“That is interesting ... that suffering is no necessarily a punishment for sin,”²⁸⁰ the patient said. “Sometimes people think the reason behind their suffering or a problem is sin, I mean sin they have committed not original sin,”²⁸¹ he replied.

However, in his personal evaluation he seems physically tired most of the time, even though he perseveres through and accomplishes his commitments. “I am enjoying this ministry, it is wonderful meeting different people but it is physically and emotionally demanding.”²⁸²

Table 5.6. CR6 Verbatim Reports Data Analysis

	Verbatim Report A	Verbatim Report B	Verbatim Report C	Verbatim Report D
Identified Integrated Elements of Emotional Intelligence	*Compassion *Perseverance *Impulse Control *Good Boundaries *Non-anxious Presence	*Compassion * Non-anxious Presence *Realistic assessment of self	*Compassion *Perseverance *Realistic assessment of self	*Compassion *Cognitive Empathy *Insightful

CR6 can come across as focused. She has the ability to be comfortable with silence. She keeps quiet until the patient is able to speak without being rushed. CR6 is definitely gifted in the ministry of presence. In her verbatim reports, the patients seem to answer all her questions without hesitation. She is focused in her spiritual needs assessment in a way that may appear as inflexibility. Her approach is formal, “Do you

²⁸⁰ CPE Resident Five, Verbatim Report C (Northwest Ohio, March 19, 2013), 5.

²⁸¹ CPE Resident Five, Verbatim Report C (Northwest Ohio, March 19, 2013), 5.

²⁸² CPE Resident Five, Verbatim Report D (Northwest Ohio, May 28, 2013), 12.

have a faith community?”²⁸³ “Will your pastor be coming to visit you?”²⁸⁴ “In which ways does your church support those in need?”²⁸⁵ “How often do you celebrate the Holy Communion in your church?”²⁸⁶ “Would you like me to bring you Holy Communion while you are here?”²⁸⁷ “Would you like me to call your pastor?”²⁸⁸ She seems to know who she is, her role, and the purpose for the visit. Her clinical visits take twenty or more minutes. In her personal evaluation she does admit that she has difficulty engaging in small talk while on “official duty,”²⁸⁹ although sometimes patients want to comment on a TV program they have been watching or the current news. In her personal evaluations she wonders whether that could be interpreted as being aloof, standoffish, or a lack of empathy. She has the emotional acceptance for any emotional or spiritual crisis. “The wife looked fearful, so I reached out and held the hand of the deceased. This seemed to help. She moved closer to the bed and tearfully said goodbye to her husband.”²⁹⁰

However, she rarely engages the patient in anything other than the information she is looking for. One patient asks, “What do you think of this Obamacare?”²⁹¹ her response is, “Has your doctor been here today?”²⁹² In her thoughts and feelings she

²⁸³ CPE Resident Six, Verbatim Report A (Northwest Ohio, February 12, 2013), 2.

²⁸⁴ CPE Resident Six, Verbatim Report D (Northwest Ohio, May 7, 2012), 3.

²⁸⁵ CPE Resident Six, Verbatim Report B (Northwest Ohio, March 5, 2013), 4.

²⁸⁶ CPE Resident Six, Verbatim Report B (Northwest Ohio, May 7, 2013), 6.

²⁸⁷ CPE Resident Six, Verbatim Report C (Northwest Ohio, May 7, 2013), 7.

²⁸⁸ CPE Resident Six, Verbatim Report A (Northwest Ohio, April 9, 2013), 3.

²⁸⁹ CPE Resident Six, Verbatim Report D (Northwest Ohio, April 9, 2013), 10.

²⁹⁰ CPE Resident Six, Verbatim Report A (Northwest Ohio, April 9, 2013), 3.

²⁹¹ CPE Resident Six, Verbatim Report D (Northwest Ohio, April 9, 2013), 5.

²⁹² CPE Resident Six, Verbatim Report D (Northwest Ohio, April 9, 2013), 5.

writes, “I thought the patient wanted to engage in small talk but I was there for spiritual needs assessment and I just had to stay focused.”²⁹³ She gets the job done and is adaptable to the patient’s spiritual needs even though she has minimal social interaction.

Table 5.7. CR7 Verbatim Reports Data Analysis

	Verbatim Report A	Verbatim Report B	Verbatim Report C	Verbatim Report D
Identified Integrated Elements of Emotional Intelligence	*Compassion *Confidence *Acceptance	*Compassion *Emotional Courage *Flexibility *Insightful *Inspiring	*Compassion *Adaptability *Active Listening *Emotional Courage *Insightful	*Compassion *Emotional Courage *Good Boundaries

CR7’s verbatim reports indicate calm interactions. None of the visits display urgent, indifferent, or insecure nature. Every visit he reports about has no indication of elements of surprise or religious noncompliance. He prays with those patients that ask for prayer, serves Holy Communion to those who need it, distributes literature to those who ask, and keeps company with those who are going for surgery or are bereaved. His visits seem to bring comfort and meet the needs of the patients. However, CR7 repeatedly points out interactions between him and other members of the interdisciplinary team. “The nurse ignored our conversation and went on to speak to the patient without excusing herself.”²⁹⁴ “The doctor just walked in and started talking; he did not give us a moment to complete the prayer.”²⁹⁵ In his thoughts and feelings CR7 indicates his disappointment that team members seem to sabotage the chaplain’s role. He comments, “On paper we are

²⁹³ CPE Resident Six, Verbatim Report B (Northwest Ohio, May 7, 2013), 7.

²⁹⁴ CPE Resident Seven, Verbatim Report C (Northwest Ohio, October 15, 2013), 3.

²⁹⁵ CPE Resident Seven, Verbatim Report D (Northwest Ohio, November 19, 2013), 5.

a team, in practice they make you feel like you do not belong ... they should know better.”²⁹⁶

Table 5.8. CR8 Verbatim Reports Data Analysis

	Verbatim Report A	Verbatim Report B	Verbatim Report C	Verbatim Report D
Identified Integrated Elements of Emotional Intelligence	*Compassion *Emotional Courage * Flexibility	*Compassion *Good Boundaries	Compassion *Emotional Courage *Active Listening	*Compassion *Active Listening *Flexibility

CR8’s verbatim reports are short. The visits were also short, between ten to fifteen minutes. He is brief and precise in his introductions. He promises to provide whatever the patients request. Two of them asked for prayer and the other two were grateful for his visit. “You can say a prayer,”²⁹⁷ says one of the patients. “May I have a rosary?”²⁹⁸ Another requests. “Do you have Bibles? Can I have two, one for me and one for my daughter?”²⁹⁹ “Which floor is the chapel?”³⁰⁰ a patient’s mother asks. CR8 assures them of chaplain availability and encourages them to ask the nurse to call the chaplain if they need another visit. CR8’s personal, pastoral, and professional evaluations do not reveal any significant positions of his theology or position on spiritual matters. Overall he adapts a safe approach in his interpersonal skills.

²⁹⁶ CPE Resident Seven, Verbatim Report D (Northwest Ohio, November 19, 2013), 5.

²⁹⁷ CPE Resident Eight, Verbatim Report A (Northwest Ohio, October 1, 2013), 3.

²⁹⁸ CPE Resident Seven, Verbatim Report B (Northwest Ohio, November 5, 2013), 2.

²⁹⁹ CPE Resident Seven, Verbatim Report C (Northwest Ohio, December 17, 2013), 2.

³⁰⁰ CPE Resident Seven, Verbatim Report D (Northwest Ohio, April 8, 2014), 4.

Table 5.9. CR9 Verbatim Reports Data Analysis

	Verbatim Report A	Verbatim Report B	Verbatim Report C	Verbatim Report D
Identified Integrated Elements of Emotional Intelligence	*Compassion *Emotional Courage	*Compassion *Acceptance *Calmness	*Compassion *Adaptability *Active Listening	*Compassion *Tolerance *Transformational Catalyst *Active listening

In his initial verbatim report, CR9 is eager to encourage and defaults to responses like, “You will be fine,”³⁰¹ “The surgery will be successful,”³⁰² and “He will be alright.”³⁰³ There is a notable change in his subsequent clinical encounters. He refrains from assuring patients of outcomes. His responses change to, “How about we wait for the doctor’s report.”³⁰⁴ “The CT scans might give you a better picture of your situation,”³⁰⁵ he suggests. “The nurses can check that for you,”³⁰⁶ he assures.

In verbatim report B, CR9 visits a patient who complains about her family. “In a way they are a burden to me. I wish you would be here when they come to visit. It is like they cannot function without me. I guess if I died they would come to my grave to ask what they should do.”³⁰⁷ His response is admirable: “While you are here all you need to do is concentrate on you healing. We will take care of you. If you need a chaplain you

³⁰¹ CPE Resident Nine, Verbatim Report A (Northwest Ohio, September 10 2013), 3.

³⁰² CPE Resident Nine, Verbatim Report A (Northwest Ohio, September 10 2013), 3.

³⁰³ CPE Resident Nine, Verbatim Report A (Northwest Ohio, September 10 2013), 4.

³⁰⁴ CPE Resident Nine, Verbatim Report C (Northwest Ohio, November 5, 2013), 4.

³⁰⁵ CPE Resident Nine, Verbatim Report C (Northwest Ohio, November 5, 2013), 5.

³⁰⁶ CPE Resident Nine, Verbatim Report D (Northwest Ohio, December 10, 2013), 5.

³⁰⁷ CPE Resident Nine, Verbatim Report B (Northwest Ohio, September 24, 2013), 4.

just need to let your nurse know. And if you need the nurse just press your caller.”³⁰⁸

CR9 shows significant improvement in his listening and communication skills.

In his reflection he comments, “During this visit I noticed I have improved in my ministry in multi-faith context ... I have confidence when I am visiting non-Christians and I do not need to evangelize.”³⁰⁹

Table 5.10. CRI0 Verbatim Reports Data Analysis

	Verbatim Report A	Verbatim Report B	Verbatim Report C	Verbatim Report D
Identified Integrated Elements of Emotional Intelligence	*Compassion *Acceptance	*Compassion *Mental Flexibility *Emotional Courage	*Compassion *Active Listening *Insightful *Perseverance	*Compassion *Adaptability *Emotional Courage *Good Boundaries

CR10 had difficulty adjusting to clinical pastoral care in a different cultural context. “When I entered the room the patient told me he had been discharged and he was going home. He was very excited. I told me we should pray and thank God. He said he did not need prayer now that he was well.”³¹⁰ In his thoughts and feelings CR10 reflected, “I was surprised that the patient did not see the need to pray, to thank God for his healing.”³¹¹ CR10 was frustrated in his Verbatim Report A; everything that could go wrong did. The patient was a seventy-year-old lady, about whom CR10 said, “She pretended to be asleep when I entered her room, and when I was at the doorway I saw her

³⁰⁸ CPE Resident Nine, Verbatim Report B (Northwest Ohio, September 24, 2013), 5.

³⁰⁹ CPE Resident Nine, Verbatim Report D, (Northwest Ohio, December 10, 2013), 9.

³¹⁰ CPE Resident Ten, Verbatim Report D (Northwest Ohio, March 4 2014), 3.

³¹¹ CPE Resident Ten, Verbatim Report D (Northwest Ohio, March 4, 2014), 3.

watching TV. Maybe it is because of my clerical collar.”³¹² His thought trails off. In his subsequent verbatim reports, CR10 seems to improve in his interactions and is less frustrated by outcomes. “I introduced myself and the patient smiled and shook my hand warmly.”³¹³ “I am glad you are here, please pray for my healing. I want to go home, I miss my family,”³¹⁴ the patient said. “So you are Christian?”³¹⁵ asked the chaplain. “Yes, I have been a Christian for more than twenty years,”³¹⁶ said the patient. CR10 continues to write about the prayer he prayed and on his thoughts and feelings he states, “The visit went well. I did not need to explain anything. The patient was a very nice man ... today I feel encouraged.”³¹⁷ This visit was unlike Verbatim Report B where the patient gave him a hard time. “Can you send someone who speaks English?”³¹⁸ the patient stated. “I speak English,” he replies, “I am the chaplain ... can I visit with you?”³¹⁹ “I do not need a visit from the chaplain”³²⁰ It is hard to tell why the patient was unpleasant, but CR10 perseveres and listens to patient as she expounds on her displeasure. In the right environment his skills in active listening, adaptability, empathy and perseverance are pronounced.

³¹² CPE Resident Ten, Verbatim Report A (Northwest Ohio November 12, 2013), 1.

³¹³ CPE Resident Ten, Verbatim Report C (Northwest Ohio January 14, 2014), 1.

³¹⁴ CPE Resident Ten, Verbatim Report C (Northwest Ohio January 14, 2014), 1.

³¹⁵ CPE Resident Ten, Verbatim Report C (Northwest Ohio January 14, 2014), 2.

³¹⁶ CPE Resident Ten, Verbatim Report C (Northwest Ohio January 14, 2014), 2.

³¹⁷ CPE Resident Ten, Verbatim Report C (Northwest Ohio January 14, 2014), 3.

³¹⁸ CPE Resident Ten, Verbatim Report B (Northwest Ohio, December 3, 2013), 1.

³¹⁹ CPE Resident Ten, Verbatim Report B (Northwest Ohio December 3, 2013), 1.

³²⁰ CPE Resident Ten, Verbatim Report B (Northwest Ohio December 3, 2013), 1.

The verbatim reports analysis indicates that the common elements of emotional intelligence are compassion, acceptance, tolerance, emotional courage, cognitive empathy, adaptability, and active listening. Notably these elements of emotional intelligence can be correlated; there is evidence that some elements imply existence of another, e.g. cognitive empathy as an effect of active listening.

Chaplains' Interviews Data Analysis

In the following data analysis, "CH" is code for chaplain. The data is organized according to the interview questions. Twelve healthcare chaplains were interviewed. The chaplains provided the following demographic information.

Question One: Demographic Information

1. Provide you age, gender and education level.

The respondents readily provided the information about their age, gender and education level. The chaplains interviewed were between 31-72 years old. They had served as chaplains for five to twenty-two years. They all had a graduate degree in some form of Christian ministry: Master of Arts in Christian Ministry, Master of Divinity, Masters in Counseling, Doctor of Ministry, or Masters in Theology. Three of them still work as part-time pastors in churches. Nine of the respondents work full-time as healthcare chaplains. Four of these work as hospice chaplains, two as nursing home chaplains, and three as hospital chaplains. Eight of the respondents had parish experience and four of them were connected to a church but had never held the position of a church pastors. When asked how they acquired their CPE training, six of the respondents were trained under the Association of Professional Chaplains (APC) CPE training centers and

the other six under the College of Pastoral Supervision and Psychotherapy (CPSP) CPE training centers. Two were certified by the National Association of Catholic Chaplains (NACC), one by the National Association of Jewish Catholic (NAJC), four by APC, four by CPSP, and one was not board certified.

Question Two: Chaplain's Journey

2. Describe the process you followed to prepare for chaplaincy and your ministry skills.

When invited to share their demographic information, four of the respondents were introduced to chaplaincy when they were in college. They did their first CPE unit as a requirement for their Master of Divinity degree. After their graduation, they each joined a chaplain residency program at a medical center. They managed to secure chaplain positions with hospice or hospitals following the completion of their residency. None of them attempted to seek a position as a church pastor. The rest of the respondents had at one time or another worked as a church pastor in a full-time or part-time capacity. None of the respondents had a dramatic call to chaplaincy ministry. Most of them chose it for reason of spiritual gifting, economics, the proximity of medical centers, or due to parish or community demands. However, none of them felt unsuited for the role of healthcare chaplain.

When asked to identify the skills they use in chaplaincy, the respondents cited the ability to do a spiritual needs assessment, showing compassion, counseling, active listening, being empathetic, and having a non-anxious presence. More than three quarters credited the honing of their chaplaincy skills to CPE training and critique of verbatim reports by their colleagues. This process helped them to identify areas of strength and growth. "That is when I started practicing techniques of stress management. Our

supervisor encouraged us to attend a free staff seminar on stress management at the medical center where I was doing my residency. It was helpful to me personally,”³²¹ said CH5. “I learned to be comfortable with silence,”³²² said CH7. “When I worked as a pastor, I prayed in almost everyone home or with every church member I visited, it was a given. In chaplaincy we were taught to leave our bibles in the office, to refrain from offering to pray with every patient we visit. That was hard for me at the beginning. I learned the importance of listening to the patient and finding out their needs,”³²³ said CH2. “I had trouble persevering in death situations. They tend to be exceptionally long visits too. I have improved a lot in that area. Today I can visit comfortably with a bereaved family for hours,”³²⁴ said CH3, and that thought was echoed by CH1, CH6, and CH9. “Verbatim reports forced me to reflect and see my flaws. I did not enjoy writing them, but because I had to remember the conversation, I was able to notice what I did not do well,”³²⁵ said CH12. CH8 summed his input this way:

Some of the basic skills I use in my pastoral work are empathy, active listening, understanding of diverse faith and spiritual backgrounds, using prayer as a ministry tool, self-awareness, understanding and awareness of how a medical institution operates, and familiarity with work in a medical team. Familiarity with congregational life and parish ministry... CPE provided me with opportunities to improve and practice these skills

³²¹ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

³²² Chaplain Seven, telephone interview by author, Northwest Ohio, May 25, 2014.

³²³ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

³²⁴ Chaplain Three, telephone interview by author, Northwest Ohio, February 22, 2014.

³²⁵ Chaplain Twelve, telephone interview by author, Northwest Ohio, August 15, 2014.

along with receiving in-depth feedback from my CPE peers, my CPE supervisor and other chaplains.³²⁶

Question Three: Memorable Clinical Encounter

3. Briefly describe most your memorable chaplain visit. What do you think influenced the outcome?

This question elicited reflective responses. CH7 recounted:

Recently, I had an encounter with seriously ill young male patient and his father. At the beginning of the visit the father was very sarcastic and suspicious. He immediately started to talk about his strong faith, but seemed hostile to me as a chaplain. I felt that I wouldn't be much help and the visit wasn't going well. Yet I was able to overcome this unpleasant situation and minister to them. I do not think I would be able to do it without my CPE training, which helped me to deal with my own feelings and trained me to empathize with feelings of others. CPE taught me what would call "gentle resiliency." It was also helpful to have understanding of the father's religious background that helped to imagine his spiritual struggle.³²⁷

CH11, who had been a chaplain for two years, narrated one of his clinical encounters during his training. It was a visit with a family of a different race than his and whose forty-five-year-old male had died in the hospital's ICU. During the introductions he went ahead to give his condolences to the youngest lady in the group whom he assumed to be the wife of the deceased but she was not. Her response was, "That is the

³²⁶ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

³²⁷ Chaplain Seven, telephone interview by author, Northwest Ohio, May 25, 2014.

mother, and I am the cousin.”³²⁸ He apologized, tried to compose himself and asked if there was anything he could do for the family. One of the family members pointed at the body of the deceased and said, “You can pray for him,”³²⁹ and in hindsight CH11 said, “that is when the train wreck started.”³³⁰ The chaplain went ahead and prayed for the deceased and made a sign of the cross on his forehead. Thinking that he had satisfied the family members, he asked them whether they needed anything else but they did not seem to be interested in a visit with the chaplain. He brought in extra chairs for them to sit on, asked them if they needed drinks and they ignored him. He was so frustrated that he called the supervisor and asked what he should do. The supervisor encouraged him to stay around and go back every ten to twenty minutes but the family showed no interest.

After a second attempt one of the family members asked, “What denomination are you anyway?”³³¹ The family did not seem pleased with his presence. In his thoughts and feelings he writes, “The family exuded so much disdain and I did not know the reason.”³³² CH11 continued to narrate how he felt so rejected and discriminated and went ahead to write a report on the same. None of his colleagues agreed that he had been discriminated. He was still raw from the experience and did not accept their verdict.

However, in hindsight the chaplain reported that he later critiqued himself and noted that he must have been nervous. It was his first death call to deal with, and he did not take time to find out the relationship of those present to the deceased. When they said,

³²⁸ Chaplain Eleven, telephone interview by author, Northeast Ohio, August 11, 2014.

³²⁹ Chaplain Eleven, telephone interview by author, Northeast Ohio, August 11, 2014.

³³⁰ Chaplain Eleven, telephone interview by author, Northeast Ohio, August 11, 2014.

³³¹ Chaplain Eleven, telephone interview by author, Northeast Ohio, August 11, 2014.

³³² Chaplain Eleven, telephone interview by author, Northeast Ohio, August 11, 2014.

“You can pray for him,”³³³ it was not because it was their religious practice, rather it was probably because they thought that is what he was there to do. He did not find out their needs. Therefore, in his attempt to show his flexibility, tolerance, acceptability, and inclusiveness, he ruined the visit. At the end he concluded some people do not need chaplain services and this is probably one of those families, but it was too late. He felt poor communication contributed to the outcome of the visit.

CH12, who had been a chaplain for four years, narrated how she was paged by one of the nurses because there was a family conflict that was hindering patient treatment. When she got to the room, she recognized the patient and one of her daughters. The chaplain had seen them sign the advance directives earlier in the day but it seems the patient had been moved to a different floor and a different room. The chaplain found out that the patient’s husband had been blindsided and did not know the wife had chosen her daughter to be her power of attorney for healthcare. Needless to say, he was upset. The chaplain found out the patient’s husband was a step-father to the patient’s children and there was more to the issue than health matters. The matter was settled when the husband learned that the advance directives signed in the hospital did not include property. The nurse was able to carry on with the patient treatment. CH12 pointed out that although she knew all the information she shared beforehand, she attributed the success of that intervention to the illumination of the Holy Spirit, active listening, and asking questions. She was able to find a quick solution for a volatile situation.

CH3, who had been a chaplain for eleven years, narrated on how she was paged by the emergency department. They had a John Doe, a man who had been found by a

³³³ Chaplain Eleven, telephone interview by author, Northeast Ohio, August 11, 2014.

passersby collapsed on the side of a jogging path. They called the police and he was brought to the hospital without an ID. He had been pronounced dead and taken to the morgue. However, the police had managed to find his wallet and identity card. They contacted family members who were on the way to the hospital. The emergency department staff hurried to bring the body from the morgue to the emergency department. The chaplain arrived before the family did. The patient's wife arrived later complaining and upset that no one, not even her coworkers, were able to access her earlier. It was really difficult for the patient's wife to process the sudden death of her husband. Anything anyone suggested was rebuffed. The chaplain suggested the family use the quiet family room but she insisted on using a patient room. "Nobody needs a better room, we will sit right here,"³³⁴ she said. When the nurse tried to create room by moving the empty patient bed, the patient's wife again spoke, "We are fine just the way we are, nobody needs a comfortable place."³³⁵

More family members arrived and the police came in to explain the circumstances of the patient's death, gave their condolences, and left. At that time, the family's pastor arrived and asked to be shown where the deceased was. By this time the wife had not accepted to be in the room with the deceased but his parents especially his mother had asked to be taken to the room to see her son. The deceased mother had asked for prayer the moment she arrived at the hospital and the chaplain led in prayer. The family pastor led in prayer, performed the last rites, and at this time the chaplain confirmed that the family pastor would take over and she left. The family looked consoled when their pastor

³³⁴ Chaplain Three, telephone interview by author, Northwest Ohio, February 22, 2014.

³³⁵ Chaplain Three, telephone interview by author, Northwest Ohio, February 22, 2014.

arrived so the chaplain thought they are in good hands excused herself and left. CH3 concluded by stating, “I did not think I had the emotional strength to persevere through the visit with that family. The family seemed shocked beyond belief by the news. When their pastor arrived they were receptive of his ministry and I figured he was the best person to provide emotional support for the family.”³³⁶ CH3 felt the outcome was influenced by the nature of tragedy and that the family needed time and people they were familiar with to help them cope.

CH4, who had been a chaplain for twenty years, narrated how her phone rang at midnight. Upon checking he found out it was from a spouse of a regular hospital patient. He had encountered this patient numerous times during hospital admissions. Her husband had been admitted once too. The chaplain was on call that night but he did not want to answer a call from a patient. He had made the mistake of giving this patient his phone number. The chaplain reasoned that if they were calling from the hospital he would wait until the hospital paged him. The hospital finally paged him, about six o’clock in the morning. The patient had died. The chaplain made his way to the hospital but found that the day chaplain had already responded. However, the moment he showed up the other chaplain said, “He has been asking for you and he is inconsolable.”³³⁷ CH4 was able to console the deceased patient’s husband and encouraged him to take his medication, because he had refused saying there was no need to take it. He did not want to live without his wife. Everything calmed down when CH4 arrived. CH4 concluded that the visit ended well. He however admitted that he felt as if he had been too involved with that

³³⁶ Chaplain Four, interview by author, Northwest Ohio, March 1, 2014.

³³⁷ Chaplain Four, interview by author, Northwest Ohio, March 1, 2014.

family and was conflicted as to whether he had set proper boundaries. He also asked, “Why did I not answer that midnight call? I knew the wife had been sickly and the gentleman would not call me unless it was an emergency. Besides I was on call that night. I have been wondering if I had suffered compassion fatigue.”³³⁸

CH8 narrated how she was once paged for a mentally ill patient who had defied everyone, even the security. Everyone knew she needed help but she wanted to leave the hospital without treatment and became uncooperative. She was not violent but the security reasoned she could become violent. When the chaplain arrived, the patient was pacing up and down in the hospital hallways with security in tow. CH8 admitted she was fearful and wished the security had used a little force and coerced her to accept treatment. CH8 was surprised when, after she introduced herself to the patient and asked if the patient could go over sit and have a chat, the patient obliged. CH8’s fear totally disappeared and in place God gave her confidence to use the knowledge and the skills she had. Although the security personnel followed to make sure she was not hurt by the patient, she had a feeling everything would be alright but appreciated the presence of the security officer.

The patient narrated to CH8 that she was hearing voices and being tortured by some people. So clearly the security personnel were right. The patient was mentally ill and needed help. She had a sad story. “I have to say I thought the hospital police were so professional and human the way they handled that patient,”³³⁹ said CH8. CH8 continued to narrate that she finally convinced the patient to accept treatment, accompanied her to

³³⁸ Chaplain Four, interview by author, Northwest Ohio, March 1, 2014.

³³⁹ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

the emergency department, and left when she had been fully admitted and changed into hospital gown. Asked why she thinks the patient listened to her and not the nurses or hospital police, CH8 replied, “Honestly, I do not know why she responded favorably to me. She confided in me like a close sister would do. We were similar in that we had the same skin color and gender, beyond that it was the grace of God. I was the right person, in the right place, and the right time for God to use.”³⁴⁰ Asked how she assessed herself during this crisis intervention, CH8 replied that it was her first time to deal with an unruly mentally ill patient. She was doubtful that she could adapt to the situation, lacked confidence at the beginning, was surprised of the quick decision she had to make, and was grateful to God that the intervention was successful and that she had persevered through the whole visit which lasted for almost two hours. Asked whether the success of that incident had influenced her to serve mentally ill patients more, CH8 answered in the negative: “Not if I can avoid it.”³⁴¹

CH1 narrated how he had been informed that one of the hospice patients was actively dying. He went to see the patient who was living in a group home. He found the daughter who explained to the chaplain that she wanted to be there with the dad so that he is not alone. But the other family members did not think it was necessary to be there. They had told her dad would not be alone because God would be there with him. She was frustrated by her brother because he wanted to know the exact time dad would pass so that he did not have to sit there for long. The chaplain offered to stay with the patients’ daughter until her dad passed. CH1 stated that in hindsight maybe the other family

³⁴⁰ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

³⁴¹ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

members loved their dad but did not have the emotional courage or the perseverance to sit and wait. It would have been difficult for them to adapt to the situation. He attributed the outcome to his spiritual needs assessment skill and ministry of presence.

CH2 narrated how he visited an elderly female patient who would not accept being comforted. After the chaplain introduced herself the patient looked at her plate and said, “This is not real bacon, it is so tasteless.”³⁴² Hoping to acknowledge her complaint the chaplain responded, “What about the eggs, they look good.”³⁴³ “They are also not real eggs, and this coffee has no sugar,”³⁴⁴ the patient sulked. The nurse heard and showed her where the sugar was on her food tray. The chaplain decided to change her tactic: “You must be a good cook, you noticed everything.”³⁴⁵ The patient forced a crack of a smile, looked up, stared at the window for a few seconds and said, “That window is so dirty.”³⁴⁶ The chaplain commented, “It proved difficult to create a rapport with this patient ... I wanted to walk out of the room ... I persevered.”³⁴⁷ Finally, when the chaplain got to the point where she could ask about the patient’s emotional or spiritual needs, she declined chaplain visits. The chaplain felt the patient did not have any immediate spiritual needs that she could identify, although it was obvious she had not yet adapted to her stay in the hospital. Nothing was up to her standards.

³⁴² Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

³⁴³ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

³⁴⁴ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

³⁴⁵ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

³⁴⁶ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

³⁴⁷ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

CH9 chose to narrate two experiences. He shared how he was paged and asked to visit a patient who was in ICU and extremely ill. The patient's son and daughter-in-law wanted their father to sign his will and hand over his property to his son. The family had their lawyer present and wanted a hospital staff member to witness the signing of ownership documents. The chaplain knew that was not expected of him so he refused to sign and excused himself. The family was upset. He attributed the outcome of the visit to his sense of integrity and realistic self-assessment. He knew he was only expected to sign paperwork related to healthcare and nothing else. He commented, "This was the only situation I walked away knowing the family was dissatisfied ... I wonder why they waited until it was that late to sort out property issues ... the patient's daughter-in-law looked openly upset and as I walked away I could hear her saying, 'This is ridiculous ...' Too bad, it was not my responsibility to facilitate that kind of a transaction. Even my manager advised me not to be involved."³⁴⁸

He then continued to describe a second experience, a time when he visited a room with two male patients that immediately came alive and engaged him in a theological debate on the inspiration of the Scriptures. One of the patients had been a church elder for over twenty years but he thought the Bible contains thoughts of men. "At first I thought the patients were bored and needed something engaging to do. I felt sad when I realized one of them had been a church elder and did not treat the Scriptures as the Word of God. He had the ability to engage them in a meaningful theological dialogue related to the inspiration of Scriptures. "My theological background and communication skills

³⁴⁸ Chaplain Nine, telephone interview by author, Northeast Ohio, July 13, 2014.

influenced the outcome of that visit. They both wanted me to visit again after the nurse interrupted our discussion,”³⁴⁹ said CH9.

CH8 narrated how she was invited to minister to a family. The family did not engage the chaplain even after the introductions. They joked amongst themselves, though they seemed anxious. The patient did not die after the withdrawal of life support; the whole family left one by one citing one excuse or another. They did not wait to witness the transfer of the patient to a different room, now that he had survived. CH8 and the hospice chaplain were left behind after the family left, and not once did any of the family members engage any of the two chaplains. “My assessment of people, ministry of presence and tolerance influenced the outcome of the visit ... it did not bother me that the family made every effort to ignore us,”³⁵⁰ said CH8.

Most of the episodes the respondents chose to narrate were crises encounters that escalated from bad to worse, or a situation where they thought their performance was below their expectations but they recovered. They shared with a sense of calmness that might have eluded them at the time of the visit. However, the experiences were evidence of the adaptability, compassion, emotional courage, perseverance, integrity, tolerance, and insightfulness the respondents had displayed in their chaplaincy. Asked if they would have chosen these encounters for verbatim reports presented to their colleagues, most of them answered in the negative. Probed further, one respondent did not think the visit

³⁴⁹ Chaplain Nine, telephone interview by author, Northeast Ohio, July 13, 2014.

³⁵⁰ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

generated enough information to provide him with a substantial report. “The visit did not seem significant, it was not worth reporting,”³⁵¹ said CH6

Question Four: Self-Awareness as a Chaplain

4. What is your understanding of ‘self- awareness’ in the context of chaplaincy?

Various responses to this question revealed “knowledge” as a synonym of self-awareness. Respondents used statements like “knowledge of self,”³⁵² “understanding your behavior,”³⁵³ “knowing your personality,”³⁵⁴ “knowing your strengths and weakness,”³⁵⁵ “knowing what you believe,”³⁵⁶ “knowing your skills and how to use them,”³⁵⁷ and “knowing your gift and how that fits with your calling.”³⁵⁸ Probed further, most respondents revealed the topic of self-identity was discussed in their seminar sessions. However, it was during the time of verbatim reports that the components of self-awareness were highlighted and discussed in depth. CH5 stated that, “In the context of chaplaincy I understand self-awareness as the ability of self-reflection that brings to conscious awareness what in our behavior, thinking, and interaction with others is often hidden to us. It is awareness of our feelings, thought processes, our background, and our personality. I do not recollect discussing self-awareness in general terms or trying to

³⁵¹ Chaplain Six, telephone interview by author, Northwest Ohio, May 18, 2014.

³⁵² Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

³⁵³ Chaplain Four, interview by author, Northwest Ohio, March 1, 2014.

³⁵⁴ Chaplain Six, telephone interview by author, Northwest Ohio, May 18, 2014.

³⁵⁵ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

³⁵⁶ Chaplain Seven, telephone interview by author, Northwest Ohio, may 25, 2014.

³⁵⁷ Chaplain Nine, telephone interview by author, Northeast Ohio, July 13, 2014.

³⁵⁸ Chaplain Ten, telephone interview by author, Northeast Ohio, July 27, 2014.

define it. It was understood that much of what we do in CPE is building up and refining of self-awareness so as chaplains we could be in touch with our own feelings, emotions, and thoughts. This came up both in didactic sessions and in working with verbatim [reports]. I felt that both were very useful and found very helpful a metaphor of chaplaincy comparing it to a trusted guide who accompanies patients on their journey through their own feelings (of fear, loss, and regret).”³⁵⁹

CH12 said, “I learned lots about myself that I did not particularly like or want. I learned about my habit of procrastination. The verbatim reports were very helpful though I did not enjoy writing them. The process, however, helped me to reflect and notice how I did things.”³⁶⁰

The respondents also noted that the topic of self-awareness was part of the evaluations amongst peers and the supervisor. “Sometimes the supervisor would critique the verbatim report and comment ‘That has to do with self-awareness’ ... but he did not expound,”³⁶¹ said CH4. “My supervisor would ask why I asked one question and not the other during a conversation ... I found that awkward ... to me it was about comfort not confrontation. I did not always agree with his ideas,”³⁶² said CH7. CH3 explained, “Personally it took me awhile to realize the purpose of verbatim reports. I did not know what it is the supervisor was trying to achieve,”³⁶³ “I was glad when they were done critiquing my verbatim. It was hard to learn while you are being critiqued. Your

³⁵⁹ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

³⁶⁰ Chaplain Twelve, telephone interview by author, Northwest Ohio, August 15, 2014.

³⁶¹ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

³⁶² Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

³⁶³ Chaplain Three, telephone interview by author, Northwest Ohio, February 22, 2014.

explanation was never accommodated. If you attempted to explain to you labeled defensive ... it was mentally tiring ... listening to everything they had to say,”³⁶⁴ lamented CH2. “I learned about self-awareness but not in an organized or systematic way,”³⁶⁵ answered CH8.

Probed further on the evaluation process, most of the respondents had done a self-evaluation and confessed they tried to stay away from giving themselves an “excellent” grade even if they felt they did extremely well in certain areas. They felt that would only attract unnecessary criticism. If you selected “excellent,” your colleagues would ask if that meant there was no more room for growth. Those trained under APC did a self-evaluation, a group evaluation, and a supervisor evaluation. Those trained under CPSP did not do a group evaluation. More than half of the respondents alluded to the fact that they tried to balance out the score sheet by including areas of growth as well as areas of strength. CH5 confessed that he scored himself low on areas that the supervisor had criticized even if he was not in agreement. Asked why he chose to go along with someone else’s choice, he said, “I did that for my peace of mind.”³⁶⁶ CH10 said, “I did not think the evaluations and contributions always came from a good place. Some looked like they were venting anger. The supervisor did not always make sense. I figured he is human, with his own problems, so why argue with him.”³⁶⁷ CH8 indicated that most of the evaluations were a true reflection of her personality and professionalism. She remembered being told she did not relate well with her CPE colleagues. She continued to

³⁶⁴ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

³⁶⁵ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

³⁶⁶ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

³⁶⁷ Chaplain Ten, interview by author, Northwest Ohio, July 27, 2014.

explain that she did not know them that well and it takes a while for her to open up to strangers.

Question Five: Social Awareness in Chaplaincy

5. What is your understanding of social awareness in relation to chaplaincy?

Various responses to this question identified “relating” as the underlying theme of social awareness. Most respondents cited one’s ability to relate or connect meaningfully with others. Probed on how they can identify someone who is said to have social awareness, they cited the following components: empathy, acceptance, tolerance, adaptability, respectfulness, and willingness to be involved in community service. “It is having the ability to see beyond your own needs and wants giving time to making other people lives better. Some people are lonely, hurting, hopeless, whichever way one can help ... man is not an island you might need the support one day,”³⁶⁸ CH1 summarized.

Question Six: Clinical Preparation

6. What do you wish you knew before your first clinical encounter?

The responses to this question carried a tone of the initial feeling of trepidation that most of the respondents experienced. CH1 explained that although the first seminar was on spiritual needs assessment, he had difficulty applying it to the patients and families. He did not know what questions to ask or what to look for. Further, when he went to chart about the spiritual intervention, he did not have enough descriptive vocabulary for spiritual care. “It was easy when people asked for prayer, reading

³⁶⁸ Chaplain One, interview by author, Northwest Ohio, December 28, 2013.

materials, a rosary, or Holy Communion but it was difficult when the people did not belong to a faith group or did not ask for things I was familiar with,”³⁶⁹ said CH1.

CH2 and CH11 confessed they did not know when to leave, especially if the family was bereaved and stayed in the hospitals for hours. “Should I leave them alone after thirty minutes, an hour? I did not know. I could not make a decision. The first time I had a death call, I did not know what to do after one hour. I had done everything I could and the family members were still coming in. Then my pager went off, I excused myself and left and did not return.”³⁷⁰

CH10 stated he did not know how to deal with the mentally ill. He was scared when asked to visit the behavioral unit:

I had never ministered to mentally ill patients before. I did not know what to tell them. I was scared they might hurt me. I was shocked when on the first Sunday I was told I would be leading the morning service, alone. The supervisor gave me a suggestion on what to do, how long the service should be, and where I could get the music from. But I was still scared. The service went well and I found out I was safer than I thought. However, I still do not like going to minister in the behavioral unit.³⁷¹

CH6 explained, “I was attending to a patient in ICU and she passed away. There were so many family members that came to the hospital to visit. One of the family members started picking things from the counters; he even stole the nurse’s phone. We tried to deal with the situation while the rest of the family members just stood there and casually commented, ‘He is like that.’ Looking back, I should not have wasted my energy on him. I should have called security the moment he picked the first item. Since then I have learned as a chaplain you have to know your role, and who else you should be

³⁶⁹ Chaplain One, interview by author, Northwest Ohio, December 28, 2013.

³⁷⁰ Chaplain One, interview by author, Northwest Ohio, December 28, 2013.

³⁷¹ Chaplain Ten, telephone interview by author, Northeast Ohio, August 15, 2014.

working with from the hospital team.”³⁷² CH12 narrated how one of the nurses had been caught stealing drugs and he saw her crying as she was walking out. When he stopped to ask if she was alright, she explained it was on suspicion that she stole drugs. “I did not know how to respond. I just mumbled, ‘I am sorry to hear that,’ but in reality I did not know what to feel ... I was completely unprepared for such a scenario. I sensed conflict within me.”³⁷³

Almost half of the respondents wished they could have shadowed the supervisor and observe how he did his spiritual care visits. In an attempt to triangulate, the researcher interviewed a CPE supervisor on this matter and he responded, “We do not allow our students to shadow us. We do not want them to copy us, we want them to find their own way of doing spiritual care. Shadowing may be done for new employees but not students in training.”³⁷⁴ Asked about using role playing in class to boost the students’ confidence, the supervisor replied, “This is hands on training, but if the students wanted to practice their skills on each other that is up to them.”³⁷⁵ Probed further he added, “What if the students had not considered role playing as an option, would you suggest it?”³⁷⁶ The supervisor replied. “I have not in the past, maybe I might in the future.”³⁷⁷

Additionally, a quarter of the respondents added self-awareness on the list of topics that they could have benefitted from. CH5 explained:

³⁷² Chaplain Six, telephone interview by author, Northwest Ohio, March 18, 2014.

³⁷³ Chaplain Twelve, telephone interview by author, Northwest Ohio, August 15, 2014.

³⁷⁴ Supervisor One, telephone interview by author, Northwest Ohio, July 14, 2014.

³⁷⁵ Supervisor One, telephone interview by author, Northwest Ohio, July 15, 2014.

³⁷⁶ Supervisor One, telephone interview by author, Northwest Ohio, July 15, 2014.

³⁷⁷ Supervisor One, telephone interview by author, Northwest Ohio, July 15, 2014.

I wish we discussed more on how to better our inner self. I would have preferred a better learning atmosphere than a combative one. Sometimes the learning atmosphere was so combative, I just wanted to protect myself emotionally. We were encouraged to be vulnerable, but once you were vulnerable they wounded you. Then when you closed up, you were labeled defensive. I never understood some of the objectives of the CPE. They said one thing and did another. I for one decided I will try as much as possible not to be open with any of them. Can't they revise their methods?³⁷⁸

On inquiring from a CPE supervisor on the issues of vulnerability and being wounded, he said, "The students should trust the process. At the end they are better people."³⁷⁹ When asked about having a less combative learning environment, the CPE supervisor replied, "It is not combative, it is just intense, and I think it helps the students address their emotions effectively."³⁸⁰ On probing a different CPE supervisor about the learning environment, the second supervisor indicated that no one is harassed in his CPE training center. He teaches the students to be compassionate and to respect each other's feelings. "If anyone tells you it happened here, please let me know and I will address it."³⁸¹ On triangulating this information with a chaplain who was trained by the second supervisor, he confirmed what the supervisor had stated. It seems therefore the learning environment can be influenced by the CPE supervisor. One respondent had a unique request:

Our CPE supervisor did ask us if there was something in anything we wanted to experience and I said I would like to be present during a post mortem. He never arranged it though. I just wanted to know because so many people find it mysterious. I wanted to

³⁷⁸ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

³⁷⁹ Supervisor Two, telephone interview by author, Northwest Ohio, August 20, 2014.

³⁸⁰ Supervisor Two, telephone interview by author, Northwest Ohio, August 20, 2014.

³⁸¹ Supervisor Two, telephone interview by author, Northwest Ohio, August 20, 2014.

be of help to the families that I would support in case that came up.”³⁸² None of the other respondents cited a similar interest. Another respondent stated, “I found very helpful a class on emergency room chaplaincy taught by an experienced chaplain taught in a medical training lab. I wish this didactic tool was used earlier in my CPE.”³⁸³

Question Seven: Utilization of Personal Experiences

7. In what kind of situations have you felt it is beneficial to share personal experiences, like medical history, death, or grief with a patient or family?

The responses to this question came from a position of personal conviction. More than half of the respondents stated that they would never talk about their personal lives at work. They only share if the patients ask on matters of their faith, church, marital status, and places they have lived but never about their medical history or any other details of their private lives. “Even if the patient were to directly ask me, I would encourage him to talk to the doctor about his condition,”³⁸⁴ said CH2. “I do share about myself but I am usually brief. For me it is about comfort and hope. I also do understand when people are distressed they can misconstrue information and become irrational ... I am selective,”³⁸⁵ said CH12.

CH6, CH7, CH9, and CH10 admitted they have shared a story of healing of themselves, relatives, or friends and it had a positive effect on the patient. They treated it like a testimony shared with a Christian sister or brother in the hospital. Fortunately it

³⁸² Chaplain Twelve, telephone interview by author, Northwest Ohio, August 15, 2014.

³⁸³ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

³⁸⁴ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

³⁸⁵ Chaplain Twelve, telephone interview by author, Northwest Ohio, August 15, 2014.

was taken in the faith that it was shared. They confessed they would not recommend it to other chaplains, “Everyone should make their own choices and own the consequences,”³⁸⁶ said CH10. CH5 summed it up this way: “I am not sure that I can describe specific situations, but I believe that ‘Wounded Healer’ is one of the most useful metaphors for pastoral care. Admitting, sharing of our woundedness, which involves sharing of personal experiences connects us on a deeper level with one another and facilitates healing.”³⁸⁷ The general consensus was that chaplains should be cautious and know their context before they share. About half of the respondents were open to being vulnerable with patients and families.

Question Eight: Responding to Patient Confessions

8. Imagine you visit a pre-surgery patient who is in a spiritual crisis. You assume he is scared of surgery and therefore must be dealing with fear. However, he confides to you that he thinks God is punishing him for something awful he did to one of his family members. For the first time in his life surgery renders him so helpless and he is scared that he will die on the table as a result. He confesses in details of something you think is so inhuman, immoral and criminal. How would his confession influence your approach?

The responses to this question indicated that chaplains embrace confession as one of the main themes in spiritual and emotional support. Confession will color the healing process every so often. More than three quarters of the respondents felt a confession is a cry for help. Therefore, someone who confesses deserves dignified emotional support like everyone else. Most of them confirmed they would focus on spiritual care and part of

³⁸⁶ Chaplain Ten, interview by author, Northeast Ohio, July 27, 2014.

³⁸⁷ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

that would be to find out what the patient plans to do with the information he had shared and support him in that. CH5 said, “Two words come to mind: repentance and forgiveness. Without them spiritual healing is not possible. This might be a situation when a chaplain should facilitate repentance of the things confessed, but at the same time also forgiveness.”³⁸⁸

CH3 stated that this particular scenario might not bother him at all. However, there are some counselees he prefers to avoid. Probed further, CH3 stated that he is always uncomfortable with male spouses who confide their struggle with infidelity as a result of their wives’ illness. He also added that he tends to be upset when he notices a married female patient who appears neglected. He explained this brings sad memories of his childhood and it makes him angry. His mother had an incurable disease that caused depression and his dad was unfaithful to her and later abandoned them. “It has been many years, I think I can handle it but it always leaves me angry.”³⁸⁹ CH8 stated that these kinds of scenarios have a way of challenging emotional wellbeing. She too stated that the above scenario would not change anything in the way she does spiritual care, but every time she meets a “thirty-something-year-old” cancer male patient, it is an emotional struggle. She turns into a savior mode and wants to rescue the patient. “You see, my brother died of cancer when he turned thirty-four. He had a graduate degree in engineering, a wife and twin boys. Then one afternoon he said he was feeling unwell. His wife casually suggested they drive to the emergency department of the nearest hospital. When they got there the diagnosis shocked them. When they informed the rest of the

³⁸⁸ Chaplain Five, Interview, Northwest Ohio, March 8, 2014.

³⁸⁹ Chaplain Three, telephone interview by author, Northwest Ohio, February 22, 2014.

family we were all crushed. My brother died within six months. We are still heartbroken. He had such potential, such a bright future and it was all gone. That is the thorn in my chaplaincy ministry,”³⁹⁰ CH8 concluded.

Question Nine: Factors Impacting Chaplaincy Effectiveness

9. In your opinion, what would you say influenced your most effective chaplaincy encounters?

This question was well received and the respondents readily expressed their ideas. Most respondents cited to the fact of loving to help people. “It is wonderful when I feel a sense of calmness begin to descend in the room once I have introduced myself to distraught patients or families,”³⁹¹ said CH1. “I get this adrenaline like I am just about to change someone’s life. In essence it is not me, it is God,”³⁹² CH1 continued. “Going home with a feeling that I was instrumental in walking with someone through their crisis, and left them feeling better about the situation ... always put a smile on my face. It never matters how tired I am. This is my calling,”³⁹³ answered CH7 with a solemn tone. A similar thought was echoed by CH2, CH6, CH9, and CH10.

More than half of respondents cited divine call to the ministry, satisfaction in providing support for those who are hurting and having a wide spiritual influence outside the church. Asked to elaborate CH6, who had been a chaplain for twenty-four years, explained that over the years he had worked as a pastor in small towns where everyone

³⁹⁰ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

³⁹¹ Chaplain One, interview by author, Northwest Ohio, December 28, 2013.

³⁹² Chaplain One, interview by author, Northwest Ohio, December 28, 2013.

³⁹³ Chaplain Seven, telephone interview by author, Northwest Ohio, May 25, 2014.

seems to know everyone. “It was a nice routine for one to settle in if that is your kind of thing, but I desired to reach out more and God opened this hospital chaplaincy door for me. I have been fulfilled serving people of different races, cultures, nationalities and ages. There is never a dull day,”³⁹⁴ he said. Asked how she knew God had called her to the chaplaincy ministry, CH3 replied, “Actually it is an interesting story. I had trouble trying to fit in church ministry because of my denomination’s bias against women ministers. I felt I had gifts I was not utilizing. And one day, I was lamenting to one of my spiritual mentors and venting my frustration. He quickly analyzed gifts he had observed in me and then suggested that I pursue hospital chaplaincy. His suggestion sounded so prophetic. I decided to pursue chaplaincy and I have never regretted it.”³⁹⁵

CH1, CH2, CH4, and CH5 felt chaplaincy is part of pastoral care. CH5 identified a connection and a difference between chaplaincy and parish pastoral care: “My most effective encounters were influenced by experience both gained in CPE and a chaplaincy, but also in years in parish ministry and the rest of my life. The major difference between these two is the level of continuity and familiarity in the relationship between the pastor/chaplain and the receiver of pastoral care.”³⁹⁶ More than half of the respondents had experience visiting church members who were sick and admitted in the hospital. They enrolled in CPE to be specialized in clinical chaplaincy, the training opened more ministry possibilities; otherwise they still serve in their churches.

³⁹⁴ Chaplain Six, telephone interview by author, Northwest Ohio, May 18, 2014.

³⁹⁵ Chaplain Three, telephone interview by author, Northwest Ohio, February 22, 2014.

³⁹⁶ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

Question Ten: Concerns for Chaplaincy Training

10. If you were invited as a resource person for a CPE program, what are some of the insights about self and social awareness would you share with a chaplain in training?

In responding to this question the respondents reminisced over the path they have travelled in chaplaincy. Some of the respondents shared the following insights:

- “Always pray and ask God to guide you. The emotional crises you will encounter and the people you serve can be unpredictable,”³⁹⁷ CH1 advised.
- “I would urge the CPE students to support each other in order to contribute towards personal and professional development. For most of them, the CPE training is probably the only place they will ever engage other chaplains on a daily basis, after that, they might work with institutions where they will be in charge of spiritual care like some of us,”³⁹⁸ said CH5.
- “Learn as much as you can about other religions, faith groups, cultures, and personalities but remember to ask questions about the needs of the people you are serving, find out what they want, never assume anything even if you share some similarities with them,”³⁹⁹ advised CH12.
- “Clinical pastoral education programs can enhance self-awareness. One can benefit through the peer evaluation and experiences with patients and families,”⁴⁰⁰ offered CH8.

³⁹⁷ Chaplain One, interview by author, Northwest Ohio, December 28, 2013.

³⁹⁸ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

³⁹⁹ Chaplain Twelve, telephone interview by author, Northwest Ohio, August 15, 2014.

⁴⁰⁰ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

- “There is no harm in asking another CPE student to accompany you if you think the crisis you are just about to deal with is too big for you. Always begin with the easy part – introductions. Introduce yourself and ask whoever you are serving to introduce themselves. The introductions will help you to ease into the situation and information gathered may become a springboard to the process of spiritual care,”⁴⁰¹ CH10 counseled.
- “Treat Verbatim Reports as ‘recorded conversations’ not a research paper. Your colleagues might critique your verbatim reports like they would research papers but a conversation is something you cannot edit. Remember they were not there; you are the one who managed the crisis and probably had to think on your feet. This will help you not to take any criticism to heart in a way that might hurt your chaplaincy ministry. Chaplaincy ministry is a journey; leave room for new ideas, practices and beliefs,”⁴⁰² CH9 advised.
- “It will not be possible to time all your visits the way you want. Be mentally prepared to be flexible. Some interventions will be so long that you might be tempted to rush everything – it is not about you it is about the needs of the patient and the family. Chaplaincy is a ministry of presence and your presence will not be helpful if you look anxious,”⁴⁰³ CH6 cautioned.

⁴⁰¹ Chaplain Ten, interview by author, Northeast Ohio, July 27, 2014.

⁴⁰² Chaplain Nine, telephone interview by author, Northeast Ohio, July 13, 2014.

⁴⁰³ Chaplain Six, telephone interview by author, Northwest Ohio, May 18, 2014.

Question Eleven: Emotional Intelligence

11. The information you have provided in this interview contributes towards the research on emotional intelligence and chaplaincy. What comes to your mind when you hear the term “emotional intelligence”?

After being reminded that the interview data would contribute towards the research on “Emotional Intelligence and Chaplaincy,” more than half of the respondents had heard the term “emotional intelligence” but not in relation to chaplaincy. CH5 thought, “Emotional intelligence should be acknowledged as a helpful way to understand an important aspect of human nature.”⁴⁰⁴ Probed further as to whether emotional intelligence would be an important concept to include CPE curriculum, all respondents replied in the affirmative. “From what I have read, emotional intelligence is important in leadership development,”⁴⁰⁵ said CH12. “I think some of us would need help in understanding what emotional intelligence is and how it relates to chaplaincy,”⁴⁰⁶ said CH8. “In my opinion, I think it has to do with how we interact with others,”⁴⁰⁷ answered CH4. A similar idea was echoed by, CH6, CH7, CH9, and CH10.

An amused CH2 said, “I am not sure I understand what the term means, but it seems like a good topic for a chaplains’ retreat.”⁴⁰⁸ “I have heard people talk about but I

⁴⁰⁴ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

⁴⁰⁵ Chaplain Twelve, telephone interview by author, Northwest Ohio, August 15, 2014.

⁴⁰⁶ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

⁴⁰⁷ Chaplain Four, interview by author, Northwest Ohio, March 1, 2014.

⁴⁰⁸ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

have never actively participated in any of the discussions,”⁴⁰⁹ recollected CH1. “Is it something chaplains should know?”⁴¹⁰ chuckled CH10.

Question Twelve: Chaplaincy Experience

12. Is there anything else that stands out in your chaplaincy experience that you would like to share?

The two respondents who once worked in crime-infested cities cited fear for their lives especially when a gang member would be brought to the hospital after being shot, stabbed, or beaten. “You never knew what would happen after one of them [gang members] ended up in the hospital’s emergency department. Rival gang members could turn up at the hospital and decide to settle scores, right there in the waiting room. Every on-duty hospital staff’s mind was on high alert. And I was supposed to be the peace maker. Sometimes it was scary but with time I adapted to the possibility of being injured at work. Most of all I trusted in God’s protection ... I became comfortable in my role,”⁴¹¹ said CH6. The two respondents exuded a tone of calmness, tolerance, confidence, and acceptance as they spoke. Their decision and resilience to continue working in such environments was admirable.

Asked for final remarks, CH4 cited the freedom of not having to deal with church elders. He said, “I feel free as I serve people that truly need care and they do not feel the obligation to directly support me. No matter how hard the day was, I can go home and

⁴⁰⁹ Chaplain One, interview by author, Northwest Ohio, December 29, 2014.

⁴¹⁰ Chaplain Ten, interview by author, Northeast Ohio, July 27, 2014.

⁴¹¹ Chaplain Six, telephone interview by author, Northwest Ohio, May 18, 2014.

sleep comfortably, knowing tomorrow I will probably meet new people.”⁴¹² CH5

commented that dealing with other members of the hospital interdisciplinary team is not easy:

Sometimes the nurses, doctors, and social workers do not seem to recognize what a chaplain does. They will interrupt a chaplain’s visit and take over without excusing themselves as if the chaplain is not a hospital employee. Maybe they think what a chaplain does is less important. That is until they can’t handle a patient’s emotional crisis and then they page the chaplain. I would say I needed more patience my colleagues in the interdisciplinary team rather than to patients and families.⁴¹³

CH7, CH9, and CH3 echoed similar sentiments.

Summary of Findings

This chapter presented identified elements of emotional intelligence in the work of chaplaincy. Data was presented from verbatim reports review and personal interviews. This chapter found that overall, CPE residents and practicing chaplain have a vague understanding of the concept of emotional intelligence and how it can be applied in their work. The respondents had the right intent and inner motivation for the chaplaincy. They had the desire to help in a moment of crisis. They were committed to the chaplaincy ministry. In spite of the outcome of the clinical encounter none of the respondents came off as discriminative on the basis of gender or religious affiliation. Only one CPE resident initially felt discriminated on the basis of race but upon feedback from other CPE student and personal reflection she admitted it was probably her anxiety and ineptness.

All the respondents were modest in identifying their strengths. The CPE residents did not focus on their strengths in their reflection on personal, pastoral, and professional

⁴¹² Chaplain Four, interview by author, Northwest Ohio, March 1, 2014.

⁴¹³ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

development. Most of the practicing chaplains defaulted to the call to ministry when probed on their effectiveness as chaplains.

Respondents demonstrated an understanding of self and social awareness, but when probed on influencers of their effectiveness in chaplaincy, they were limited in the description of how self and social awareness is translated into chaplaincy. There was a noticeable gap between the description and the translation of self-awareness and social awareness. This was further evident in the reflection written in verbatim reports by CPE residents. The CPE residents rarely pointed out when they had demonstrated elements of self and social awareness like emotional courage, perseverance, confidence, self-control, flexibility, adaptability, impulse control, deferring gratification, decisiveness, good judgment, quick stress recovery, or non-anxious presence. Further, this trend was evident amongst those who voiced displeasure in the way verbatim reports were critiqued. None of the respondents stated they learned something positive about themselves, they only cited areas of growth. Those who disliked the verbatim reports' critique cited the lack of grace in the way it was done. Realistic self-assessment should include strengths and areas of growth.

All the respondents were willing to speak about their joys and frustrations. There is a probability that the interview served as a time for reflection, a non-threatening context for the respondents to debrief on past clinical encounters. Self-reflection is an important part of self-awareness.

When the respondents were asked of their understanding of the term "emotional intelligence," a few had a general idea but none of them really put the definition into translatable terms.

CHAPTER SIX

SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

The purpose of this chapter is to draw conclusions and make recommendations based on the findings summarized in this research. The research findings indicate there is a noticeable gap between the description and the translation of emotional intelligence in chaplaincy. As stated in Chapter One, emotional intelligence refers to “the ability to monitor one’s own and others’ emotions, to discriminate among them and to use the information to guide one’s thinking and actions.”⁴¹⁴ About half of the respondents in this research demonstrated an awareness of the term emotional intelligence, as it was evident in their description of self-awareness and social awareness. However, some of the respondents stopped at the recognition; there was an indication that they were lacking in its translation, interpretation, or application. The researcher is of the opinion that the respondents demonstrated a lack of what emotional intelligence looks like, hereby being referred to as the translation of emotional intelligence. The researcher believes that this discrepancy negatively influences the development and functionality of a healthcare chaplain. Further, the researcher believes that if chaplains had the ability to identify elements of emotional intelligence, this would aid in the translation and adaptation in chaplaincy. Further, the awareness would inform their self-awareness, and they would not

⁴¹⁴ Peter Salovey and Jack Mayer, “Emotional Intelligence,” *Imagination, Cognition, and Personality* 9, no. 3 (1990): 189.

need to try too hard to impress patients, family, or the interdisciplinary team. It would be a step towards realistic self-assessment, an antidote to lofty promises or over-involvement. A description of elements of emotional intelligence is therefore necessary. It would act as a guide that fosters a sense of intentionality in enhancing their emotional intelligence. The researcher believes that possessing emotional intelligence improves adaptive skills in unpredictable or diverse and emotional situations in chaplaincy.

Project Summary

The research problem for this research project is that possessing emotional intelligence improves the functioning of a healthcare chaplain. Healthcare chaplains train through CPE programs—a type of experiential learning process that is expected to nurture chaplaincy skills through participation in clinical encounters with patients, family, and healthcare staff. The nature of chaplaincy ministry requires an integrative learning approach. Chaplains should be able to make connections between concepts and experiences. In some cases, chaplains in training cannot identify how they influenced an undesired outcome in a clinical encounter. This is an indication that these skills deserve emphasis both through experience and didactic teaching. Elements of emotional intelligence are useful in clinical encounters. Lack of emotional intelligence negatively impacts the functioning of a clinical chaplain. Clinical pastoral education that does not nurture the development of a chaplain's emotional intelligence can result in unnecessary difficulties in clinical encounters with patients. Emotional intelligence development should be intentionally pursued in clinical pastoral education because knowledge and experience can be limited by environment.

This research project is comprised of six chapters. Chapter One introduces the study. The ministry of a healthcare chaplain occurs in the context of a clinic. The clinic is a high-stress context, and yet the chaplains are supposed to be a non-anxious presence. The role of a healthcare chaplain is to provide emotional support, counseling, and spiritual care (religious services, rites, and rituals) in the context of diversity and plurality of age, culture, religion, language, and ethnicity. A chaplain comes alongside the person in crisis to provide guidance in that which the person embraces as spirituality or values and holds as sacred. Generally, healthcare chaplains do not have the advantage of building long-term relationships; they only provide field-oriented short-term comfort care at critical times within a diverse community. The function of a clinical chaplain can be enhanced through developing elements of emotional intelligence.

Chapter Two explores the biblical and theological foundations for this study. It attempts to discuss biblical themes upon which the ministry of chaplaincy is founded and grounded. The major themes explored in this chapter were: compassion, as exemplified in the Bible by Jesus and the Good Samaritan; emotions and spirituality; and the image of God in men and women.

Chapter Three is a literature review, tracing the history of chaplaincy and exploring the themes of emotional intelligence, experience learning, and clinical pastoral education. This chapter also addresses the role of appreciative inquiry, an appropriate evaluation approach in adult education such as CPE programs, which encourages dialogue and is a more gracious approach to sensitive topics.

Chapter Four lays out the research design and procedures, the purpose of which is to identify and analyze elements of emotional intelligence in chaplains' clinical training

and encounters. The data is gathered through analysis of verbatim reports and individual interviews.

Chapter Five reports and analyzes the data gathered for this qualitative research on identified elements of emotional intelligence in chaplains' clinical encounters. The data will contribute towards an in-depth exploration of the following research questions:

1. How does emotional intelligence improve the functioning of a healthcare chaplain?
2. What are the common elements of emotional intelligence evident in clinical training and encounters of chaplains?
3. What are the characteristics of experiential learning, and how do they hinder or enhance the development of a healthcare chaplain?

Hypothesis

This research project is based on the hypothesis that possessing emotional intelligence improves the effectiveness of healthcare chaplains. Emotional intelligence is not explicitly included in CPE programs. Therefore, chaplains may not know what to look for in self, others, and spiritual interventions. Furthermore, experiential learning does not always enhance core values; therefore, a facilitator may need to supplement with guided study to include this desired content.

Project Findings

This project focused on identifying elements of emotional intelligence in chaplaincy. Data was presented from verbatim reports and personal interviews. Overall, CPE residents and practicing chaplains have a vague understanding of the concept of

emotional intelligence and how it can be applied in their work. The respondents had the right intent and inner motivation for the chaplaincy. They had the desire to help in a moment of crisis. They were committed to the chaplaincy ministry. In spite of the outcome of the clinical encounters, none of the respondents came off as discriminative on the basis of gender, race, or religious affiliation. Only one CPE resident initially felt discriminated on the basis of race, but upon feedback from other CPE students and personal reflection she admitted it was probably her anxiety and ineptness.

All the respondents were modest in identifying their strengths. The CPE residents did not focus on their strengths in their reflection on personal, pastoral, and professional development. Most of the practicing chaplains defaulted to the call to ministry when probed on their effectiveness as chaplains.

Respondents demonstrated an understanding of self and social awareness, but when probed on influencers of their effectiveness in chaplaincy, they were limited in the description of how self and social awareness is translated into chaplaincy. There was a noticeable gap between the description and the translation of self-awareness and social awareness. This was further evident in the reflections written in verbatim reports by CPE residents. The CPE residents rarely pointed out when they had demonstrated elements of self and social awareness such as emotional courage, perseverance, confidence, self-control, flexibility, adaptability, impulse control, deferring gratification, decisiveness, good judgment, quick stress recovery, or non-anxious presence. However, they were quick to reflect on clinical encounters that they thought went wrong. Further, this trend was evident amongst those who voiced displeasure in the way verbatim reports were critiqued. None of the respondents stated they learned something positive about

themselves; they only cited areas of growth. Those who disliked the verbatim reports' critique cited the lack of grace in the way it was done. Realistic self-assessment should include strengths and areas of growth.

During the interviews, all of the respondents were willing to speak about their joys and frustrations. There is a probability that the interview served as a time for reflection, a non-threatening context for the respondents to debrief on past clinical encounters. Self-reflection is an important part of self-awareness. When the respondents were asked of their understanding of the term "emotional intelligence," a few had a general idea but none of them really put the definition into translatable terms.

Emergent Themes

The project findings yielded the following main themes: emotional intelligence, skills, self-awareness, social awareness, and the role of verbatim reports. These themes will be used as subtitles to summarize the findings.

Emotional Intelligence

As defined by Peter Salovey and John Mayer, emotional intelligence is "the ability to monitor one's own and others' emotions, to discriminate among them and to use the information to guide one's thinking and actions."⁴¹⁵ In order to enhance the understanding and adaptation of emotional intelligence, this theme calls for further breakdown of its components. This can be classified into two major areas: (A) self (inner) awareness and self-management, and (B) social awareness and relationship management.

⁴¹⁵ Salovey and Mayer, 189.

The project findings yielded data on both identifiable elements of emotional intelligence and activators (scenarios, circumstances or activities) of emotional intelligence.

The participants of this research were asked about their understanding of emotional intelligence. More than half of them had heard the term ‘emotional intelligence,’ but not in relation to chaplaincy. CH5 thought, “Emotional intelligence should be acknowledged as a helpful way to understand an important aspect of human nature.”⁴¹⁶ Probed further as to whether emotional intelligence would be an important concept to include CPE curriculum, all respondents replied in the affirmative. “From what I have read, emotional intelligence is important in leadership development,” said CH12.⁴¹⁷ “I think some of us would need help in understanding what emotional intelligence is and how it relates to chaplaincy,” said CH8.⁴¹⁸ “In my opinion, I think it has to do with how we interact with others,” answered CH4.⁴¹⁹ A similar idea was echoed by CH6, CH7, CH9, and CH10.

An amused CH2 said, “I am not sure I understand what the term means, but it seems like a good topic for a chaplains’ retreat.”⁴²⁰ “I have heard people talk about but I have never actively participated in any of the discussions,” recollected CH1.⁴²¹ “Is it something chaplains should know?” chuckled CH10.⁴²² There is a need, therefore, to

⁴¹⁶ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

⁴¹⁷ Chaplain Twelve, telephone interview by author, Northwest Ohio, August 15, 2014.

⁴¹⁸ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

⁴¹⁹ Chaplain Four, interview by author, Northwest Ohio, March 1, 2014.

⁴²⁰ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

⁴²¹ Chaplain One, interview by author, Northwest Ohio, December 29, 2014.

⁴²² Chaplain Ten, interview by author, Northeast Ohio, July 27, 2014.

define emotional intelligence and translate its elements so that chaplains may know and experience the adaptation of emotional intelligence in chaplaincy.

The table below presents lists of identifiable elements of emotional intelligence that will aid chaplains in the integrating emotional intelligence in self and relationship management.

Table 6.1. Identifiable Elements of Emotional Intelligence^{423, 424}

Self (Inner) Awareness and Self-Management	Social Awareness and Relationship Management
Emotional courage Perseverance Self-assessment Confidence Self-control Flexibility Integrity Adaptability Impulse control Deferring gratification Decisiveness Good judgment Quick stress recovery Non-anxious presence Calmness Initiative Inner motivation Resilient Self-discipline Personal responsibility Insight Realistic assessment of self	Compassion Active listening Cognitive empathy Acceptance Tolerance Realistic assessment of others Good boundaries Inspiring Influential Transformation catalyst

⁴²³ Marcia Sirota, “12 Elements of Emotional Intelligence,” <http://omtimes.com/2010/08/12-elements-of-emotional-intelligence/3/> [accessed November 23, 2013].

⁴²⁴ John Mayer and Peter Salovey, “5 Main Components of Emotional Intelligence,” <http://inspirebusinesssolutions.com/blog/5-main-components-of-emotional-intelligence> [accessed November 25, 2013].

The definitions of the above terms are presented earlier in Chapters Three and Five. They are helpful in providing insights into the translation and adaptation of emotional intelligence.

The ability to identify elements of emotional intelligence is a crucial step towards emotional development. Knowing what to look for fosters adaptability. When the participants were asked about their clinical preparation and what they wished they knew before their first clinical encounters, the responses were filled with confusion, unpreparedness, indecisiveness, uncertainty, fear, and lack of confidence. CH1 explained that although the first seminar was on spiritual needs assessment, he had difficulty applying it to the patients and families. He did not know what questions to ask or what to look for. Further, when he went to write a report about the spiritual intervention, he did not have enough descriptive vocabulary for spiritual care. “It was easy when people asked for prayer, reading materials, a rosary, or Holy Communion but it was difficult when the people did not belong to a faith group or did not ask for things I was familiar with,” said CH1.⁴²⁵

CH2 and CH11 confessed they did not know when to leave, especially if the family was bereaved and stayed in the hospitals for hours. “Should I leave them alone after thirty minutes, an hour? I did not know. I could not make a decision. The first time I had a death call, I did not know what to do after one hour. I had done everything I could and the family members were still coming in. Then my pager went off, I excused myself and left and did not return.”⁴²⁶ CH10 stated he did not know how to deal with the

⁴²⁵ Chaplain One, interview by author, Northwest Ohio, December 29, 2013.

⁴²⁶ Chaplain One, interview by author, Northwest Ohio, December 29, 2013.

mentally ill. He was scared when asked to visit the behavioral unit. “I had never ministered to mentally ill patients before. I did not know what to tell them. I was scared they might hurt me.”⁴²⁷ CH6 explained, “I was attending to a patient in ICU and she passed away. One of the family members started picking things from the counters; he even stole the nurse’s phone. We tried to deal with the situation while the rest of the family members just stood there and casually commented, ‘He is like that.’ Looking back, I should have called security the moment he picked the first item. Since then I have learned as a chaplain you have to know your role, and who else you should be working with from the hospital team.”⁴²⁸

Almost half of the respondents wished they could have shadowed the supervisor and observe how he did his spiritual care visits. In an attempt to triangulate, the researcher interviewed a CPE supervisor on this matter and he responded, “We do not allow our students to shadow us. We do not want them to copy us, we want them to find their own way of doing spiritual care. Shadowing may be done for new employees but not students in training.”⁴²⁹

In spite of their lack of awareness, most respondents in this research displayed emotional intelligence in their clinical encounters. In CR1’s verbatim report A, he demonstrates initiative, good judgment, compassion, and good professional boundaries. When a patient posed, “They are not telling me anything about my scan results,”⁴³⁰ he

⁴²⁷ Chaplain Ten, telephone interview by author, Northeast Ohio, July 27, 2014.

⁴²⁸ Chaplain Six, telephone interview by author, Northwest Ohio, May 18, 2014.

⁴²⁹ Supervisor One, telephone interview by author, Northwest Ohio, July 14, 2014.

⁴³⁰ CPE Resident One, Verbatim Report A (Northwest Ohio, September 4, 2012), 3.

calmly replies, “You know you can ask the doctor when he comes today,”⁴³¹ empowering the patient but also showing professionalism. He shows tolerance, acceptance, and compassion when he visits with a patient who was incarcerated and had a security guard by his door. In his verbatim report he writes, “I saw tears in his eyes when I told him, ‘You can request for a chaplain anytime, day or night, during your stay here.’”⁴³² The patient seemed to have been taken aback by that offer; it seems he [patient] was expecting isolation.

CR2 displays a realistic assessment of others when he interacted with a member of staff that sought his services. The female client reveals, “I feel a bit lost nowadays. My husband is of a different race and I am concerned my son does not seem to know where he belongs.”⁴³³ The CPE resident’s response seems to speak to the client because it is followed by a significant pause: “Do you have a sense of belonging? Is there something your son might be observing from you? ... She paused and then replied, I think the way I talk about it at home gives the impression that we do not belong ... not in the community, school or church. I might have also implied that I regret some of my choices ... cross cultural choices.”⁴³⁴

CR4 excels in ministry of presence in a non-anxious, decisive manner, which is put to test when he visits a female patient who poses, “So, you go round seeing everyone in the hospital? Don’t you people have anything better to do?”⁴³⁵ and yet manages to visit

⁴³¹ CPE Resident One, Verbatim Report A (Northwest Ohio, September 4, 2012), 3.

⁴³² CPE Resident One, Verbatim Report D (Northwest Ohio, April 16, 2013), 10.

⁴³³ CPE Resident Two, Verbatim Report A (Northwest Ohio, October 18, 2011), 4.

⁴³⁴ CPE Resident Two, Verbatim Report A (Northwest Ohio, October 18, 2011), 6.

⁴³⁵ CPE Resident Four, Verbatim Report D (Northwest Ohio, May 29, 2012), 1.

with that patient for more than thirty minutes. CR4 was effective in that visit but he seems to defer gratification when in evaluation of self he makes statements like, “I hope to improve in my future clinical visits.”⁴³⁶

CR6 display perseverance, especially in spiritual needs assessment. She has the ability to be comfortable with silence. She keeps quiet until the patient is able to speak without being rushed. She stay focused on her inquiries until she gets the answers she needs in order to provide spiritual care. Her approach is formal, “Do you have a faith community?”⁴³⁷ “Will your pastor be coming to visit you?”⁴³⁸ but she asks relevant questions. Likewise, CR7 observes good boundaries and he notices when people he works with do not do the same “The nurse ignored our conversation and went on to speak to the patient without excusing herself.”⁴³⁹

Lack of awareness in emotional intelligence is also evident in some of the clinical encounters. For instance, CR3 needs improvement in setting good boundaries. She tells a patient, “When I suffered from ... they gave me ... and I was healed.”⁴⁴⁰ While this may sound like good advice to friends, it creates a professional conflict in a healthcare facility between the chaplain and the medical staff. There are times she sounds like she needs comfort herself, as if coming from a wounded place or maybe just showing her vulnerability. “You know, I am also divorced.”⁴⁴¹ While this seems like CR3’s attempt to

⁴³⁶ CPE Resident Four, Verbatim Report D (Northwest Ohio, May 29, 2012), 7.

⁴³⁷ CPE Resident Six, Verbatim Report A (Northwest Ohio, February 12, 2013), 2.

⁴³⁸ CPE Resident Six, Verbatim Report D (Northwest Ohio, May 7, 2012), 3.

⁴³⁹ CPE Resident Seven, Verbatim Report C (Northwest Ohio, October 15, 2013), 3.

⁴⁴⁰ CPE Resident Three, Verbatim Report B (Northwest Ohio, January 24, 2012), 5.

⁴⁴¹ CPE Resident Three, Verbatim Report C (Northwest Ohio, April 17, 2012), 5.

identify and connect with the patient, it can also result to emotional burden on a sick person.

CR5 defaulted to humor in situations where it could have backfired, so he might need to work on his emotional courage. “It feels like ...”⁴⁴² “I remember that show,”⁴⁴³ states a patient. “You remind me of the 60s,”⁴⁴⁴ his verbatim indicates that this patient had just received sad news, a death in the family. In this case the humor worked. CR6’s sense of formality looks professional but it may also indicate a lack of flexibility. Flexibility can earn patient revelations of deep-seated emotional needs. CR6 rarely engages the patient in anything other than the information she is looking for in the conversation. One patient asks, “What do you think of this Obamacare?”⁴⁴⁵ Her response is, “Has your doctor been here today?”⁴⁴⁶ In her thoughts and feelings she writes, “I thought the patient wanted to engage in small talk but I was there for spiritual needs assessment and I just had to stay focused.”⁴⁴⁷

CR8 seems very brief and concise. He adapts a safe approach to spiritual care. One might wonder if he could be afraid of being engaged in discussions he does not have the courage to wage through. His visits are short and brief; none of them requires any degree of flexibility or adaptability. In the verbatim reports he submitted for this research, the patients have a religious affiliation and do not seem to have any emotional needs.

⁴⁴² CPE Resident Five, Verbatim Report A (Northwest Ohio, February 5, 2013), 5

⁴⁴³ CPE Resident Five, Verbatim Report A (Northwest Ohio, February 5, 2013), 5.

⁴⁴⁴ CPE Resident Five, Verbatim Report A (Northwest Ohio, February 5, 2013), 6.

⁴⁴⁵ CPE Resident Six, Verbatim Report C (Northwest Ohio, April 9, 2013), 5.

⁴⁴⁶ CPE Resident Six, Verbatim Report C (Northwest Ohio, April 9, 2013), 5.

⁴⁴⁷ CPE Resident Six, Verbatim Report D (Northwest Ohio, May 7, 2013), 7.

Two of them asked for prayer and the other two were grateful for his visit. “You can say a prayer,”⁴⁴⁸ says one of the patients “May I have a rosary?”⁴⁴⁹ another requests “Do you have Bibles? Can I have two, one for me, and one for my daughter”⁴⁵⁰ “Which floor is the chapel?”⁴⁵¹

CR9 seemed to have experienced the highest degree of growth as can be gathered from his verbatim reports. In his initial verbatim report, CR9 is eager to encourage and defaults to responses like, “You will be fine,”⁴⁵² “The surgery will be successful,”⁴⁵³ and “He will be alright.”⁴⁵⁴ There is a notable change in his subsequent clinical encounters. He refrains from assuring patients of outcomes. He shows compassion and is comfortable with a ministry of presence without making promises. His responses change to, “How about we wait for the doctor’s report,”⁴⁵⁵ “The CT scans might give you a better picture of your situation,”⁴⁵⁶ and “The nurses can check that for you.”⁴⁵⁷

The research interviews also yielded the skills participants identified as most effective in chaplaincy that are elements of emotional intelligence. The respondents cited the abilities of assessing other people’s needs, showing compassion, counseling, active

⁴⁴⁸ CPE Resident Eight, Verbatim Report A (Northwest Ohio, October 1, 2013), 3.

⁴⁴⁹ CPE Resident Seven, Verbatim Report B (Northwest Ohio, October 1, 2013), 2.

⁴⁵⁰ CPE Resident Seven, Verbatim Report C (Northwest Ohio, October 15, 2013), 2.

⁴⁵¹ CPE Resident Seven, Verbatim Report D (Northwest Ohio, November 19, 2014), 4.

⁴⁵² CPE Resident Nine, Verbatim Report A (Northwest Ohio, September 10, 2013), 3.

⁴⁵³ CPE Resident Nine, Verbatim Report A (Northwest Ohio, September 10, 2013), 3.

⁴⁵⁴ CPE Resident Nine, Verbatim Report A (Northwest Ohio, September 10, 2013), 4.

⁴⁵⁵ CPE Resident Nine, Verbatim Report C (Northwest Ohio, November 5, 2013), 4.

⁴⁵⁶ CPE Resident Nine, Verbatim Report C (Northwest Ohio, November 5, 2013), 5.

⁴⁵⁷ CPE Resident Nine, Verbatim Report D (Northwest Ohio, December 10, 2013), 5.

listening, being empathetic, and having a non-anxious presence. CH2 stated, “I learned the importance of listening to the patient and finding out their needs.”⁴⁵⁸ CH3 said, “I had trouble persevering in death situations. They tend to be exceptionally long visits too. I have improved a lot in that area. Today, I can visit comfortably with a bereaved family for hours.”⁴⁵⁹ That thought was echoed by CH1, CH6, and CH9. CH8 summarized his input this way:

Some of the basic skills I use in my pastoral work are empathy, active listening, understanding of diverse faith and spiritual backgrounds, using prayer as a ministry tool, self-awareness, understanding and awareness of how a medical institution operates, familiarity with work in a medical team, and familiarity with congregational life and parish ministry.⁴⁶⁰

CH12 exhibited a realistic assessment of others, decisiveness, insightfulness, emotional courage, sound judgment, and good boundaries when she carried out a successful family intervention and solved a conflict that threatened patient care. When dealing with an inconsolable family, CH3 noticed that when their church minister arrived they calmed down; seeing the family was in good hands she made the right decision to leave. CH3 concluded, “I did not think I had the emotional strength to persevere through the visit with that family. The family seemed shocked beyond belief by the news. When their pastor arrived they were receptive of his ministry and I figured he was the best person to provide emotional support for the family.”⁴⁶¹

CH11, however, encountered difficulty in adapting to diversity and display of anger during one of his visits. After a second attempt to connect with the family, one of

⁴⁵⁸ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

⁴⁵⁹ Chaplain Three, telephone interview by author, Northwest Ohio, February 22, 2014.

⁴⁶⁰ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

⁴⁶¹ Chaplain Four, interview by author, Northwest Ohio, March 1, 2014.

them asked, “What denomination are you anyway?”⁴⁶² The family did not seem pleased with his presence. In his thoughts and feelings he writes, “The family exuded so much disdain and I did not know the reason.”⁴⁶³ CH11 continued to narrate how he felt so rejected and discriminated.

The research findings also revealed scenarios, circumstances, and activities that activate emotional intelligence. These activators led participants to demonstrate their emotional intelligence. The activators demanded the participant’s flexibility, tolerance, emotional courage, acceptance, compassion, self-assessment, initiative, adaptability, active listening, and good judgment. The table below shows these activators as gathered from the data.

⁴⁶² Chaplain Eleven, telephone interview by author, Northeast Ohio, August 11, 2014.

⁴⁶³ Chaplain Eleven, telephone interview by author, Northeast Ohio, August 11, 2014.

SELF-AWARENESS	SOCIAL AWARENESS
Learning/Education Formal Informal Observation /Study Debriefing Verbatim Reports Reflection Reminiscence Contemplation/Meditation Critique/Feedback	Learning/Education Formal Informal Confessions Tragedy/Death Diversity and Differences Professional Positions Religious Affiliations Mental Status Cultural Background Language Social Values Terminal Diagnoses Conflict and Conflict Resolution Emergencies/Inconveniences Providing a Service Unpredictability/Uncertainty Personal Trauma triggers Communication Active Listening Questions/Responses Posture/ Facial expressions

Table 6.2. Activators of Emotional Intelligence in Chaplaincy

People can learn about their self-identity through intentional plan of study, feedback, and observations. Their skills are tested as they interact with others and situations in life.

Emotional intelligence, therefore, aids in the adapting of skills in different scenarios and enhances the ability to read the person's mood and body language. It prompts intuition for the times to be quiet, or to press a point. Possessing emotional intelligence is an antidote to exclusiveness and dehumanization. According to the research findings, the process of developing one's emotional intelligence is as follows:

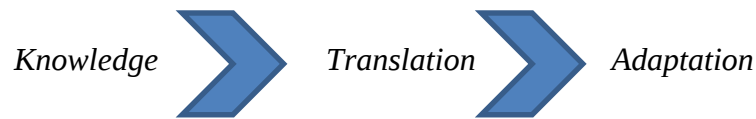


Figure 6.1. Process of Developing Emotional Intelligence

Source: Project Researcher

The process of developing emotional intelligence requires knowledge of the concept, this knowledge of emotional intelligence requires translation, or a further breakdown of the elements that make up emotional intelligence so that people can apply and develop their emotional intelligence. This step of translation or breakdown of elements was missing in the participants understanding and application of emotional intelligence.

Chaplaincy Skills

Healthcare chaplains who participated in this research were both theologically trained and specially trained in chaplaincy. All the chaplains interviewed had a master's degree in an area of theological training and in addition had also participated in Clinical Pastoral Education (CPE). For many of the chaplains, that is where the similarities ended. Chaplains belong to a variety of faith groups, particular theological persuasions, religious affiliations, and cultural orientations. They are usually limited to certain geographical locations and social groups. Serving as a chaplain, however, could place one in a context that suddenly destabilizes them. The healthcare chaplain's 'parish,' unlike the local church pastor's, is wider and not regulated by denominational constitutions, doctrinal beliefs, religious practices, or theological persuasions. These common denominators that influence the harmony in local churches can prove irrelevant and form obstacles in the chaplaincy. Healthcare chaplains, therefore, have to possess more than a personal sense

of spirituality and a call to ministry. They need skills that will enable them to function in the healthcare context.

The project findings indicate that respondents gained and honed their chaplaincy skills through seminars, feedback, clinical encounters, and personal experiences.

According to CH8, “CPE provided me with opportunities to improve and practice these skills along with receiving in-depth feedback from my CPE peers, my CPE supervisor, and other chaplains.”⁴⁶⁴ CH8 identified these skills: “empathy, active listening, understanding of diverse faith and spiritual backgrounds, using prayer as a ministry tool, self-awareness, understanding and awareness of how a medical institution operates, and familiarity with work in a medical team.”⁴⁶⁵ CH5 identified experience in parish ministry as an influencer of his effectiveness of chaplaincy skills. CH5 identified a connection and a difference between chaplaincy and parish pastoral care: “My most effective encounters were influenced by experience both gained in CPE and in chaplaincy, but also in years of parish ministry and the rest of my life. The major difference between these two is the level of continuity and familiarity in the relationship between the pastor/chaplain and the receiver of pastoral care.”⁴⁶⁶

These skills were tested in challenging times: tragedy, diversity, and critique. For instance, CH8 had the challenging experience dealing with a mentally ill patient. Asked how she assessed herself during this crisis intervention, CH8 replied that it was her first time to deal with an unruly mentally ill patient. She was doubtful that she could adapt to

⁴⁶⁴ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

⁴⁶⁵ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

⁴⁶⁶ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

the situation, lacked confidence at the beginning, was surprised of the quick decision she had to make, and was grateful to God that the intervention was successful and that she had persevered through the whole visit, which lasted for almost two hours. Asked whether the success of that incident had influenced her to serve mentally ill patients more, CH8 answered in the negative: “Not if I can avoid it.”⁴⁶⁷

Similarly, CH2 experienced what seemed to be an impossible patient. The patient found fault with everything—the food, the room, and the hospital service. CH2 commented, “It proved difficult to create a rapport with this patient. I wanted to walk out of the room. I persevered.”⁴⁶⁸ CH9 felt like he managed to commit the ultimate offense of upsetting a family. In his defense, the family needed a service that did not fall under his jurisdiction. “The patient’s daughter-in-law looked openly upset and as I walked away I could hear her saying, ‘This is ridiculous.’ Too bad, it was not my responsibility to facilitate that kind of a transaction. Even my manager advised me not to be involved.”⁴⁶⁹ CH9 made a sound judgment when he could have been emotionally conflicted. He declined to witness the transfer of property ownership from father to son, while the father was lying sick at the hospital. He commented, “This was the only situation I walked away knowing the family was dissatisfied ... I wonder why they waited until it was that late to sort out property.”⁴⁷⁰ Clinical encounters serve as fields where chaplains’ skills are sharpened, challenged, and acquired.

⁴⁶⁷ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

⁴⁶⁸ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

⁴⁶⁹ Chaplain Nine, telephone interview by author, Northeast Ohio, July 13, 2014.

⁴⁷⁰ Chaplain Nine, telephone interview by author, Northeast Ohio, July 13, 2014.

Self-Awareness as a Chaplain

Self-awareness is crucial for a chaplain because it is an indication of personal competence. When the participants were asked about their understanding of self-awareness, various responses to this question revealed “knowledge” as a synonym of self-awareness. Respondents used statements like “knowledge of self,”⁴⁷¹ “understanding your behavior,”⁴⁷² “knowing your personality,”⁴⁷³ “knowing your strengths and weakness,”⁴⁷⁴ “knowing what you believe,”⁴⁷⁵ “knowing your skills and how to use them,”⁴⁷⁶ and “knowing your gift and how that it relates with your calling.”⁴⁷⁷ However, it is noteworthy that when twelve participants were asked to describe their most memorable clinical encounter, all except one chose to narrate an unpleasant visit. The participants chose to narrate a visit where they experienced frustration, fear, conflict, controversy, rejection, or uncooperativeness. Additionally, in his verbatim report, CR4 deals with a difficult patient who initially is uncooperative and undermines his service. He navigates his way around the negativity and ends up with an effective visit. The patient opens up and even apologizes. However, when CR4 evaluates his personal and professional performance, it is patterned by statements like, “I hope to improve in my

⁴⁷¹ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

⁴⁷² Chaplain Four, interview by author, Northwest Ohio, March 1, 2014.

⁴⁷³ Chaplain Six, telephone interview by author, Northwest Ohio, May 18, 2014.

⁴⁷⁴ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

⁴⁷⁵ Chaplain Seven, telephone interview by author, Northwest Ohio, May 25, 2014.

⁴⁷⁶ Chaplain Nine, telephone interview by author, Northeast Ohio, July 13, 2014.

⁴⁷⁷ Chaplain Ten, interview by author, Northeast Ohio, July 27, 2014.

future clinical visits”⁴⁷⁸ and “I am trusting God to enable me next time to ...”⁴⁷⁹ he seems to be constantly second guessing himself. He is either unable to admit that he functions well or does not want to look like he is bragging. This strategy might have worked well for him in that it does not readily attract criticism from his peers.

Realistic self-assessment includes the ability to recognize one’s strengths. To some this may be synonymous with bragging or a show of pride that is contrary to their sense of spirituality or cultural upbringing. In order to develop one’s emotional intelligence, one must know their strengths in order to use them and know their areas of growth order to enhance them. It may be a hard balance to strike.

Further, realistic self-assessment would enhance the functioning of the chaplain with the members of the interdisciplinary team. It would probably help chaplains like CR7 who repeatedly points out interactions between him and other members of the interdisciplinary team. “The nurse ignored our conversation and went on to speak to the patient without excusing herself.”⁴⁸⁰ “The doctor just walked in and started talking; he did not give us a moment to complete the prayer.”⁴⁸¹ In his thoughts and feelings, CR7 indicates his disappointment that team members seem to sabotage the chaplain’s role. He comments, “On paper we are a team, in practice they make you feel like you do not belong ... they should know better.”⁴⁸² He might find ways of requesting for a brief

⁴⁷⁸ CPE Resident Four, Verbatim Report A (Northwest Ohio, March 6, 2012), 9.

⁴⁷⁹ CPE Resident Four, Verbatim Report B (Northwest Ohio, March 20, 2012), 8.

⁴⁸⁰ CPE Resident Seven, Verbatim Report C (Northwest Ohio, October 15, 2013), 3.

⁴⁸¹ CPE Resident Seven, Verbatim Report D (Northwest Ohio, November 19, 2013), 5.

⁴⁸² CPE Resident Seven, Verbatim Report D (Northwest Ohio, November 19, 2013), 5.

moment to wrap up the conversation unless it is a medical emergency. Hopefully, he would create a precedent that the rest of the team members would come to respect.

The ability to identify one's strengths should be encouraged and cultivated. It is an indicator of personal competency that "comprises of self-awareness and self-management skills."⁴⁸³ Self-awareness and self-management are skills of an emotionally intelligent person.

Social Awareness in Chaplaincy

Social awareness in chaplaincy is important. It means a chaplain has social competence, social awareness, and relationship skills. When the participants were asked about their understanding of social awareness, the various responses identified "relating" as the underlying theme of social awareness. Most respondents cited one's ability to relate or connect meaningfully with others. Probed on how they can identify someone who is said to have social awareness, they cited the following components: empathy, acceptance, tolerance, adaptability, respectfulness, and willingness to be involved in community service. "It is having the ability to see beyond your own needs and wants, giving time to making other people's lives better," CH1 summarized.⁴⁸⁴

Chaplaincy involves relating with other people. Chaplains have to connect with people in order to minister. Some the participants in this research used the skill of active listening to assess patients' needs. That genuine interest in people's lives contributes to better relationships. In an attempt to build rapport with patients and families, some

⁴⁸³Travis Bradberry, "Why You Need Emotional Intelligence," <https://www.linkedin.com/pulse/why-you-need-emotional-intelligence-succeed-dr-travis-bradberry> [accessed January 5, 2015].

⁴⁸⁴ Chaplain One, interview by author, Northwest Ohio, December 29, 2013.

respondents utilized personal experiences. When asked to share situations in which they felt it was beneficial to share personal experiences like medical history, death, or grief with a patient or family, the responses seemed to come from a position of personal conviction. More than half of the respondents were guarded and explained that they only share if the patients ask on matters of their faith, church, marital status, and places they have lived, but never about their medical history or any other details of their private lives. “Even if the patient were to directly ask me, I would encourage him to talk to the doctor about his condition,” said CH2.⁴⁸⁵ However, some, like CH12, were cautious but felt some information could enhance the connection and relationship with the patient. “I do share about myself but I am usually brief. For me it is about comfort and hope. I also do understand when people are distressed they can misconstrue information and become irrational. I am selective.”⁴⁸⁶

Likewise, CH6, CH7, CH9, and CH10 admitted they have shared a story of healing of themselves, relatives, or friends and it had a positive effect on the patient. They treated it like a testimony shared with a Christian sister or brother in the hospital. Fortunately it was taken in the faith that it was shared. They confessed they would not recommend it to other chaplains. “Everyone should make their own choices and own the consequences,” said CH10.⁴⁸⁷ CH5 summed it up this way: “I am not sure that I can describe specific situations, but I believe that ‘Wounded Healer’ is one of the most useful metaphors for pastoral care. Admitting, sharing of our woundedness, which involves

⁴⁸⁵ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

⁴⁸⁶ Chaplain Twelve, telephone interview by author, Northwest Ohio, August 15, 2014.

⁴⁸⁷ Chaplain Ten, interview by author, Northeast Ohio, July 27, 2014.

sharing of personal experiences, connects us on a deeper level with one another and facilitates healing.”⁴⁸⁸ The general consensus was that chaplains should be cautious and know their context before they share. About half of the respondents were open to being vulnerable with patients and families.

Utilization of personal experiences may enhance relationship management and increase social competence, which is a component of emotional intelligence. However, emotional intelligence also requires setting good boundaries. In this case, the chaplain will benefit from the gift of discernment.

The participants exhibited a high level of tolerance, an element of emotional intelligence crucial for relationship management, when asked how they would respond to sensitive patient confessions. The responses to this question indicated that chaplains embrace confession as one of the main themes in spiritual and emotional support. Confession will form the healing process every so often. CH5 explained, “Two words come to mind: repentance and forgiveness. Without them spiritual healing is not possible. This might be a situation when a chaplain should facilitate repentance of the things confessed, but at the same time also forgiveness.”⁴⁸⁹ A few admitted that there are confessions that trigger anger, like infidelity, and diagnoses that trigger fear because one of their family members suffered or died from similar condition. In these circumstances, it would require a great deal of emotional strength to minister. CH3 narrated that his mother had an incurable disease that caused depression and his dad was unfaithful to her and later abandoned them. “It has been many years, I think I can handle it but it always

⁴⁸⁸ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

⁴⁸⁹ Chaplain Five, Interview by author, Northwest Ohio, March 8, 2014.

leaves me angry.”⁴⁹⁰ CH8 does not mind confessions of any kind, but every time she meets a “thirty-something-year-old” male cancer patient, it is an emotional struggle. She adopts a savior mode and wants to rescue the patient. “You see, my brother died of cancer when he turned thirty-four. We are still heartbroken. He had such potential, such a bright future and it was all gone. That is the thorn in my chaplaincy ministry,” CH8 concluded.⁴⁹¹

In addition to setting good boundaries and exhibiting tolerance, the findings indicated that participants felt effective when they succeeded in showing acceptance in situations with pronounced diversity or differences. All the respondents showed compassion; they had the desire to identify with the hurting and walk alongside those who were in emotional distress. They had the emotional courage to listen to sorrowful narratives and provide ministry of presence during times of tragedy. According to the findings, when the respondents felt they did not make a connection with the patients or families there was a sense of frustration, failure, disappointment, or defeat. Having social awareness, therefore, increases effectiveness in relationship management and promotes a sense of joy and contentment in self. Social awareness is an identified skill of emotional intelligence.

The Role of Verbatim Reports

Verbatim reports are reports of chaplains’ clinical interventions with patients, families, or staff members. They enable chaplains in training to reflect on what they did during a visit and allow peers and supervisors to provide feedback. Verbatim reports play

⁴⁹⁰ Chaplain Three, telephone interview by author, Northwest Ohio, February 22, 2014.

⁴⁹¹ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

a crucial role in the reflection and evaluation of a chaplain's performance. CH12 attributed self-awareness to verbatim reports: "Verbatim reports forced me to reflect and see my flaws. I did not enjoy writing them, but because I had to remember the conversation, I was able to notice what I did not do well."⁴⁹² He continued to say, "I learned lots about myself that I did not particularly like or want. I learned about my habit of procrastination. The verbatim reports were very helpful though I did not enjoy writing them. The process, however, helped me to reflect and notice how I did things."⁴⁹³ CH8 felt that the feedback he received was crucial for the honing of his chaplaincy skills. In responding to the inquiry on how he developed his skills, he states, "Receiving in-depth feedback from my CPE peers, my CPE supervisor and other chaplains."⁴⁹⁴

However, not everyone was pleased with the process of verbatim critique. CH3 explained, "Personally it took me a while to realize the purpose of verbatim reports. I did not know what it was the supervisor was trying to achieve."⁴⁹⁵ "I was glad when they were done critiquing my verbatim. It was hard to learn while you are being critiqued. Your explanation was never accommodated. If you attempted to explain to you labeled defensive ... it was mentally tiring ... listening to everything they had to say," lamented CH2.⁴⁹⁶ "I learned about self-awareness but not in an organized or systematic way," answered CH8.⁴⁹⁷ CH5 felt the process was unnecessarily critical and did not

⁴⁹² Chaplain Twelve, telephone interview by author, Northwest Ohio, August 15, 2014.

⁴⁹³ Chaplain Twelve, telephone interview by author, Northwest Ohio, August 15, 2014.

⁴⁹⁴ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

⁴⁹⁵ Chaplain Three, telephone interview by author, Northwest Ohio, February 22, 2014.

⁴⁹⁶ Chaplain Two, telephone interview by author, Northwest Ohio, February 8, 2014.

⁴⁹⁷ Chaplain Eight, interview by author, Northwest Ohio, June 20, 2014.

accommodate individual styles and thought patterns. “My supervisor would ask why I asked one question and not the other during a conversation ... I found that awkward ... to me it was about comfort not confrontation. I did not always agree with his ideas.”⁴⁹⁸

However, evaluation of verbatim reports had a clear correlation to understanding of self-awareness. The respondents noted that the topic of self-awareness was part of the evaluations amongst peers and the supervisor. “Sometimes the supervisor would critique the verbatim report and comment ‘That has to do with self-awareness’ ... but he did not expound.”⁴⁹⁹ CH5 felt it was during the time of verbatim reports that the components of self-awareness were highlighted and discussed in depth. CH5 stated that, “In the context of chaplaincy I understand self-awareness as the ability of self-reflection ... This came up both in didactic sessions and in working with verbatim [reports].”⁵⁰⁰

The critique of verbatim reports is huge part of chaplain training; however, it is obvious that some of the learners did not appreciate the tone of the feedback they received. Some participants felt the critique offered was too harsh and it was definitely skewed. This was significant enough to CH9 that when asked what he would tell chaplains in training, CH9 advised:

Treat verbatim reports as ‘recorded conversations’ not a research paper. Your colleagues might critique your verbatim reports like they would research papers but a conversation is something you cannot edit. Remember they were not there; you are the one who managed the crisis and probably had to think on your feet. This will help you not to take any criticism to heart in a way that might hurt your chaplaincy ministry. Chaplaincy ministry is a journey; leave room for new ideas, practices and beliefs.⁵⁰¹

⁴⁹⁸ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

⁴⁹⁹ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

⁵⁰⁰ Chaplain Five, interview by author, Northwest Ohio, March 8, 2014.

⁵⁰¹ Chaplain Nine, telephone interview by author, Northeast Ohio, July 13, 2014.

In summary, the findings indicate that the theme of emotional intelligence flowed through all the themes that emerged from this project: self-awareness, social awareness, pastoral skills, and verbatim reports.

Project Conclusions

According to Travis Bradberry, “People need emotional intelligence to succeed. Possession of emotional intelligence has two competencies: self-competence and social competence.”⁵⁰² Chaplains whose clinical encounters indicated identifiable elements of emotional intelligence reported being effective. Possessing emotional intelligence is crucial for the functioning of healthcare chaplains. Chaplains walk into the “unknown” of various situations; the ability to adapt to diverse and fluid situations at the spur of the moment and effectively address the needs of patients is extremely important. The majority of the situations that chaplains face are a test to their emotional intelligence. Effectiveness in chaplaincy can be enhanced if the chaplain is emotionally adaptive, knowing their own emotions, and differentiating that from their clients’ emotions.

Possessing emotional intelligence influences self and social awareness, and it influences self-management and relationship management; developing emotional intelligence qualifies as a component of lifelong learning that can be presented in a cycle.

⁵⁰² Travis Bradberry, “Why You Need Emotional Intelligence to Succeed,” [https://www.linkedin.com/pulse/ why-you-need-emotional-intelligence-succeed-dr-travis-bradberry](https://www.linkedin.com/pulse/why-you-need-emotional-intelligence-succeed-dr-travis-bradberry) [accessed January 9, 2015].

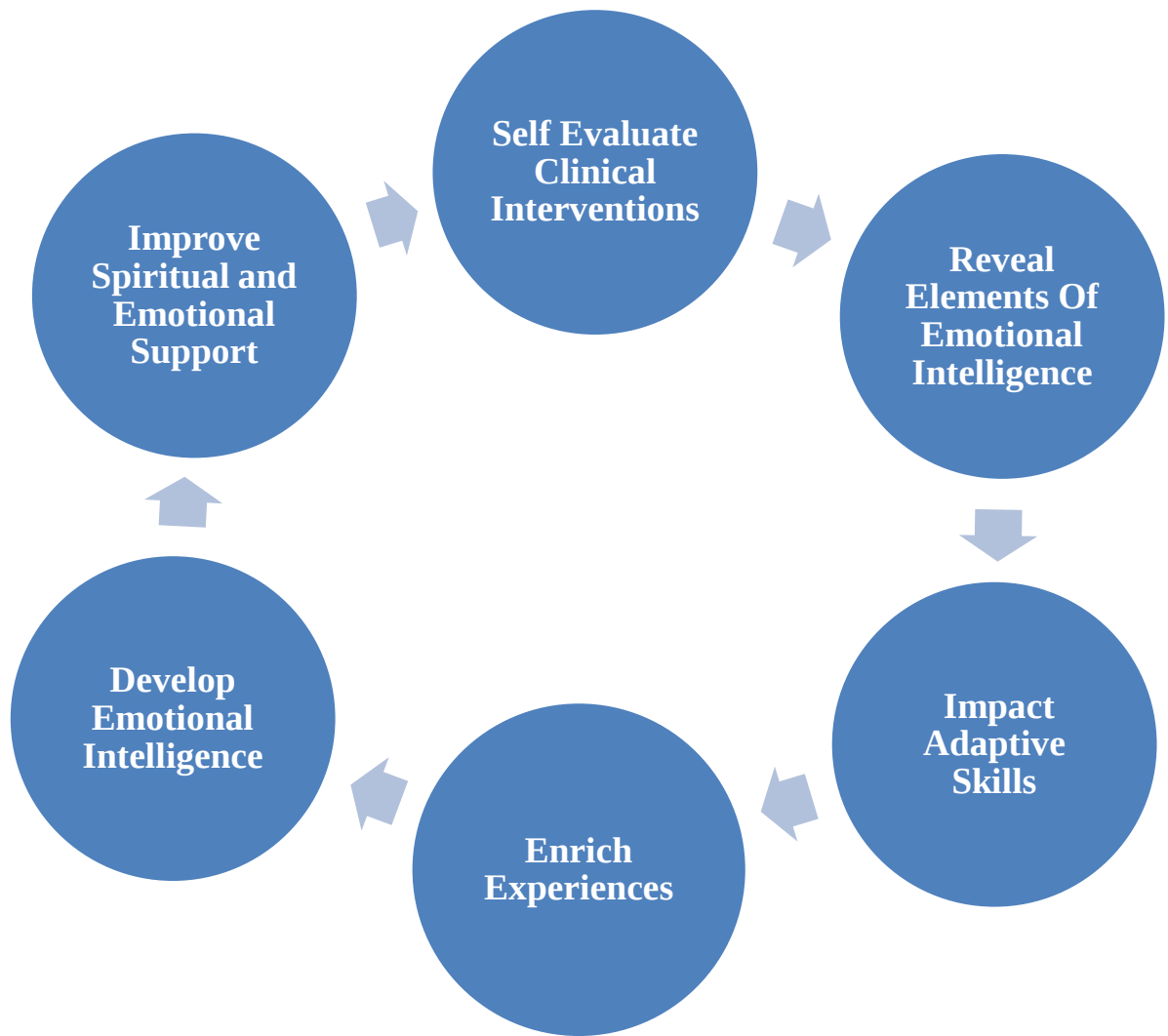


Figure 6.2. The Cycle of Emotional Development
Source: Project Researcher

Life naturally presents itself in cycles, seasons, events, or circumstances. The sage observed life and wrote in Ecclesiastes 3:1-14:

There is a time for everything,
and a season for every activity under the heavens:

- ² a time to be born and a time to die,
a time to plant and a time to uproot,
- ³ a time to kill and a time to heal,
a time to tear down and a time to build,
- ⁴ a time to weep and a time to laugh,
a time to mourn and a time to dance,

- ⁵ a time to scatter stones and a time to gather them,
 a time to embrace and a time to refrain from embracing,
⁶ a time to search and a time to give up,
 a time to keep and a time to throw away,
⁷ a time to tear and a time to mend,
 a time to be silent and a time to speak,
⁸ a time to love and a time to hate,
 a time for war and a time for peace.

⁹ What do workers gain from their toil? ¹⁰ I have seen the burden God has laid on the human race. ¹¹ He has made everything beautiful in its time. He has also set eternity in the human heart; yet no one can fathom what God has done from beginning to end. ¹² I know that there is nothing better for people than to be happy and to do good while they live. ¹³ That each of them may eat and drink, and find satisfaction in all their toil—this is the gift of God. ¹⁴ I know that everything God does will endure forever; nothing can be added to it and nothing taken from it. God does it so that people will fear him.⁵⁰³

In many ways these seasons, cycles, events, or circumstances activate elements of emotional intelligence in an individual. Spiritually, these cycles are an opportunity for believers to exercise affections which Jonathan Edwards believes is part of true religion.⁵⁰⁴ In this context these affections include; compassion, honoring the image of God in humans, and expressing the fruit of the Spirit. Creating awareness on emotional intelligence stimulates people's degree of anticipation, flexibility, and adaptation. Possessing Emotional intelligence improves adaptive skills to navigate through these cycles or seasons for ourselves and in our interactions with meaningful, relevant, and empowering responses. Emotional intelligence empowers people with the element of realistic self-assessment in a way that enriches their experiences as they undergo the seasons of life, sometimes with unavoidable and uncontrollable unpleasant feelings. Possessing emotional intelligence equips one to recognize and acknowledge others'

⁵⁰³ Eccl [NIV].

⁵⁰⁴ Jonathan Edwards. "Religious Affections," <http://www.ccel.org/ccel/edwards/affections.html> [accessed February 2, 2015].

seasons and feelings. This process guards against emotional coercion over others' thoughts and feelings and promotes healing and wholeness. An approach that aims at persuading others to changes their feelings may communicate disapproval or rejection. In addition, possessing emotional intelligence promotes the significant role of coming alongside others as they process their thoughts and feelings.

This means learning to ask good questions when serving people because they improve one's approach to problem solving, also acknowledging the uniqueness of self and others as individuals. A chaplain cannot know everything therefore, openness to learning and change is crucial for self-development. It is helpful to elicit and accept feedback without justifying oneself, especially through verbatim reports critique during in CPE training. It is helpful to take time to reflect on one's daily operations, noting others reaction around them especially as practicing chaplain post CPE training. Avoid compromising integrity by accepting and tolerating others' opinions. Self-awareness is crucial for those in leadership position whose objective is to serve others. People who do not know themselves create problems in the society because they are unable to admit when their presence is the problem and not a solution.

The findings in this research demonstrate that chaplains who expected clients to readily embrace the chaplain's sense of spirituality experienced frustration. Chaplains who expected clients to exhibit certain mannerism out of respect for the spiritual care service rendered had to learn to defer gratification because some clients did not share their sense of urgency. Active listening serves a chaplain well because people have different emotional responses unpleasant situations like illness or tragedy. Different personalities and relationships call for different approaches and solutions to suit

challenges. Chaplains need not be surprised if clients respond differently to situation than the chaplain would have responded. A chaplain may not need to concentrate on persuading a client to respond in a preferred or conventional way. Those who possess emotional intelligence do not attempt to convert, patronize, or trivialize others' feelings. These attempts could cause people to close up and not reveal their deepest wounds. People need to be freed from the burden of adapting a public persona that hurts them instead of fostering healing. Possessing emotional intelligence promotes self-awareness and encourages others to do the same. Emotional intelligence is a transformational catalyst.

Recommendations

It is this researcher's opinion that emotional intelligence is important because it addresses important components of self-awareness, management, social awareness, and relationship management—the core of a chaplain as a person and as a professional. Therefore, the findings of this research are significant to chaplains as individuals and to CPE programs. In order to aid the developing of emotional intelligence amongst chaplains, the researcher recommends redesigning the CPE curriculum, adaptation of appreciative inquiry as an assessment method, and providing a rubric that aids chaplains in identifying elements of emotional intelligence.

Redesigning CPE Curriculum

Experiential learning is a useful style of learning. However, in order to acquire specific skills, programs that are hands-on can benefit from needs-based curriculum design. The researcher recommends the utilization of backward design in the process of

CPE curriculum development. According to Wiggins and Tighes, “Backward design starts with the end – the desired results (goals or standards) and then drives the curriculum from the evidence of learning (performances), called for by the standard and teaching needed to equip students to perform.”⁵⁰⁵ Backward design has three stages, namely: “What is worthy and requiring of understanding? What is evidence of understanding? And what learning experiences and teaching promote understanding, interest and excellence?”⁵⁰⁶ Backward design is often used in conjunction with curriculum development and instructional design. Curriculum “is a planned sequence of learning experiences,”⁵⁰⁷ and curriculum design “includes consideration of aims, intended learning outcomes, syllabus, learning and teaching methods, and assessment”⁵⁰⁸ design means “to have purposes and intentions; to plan and execute.”⁵⁰⁹

According to Wiggins and McTighe,⁵¹⁰ the three stages in the backward design process can be expounded into the following details:

- Identifying the desired results – what should learners know, understand, and be able to do? What is worthy of understanding? What enduring understandings are desired? Enduring refers to the understanding that will anchor the course, big ideas, and what they should retain after they forget some details. In establishing

⁵⁰⁵ Grant Wiggins and Jay McTighe, *Understanding by Design* (Upper Saddle River, NJ: Pearson, 2000), 8.

⁵⁰⁶ Wiggins and McTighe, 8.

⁵⁰⁷ The University of Manchester, “Curriculum Design,” <http://www.tlso.manchester.ac.uk/map/teachinglearningassessment/teaching/curriculumdesign/> [accessed January 7, 2015].

⁵⁰⁸ “Curriculum Design.”

⁵⁰⁹ Association for Supervision and Curriculum Development (ASCD), https://www.fitnyc.edu/files/pdfs/Backward_design.pdf [accessed January 7, 2015].

⁵¹⁰ Wiggins and McTighe, 8-10.

curricula priorities consider what is worth being familiar with, important to know and to do and what should be enduring understanding.

- Determining acceptable evidence – evidence gathered through a variety of formal and informal assessments during a unit of study. Evidence may be gathered through observations, dialogue, traditional tests, performances, and projects. Since understanding develops as a result of ongoing inquiry and rethinking, the assessment of understanding should be thought of in terms of a collection of evidence over time instead of an event – a single moment in time test at the end of instruction.
- Planning learning experiences and instruction outcomes – the key questions to be considered at the stage of backward design are as follows:
 1. What enabling knowledge (facts, concepts, and principles) and skills (procedures) will students need to perform effectively to achieve desired results?
 2. What activities will equip students with the needed knowledge and skills?
 3. What will need to be taught and coached, and how should it be best taught in light of performance goals?
 4. What materials and resources are best suited to accomplish these goals?
 5. Is the overall design coherent and effective?

The educator will then address the specifics of instructional planning – choices about teaching method, sequence of lessons, and resource materials *after* identifying the desired results and assessments. Teaching is a means to an end. Having a clear goal helps educators to focus their planning and guide purposeful action. Utilization of the backward

design provides learning objectives that are useful for the choice of resource materials, content, instructional methods, learning activities, procedures, and methods of assessment. It rids the program of clutter, reduces ambiguity, and saves time. Steven Covey asserts, “To begin with the end in mind means to start with a clear understanding of your destination. It means to know where you are going so that you better understand where you are now so that the steps you take are always in the right direction.”⁵¹¹ This researcher will provide an application of backward design by designing a CPE syllabus describing the plan for the course that will feature the topic of emotional intelligence.

Adaptation of Appreciative Inquiry

Adaptation of appreciative inquiry as a method of assessment would be appropriate in the context of developing emotional intelligence. Every learning goal deserves an assessment, and so does the development of emotional intelligence. People should be able to identify elements of emotional intelligence that they practice often and those that are less practiced. Emotional intelligence is a lifetime engagement, since people will face new personalities or situations every so often. Therefore, it might be helpful to employ a sustainable, non-threatening evaluation tool that can be appropriate with different ages, cultures, faiths, and nationalities. Appreciative inquiry would be an appropriate assessment tool for one’s development of emotional intelligence.

Appreciative inquiry is “an approach to strategic change and sustainable growth for organizations. The intent of appreciative inquiry is to engage all stakeholder groups in inquiry into the positive potential for cultural and systemic change. It is ground in social

⁵¹¹ Stephen Covey, *The Seven Habits Of Highly Effective People: Lessons In Personal Change* (New York: Free Press, 2004), 95.

constructivism.”⁵¹² “Appreciative inquiry is an approach to seeking what is right in an organization in order to create a better future for it.”⁵¹³

Appreciative inquiry is an assessment method that would be suitable to adult learners of diverse age and cultural population. In this research, most of the participants were 30-70 years of age. Chaplaincy training attracts adults, such as people who have completed their master’s degree, which is required for CPE training, or people who are changing jobs, or sometimes seminary students who are fulfilling a credit requirement and may or may not eventually be chaplains. Therefore it is safe to conclude that the majority of chaplains in training are adults with the intent of developing their professional skills and would benefit from learning styles suitable for adults, including methods of assessment. The appreciative inquiry approach inquires into what works and what does not work in a given process. The same could be applied to what works during a chaplain’s clinical intervention and what does not work, instead of only focusing on what did not work.

The appreciative inquiry approach rids the assessment process of being skewed, and it embraces the validation the individual’s strengths as part of developing a chaplain’s self-awareness.

A Rubric

In order to bridge the gap between awareness and adaptation of emotional intelligence, it would be helpful if the learners could describe the desired results that

⁵¹² Linda Marie Siegel, “The Effects of Appreciative Inquiry on Emotional Intelligence” (doctoral diss., Ashland University, 2008), 18.

⁵¹³ Hallie Preskill and Anne T. Coghlan, eds. *Using Appreciative Inquiry in Evaluation* (San Francisco: Jossey-Bass, 2003), 5.

are appropriate for chaplains so that they may set goals to achieve. The majority of the participants in this research exhibited elements of emotional intelligence, but they lacked awareness of the definition and understanding of what realistic self-assessment. Further, they either did not know how effective they were, or they were incapable of acknowledging their strengths. This is a challenge to the process of development. Other participants let their guards down in moments of familiarity. The supervisor has, therefore, the responsibility of providing an evaluation rubric, de-schooling the mind, and balancing the evaluation process. Most of the respondents had done a self-evaluation and confessed they tried to stay away from giving themselves an “excellent” grade even if they felt they did extremely well in certain areas. They felt that would only attract unnecessary criticism. If you selected “excellent,” your colleagues would ask if that meant there was no more room for growth. Chaplains in training should be encouraged to acknowledge their strengths; the ability to acknowledge an area of strength is strength in itself.

Activities may include shadowing for new chaplains in training or introducing role-playing to counter the sense of unpreparedness, confusion, and fear. The learners can be asked to identify observations that could be applicable to them. If the CPE center is against this practice, perhaps they can substitute that with role-playing or video watching during seminars so they can boost the confidence of new learners. This might aid learners in body language, facial expressions, active listening, asking the right questions, and giving appropriate responses.

Include the discussion on emotional intelligence in the CPE curriculum and be intentional about the development of emotional intelligence. Provide a rubric that

encourages chaplains to set clear goals, and celebrate their milestones. Increased confidence and awareness of objectives builds a foundation to build the rest of the program on as the CPE center revises its curriculum.

Self-Evaluation

The researcher recommends self-evaluation for individual development. An individual chaplain can monitor his or her own development through self-evaluations following steps presented in Figure 6.2., the cycle of emotional intelligence. Other methods for self-evaluation are as follows:

- Reflect on clinical interventions
- Reflect on identified spiritual and emotional needs
- Identify demonstrated elements of emotional intelligence
- Identify unaddressed needs due to undemonstrated elements of emotional intelligence
- Identify situations that acted as catalyst to your adaptive skills
- Adapt learned elements of emotional intelligence appropriately to improve spiritual care and emotional support process.

The ability to do self-evaluation is an attribute of self-awareness, which is a component of emotional intelligence. Self-evaluation contributes towards a chaplain's realistic self-assessment which is an important element of emotional intelligence that many of the research participants struggled with. Realistic self-assessment improves the function of a chaplain in that, it boosts his or her confidence, promotes healthy boundaries and protects against over involvement with clients. Realistic self-assessment also enables the chaplain to define his or her role in the interdisciplinary team and helps

him or her to deal with unclassified or miscellaneous referrals to the spiritual care department as well as deal with clients who cannot be redirected. Realistic self-assessment enables a chaplain to discern when it is time to conclude an intervention with or without desired results. It keeps a chaplain from making undeliverable promises.

A chaplain may need to be equipped right from the beginning of CPE training in identifying elements of emotional intelligence that aids functioning as a person and a professional. The healthcare context is one that brings out a lot of emotional baggage that the chaplain can only deal with the tip of the iceberg given the brevity of the encounter with patients and families. This awareness can inform the chaplain's intervention and expectations. A combination of a needs-based curriculum, an appropriate method of assessment, a clear rubric, and self-evaluation will aid healthcare chaplains in developing emotional intelligence, thus improving their functionality in spiritual care and emotional support for patients, families, and staff.

APPENDIX A:
INFORMED CONSENT

INFORMED CONSENT

My Name is Agnes Makau-Olwendo, and I am a student at Winebrenner Theological Seminary. I am conducting research on “Emotional Intelligence and Chaplaincy: An Analysis of Elements of Emotional Intelligence in Chaplains’ Clinical Training and Encounters.” As a chaplain, you are invited to participate in this study which will be conducted through interviews that will last 40-60 minutes. Please be assured that any information that you provide will be held in strict confidence. At no time will your name be reported along with your responses. Please understand that your participation in this research is totally voluntary and you are free to withdraw at any time during this study.

“I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate.”

Name_____

Signed_____ Date _____

APPENDIX B:
REQUEST FOR INTRODUCTION

REQUEST FOR INTRODUCTION

Dear Resident Chaplain,

My Name is Agnes Makau-Olwendo, and I am a student at Winebrenner Theological Seminary. I am conducting research on “Emotional Intelligence and Chaplaincy: An Analysis of Elements of Emotional Intelligence in Chaplains’ Clinical Training and Encounters.”

I am writing to request for four verbatim reports that you have written during your CPE training. The purpose of this is to analyze the verbatim reports for elements of emotional intelligence in spiritual interventions. Your verbatim reports will not be used for grading or comparison purposes. You may send me attachments of your electronic copies using my e-mail address: amakau@gmail.com.

Thank you so much for your help.

Sincerely,

Agnes

APPENDIX C:
VERBATIM REPORT SAMPLE

VERBATIM REPORT SAMPLE

ACTUAL VERBATIM REPORT SUBMITTED BY A RESEARCH PARTICIPANT

Code: PPCU 3200

XXXX CENTER & HOSPITAL

CLINICAL PASTORAL EDUCATION

Clinical Research Encounter

DATE: 12/17/2013

HOSPITAL: XXXX Medical Center

CHAPLAIN: XXXX

DATE OF ADMISSION: 12/04/13

3rd FLOOR: SERVICE: Post Procedure Care

AGE: 34 SEX: M STATUS: Divorced CHILDREN: one child

RELIGIOUS PREFERENCE: None

ADMITTING DIAGNOSIS: Alcohol abuse, suicidal ideation

PRINCIPAL PROBLEM: Suicide attempt

OBSERVATION:

Patient was in bed lying on the left side and was facing the door. He was alone in the room. His bed was a little far from the door. A table was near the bed on the right side. There was one extra chair for visitors.

ADDITIONAL FACTUAL INFORMATION:

The nurse suggested to me to visit the patient when I was going around seeing all patients. But she did not give me any details.

PATIENT'S PRIMARY CONCERN: To get out depression and have peace

PASTORAL RESPONSE: Active listening and prayer.

SUPERVISOR: XXXX

DATE OF VISIT: 12/13/13

TIME OF VISIT: 11:20 P.M.

DURATION: 40 MIN.

Verbatim	Thought and Feelings
C1: Hello, I am chaplain XXX, visiting all patients. May I come in?	Looking at his face, I sensed he was willing to get a visit
P1: Yes! Please come in	I felt something was bothering him as his voice was low
C2: Thank "D" for welcoming me in. How are you feeling today?	I felt it was important to thank him before I asked any question to make him feel more comfortable to interact with me.
P2: (<i>In a low and hopeless tone</i>) I am depressed.	I was surprised and touched by the fact that he immediately revealed his problem of depression. (Most of the time people hide it). I felt it was probably serious and wondered whether I would be able to handle it appropriately.
C3: (<i>Touching his shoulder and with gentle voice</i>) Please tell me, why you	I was curious to know the reasons of his depression.

feel depressed.	
P3: (<i>With tears coming down his face the patient said</i>) I got divorced, I have lost my job, I have no friends...it is too much on me. I can't take it anymore.	As I saw tears coming down his face, I felt very touched by his situation. I could imagine how it could be hard for me to lose my job, to divorce and to be without friends. I prayed inside myself to God to give me wisdom to handle that situation.
C4: I can see ... it's causing you a lot of pain... It's indeed too much... Do you mind sharing how you got into divorce?	I felt it was important to recognize his pain and then find out how he got into that situation.
P4: My wife just left me and joined another man.	I felt that was tough blow for him and I wondered whether they didn't have children. Sometimes children help parents stay together.
C5: Do you have children?	Trying to find out why they couldn't stay together.
P5: We have a 12-year old daughter. She went with her	Oh poor man...! I could feel his deep problem of loneliness worsened by being jobless. In fact, I was struggling to find out what to tell him. Will he get another job quickly?
C6: Tell me, what kind of job where you doing?	I was wondering whether his job could be found easily and also if it could have affected their marriage.
P6 My job has been cleaning in a restaurant	It made think how in restaurants people are paid very little money (most of them surviving on tips)....
C7: Do you mind telling me why you were stopped from working?	I thought it was important to know why he was stopped from working so that I could understand his situation and, if possible, provide a good advice, if necessary.
P7: My work was stopped because the restaurant did not have many customers. Since then it's almost six months and I haven't been called to go back.	I felt empathy for him as I sensed he was a victim of today's economic crisis. I had a feeling that it could even be hard to find another job.
C8: How are you trying to survive without a job?	I felt it was important to find out how he was surviving in order to have an idea of how he was struggling in life which could maybe have caused his depression.
P8: I'm living with my mom. She gets very little money from Social Security because of her disability. It has been too	As I listened to his story, I was touched. I was visualizing his guilt of going far from God and his desire, in hopelessness, to seek God. I held his

hard on me. Life, for me, is becoming unbearable. I have no peace and everybody is against me... <i>wiping tears...</i> I wish I could have peace. I remember the time I had peace was a long ago when I was with Salvation Army. I remember how I used to go to church and to their Bible study. I could feel peace in my heart at that time. But since I left them, I have been going through a tough time. I went into drinking and smoking to release my pain and get some peace. But instead getting peace my life started becoming worse and worse. I really need peace (<i>said in hopeless tone</i>). I want to quit drinking and smoking so that I can have a better life. I need God.	hand to make him feel I was there for support. I was happy he poured out his heart. I had a feeling that probably God was reaching out to him in that sad situation he was in. I also thought about how people say that it is very hard to stop smoking and drinking. I remembered the stories of some people who try to stop and give up even after being given some medication to help them. I have a neighbor in Florida who claims to be a faithful Christian, but he smokes together with his wife. In the morning and in the evening we keep the windows of our house tightly closed because the smoke reaches our house. I could understand he was making an important and hard decision to quit smoking and drinking.
C9: (<i>As I held his hand, he just cried with tears and started clearing his nose and eyes. I grasped facial tissues at the table and gave them to him</i>). “D”, if you feel you need God and want to quit drinking and smoking, it’s a great step you’ve made. ... whoever seeks God, he finds Him. God is ready to help those who seek Him. He is ready to help you. He is seeing your tears. Whoever cries out to God, God answers them. He is a loving and caring Father. He is a merciful God. He loves you so much. He wants you to live a happy life. What you need to do is to have faith in God. Trust God and He will help you go through this entire situation victoriously. Also make a firm determination to resist the temptation of drinking and smoking. I have been told that it is hard to quit smoking and drinking. The body keeps craving them and, because of discomfort and pain related to quitting them, many people go back to the old habit. So prepare you mind to be determined to resist that temptation. The mind commands the body. If you have a	I was happy that “D” was very receptive. I could sense that there was good atmosphere even when he stopped crying and was agreeing with what I was telling him by nodding his head. I felt in a sense God’s presence because I could see “D” building up hope. I was surprised that he sat up in his bed and his tears stopped. I felt encouraged and, in fact, I was tempted to be naïve that he had changed. But change does take some time. It takes some time and may involve struggles. What surprised me also is that no nurse came to interfere with the visit. I was excited that he was gaining some confidence in the Lord. But I also remembered that the devil is a liar and can at any time attack his faith in God and create doubts and worries in his mind. So I felt prompted to give him some words of encouragement, in case the devil may attach his faith, especially in a time of sickness like his. I was very happy as I shared with him because he appeared very receptive as his face was brightening as I was sharing those words

strong determination you will succeed. I know people who have been set free from alcoholism and smoking because they were determined never to go back to them. They are happy people. God will help you as you trust Him. If necessary seek medical help. Your life will change. And you will be a new person, a peaceful man. Join the church. Christians will help and support you. God will open doors for you to get new job. He will take care of the rest of your life. He will guide you in whatever you do.	of encouragement.
P9: Thank you chaplain. I am determined to stop smoking and drinking and I am going to look for a church. I believe God will help me.	I felt happy to hear his response as I sensed he got what I had said. I had a feeling like “D” had become my dearest friend.
C10: <i>(Putting my hand on his him)</i> Anything else I can do for you before I leave?	Just to wind up my visit in a smooth way.
P10: Nothing else. You can pray for me before you leave.	It was an exact response I expected.
C11: What do you me to pray for specifically?	I did not want to assume that I knew all that he wanted me to pray for.
P11: Pray for more strength to seek God and have peace; pray for joining a good church; pray for me to quit drinking and smoking; pray for a new job; pray for my mom and my daughter	I felt he got all that was essential.
C12: Our God and our Father you’ve heard the cry and concerns of “D”. Together with him, we pray that you stretch your hand to strengthen him to seek you wholeheartedly and to find true peace in you. We pray that you show him a good church he could join and be built up spiritually. Father help “D” to overcome totally the desire of smoking and drinking to be completely set free from them. Provide a new job for him that he will do happily and successfully. We pray for his mom and daughter oh Lord. Take care of them and supply to their needs. In Jesus name we pray, amen.	I was happy to end the session with prayer on “D”’s request. I felt God would answer this prayer.

P12: Thank you chaplain.	I felt that “thank you” was said from the deep of his heart.
C13: You are welcome. We are here to support you. Any time you want to talk to me, please tell the nurse. The nurse knows how to get me. I will come over to spend time with you. God bless you and keep you.	I wanted to let him know that he was welcome to call me anytime he wanted to talk to me and how he could go about it.

PATIENT’S ANALYSIS

THEOLOGICAL CONCERNS:

“D” had experienced that God gives peace when he was with Salvation Army but the sinful nature of human being we inherited from Adam followed him up and went far from God. “D” knew about God but had never had personal experience of salvation. However, God’s love is immense as He seeks the lost and brings them to Himself. “D” came to his senses to seek God as his hope in many things he tried was turning useless. He could not have peace without God and he came to realize because of God’s grace. The truth is that God is seeking for the lost to save them. But each has to make a choice to come to Him. “D” is at this level of deciding to seek God to guide his life and give him peace.

PSYCHOLOGICAL CONCERNS:

Our theology affects our psychology. Our mind is affected by our knowledge about God. “D” was in a situation of hopelessness, fear and anxiety of how he will live without job, marriage and friends. He was longing for care and security he can only find in God. His mind was troubled by the fact everybody, except his mom, had rejected him. However, the feeling that God could be with him and care for him gave him some hope to seek Him, though he didn’t know how. Indeed only in Christ a man can have peace. He is

the King of peace. He is our peace. When we focus on Him, we experience peace.

Psychologically, “D”’s peace depended on his focus on God, as a redeemed child of God through the Lord Jesus Christ.

SOCIOLOGICAL CONCERNS:

“D” had sociological problems. He was rejected not only by people around him but even by his wife. He had no supporting system as his mom was not strong enough to help him financially. He needs to have a community of believers to help him come out of his situation as he trusts in God for a changed life and lifestyle. As Paul commended his fellow believers to pray for one another and to support each other, “D” also needed to be part of fellowship of believers where he will feel God’s love and care.

CHAPLAIN’S ANALYSIS

MY DYNAMICS:

As I entered the room of the patient I did not expect to be given a straight statement like the one “D” immediately gave me. His quick confession of depression was like a shock to me. I made me think it was a serious case that probably needed an expert in counseling or a psychiatrist. So my worry was to know whether I would be able to handle this case appropriately. But I felt happy and encouraged when “D” was open to share his entire story. As a CPE student, I did recognize that counseling a depressed person was not easy. It requires building up a good level of trust and connectivity with the patient. That was the concern I was struggling with as I entered into conversation with “D”. Fortunately, trust was built up quickly and I had a feeling there was good connection in our conversation, especially when it turned to seeking peace and God. That

motivated me to go on in the conversation. If not, I could have probably given up as I had thought his problem was huge. When “D” shared that he wanted really to know God and he only had peace when he was going to church, I felt God was probably calling him back to seek Him. I decided to listen to him as I also expected God to give me words of wisdom to tell him. I was happy when I noticed toward the end of our conversation that our talk had resulted into a good climate of communication between the two of us. I was pleased that “D” not only appreciated my visit but also seemed to have made clear decision to seek God and change his former habits. I thank God who was with me during the whole visiting session.

MY THEOLOGICAL REFLECTION:

God created a man and gave him wife as his helper and both were meant to one. But in our today’s society, marriages are destroyed by sinful nature of man, especially self-centeredness or selfish ambitions in marriages. “D” lost his job but needed a helper in this situation. We should see the importance of God’s institution of marriage and discourage today’s tendency of braking marriages easily. The duty of teaching about the godly marriage and strong commitment into marriages is upon us churches or Christians. The Bible says that two are better than one. But we need to remember again and again, we are weak and humanly speaking we are self-centered due to the original sin. It takes God’s power to be selfless. Even in marriage situation, only God could bring solution. In the theological debate, will “D” remarry while his former will still alive? How can the church tackle the issue of his loneliness? Those are the pending questions to be discussed and answered about even “D” situation as he moves forward in following God?

PASTORAL OPPORTUNITIES:

The second day I went to see “D” he was sitting on the edge of his bed. He seemed to have deep thoughts. He was complaining about the fact that his doctor has changed his medication and gave him one which was causing him pain and lose appetite. I told him to obey doctors as they try different ways of helping him. We prayed together and he seemed to welcome my advice. After one day he was discharged.

APPENDIX D:
CLINICAL PASTORAL EDUCATION SYLLABUS

**A Clinical Pastoral Education Syllabus Considering the Inclusion of the Theme of
Emotional Intelligence, the Implementation of Backward Curriculum Design, and
an Evaluation Tool That Utilizes the Appreciative Inquiry Approach**

Agnes Makau-Olwendo
Winebrenner Theological Seminary
November 16, 2015

CLINICAL PASTORAL EDUCATION

UNIT ONE SYLLABUS

COURSE DESCRIPTION

Learners demonstrate the desire and skill in performing spiritual needs assessment, providing spiritual care and emotional support to a diverse population in crises. They will practice and develop pastoral skills and demonstrate personal, pastoral, and professional development.

COURSE GOALS AND OBJECTIVES

At the end of four months learners will:

1. Develop skills for providing pastoral care to people in crises
2. Understand and utilize clinical method of learning
3. Utilize support and critic from peers and CPE supervisor's for personal, pastoral, professional and theological growth
4. Develop the ability to use learner's religious, theological, spiritual, and knowledge of behavioral science in pastoral care for individuals and groups.
5. Understand how their emotional make will likely enhance or hinder the clinical encounter in their spiritual interventions.
6. Demonstrate self-awareness, social awareness and relationship management.

METHODOLOGY

The Clinical pastoral education program will adapt the practical approach where the learners will make patient visits and identify spiritual, emotional needs, and provide support. The learners will meet one day a week during which the following learning methods will be utilized: didactic teaching, videos /movies, discussions, case studies, role playing, reading, storytelling, narration, verbatim reports, and critique.

EVALUATION

The learners' performance and development will be assessed in the following areas:

1. Verbatim reports presentation and critic from peers and supervisors. Learners will Utilize appreciative inquiry approach and identify areas that worked well during the chaplain's clinical encounter.
2. Self-evaluation: The learners will be required to be reflective and evaluate their individual clinical interventions by using the following guidelines:
 - Reflect on clinical interventions
 - Reflect on identified spiritual and emotional needs

- Identify demonstrated elements of emotional intelligence
- Identify unaddressed needs due to undemonstrated elements of emotional intelligence
- Identify situations that acted as catalyst to your adaptive skills
- Adapt learned elements of emotional intelligence appropriately improve spiritual and emotional support

3. Individual supervision by CPE Supervisor – the learners will have a private meeting with the CPE supervisor for reflection and feedback.

4. The following table will be used as a tool to guide learners in providing critique for other learners' verbatim reports, reflection, and narratives.

Table 1 Evaluation Tool: Continuous Assessment Rubric

Clinical Incident Format	List Spiritual Needs Identified or Acknowledged	Identify Elements of Emotional Intelligence Demonstrated	List Spiritual Needs Not Acknowledged	Identify Elements of Emotional Intelligence Needed But Not Demonstrated	Identify Other Significant Factors Related to Professional and Pastoral Development
Story					
Case Study					
Verbatim Report					
Role-Playing					
Medical Care Video clips					

COURSE REQUIREMENTS

Participants will:

1. Attend all CPE group sessions
2. Participate in fifteen hours of Internship per week or eight hours per day for residency. In addition, resident chaplains will participate in assigned on-call duties during nights weekends, holidays and hospital Sunday worship service
3. Participate in individual patient visits and present detailed reporting of the encounter and evaluation of that practice.
4. Demonstrate the ability to identify and address spiritual and emotional needs
5. Identify elements of emotional intelligence utilized in specific clinical encounter. Present verbatim reports that demonstrate the evidence of accurate spiritual needs assessment to the CPE group
Present a written self-assessment of their personal, pastoral and professional development.
6. Narrate case studies that demonstrate self and social awareness
7. Attend an oral skills evaluation session with the CPE supervisor
8. Demonstrate and understanding of affections and narrate situations they have exercised affections like compassion, emotional courage, cognitive empathy.
9. Demonstrate an acceptable comfort level in dealing with diverse cultural, theological, and behavioral clients.
10. Participate in experiences with that produce desired learning outcomes
11. Engage in learning styles that promote desired outcomes
12. Adapt a balanced approach to evaluation
13. Learn how to do a self-evaluation against the CPE rubric
14. Give and receive critique within a team
15. Book reflection

LEARNING SCHEDULE

Learners will participate in patient visits as assigned in the health centers and attend class sessions one day per week on Tuesdays. The following schedule is for Tuesdays only.

TUESDAY	TOPIC	READINGS/RESOURCES
Week 1	• Introduction • Identity and Role of Chaplain • Clinical Context • HIPAA • Spiritual needs	Ehman Guide Fitchett Piaget Roberts 3-20; 81-91, 119-132, 178-192

	Assessment and spiritual care • Charting - patient visit report • Writing a verbatim report	
Week 2	• Charting- a patient visit report • Self-awareness, Pastoral skills and self-reflection • Effective communication • 1st verbatim report presentation and group critic	Roberts 92-118 Jankowski Case studies Medical videos
Week 3	• Individual vs group spiritual care • Worship service • 2nd and 3rd Verbatim reports presentation and group critic	Roberts 178-208
Week 4	• Disability, Chronic illness and Spiritual care • Emotions • Emotional Intelligence • 4th and 5th Verbatim reports presentation and group critic	Bradberry Goleman Kelleman Roberts 291-311,342-361 Sirota
Week 5	• Pediatric Chaplaincy • Behavioral health and spiritual care • 6th and 7th Verbatim reports presentation and group critic	Roberts 259-281
Week 6	• Gender, sexuality and spiritual care • 8th and 9th Verbatim reports presentation and group critic	Roberts 282-290
Week 7	• End of life, grief, and spiritual care	Roberts 162-177,313-328

	• 10th and 11th Verbatim reports presentation and group critic	
Week 8	• Ethnicity, aliens, and spiritual care • 12th and 13th Verbatim reports presentation and group critic • Peer evaluations	Roberts 407-420
Week 9	• The chaplain and Interdisciplinary Team • 14th and 15th Verbatim reports presentation and group critic • Supervisor evaluations	Roberts 209-218, 240-250,
Week 10	• Chaplain certification • 16th and 17th Verbatim reports presentation and group critic	
Week 11	• 18th and 19th Verbatim reports presentation and group critic	
Week 12	• 20th and 21st Verbatim reports presentation and group critic	

POLICIES

All students will sign a learning contract on the first day of class.

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