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LOMA LINDA UNIVERSITY

GRADUATE SCHOOL

A CONTROLLED-INTERVIEW STUDY:
THE PHILOSOPHY AND PRACTICE OF CHAPLAIN'S SERVICES
IN FOUR SELECTED SEVENTH-DAY ADVENTIST HOSPITALS
IN SOUTHERN CALIFORNIA

by

Richard Huei-Ying Liu

A Thesis in Partial Fulfillment
of the Requirements for the Degree
Master of Arts in the Field of Religion

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May 1971

Each person whose signature appears below certifies that he has read this thesis and that in his opinion it is adequate, in scope and quality, as a thesis for the degree of Master of Arts.

Charles W. Teel, Chairman
Charles W. Teel, Professor of
Pastoral Care

A. Graham Maxwell
A. Graham Maxwell, Professor of
New Testament

Paul C. Heubach
Paul C. Heubach, Professor of
Applied Theology

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CHAPTER I

INTRODUCTION

I. THE PROBLEM

Many years ago while I was the chaplain of a Seventh-day Adventist hospital in the Far East, one of my former college professors told me, "This is the best place to save souls for the Lord. You don't have to spend even a penny to get people's names and addresses. They are here and are even paying the hospital for you to convert them."

At that time, though the hospital paid my salary, the conference officers directed my work. They set up my baptismal goal, my harvest ingathering goal, and every other kind of goal, just as they do for the local church pastor. They wanted me to be another professional specialist.

In the hospital there are many specialists--the doctor, the pharmacist, the nurse, the social worker, the librarian, the occupational therapist, the physical therapist, the laboratory technician, and the inhalation therapist. Does the patient need still another specialist, the chaplain? Should the minister visit the sick?

Many physicians doubt it. They fear he will excite or tire the patient. The patient himself may dread to see the clergyman. "Am I as sick as all that?"¹

¹Richard C. Cabot and Russell L. Dicks, The Art of Ministering to the Sick, (New York: The MacMillan Co., 1953), p. 3.

Too often the untrained minister seems interested in saving only the soul. However, it is to the ministry of the whole man that this study is directed.

II. METHODOLOGY

Library books and magazines were my secondary sources. For reference, I have established an annotated bibliography. It is in a readily accessible file system, which contains various books and periodicals.

In addition to the library research, I did a study of four selected Seventh-day Adventist hospitals in Southern California. I also conducted interviews with the chaplain in each institution. For this study, the following hospitals were chosen:

1. The Glendale Adventist Hospital in Glendale.
2. The Loma Linda University Medical Center in Loma Linda.
3. The Paradise Valley Hospital in San Diego.
4. The White Memorial Hospital in Los Angeles.

III. THE PURPOSE

The motive for selecting this topic came from the fact that the investigator is going to be the chaplain of a new Seventh-day Adventist general hospital in Hong Kong. The research and examination of four of the leading general hospitals in this denomination will help me to set up a strong and effective chaplain's program in that institution. It also will help more ministers and theological students in Hong Kong to understand the chaplain's role in the healing team. And it will be available to help parish ministers to understand the importance of "the total care of the total person."

The Seventh-day Adventist Church is a medically oriented denomination. One of its founders, and a well-known writer in the church, is Mrs. Ellen G. White. She has written the following statements which point out the philosophy of the Seventh-day Adventist Church regarding its mission.

No line is to be drawn between the genuine medical missionary work and the gospel ministry. The two must blend. They are to be joined in an inseparable union, even as the hand is joined to the body.¹

There are thousands today suffering from physical disease, who, like the paralytic, are longing for the message, "Thy sins are forgiven." They can find no real relief until they come to the Healer of the soul. The peace which He alone can impart, would restore vigor to the mind, and health to the body.²

The consciousness of right doing is the best medicine for diseased minds and bodies.³

The relation that exists between the mind and the body is very intimate. When one is affected the other sympathizes.⁴

Many of the diseases from which men suffer are the result of mental depression. Grief, anxiety, discontent, remorse, guilt, distrust, all tend to break down the life forces, and to invite decay and death.⁵

This is the philosophy of the Seventh-day Adventist Church regarding true medical work. Charles W. Teel of the Loma Linda Medical Center stated that there should be no separation between mind and body. A person practicing one of the healing arts will

¹Ellen G. White, Letter 37, 1899.

²White, Ministry of Healing (Nashville, Tennessee: The Southern Publishing Association, 1943), p. 77.

³White, Testimonies for the Church (3 vols.; Mountain View: Pacific Press Publishing Association, 1928), I, p. 502.

⁴White, Ministry of Healing, p. 241.

⁵Ibid.

be interested in the whole man.¹ Frank Carey reported in the St. Louis Post Dispatch many years ago:

Dr. Elmer Hess, president-elect of the American Medical Association, said today any doctor, who lacks faith in the Supreme Being has no right to practice medicine.

"Any physician who walks into the sick room is not alone," said the Erie, Pennsylvania doctor who is a specialist in urology. "He can only minister to the ailing person with material tools of scientific medicine--his faith in a higher power does the rest.

Show me a doctor who denies the existence of the Supreme Being and I will say that he has no right to practice the healing art."²

Jesus' teaching and His example stand always before us and urge us on. The substance of his teaching was concern for people. It might be a well-known official who came at midnight, a woman taken in adultery, a leper crying for mercy, a madman among the tombs, or a bereaved family--regardless of circumstances, Jesus was sensitive to the needs of individuals and he helped. He also taught his followers to preach the gospel and to heal the sick.

Richard K. Young has stated:

The knowledge that God cares for each of us and that He is always ready to forgive can be a potent factor in the healing of disease in man's body as well as in his soul.³

In this day of specialization, more than ever before, there needs to be on the healing team someone who is interested in the total person. The minister, who is well trained, should be able

¹C. W. Teel, "Controlled-Interview Study of the Therapeutic Team in Selected Hospitals of Southern California Evaluated from the Standpoint of the Christian Church" (unpublished Masters Thesis, Department of Religion, University of Southern California, June, 1958), p. 6.

²St. Louis Post Dispatch, April, 1955.

³Richard K. Young, The Pastor's Hospital Ministry (Nashville, Tennessee: Broadman Press, 1954), p. 4.

to help fill this need. The American Medical Association's Department of Medicine and Religion has an educational program which helps both ministers and physicians to work toward a ministry to the whole person.

It is the purpose of this paper to attempt an understanding of the chaplain's role on the health team, both in the United States and in the Far East, in light of the research conducted in four specific Seventh-day Adventist hospitals.

CHAPTER II

THE PHILOSOPHY OF THE CHAPLAIN'S SERVICE

Why should the minister visit the sick; and by what authority? Russell L. Dicks listed three aims which call the minister to the sickroom. "1. To counteract the evils of specialism. 2. To give a devotion such as only religion can permanently inspire. 3. To care for the growth of souls."¹

Occasionally we hear Adventist doctors say that the patient needs the minister as well as his physician. There are some doctors who believe that the patient should send for his minister when he gets sick just as he sends for his physician. Yet most ministers and doctors are not ready to accept this view. So few of them understand the spiritual and emotional needs of the sick, much less the methods for meeting those needs.

When a patient is first admitted to the hospital, he may find that it is one of the loneliest and most miserable places in the world for him to be. In the first place, he is separated from home, family, and friends. Second, he is in pain, or probably will be before he leaves. And, third, all of the basic fears which he can control while he is well, are aroused when he is admitted to the hospital. These are the fear of dying, the fear of being physically damaged, and the fear of losing control emotionally.

¹Cabot and Dicks, The Art of Ministering to the Sick, p. 3.

Dicks has stated his opinion showing why the minister should be on the healing team:

They need the clergyman because the appendix, the gall bladder, the heart, lungs, and other organs are not independent machines but are linked in their adventures with a nervous system and with a conscious mind.¹

He agrees with the need of caring for the total person. He continued:

It is stupid to help a patient in one respect and hurt him in another. To give him good medicine but bad food would seem too idiotic to be borne. But at present we do something as bad as this in many cases. We work hard to improve the condition of the sick man's body, but we allow conditions to exist which hurt his mind and through his mind check the healing of his tissue. Mental and spiritual food is a crying need.²

Dr. A. Dixon Weatherhead, a psychiatrist at the Cleveland Clinic Foundation in Cleveland, Ohio, once wrote:

No serious person believes that man is just body and mind. He is spirit too. . . . I think we who work in general hospitals have strayed far from the goal of Rahere which was to provide hospitality to sick people. The modern general hospital is not a very hospitable place. Our efforts are directed more towards the disease of the person than towards the person with the disease. We are more interested in kidneys than the owners of the kidneys, in the heart as a pump than in the heart as the seat of emotions, in the brain as a computer than as the organ which houses the immortal soul. We have carried specialization too far. Now we have to put back the personal touch--the hospitality--back into our hospitals. We have to treat the whole person--his body, his mind, and his spirit, and not just some of his malfunctioning parts.³

¹Cabot and Dicks, The Art of Ministering to the Sick, p. 6.

²Ibid.

³A. Dixon Weatherhead, M.D., "The Chaplain's Role in a General Hospital" (unpublished paper), p. 7

As I interviewed Chaplain Maxson,¹ I asked about the philosophy of the chaplain's service in his hospital. He stated that the chaplain is a member of the healing team. While the other members--physicians, nurses, technicians--use their specialties to serve the physical part of the patient, the chaplain has his specialty too. That is the specialty of wholeness. He said that a patient can't have physical problems without a spiritual, emotional overlap. Chaplain Robinson² of Paradise Valley Adventist Hospital answered my same question by saying that the main purpose of the chaplain's service of our hospitals is to win men and women to Christ--not that they necessarily become Adventists, but better Christians. Chaplain Bryan³ of the Glendale Adventist Hospital stated in his paper that a chaplain is a care-giving specialist.

He is a member of the health team, dealing with the whole man; mental, physical, and spiritual. . . He should be in communication himself with the God of Healing he represents, aware of his own humanity. One who sees the danger of the depersonalization of the individual in a computer age and relates well in restoring the human dignity is sometimes lost in the routine. Above all the chaplain needs to be an adept listener, not only hearing what a patient says but what he means. The chaplains fulfill a unique role as a minister of God, in whom one can confide in secret sanctity. He should be able to pray effectively, personally, and transmit hope and love and confidence to despairing patients. His own optimism should breed courage and transmit hope, for he is a doctor of the

¹Interview with H. F. Maxson, Chaplain of the White Memorial Hospital, Los Angeles, California, November 20, 1970.

²Interview with W. R. Robinson, Chaplain of the Paradise Valley Adventist Hospital, San Diego, California, November 9, 1970.

³Interview with Ed Bryan, Chaplain of the Glendale Adventist Hospital, Glendale, California, November 22, 1970.

soul and is working with eternal realities of the gospel--the good news of forgiveness, love, restoration, and reconciliation.¹

C. W. Teel, the chaplain supervisor of the Loma Linda University Medical Center, always emphasizes the total care of the total person. I can see now why this is. Though the approaches of each hospital may be different, the final aim is the same: "The total care of the total person."

¹Ed Bryan, "A Job Description of the Chaplain and His Religious Ministry in the Hospital" (unpublished paper, Glendale Adventist Hospital), p. 1.

CHAPTER III

THE PRACTICE OF THE CHAPLAIN'S SERVICE

In order to see how the philosophy "To make man whole" works, and in order to set up an effective chaplain's program for the Hong Kong Adventist Hospital, I have visited four Seventh-day Adventist hospitals in Southern California.

Glendale Adventist Hospital

This hospital is a 382 bed institution with a medical staff of 350 physicians, more than 900 employees, and 40 volunteers, situated on a 32-acre tract in Glendale, California. It is a nonprofit organization owned and operated by the Southern California Conference of Seventh-day Adventists. The institution is accredited by the Joint Commission on Accreditation of Hospitals and the Council on Medical Education and Hospitals of the American Medical Association. It is also a member of the American Hospital Association, American Protestant Hospital Association, Hospital Council of Southern California, and the Seventh-day Adventist Hospital Association.

The Glendale Hospital was established in August, 1905. It now provides care for 18,000 bed patients each year. The hospital's clinic, which offers free and part-pay medical care for those with limited financial ability, is visited by 16,000 patients each year. The institution conducts the following approved educational programs:

(1) medical internships; (2) medical residencies in obstetrics, gynecology, pathology, internal medicine, and surgery, in affiliation with Loma Linda University; (3) the school of nursing; (4) the school of vocational nursing, in affiliation with Glendale College; and (5) x-ray technology.

Chaplain's Personnel and Facilities

Personnel: This hospital of 382 beds has only three chaplains, but the department is running an effective program working toward the goal--"Wholeistic" ministry.

Facilities: As you walk into the hospital through its main entrance, you will see a chapel to the right. The chaplains' offices are adjacent to it. In each patient's room, there is a television set installed. There is a bookshelf with a Bible and a whole set of religion and health books and magazines for each bed. A long magazine mailing list is kept in the chaplain secretary's file. Any patient who is interested in our magazines while staying in the hospital will get a current issue each month after he is discharged. A set of some twenty kinds of small colorful story books for pediatric patients is kept in the chaplain's bookshelf. Every maternity patient will get a set of pamphlets about child guidance. There is also special literature for the patient who has a special problem. (See Appendix A)

Chaplain's Daily Working Schedule

Visitation: "The Glendale Hospital emphasizes the visitation of patients every day. It is the plan that no patient should leave the hospital without having been visited by a chaplain.

Baby Dedication: In the chapel there is a beautiful glass window depicting a mother holding her child while looking up to Jesus for His blessings. It well demonstrates another important role of the chaplain--baby dedication. The chaplain will sign a certificate, and give away a lovely blue or pink little New Testament to each dedicated baby. While I was visiting Chaplain Bryan one Sunday morning, there were six baby dedications within one hour. A nurse made a phone call to notify the chaplain of the name of the baby, and brought the parents to the chapel. The parents may also ask their own minister for the baby dedication.

Teaching Program: A teaching program is going on in Glendale Hospital. There were twelve seminary students from Andrews University who came to take a whole month of chaplain's training last summer.

Others: Every Monday morning the chaplain's office conducts a workers' worship. An FM radio program is broadcasted on the air twenty-four hours a day, seven days a week. But the closed circuit television program only has two or three programs telecasted every day. It needs to be strengthened. There is a warm relationship between chaplains and other members of the health team, and that is the most important thing in the total care of the total person. As I visited patients with Chaplain Bryan, he often stopped to speak a word or two to any worker we met--a nurse, a doctor, a housekeeper, a technician--so that they would feel equally important in the health team, knowing that somebody on the team cares about their particular contribution.

Chaplain's Weekend Schedule

There is one chaplain on call in the chaplain's office each weekend. He answers every emergency call, visits every new patient, including the pre-surgical patients, and dedicates babies. A Saturday morning worship service is held in the chapel for patients. There is a well organized follow up program entitled by Chaplain Bryan, "Love in Action." A "Love in Action" training program is planned for December of 1970. Laymembers of the churches around the hospital will come and learn how to visit discharged patients at their home.

Loma Linda University Medical Center

The Loma Linda University Medical Center is a general hospital with a capacity of 490 beds. It is a teaching hospital, a segment of the Loma Linda University. The motto of the institution is: "To Make Man Whole." From this motto we can see the philosophy of the hospital very clearly. It has been my pleasure to take two quarters of Clinical Pastoral Education from the chaplain supervisor, C. W. Teel. During these two quarters of observation I have seen in at least three phases how the chaplain's program contributes to the motto of the institution. These phases are:

- (1) Counseling for the patients to fit their spiritual needs.
- (2) A team approach--involving every member of the healing team.
- (3) An educational program to prepare the clergy for a specialized ministry that qualifies them to be on the healing team.

Chaplain's Staff and Facilities

Facilities: There is a beautiful chapel and chaplain's office to the right of the main entrance of the hospital. Day and night, patients and their relatives go to the chapel for meditation and thanksgiving. Within the chaplain's area there are five separate offices, one conference room and library, and one study room with six desks for the chaplain interns.

Staff: There are six full-time chaplains and one chaplain intern. Chaplain Teel is the first chaplain supervisor in the Seventh-day Adventist Church. Most trained chaplains of this denomination have received or are getting their Clinical Pastoral Education from him. I feel his contribution in training chaplains for the Adventist hospitals around the world should never be forgotten.

Chaplain's Daily Working Schedule

Counseling: Each chaplain in the Loma Linda Hospital is involved in counseling. I observed, almost every day, patients, employees, patients' relatives, and others come seeking counseling help at the chaplain's office.

Visitation: Even in a busy teaching and counseling program, the goal is still to visit each patient every other day. There is a chaplain specially assigned to be with the families of patients having open heart surgery and other major operations. Staying with the anxious, worrying family and bringing reports to them through the entire operation is vital in terms of support for both patient and family.

Audio-visual: There is a pillow phone on each bed. From these phones music and other programs can be heard twenty-four hours a day. Patients seem to enjoy these programs very much. Many patients who cannot sleep, turn the radio on all night long. The hospital also has a growing closed circuit television program. But, in a big hospital like this a stronger closed circuit television program for patients is needed.

Literature evangelism is employed by the chaplain's service. There are Signs of the Times, These Times, Life and Health, and Listen magazines in each patient's room, doctor's waiting room, day room, and the main lobby. There also is a Bible, a Good News for Modern Man, a Your Bible and You, a Life at its Best, and a Steps to Christ in each patient's room. Many patients become interested in the Seventh-day Adventist Church through reading the literature provided. There is an assistant chaplain specifically assigned for literature evangelism. This chaplain checks the books and magazines in each room every day, and carries on a gift Bible program.

Chaplain Weekend Schedule

Every Friday afternoon the "on call" chaplain picks up a "beeper" and carries it through the following week. There are three major things for which he is responsible:

- a. Taking care of emergency calls.
- b. Leading a patient's group discussion on Sabbath morning.
- c. Visiting the pre-surgical patients on Sunday afternoon.

The emergency calls and visiting the pre-surgical patients takes the greatest amount of time in the weekend schedule. Some of these calls turn into Bible studies and baptisms for the church. While taking Clinical Pastoral Education last year, I received a call from the Intensive Care Unit. Later the patient and his family were introduced to the pastor of the University Church. After a year's Bible study with one church member and a pastor, five members of the family were baptized into the Seventh-day Adventist Church. The patient's group discussion is an exciting experience for those who participate. They become acquainted with each other. They share their feelings and experiences. They get new courage and insight from the group discussion. This is an informal discussion with no printed material to follow and no specific topic to discuss. Patients choose a topic of their own interest. Once there was a patient who did not get enough time to discuss the topic he was interested in, so he gathered several other patients and had his own group discussion later. Can it be said that there is no therapeutic value in it at all?

Paradise Valley Adventist Hospital

A 150-bed general hospital opened its doors to patients late in 1904. Mrs. Ellen G. White and two other ladies, Mrs. Josephine Gotzian and C.S. Ballenger, bought the property and operated the hospital until August 9, 1912, when it was transferred to the Southern California Conference.

Chaplain Staff and Facilities

Staff: The chapel and chaplain's office are at the right side of the main lobby. Chaplain Robinson, who is in charge of chaplain's service, has two assistants.

Facilities: Paradise Valley Hospital has the most effective closed circuit television program of the four. A well equipped television set is in each patient's room.

Daily Schedule

Closed Circuit Television Program: A five-hour closed circuit television program is telecasted every day. Since the chaplain's office owns the studio, they can offer any program they want--health education, devotion, Sabbath sermon, etc.

Harvest Program: For follow up, they have several form letters for discharged patients to show the hospital's concern. A gift Bible correspondence course is also available for interested patients. A "Five Day Stop Smoking Clinic" is offered to the public every three months. While I was visiting the hospital, Chaplain Robinson and a physician were conducting one. There were about fifty people attending. The chaplain participates in this community service. It proves to be an excellent tool to make a man whole.

Service to Maternity Patients: First thing every morning one of the chaplains takes a picture of each newborn baby with a polaroid camera. They put it in a frame and give it to the mother during the first visit. There are printed messages within the folder. Often this approach puts the mother's heart in tune with God.

Weekend Schedule

There is always a chaplain on call during the weekend. He takes care of all emergency calls and visits each pre-surgical patient. The chaplain's office has installed a television

camera in the church, and so telecasts the Sabbath morning service each week.

White Memorial Medical Center

The official dedication of the completed hospital was held on April 21, 1918. The White Memorial Hospital and Clinic for many years served as the largest private part-pay and charity clinic in the Los Angeles metropolitan area. The hospital continued under the ownership of Loma Linda University until January 1, 1964, when it became the property of the Southern California Conference. It has a capacity of 300 beds and 54 bassinets.

Chaplain's Staff and Facilities

There are three chaplains on the staff. A chapel is often occupied by patients or patients' families and relatives. There are many sets of cassette tapes and various programs in health education, counseling, devotion, music, and Bible studies, which are available for patients to check out. This is a different approach. Chaplain Maxson told me that patients use these quite often and that it turns out to be a very effective way to lead patients to the Lord. A very busy counseling program is going on all the time. Physicians refer patients to Chaplain Maxson, and he has developed an approach he calls "Theotherapy."

Daily Program

Counseling and visitation are the two main services of the chaplains. Every pre-surgical patient is visited before surgery. For open heart surgery patients, the chaplain's service is available any time. Physicians and chaplains work together as a team, and they depend on one another.

Weekend Program

Every weekend there is a chaplain on call. He takes care of any emergency calls and visits all pre-surgical patients.

CHAPTER IV

THE MINISTRY OF COUNSELING

C. W. Teel, in his paper, wrote:

The role of the chaplain in the care of the patient is relatively new in many hospitals. The psychological study of religious experience and institutions has contributed to the clergy's interest in pastoral care and counseling.¹

By this he does not mean to change the clergyman's role to that of a psychologist and consequently sweep religion away from the chaplain's service. On the contrary, the study of psychology and religion makes both more relevant. Not only does he discuss theological and doctrinal issues with patients, but even more important, he demonstrates the love and care of God to each individual in crisis experiences.

For most people, being hospitalized is a traumatic experience. The patient needs support during this sudden transition. How the clergyman can stand by and help in guiding the patient through this experience is a basic question.

Psychology of religion has not only concerned itself with abstract theories, but, lately, especially with the practical relation of physical and mental health to religion. Freud had challenged religion by attribution of neuroses to the strictures of religious mores which caused guilt feelings, repression and frustration of libidinal energy that needed expression. But in the last two or three decades, psychology, psychiatry, social work, and

¹C. W. Teel, op. cit., p. 44.

mental health movements have turned to religion to inquire if there were preventive or therapeutic elements in wholesome religious experience. With the advent of psychosomatic medicine and a new appreciation of the importance of emotions in bodily functioning, it is little wonder that psychology of religion has entered this fruitful field of investigation.

Christianity, viewed psychologically, strives to equip the individual with spiritual resources to meet the stresses of life with faith, hope, and love, and to provide security, purpose, and wholesome interpersonal relations for his life here and now as well as for eternity. Then when failures, sin, tragedy, and conflict come, he can be redeemed from his predicament through God's grace by means of repentance, confession, and forgiveness; he can be healed and accept the realities of life without bitterness or self-pity. Thus the psychological study of religion deepens our understanding of the significance of pastoral care of those sick in body and mind.¹

Of course, clergymen do not all agree on the spiritual counseling approach. There are some different attitudes toward the development of this new psychology. Some have opposed it, some have not been aware of it, and others have been deeply concerned about it. Pastoral counseling, however, is not really new. Dr. William Edward Hulme, professor at Wartburg College states:

Although pastoral counseling is new in its form it is not new in its purpose. The care and cure of souls is as old as the church. The German term seelsorge (soul care) for example, has a history that dates back to the Reformation and even before. In former days the pastor's counseling was oriented in pastoral theology; today it centers in pastoral psychology. The impetus for the new movement has come more from the laboratories of the psychological sciences than from the scholarship of theologians. It is a psychologically oriented seelsorge.²

The command of Christ is to preach the gospel and heal the sick. He does not ask every clergyman to be a physician; but

¹David Belgum, Clinical Training for Pastoral Care, (Philadelphia: The Westminster Press, 1956), pp. 19, 20.

²William E. Hulme, Counseling and Theology, (Philadelphia: Muhlenberg Press, 1952), pp. 1, 2.

rather, since all sicknesses have psychological or spiritual aspects, either temporarily or permanently, He does ask that the clergyman minister to those aspects of illness. Seward Hiltner made this observation:

Indeed modern medical science has discovered that directly or indirectly, even many physical disorders are caused, at least in part, by sick attitudes and sick emotions. If people are sick not only because of germs and falls but also because of short circuits in the emotional hookup, then the pastor, as a representative of an army of salvation in the realm of the spirit, has to become interested. Besides, there is increasing evidence that some sickness or destructive attitudes involved in sickness can be understood only in a broad time perspective. To put it more simply, people may get sick emotionally, not only because of immediate frustrations, but also because they are troubled about their own meaning and destiny. If this fact does not bring their problems within the pastor's range of interest and potential capacity to help, then the pastor is no helper at all.¹

There are a great number in our society who are sick, though the forms may be different. Some are physically ill, some emotionally ill, and some are both. Seward Hiltner suggests the following figures:

Nearly a fourth of all men examined for military service during the war were rejected as unfit, and almost half of these because of emotional difficulties. On any one day during the winter at least seven million people in the United States are unable to work, attend school, or pursue their usual activities because of obvious illness, injury or physical impairments. There is a suicide on the average of every twenty-seven minutes. More than a half million people are in mental hospitals at any one time, and more would be there if the therapeutic services were better. There are about three quarters of a million alcohol addicts or chronic alcoholics in the United States, to say nothing of another two million persons who drink so much that scientists class them as excessive drinkers. About 30,000 accidents occur daily. These result in over 1,000,000 deaths and more than 350,000 permanent disabilities a year.²

¹Seward Hiltner, Pastoral Counseling (New York: Abingdon-Cokesbury Press), p. 17.

²Ibid., p. 15.

It seems like the more that medicine gains in controlling infectious diseases, the more the proportion of people with degenerative types of illness increases. Hiltner continues his calculation by noting that a fifth of the population in the United States is enduring, at any one time, some kind of obvious wastage through handicap, accident, sickness, imprisonment, severe neurosis and the like.¹

C. W. Teel sees the desperate need of the people today. He wrote, This is no time for the Church to merely spend its time and energy in theological controversies, while people are hungering for comfort in sorrow, for freedom from delinquency, and for inward peace.²

If there ever is a time when people so desperately need understanding, concern, and love, it is now! And it seems to me that no other professional person has a better chance to practice a wholestic approach to helping people in need than the hospital chaplain.

Tools of the Chaplain

Every professional has his own tools for the job. And sometimes the tool becomes a symbol of that particular profession-- a saw for a carpenter, a broom or a vacuum cleaner for a housekeeper, a syringe for a laboratory technician, a stethoscope for a doctor, a white cap and a medicine plate for a nurse. When you think of a hospital chaplain, what things come to your mind immediately?

¹Hiltner, Pastoral Counseling, p. 17.

²C. W. Teel, op. cit., p. 50.

Cabot and Dicks¹ suggest that listening, quietness, prayer, the Bible, and the sacraments are the tools of the chaplain. Hiltner adds literature. As I visited four leading Adventist Hospitals in Southern California, I found out that each one of them used closed circuit television and other mass media as their tools.

Listening

As I observed Chaplain Bryan² of the Glendale Adventist Hospital visit patients, nurses, housekeepers, and physicians, I noticed that although he is an outstanding public speaker, he never says much--he uses the art of listening. Chaplain Maxson³ of the White Memorial Hospital, in his private counseling cases, receives patients referred to him by the physician. The patient often comes expecting some wise advice from the counselor, but the chaplain just listens most of the time. I saw the art of listening used as a tool in both visiting and counseling. C. W. Teel wrote:

Since much of the minister's work consists of speaking, it is sometimes difficult for him to play the part of a good listener. Listening serves two important ends. First, it helps the patient to express. It leads him to form his thoughts. Something new is born in the process. Expression creates. Secondly, besides aiding the patient to better see his problem and in turn accept it, good listening enlarges the minister's understanding of the patient's feelings. The minister is able to respond to the feelings of the patient and thus growth takes place. . . . There is a feeling that the patient is accepted when and as the minister listens. Growth takes place when the patient or parishioner feels accepted.⁴

¹Cabot and Dicks, The Art of Ministering to the Sick, pp. 189-235.

²Bryan, Interview.

³Maxson, Interview.

⁴C. W. Teel, op. cit., p. 54.

Listening is the best tool the chaplain has as he visits and counsels the sick. If there are no other tools to be used, listening is enough. But does the art of listening really work in the Orient, especially in a place like Hong Kong with people of various religions? Will they appreciate a chaplain's visitation? Will they pour out their problems and feelings to a listening chaplain? If you were in a hospital and a stranger stepped into your room, introduced himself by saying, "Good morning, Mr. A., I am Chaplain So and So," pulled out a chair, sat down at your bedside and said, "How are things going?" What would you say? For most patients, the introductory remarks of the chaplain are very important, no matter what their cultural background.

The chaplain's introductory remarks include at least two things:

1. The conversation.
2. The expression.

They serve three purposes:

1. To break down the wall of doubt or prejudice between patients and the chaplain.
2. To build up a warm relationship.
3. To open the door for the next call.

Dr. Granger Westberg once wrote of his experiences as a hospital patient:

Recently when I was a hospital patient for several weeks I talked with many fellow patients and tried to understand what they felt when an "unasked for" minister appeared at their bedside. The introductory question, "How are things going?" does not give the patient quite enough structure to understand the context in which the minister asks the question. As a result, the patient,

who is not really sure of the implications of such a question, answers in a rather guarded fashion. It is quite a different matter when the patient's doctor or intern comes into the room and asks, "How are things going?" The patient then responds with meaningful replies because he understands the context in which the doctor asks such a question.¹

Wisely using the crucial first few minutes to build up a warm relationship is the essential element in the art of listening. Once an Oriental is treated as a human being, he will act as a human being.

Quietness

Dicks explains quietness as a quality of the spirit, a state of being. He writes:

Quietness is more than silence, for silence is waiting. Quietness is not waiting. Rather quietness is that for which one waits. Quietness is not something to be constantly sought, lest one's spirit become stagnant.

Because quietness is a quality of the spirit, it may become a method for its own attainment. Quietness is being quiet, and even more quiet, for always there is beyond. But quietness is not a moving into the beyond, for quietness is the beyond. Quietness needs no logic, no motion to justify itself, for it stands untouched by the heaping up of mind and matter.

In the sickroom quietness may be attained for the patient through the personality of another. Even before one actually enters the sickroom one needs to recognize the difference between quietness and activity. In the very recognition of this difference one begins the stilling of the spirit. When one puts away business and recognizes quietness, one is already becoming quiet. The patient will feel this quietness and will often feel the strength of a growing stillness.²

The presence of some people is tiring, while that of others is restful; quietness is the difference between the two. Unless

¹Granger Westberg, "The Crucial First Three Minutes in the Sick Room" Pastoral Psychology, (February 1965), p. 45.

²Dicks, op. cit., pp. 205, 206.

one has the nature of quietness within himself, all efforts to use this method are certain to fail.

Prayer

Prayer for the sick is a very important thing. It brings patients closer to God, and gives them peace in terms of personal support and spiritual reassurance.

Prayer is an important part of a Christian's life. Jewish rabbis used to teach their disciples how to pray. While Jesus was on earth, He lived a life of prayer. Ellen G. White wrote that prayer is the breath of the soul.¹ But to pray for patients in a hospital is quite a different thing.

As we visit patients in a hospital day after day, we know that most of them desire and expect a prayer. Since patients are always looking for comfort through our prayers, we as chaplains must have the experience of prayer ourselves, and also need to understand what our prayers for the sick should contain. We need to know the patient first and start with where he is, and then move with him in his growing. The contents of prayer in the sickroom should be balanced. A prayer like this, "God grant Mr. A. strength to endure this pain, and patience to find through this experience a greater understanding of Thee," can be answered more directly than, "God take away the pain, and help him to get well soon." Should we pray every time we see a patient? The answer is no, even with patients whose religious lives we know well. The prayer should be varied from time to time. Here are some prayers for different occasions:

¹Ellen G. White, Gospel Workers, (Washington, D.C.: Review and Herald Publishing Association, 1948), p. 254.

A Prayer for the Pre-surgical Patient

Prepare me, O God, for tomorrow.
 I would be cleansed
 As the surgeon's hands are cleansed;
 Wash away the last small sin
 And let me touch nothing that would
 Mar that purity.
 Calm me, O God, for tomorrow..
 Let my faith increase--
 Faith in Thee--Faith in my doctors--
 Faith in myself.
 Let me sleep without fear,
 Relaxed--serene--secure;
 Give me inner poise,
 And peace--
 Such tranquility as would
 Be evident in a child
 Of Thine.
 Amen.¹

Prayers such as, "God, take away the pain," or, "May God heal your son's illness soon," should not be offered by the chaplain when visiting patients. Prayer for the sick, however, should by no means be general. A specific prayer offered by a chaplain can establish the patient's confidence in the chaplain and in God. We can pray for acceptance of pain rather than taking away the pain.

A Prayer to Accept Pain

Eternal God, whose days are without end, whose mercies
 Without number.
 We lift our minds to Thee in our stress:
 Make us to be still before Thee,
 Make us to fasten our minds upon Thy quietness;
 Give us strength, O God, for the task which is ours.
 Thy servant suffers from the pain.
 Give him strength to endure;
 Make fast his mind in Thee
 And cause him to be strong in his endurance.
 Thou art the water of life,
 Whosoever drinketh of Thee shall not thirst;
 As the tired sheep drinketh of the cool water
 And rests beside the stream;

¹Tract: The Chapel of Loma Linda University Hospital, p. 5.

So we drink of Thy peace
 And rest in the coolness of Thy presence.
 In the name of that great shepherd of the sheep,
 Jesus Christ, Our Lord, Amen.¹

We can always pray for the patient to have a good night's
 sleep.

A Prayer for Sleep

Eternal and Everlasting God,
 In the growing quietness of the evening and the
 Deepening shadows of the night,
 Grant us sleep and rest.
 With the stilling of the day's doings, and the
 End of coming and going about us,
 Make us to be sleepy with heavy eyes and tired limbs.
 As Thy creatures are lying down in the wood,
 As the bird is quiet in its nest
 And the wild thing in its hole,
 As the stream is still in its bed
 Reflecting the great expanse of stars above,
 May we in our sleep reflect our confidence in Thee,
 And our assurance in Thy constant peace.
 In our sleep give us that deeper communion of our souls
 With Thee which restoreth unto health.
 In His name. Amen.²

There are many needs of the sick that a chaplain can pray
 for. A prayer for rest, sleep, patience, confidence, growth of
 the spirit, and courage has healing power both physically and
 spiritually.

Many long-term patients have an attitude of bitterness. Here
 is a prayer directed against bitterness.

A Prayer for Understanding

Eternal and merciful Father;
 Thou who dost wait upon us when we are distraught,
 And who dost welcome us when we are discomfited,
 Give us understanding.

¹ Cabot and Dicks, op. cit., p. 229.

² Ibid., p. 22.

Make us to be humble; make us to be as little children;
 Still our spirit in its restlessness,
 And make us to be generous with those who have misused us.
 Forgive Thou our shortcomings,
 For we know we are even more imperfect in Thy sight
 Than we are in our own.
 Make us to be understanding;
 Broaden Thou our intent to forgive;
 A lamp set in the midst of bitterness cannot be seen,
 But a lamp of generosity gives light unto others.
 We thank Thee, our Father, for understanding.
 Amen. Amen.¹

The aim toward which a chaplain works through prayer is:

1. To assist God in His creative process.
2. To place men in a more active relationship with God,
 that God may not only heal his body but his spirit.
3. To help the patient have more patience in the healing
 process.
4. To maintain the patient's confidence in God.
5. To establish or strengthen the patient's confidence
 in the physicians and nurses.
6. To keep the patient from slipping back religiously.

There are several things in prayer for the sick that should be noticed. It is agreed by Dicks and Hiltner that certain precautions in prayer for the sick should be taken. I shall list them as follows:

1. Prayers for the sick should be short.
2. The voice in prayer should be modulated, easy and
 natural.
3. Content of the prayer should have close relationship
 to the present need of the patient.

¹Cabot and Dicks, op. cit., p. 227.

4. Prayer includes the spiritual needs of the patient as well as physical needs.¹

Russell Dicks' comments on prayer are the best conclusion:

In time of personal crisis many people lose their way religiously and having lost their way, their personal crisis deepens, for they have nothing to support them. Most people take their faith for granted and go along fairly well until something happens to them. Then they cannot pray effectively. They cannot pray because they do not really believe in God, or understand the purpose of prayer. All too often God is thought of as a glorified errand boy, who cometh when we say come and who goeth when we say go.²

The Bible

Scripture therapy is helpful to many patients. If the patient has a Bible on his table, it is best to use his Bible and read the better known passages. As Teel said, the Bible can be used in visiting or counseling the sick effectively, but not wholesale.

Perspective, we believe, can be gained through the use of Scripture. Perspective is seeing life steadily and seeing it whole. A philosophy of life some call it. It is the ability to accept life as it comes, and then stretch one's imagination and one's thought beyond the immediate.³

We might say to a patient who is suffering great pain, "Do not think about your pain," or to a pre-surgical patient, "Do not worry. It is not a major one. It will all be over in a couple of days." But he cannot follow such advice without perspective.

On several occasions I (R.L.D.) have been called at their own request to see patients who were facing surgical operations. . . . In such instances people do not

¹C. W. Teel, op. cit., p. 58.

²Russell Dicks, Pastoral Work and Personal Counseling, p. 68.

³C. W. Teel, op. cit., p. 235.

want it in the words of the minister but in terms they have always heard, terms which speak for themselves.¹

There are situations when patients would appreciate very much hearing an appropriate and familiar Bible text quoted and read. There are many beautiful passages in the Bible which build confidence, peace, and courage. Many times a paragraph of Scriptures can be a good prayer or advice. The worrying patient can easily accept Matthew 6:25-27 easier than your advice: "Don't worry. Take one day at a time." There are many texts that can strengthen long-term patients. Some are: Psalm 90:1-4, 91:1-4, John 4:14, 6:35, 10:11. For restless and worrying patients, texts such as John 4:1-4, 14:27, 15:1-7 and 16:33 are much better than human words. Placing a beautiful printed card with a Bible text on it on the breakfast tray may help the patient start a day with strength.

Literature

Hiltner² in his Pastoral Counseling suggests three ways in which religious literature can be a useful tool for chaplains.

1. Specific and discriminating follow-up of the contact.
2. To stimulate religious growth.
3. Informative material.

In the chaplain's office of the four interviewed hospitals is housed a library from which patients may choose good books. In addition to books, pamphlets are very useful and more convenient.

¹Cabot and Dicks, op. cit., p. 235.

²Hiltner, Pastoral Counseling, pp. 210, 211.

They are lighter and easier for the patient to handle. In the Glendale Adventist Hospital and the Loma Linda University Medical Center, there are special pamphlets for maternity and pediatrics patients.

In choosing the literature for our patients, we need to be very careful. Belgum points out:

Religious tracts must be carefully screened and scrutinized because unfortunately, much of the material is inadequate theology and harmful from a mental hygiene point of view. No doubt some people feel that when a person is trapped in a hospital bed and confronted with a serious crisis, the time is ripe for a "decision." We need to consider the ethical implications of the "captive audience" concept in performing our pastoral care for the sick. Chaplains frequently must undo the damage done by careless use of coercive, threatening, and unscriptural devotional literature.¹

The same author quotes Chaplain Malcom B. Ballinger in pointing out seven reasons why the literature for sick people needs careful selection:

1. It is symbolic of Christian faith.
2. It is tangible, "capable of being touched."
3. It is available when needed by the patient.
4. It may direct the thinking and feeling of the patient when he may be too listless to direct himself.
5. Good devotional literature can answer some questions and help the patient accept his situation and himself.
6. He can share his pamphlet with others, which helps to foster interpersonal relations.
7. It may help the patient verbalize his feelings to the chaplain.²

¹Belgum, op. cit., p. 54.

²Ibid.

CHAPTER V

A CHAPLAIN'S PLAN FOR THE HONG KONG ADVENTIST HOSPITAL

The Setting

The colony of Hong Kong includes three major areas--Hong Kong Island, Kowloon, and the New Territories. It has a total land area of 398 square miles with a total population of just over four million. Since the colony lies on the south coast of China, some ninety miles south of Canton, and joins with Kwangtung Province of the People's Republic of China, the refugees from the mainland who have entered Hong Kong have created a social, economic, and health "refugee problem."

The Need

In view of the desperate need of the Hong Kong people, the "China Doctor," H. W. Miller, and "China Missionary," E. L. Longway, together worked out a hospital building plan for Hong Kong a few years ago. Now there is a 160-bed hospital in the New Territories. A 150-bed general hospital on Hong Kong Island will soon be open. According to the Seventh-day Adventist Yearbook 1970, we have only 13 churches and 2,839 members in a city of four million. A real strong chaplain's program for both hospitals is needed right now, so that the medical work in Hong Kong can really be the "right hand of the gospel."

Chaplain's Facilities

There is a Chinese proverb stated like this, "Any worker who wants to do his work successfully, needs to sharpen his tool first." Business-minded administrators need to understand the importance of the chaplain's role in the healing process before they pay any attention to equipping the facilities for the spiritual benefits of patients. As chaplains, we have to consider the needs of the total person. The chapel and the chaplain's office need to occupy a convenient site at the lobby level, so that patients and their families can easily find its location. The chapel does not need to be large. In fact, a fifteen to twenty person capacity is big enough. It serves mainly as a place of prayer and meditation. All four hospitals that I visited have their chapels and chaplain's offices located near the main lobby.

Room equipment should include not only a call system for the nurses, but controls for closed circuit television and pillow phones so that religious services can be viewed and heard.

Chaplain's Services

Visitation: To visit every patient every day, five days a week, should be the goal. The chaplain on call will visit every new admission, and every pre-surgical patient during the weekend. He also will answer every night emergency call through that week. Every patient is to be visited and every call answered no matter when or under what condition. Making rounds with physicians at least once a week is necessary so that the chaplain may get a chance to communicate with other members of the health team, and set up confidence within the patients' hearts.

As for the patients with other religions or faiths, the hospital chaplain's office can contact each one's minister, priest, or monk. However, for instances when the patient has no preference for a specific minister, priest, or monk, the chaplain's office should keep a list of clergymen available for such consultation.

Counseling: There are four million people in the busy City of Hong Kong, under tension all the time. The Hong Kong people need a church, a minister, a chaplain, a nurse and a physician who will not only listen with their ears but their eyes as well! In this context we can deal with a person's anxieties and fears whether he is a Christian or a non-Christian. Since counseling is still not popular in Hong Kong, there will not be many patients who will come for counseling. We will print some material in the chaplain's pamphlet indicating that counseling services are available. Through radio programs we can teach patients to know how counseling can release their tension and help them grow that they can be strong enough to solve their own problems.

Worship: There will be an hour-long patient's group discussion every Sabbath morning and a short worship in the chapel both Sunday and Saturday.

Baby Dedication: A baby dedication service will be conducted by the chaplain every day. Patients also may ask for their own church pastor to conduct this service.

Literature: In every room there will be a shelf or bedside stand where several books will be made available, including: the Bible, Steps to Christ, Desire of Ages, and Signs of the Times. For the pediatrics ward the chaplain's office will prepare some

small story books as a gift to the little patients. There are very few religious books for children in Chinese. A plan with the Chinese Signs of the Times Press may be made so that there will be more story books available for them in the near future.

Teaching Program: The chaplain and physicians of the hospital will conduct four "Five-day Stop Smoking Plans" a year, a "Physical Fitness" class once a year, and a "Nutrition" class twice a year, since one aspect of our health institution is disease prevention.

Follow-up Program: Any patient who shows an interest in our message during hospitalization will be referred to local churches. A "Follow-up" training class to teach local church members is needed. With an army of trained laymen, one can be sure that each interested patient will be visited at his home.

CHAPTER VI

CONCLUSIONS

If the ministry of the Seventh-day Adventist chaplain is not "preaching" to the sick and "converting" the patient to Adventism, as I stated in the beginning of this paper, then what will a hospital chaplain do for the church? Possibly the following should be some of the functions of his ministry:

1. To make man whole: As doctors, nurses and other medical professionals work for the physical needs of a patient, the hospital chaplain should work for his emotional and spiritual needs. Consequently, when a patient is recovering physically, he can grow emotionally and spiritually as well. The chaplain's work helps accomplish the healing team's goal--to make man whole. In fact, it is the very aim of the entire Seventh-day Adventist denomination.

- a. The aim of the educational work.

As Ellen G. White, one of the founders of the Seventh-day Adventist Church, stated in the book Education:

True education means more than the pursual of a certain course of study. It means more than a preparation for the life that now is. It has to do with the whole being, and with the whole period of existence possible to man. It is the harmonious development of the physical, the mental, and the spiritual powers.¹

¹Ellen G. White, Education, (Mountain View, California: Pacific Press Publishing Association, 1952), p. 13.

b. The aim of evangelistic work:

The same author, when instructing the evangelistic work of the denomination, wrote:

Our work is to be practical. We are to remember that man has a body as well as a soul to save. Our work includes far more than standing before the people to preach to them. In our work we are to minister to the physical infirmities of those with whom we are brought in contact. We are to present the principles of health reform, impressing our hearers with the thought that they have a part to act in keeping themselves in health.

The body must be kept in a healthy condition in order that the soul may be in health. The condition of the body affects the condition of the soul.¹

c. The goal of a Christian physician:

In the book, Ministry of Healing, Ellen G. White affirmed the same aim of the denomination in the medical profession:

In the ministry of healing, the physician is to be a co-worker with Christ. The Saviour ministered to both the soul and the body. The gospel which He taught was a message of spiritual life and of physical restoration. Deliverance from sin and the healing of disease were linked together. The same ministry is committed to the Christian physician. He is to unite with Christ in relieving both the physical and spiritual needs of his fellow men. He is to be to the sick a messenger of mercy, bringing to them a remedy for the diseased body and for the sin-sick soul.²

The chaplain is doing the same thing when he leads the medical institution toward the goal, "To make man whole."

2. To be a leader of worship in the hospital setting:

Worship for patients needs more careful preparation. You cannot just take some yellowed old paper out of your files or from a

¹Ellen G. White, Evangelism, (Washington, D.C.: Review and Herald Publishing Association, 1946), pp. 260, 261.

²Ellen G. White, Ministry of Healing, p. 111.

series of old evangelistic sermon outlines. When a man is struggling with his illnesses, pains, and losses, he is not apt to communicate that struggle in religious language. And when he cries out for some understanding of it, he is not usefully served by abstract theological information. We must not in any way contribute to the false impression the patient may have that he is suffering as a worthless sinner. If God wanted to destroy, He could do it at any time. But the chaplain must encourage patients so that they become aware of the value of the total person. Worship for sick people must be the free engagement of love and freedom. From the true worship for patients, they must get strength and a sense of bodily worth.

3. To serve the community: Such programs as the "Five-day Plan to Stop Smoking" have proved to be effective ways for helping people to understand the wholeistic mission of the Adventist Church. Other community services which the chaplains can provide include classes in physical fitness, nutrition, and marriage and the family.

4. To make personal friends: Gordon Creighton, one of the chaplains of the Washington Sanitarium and Hospital, once said to a reporter of the Review and Herald magazine, "Our work is to make friends." The reporter, Jane Allen, wrote, "The hospital's five chaplains feel a deep responsibility for making a personal friend of each patient hospitalized for medical care."¹ A hospital

¹Jane Allen, "Washington Sanitarium and Hospital Chaplains Witness for Christ," Review and Herald, Vol. 147 (October 22, 1970), p. 26.

chaplain, in his ministry, has an opportunity to make friends with many people; and friendships will direct people into the Kingdom of God.

BIBLIOGRAPHY

Books

- Belgum, David. Clinical Training For Pastoral Care. Philadelphia: The Westminster Press, 1956.
- Cabot, R. C., and Dicks, R. L. The Art of Ministering To The Sick. New York: The MacMillan Co., 1949.
- Clinebell, Howard J. Basic Types of Pastoral Counseling. New York: Abingdon Press, 1966.
- Dicks, Russell L. Pastoral Work and Personal Counseling. New York: The MacMillan Co., 1949.
- _____. Who Is My Patient? New York: The MacMillan Co., 1941.
- Hiltner, Seward. Pastoral Counseling. New York: Abingdon-Cokesbury Press, 1949.
- Hulme, William E. Counseling and Theology. Philadelphia: Muhlenberg Press, 1956.
- Kemp, Charles F. Physicians of The Soul. New York: The MacMillan Co., 1947.
- Weatherhead, Leslie D. Why Do Men Suffer? New York: The MacMillan Co., 1941.
- White, Ellen G. Education. Mountain View, California: Pacific Press Publishing Association, 1952.
- _____. Evangelism. Washington, D. C.: Review and Herald Publishing Association, 1946.
- _____. The Desire of Ages. Mountain View, California: Pacific Press Publishing Association, 1898.
- _____. The Ministry of Healing. Mountain View, California: Pacific Press Publishing Association, 1909.
- Wise, Carroll A. Pastoral Counseling: Its Theory and Practice. New York: Harper and Brothers, 1951.

Young, Richard K. The Pastor's Hospital Ministry. Nashville, Tennessee: Broadman Press, 1954.

Periodicals

Allen, Jane, "Washington Sanitarium and Hospital Chaplains Witness for Christ." Review and Herald, Vol. 147 (October 22, 1970).

Enelow, Allen J. "The Silent Patient," Psychiatry: Journal for the Study of Interpersonal Processes, Vol. 23 (May, 1960), p. 153.

Hahn, Jack A. "Religious Ministry as an Integral Part of Hospital Patient Care," American Protestant Hospital Association Bulletin. Vol. 16, p. 8.

Westberg, Granger, "The Crucial First Three Minutes in the Sick Room," Pastoral Psychology. (February, 1965), p. 45.

White, Ellen G. Letter 37, 1899.

Unpublished Materials

Bryan, Ed. "A Job Description of the Chaplain and His Religious Ministry in the Hospital." Unpublished paper, Glendale Adventist Hospital.

Bryan, Ed. Chaplain, Glendale Adventist Hospital. Interview: November 22, 1970.

Maxson, Howard. Chaplain, White Memorial Medical Center. Interview: November 20, 1970.

Robinson, W. R. Chaplain, Paradise Valley Adventist Hospital. Interview: November 9, 1970.

APPENDICES

APPENDIX A

“He who has given his life to God in ministry to His children, is linked with Him who has all the resources of the universe at His command. His life is bound up by the golden chain of the immutable promises with the life of God. The Lord will not fail him in the hour of suffering and need. ‘My God shall supply all your need according to His riches in glory by Christ Jesus.’ And in the hour of final need the merciful shall find refuge in the mercy of the compassionate Saviour and shall be received into everlasting habitations.”—Ellen G. White.

Those who surrender their lives to His guidance and to His service will never be placed in a position for which He has not made provision. Whatever our situation, if we are doers of His word, we have a Guide to direct our way; whatever our perplexity, we have a sure Counselor; whatever our sorrow, bereavement or loneliness, we have a sympathizing Friend.

—Ellen G. White.

“At all times and in all places, in sorrows and in all afflictions, when the outlook seems dark and the future perplexing, and we feel helpless and alone, the Comforter will be sent in answer to the prayer of faith. Circumstances may separate us from every earthly friend; but no circumstance, no distance, can separate us from the heavenly Comforter. Wherever we are, wherever we may go, He is always at our right hand to support, sustain, uphold, and cheer.”—Ellen G. White.

“Come now, and let us reason together, saith the Lord: though your sins be as scarlet, they shall be as white as snow; though they be red like crimson, they shall be as wool.”—Isaiah 1:18.

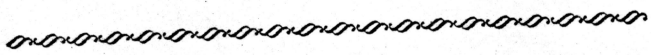
“A new heart also will I give you, and a new spirit will I put within you: and I will take away the stony heart out of your flesh, and I will give you an heart of flesh.”—Ezekiel 36:26.

“For this God is our God forever and ever: He will be our guide even unto death.”—Psalm 48:14.

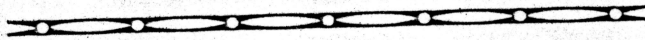
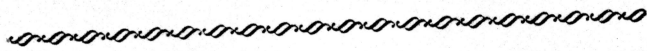
“He who has conferred a kindness should be silent; he who has received one, should speak of it.”

—Seneca.

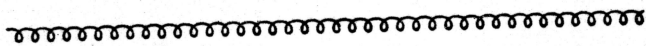
For the mountains shall depart, and the hills be removed; but my kindness shall not depart from thee, neither shall the covenant of my peace be removed, saith the Lord that hath mercy on thee. No weapon that is formed against thee shall prosper; and every tongue that shall rise against thee in judgment thou shalt condemn. This is the heritage of the servants of the Lord, and their righteousness is of me, saith the Lord.—Isaiah 54:10, 17.



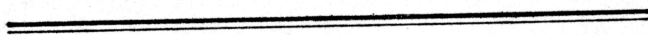
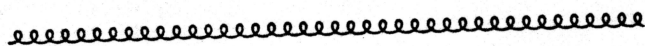
“You must pray as though the efficiency and praise were all due to God, and labor as though duty were all your own. If you want power, you may have it; it is waiting your draft upon it. Only believe in God, take Him at His word, act by faith, and blessings will come.”



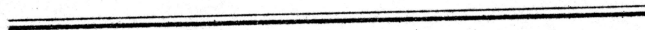
“To human beings striving for conformity to the divine image, there is imparted an outlay of heaven’s treasure, and excellency of power, that will place them higher than even the angels who have never fallen.”



“Trials patiently borne, blessings gratefully received, temptations manfully resisted, meekness, kindness, mercy, and love habitually revealed, are the lights that shine forth in the character in contrast with the darkness of a selfish heart, into which the light of life has never shown.”



“What would it profit a man if he should know all about the rocks and his heart be as hard as the adamant. If he should learn all about the winds and his disposition be as whimsical as the currents of air. If he understood chemistry thoroughly but had no character, and if he were a master in mathematics but had no manhood, of what lasting and intrinsic value would all his knowledge be?”



APPENDIX B

Name
Loma Linda University Hospital
Loma Linda California 92354

Rm

To:



Chaplains
Service



We will
mail this
for you if
you wish.

FOR YOUR SPIRITUAL COMFORT

... Loma Linda University Hospital makes available the services of resident hospital chaplains who make regular visits to all patients. Prayer, anointing for healing, communion and baptism may be arranged.

If you would like your own pastor, priest or rabbi to know that you are here, please address the back page of this brochure to him and supply any information that will be useful to him. Call extension 3128 if you need assistance in locating local clergymen.

The nurse or chaplain will mail the card for you if you wish.

The Chaplains' Staff

Dear

I am now a patient at Loma Linda University Hospital. I was admitted

(date) and will be

here for approximately days. A short visit at your convenience would be greatly appreciated.

Sincerely,

Room -----

PEACE

"Whoso dwelleth under the defense of the most High shall abide under the shadow of the Almighty." Ps. 91:1, RV.

Everlasting Father, who art always more ready to hear than we to pray, and art wont to give more than either we desire or deserve, grant to us, such a consciousness of Thy indwelling presence as may give us utter confidence and peace in Thee. Remove those things from our minds that hinder hearing. Give us the lasting peace of Thy love, and grant our petition because we ask in the name of Jesus. Amen.

COMFORT OF THE SCRIPTURES

"The eternal God is thy refuge, and underneath are the everlasting arms." Deut. 33:27.

"Fear thou not, for I am with thee; be not dismayed, for I am thy God. I will strengthen thee; yea, I will help thee; yea, I will uphold thee with the right hand of my righteousness." Isa. 41:10.

"Like as a father pitieth His children, so the Lord pitieth them that fear Him. For He knoweth our frame; He remembereth that we are dust." Ps. 103:13,14.

"Behold, God is my salvation; I will trust, and not be afraid; for the Lord Jehovah is my strength, and my song." (Isa. 12:2).

"Trust in the Lord, and do good; so shall thou dwell in the land, and verily thou shalt be fed." Ps. 37:3.

"For I reckon that the sufferings of this present time are not worthy to be compared with the glory that shall be revealed in us." Romans 8:18.

BE OF GOOD CHEER

There come times in the lives of each person when encouragement in daily living is needed. The most effective and meaningful encouragement is found in God's Word and in the precious promises He has for His people.

"Delight thyself also in the Lord; and He shall give thee the desires of thine heart. Commit thy way unto the Lord; trust also in Him; and He shall bring it to pass." Psalms 37:4,5.

"Come unto Me, all ye that labor and are heavy laden, and I will give you rest." Matthew 11:28.

"... but be of good cheer; I have overcome the world." John 16:33.

"And the peace of God, which passeth all understanding, shall keep your hearts and minds through Christ Jesus." Philippians 4:7.



A Prayer

A PRAYER

O Lord, our Christ, may we have Thy mind and Thy spirit; make us instruments of Thy peace. Where there is hatred, let us sow love; where there is injury, pardon; where there is discord, union; where there is doubt, faith; where there is despair, hope; where there is darkness, light; where there is sadness, joy. O Divine Master, grant that we may not so much seek to be consoled, as to console; to be understood, as to understand; to be loved, as to love. For it is in giving that we receive; it is in pardoning that we are pardoned; and it is in dying that we are born to eternal life. Amen.



The Chaplain

AND HIS MINISTRIES.



1509 WILSON TERRACE
GLENDALE, CALIFORNIA 91206



The Chaplain and Staff

The chaplain and his staff are a part of the hospital team that is concerned about you as a whole person. As you enter the Glendale Adventist Hospital for healing of body and mind, there may be pain, discomfort and discouragement. As chaplains, we are desirous of helping you with your spiritual needs as we feel these must likewise be met in the over all healing process.

We will be pleased to visit you at any time of the day or night. Or if you desire we will gladly arrange for the minister, priest or rabbi of your choice to visit you.

Chaplains Ministries

Bedside ministry.

Personal ministry to family and friends.

Spiritual counseling by request.

Baby dedication by appointment.

Special prayer and anointing for those seriously ill, by request.

Performance of any religious services (such as funerals, weddings, etc.)

The chaplain's office presents devotional radio and television programs as announced.

Our Purpose

The Glendale Adventist Hospital is one of 320 medical institutions operated by the Seventh-day Adventist Church in 200 countries of the world. These healing institutions are operated on the basic concept that God is the source of all life and health and healing and thus He is recognized as the Great Physician. Modern institutions with their latest equipment and skilled personnel aid in the healing process, but it is the power of God working through man and his knowledge and intentions that restores man to health. The human instruments thus become channels of God's blessing.

Our Prayer Chapel

In its function as the spiritual center of the hospital, the Chapel serves as a place for the dedication of babies, and for other devotional services.

Persons of all faiths are invited to use it. Patients and their families as well as employees, students, and friends of the hospital will find it open at all times for divine meditation.

Church services can be heard in the Chapel or on your room radio from 11 to 12 noon on Saturday mornings. Arrangements can be made for you to attend the worship services on Saturday at the nearby Vallejo Drive Church by contacting your nurse.

The Prayer Chapel is located in the main lobby next to the library entrance.

Prayers for the Sick

BEDTIME

"So He giveth His beloved sleep." Ps. 127:2.

Gracious heavenly Father, grant us the assurance of Thy comforting presence through the long shadows of the night. May the healing processes which come from Thee continue while we sleep, and when day dawns awaken us to renewed life, increased strength and improved health. Through Jesus' name who has made all of this possible, we pray. Amen.

SURGERY

"Commit thy way unto the Lord; trust also in Him; and He shall bring it to pass." Ps. 37:5.

Dear Father, Thou knowest the desire of my heart to be well again. Now as surgery approaches guide the hand of the surgeon that he may perform with skill. Bless, also, his assistants in their part. May each one be guided by Thee. Follow their work with Thy blessed healing. We thank Thee for hearing our prayer in Jesus' name. Amen.

PAIN

"For I reckon that the sufferings of this present time are not worthy to be compared with the glory which shall be revealed in us." Romans 8:18.

FEAR

"Yea, though I walk through the valley of the shadow of death, I will fear no evil: for Thou art with me." Ps. 23:4.

Blessed Jesus, we thank Thee that Thou hast promised to give us the spirit of courage in place of fear. Help us to resolve our conflicts, overcome our frustrations, and become composed in the assurance of our adoption of sonship into the family of God through Thy merits. Thus may we live as free men in our God-ordained heritage. Amen.

FEAR

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LONELINESS

"The eternal God is thy refuge and underneath are the everlasting arms." Deut. 33:27.

Eternal God, who sendeth us mercies in many ways, there is no love like Thine. Deliver us from discouragement, for Thy help is ever near. Let loneliness in our experience be used to teach us to be more conscious of the need of others. Bestow the grace and peace we need. Through Jesus Christ our Lord. Amen.

FORGIVENESS

"Out of the depths have I cried unto thee, O Lord. Lord hear my voice." Ps. 130:1,2.

O Lord God, who speakest in a thousand voices to the hearts and minds of men, make us fully aware of our own inadequacies, as we long for Thy kind forgiveness. As we confess our sins, forgive us we pray, and cleanse us from all unrighteousness. Make us ever-mindful to forgive others so that our joy may be full. Through Jesus Christ our Lord. Amen.

The Meditation Chapel

is for you to use
in times of distress
in times of worry
in times of concern

- When you want to worship
- When you want to pray
- When you want to meditate

Staff in the department of pastoral care
are here to serve you

Chaplains: Charles Teel

Max Barkhurst

Brent Border

Vernon Rees

Chaplain Assistant: Bernice La Rochelle

Secretary: Charlotte Kinzer

The Chapel was contributed by the Class
of 1957 and furnished by the Class of
1928, Loma Linda University School of
Medicine



The Chapel

Loma Linda University
hospital

THE NIGHT BEFORE SURGERY

Prepare me, O God, for tomorrow.
I would be cleansed
As the surgeon's hands are cleansed;
Wash away the last small sin
And let me touch nothing that would
Mar that purity.
Calm me, O God, for tomorrow.
Let my faith increase —
Faith in Thee — Faith in my doctors —
Faith in myself.
Let me sleep without fear,
Relaxed — serene — secure;
Give me inner poise,
And peace —
Such tranquility as would
Be evident in a child
Of Thine.
Amen.

The Department of Pastoral Care

The entire staff of trained chaplains is here
to aid in your total care. A chaplain plans to
visit you during your hospital stay. You may
feel free to share any concern with him.

Devotional Hour

Each day at 4:00 o'clock a devotional pro-
gram is brought to you by one of the chap-
lains over your pillow speaker. This includes
religious hymns and a brief meditation.

Group Discussion

An informal discussion for patients and
friends is conducted by the chaplain in one of
the assembly rooms each Saturday at 9:30 a.m.

Special Services

Prayer, anointing, for healing, communion,
baptism and last rites may be arranged day
or night. If you desire we will gladly ask
your minister, priest, or rabbi to visit you.

LOMA LINDA UNIVERSITY

Graduate School

A CONTROLLED-INTERVIEW STUDY:
THE PHILOSOPHY AND PRACTICE OF CHAPLAIN'S SERVICES
IN FOUR SELECTED SEVENTH-DAY ADVENTIST HOSPITALS
IN SOUTHERN CALIFORNIA

by

Richard Yuei-Ying Liu

An Abstract of a Thesis
in Partial Fulfillment of the Requirements
for the Degree Master of Arts
in the Field of Religion

May 1971

ABSTRACT

It was the purpose of this paper to attempt an understanding of the chaplain's role on the health team, both in the United States and in the Far East, in light of research conducted in four specific Seventh-day Adventist Hospitals: the Glendale Adventist Hospital, the Loma Linda University Medical Center, the Paradise Valley Adventist Hospital, and the White Memorial Medical Center.

Before attempting any field research in the area of chaplaincy, I felt I must understand to some degree the general underlying philosophy of this profession. Thus, both the published and unpublished works of leaders in the field were consulted as a basis for further study.

The research was conducted by the private interview method. Appointments were made with the head chaplain in each of the above medical institutions for extensive interviews, orientation to each chaplain program--counseling, visitation, worship services, et cetera--and introductions to each hospital and its staff. During the one or two days spent in each institution, tape recordings were made of each interview and used later for analysis. The information thus gathered was organized under three main headings of the chaplain's program: (1) the chaplain's personnel and facilities; (2) the chaplain's daily working schedule, including such activities as visitation, baby dedication, the teaching program, and counseling; and (3) the chaplain's weekend program.

After analysis of the general aspects of the chaplain's ministry as practiced in four hospitals in the United States, an attempt was made to apply the information gathered to a specific situation in the Far East--the Hong Kong Adventist Hospital, to which I am under appointment as chaplain. Each aspect of the program was considered--the cultural setting, the needs of the people, the chaplain's facilities, his services, counseling, worship, baby dedication, literature, teaching and follow-up programs--and a tentative plan set up for the future.

Finally, the chaplaincy in the Seventh-day Adventist Church, as a specific ministry, was analyzed as a basis for understanding this work as a whole. The chaplain is a specialist, and as such, he has a specialized ministry to perform in the church. I felt that four general headings essentially covered his functions in this ministry. They are: (1) to make man whole--this is the goal of the whole denomination in its educational, evangelistic, and medical work; (2) to be a leader of worship, but in the hospital setting--every pastor is a leader of worship, but the chaplain must arrange for the availability of such services at any time and to people of any religious conviction; (3) to serve the community--public health programs, including nutrition and physical fitness are some of the services the chaplain can offer; and (4) to make personal friends--the person who has been introduced to Christ usually has been introduced first to one of His followers.