

## THE PSALMS PROJECT: PSALMS OF COMFORT

**The following questions have been answered by:**

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### EARLY CHRISTIAN WORSHIP

How did you get involved in chaplaincy?

#### CHUCK

I have learned to wear “many hats” in serving others. As a soldier (U.S. Army), and currently as a husband, father, grandfather, musician, mentor, pastor, teacher, poet, songwriter, and a friend. Growing up, I never dreamed I would be a minister or servant of any kind and I never imagined being a hospital chaplain. It wasn't until I began volunteering as an emergency response chaplain, along with 29 other local clergy (I was “on-call” the last Friday of each month), that I saw the vacuum that existed in our local hospital of an everyday presence of spiritual care and a ministry of visitation. After twelve years of volunteering, my wife (a nurse practitioner) suggested that I look into the requirements (if any), of becoming a professional chaplain in a hospital or other institutional setting. Having completed two Masters (Theology & Ethics and Pastoral Studies), I qualified to enter a local Clinical Pastoral Education (CPE) program, and I had some reservations as to whether it would be a “fit” for me. My first assignment, that first unit of CPE, was in mental health. Desperately seeking a breakthrough in reaching multiple-diagnosis homeless clients, I began to see a soothing and focusing connection between the arts and a variety of patient behaviors. Rather than “lean” on what I knew best (music), I introduced them to a variety of artistic projects and encounters. Talk about a picky audience, and the expedient opportunities for things to go terribly wrong with paint and other mediums of expression...nevertheless...it worked! There were significant breakthroughs. That unit was the first of four in my course of study. The last three were lived out in the hospital where I had volunteered for so long, and it is where I have now worked as a Professional Chaplain for the last seven years.

### REMEMBER GOD IS ALREADY THERE WHEN YOU ARRIVE.

### EARLY CHRISTIAN WORSHIP

What was your greatest revelation about visiting those who are hospitalized or recovering at home or in a hospice?

#### CHUCK

I remember my first day on the job, ascending in the elevator to the med/surg floor to begin visiting patients. All the way up (that one floor seemed to take forever), I was repeating in my head, “I can't do this...I can't do this.” Just as the doors were about to open, I heard a pleasant voice say, “You're right!” I was taken back, and then I heard “You can't do this, but I can...I'm already in the room working waiting for you...I'm waiting for you to find me there...that's your job...to see where I am already working.” At that point the elevator doors opened

and “the game was afoot.” Now, I enter each and every room the same way...looking for God...depending on Him to be already at work. It makes what I do as a Chaplain both intriguing and fulfilling.

## **EVERYONE HAS A STORY**

### **EARLY CHRISTIAN WORSHIP**

What do you find is essential to know when dealing with people who are in the hospital or recovering at home? What is the difference?

### **CHUCK**

I’ve found that it’s essential to know that most everyone, wherever they are recovering, adjusting, coping or dying, has a story. That story needs to be told. These stories may not be told completely by the patient him/herself, but their story is pregnant with a hidden potential for a variety of healings to take place. Not all pain and suffering among patients is physical, sometimes there are things relational, emotional, psychological, spiritual etc. that need to surface. If allowed the time and opportunity for their “story” to unfold, there are often reconciling and redeeming elements that emerge. While not all of us get to choose where we recover, or where we die, it is interesting to me how those stories can still manifest no matter where we are. They are in us, in those we embrace and those we grate against in life. They are ambulatory, portable, and are often a key to recovery or a healing balm for those who have carried bitterness, regret or guilt too close to the edge of silence, to the end of their human existence.

## **NEVER ASSUME ANYTHING**

### **EARLY CHRISTIAN WORSHIP**

What should you never do when visiting?

### **CHUCK**

The first gross lesson that I learned in visiting: Never “assume” anything. Be quick to listen and slow to speak. The patient was dying in the ICU and unable to communicate. The nursing staff had alerted me that his sister was flying in from out of state and would be at the hospital any moment. I moved to the lobby to watch for her and escort her back to have a few final moments with her brother. Within minutes, she entered the lobby dressed like a million dollar executive with an entourage of men that looked like her board of directors, or like watchful bodyguards. I welcomed her soberly and thanked her for coming so quickly and from such a great distance to see her brother. She seemed anxious with a “let’s get on with it” attitude. As we turned toward the ICU, I paused and said softly, “You must really love your brother.” She turned from her stride, made eye contact with me and gritting her teeth said: “I hate that !!#&\*%!#!!!. He’s an idiot; he’s destroyed his own life...etc., etc.” Yup, I had “assumed” that her getting there promptly was a sure sign of her love for him and of a special sibling bond between them. I’ve learned to listen more and to loose myself from owning my first impressions and from jumping to conclusions. Things are not always as they appear, nor as we imagine or hope them to be.

## ALWAYS USE THE PATIENT'S NAME & OFFER PRAYER

### EARLY CHRISTIAN WORSHIP

What should you always do when visiting?

### CHUCK

I'm sure many chaplains, and others who do visitation, will differ on their answers to this question greatly. A few ideas I've gleaned over the years are:

1.) Always use the patients name when speaking to them and especially when praying for them.

2.) if you are comfortable with praying for others, always offer prayer during a visit, even if it's not accepted or is requested to be done off premises or via placement on a prayer list. In our hospital we offer a fill-in-the-blank type prayer card that can be placed in the chapel prayer vase. We collect them daily and prayer groups throughout the area pray for them. Patients and families, who may not want prayer right that minute, often welcome the chance to jot down their prayer requests on a card later on and manage to get them to the chapel.

3.) While I don't always have the opportunity to pray with every patient or family, I have found that what I would call "conversational" prayer is the most effective tool of ministry in my seven years of hospital visitation experience. I realize that providing a "presence," or empathic listening or other disciplines of visitation may be the highest on other chaplains' lists, but I have found conversational prayer most valued in my little black bag of resources. To humbly invoke the presence of God to hear and to heal, followed by unhurried prayer that is rooted in faith, scripture, and the lifting up to God of each persons name and their relationship to the patient, the laying before God of the personally expressed needs of the patient and/or family and the admission that while we don't understand all that is unfolding...

*"We are asking you, Oh God, to please listen, to come near, to use and grant wisdom to the medical team, to be at work in this room, at this time, and on behalf of all who are asking at this moment for your ongoing help."*

Conversational prayer might incorporate memorized and traditional prayers, but it is predominately spontaneous, inclusive, specific yet undemanding for we are coming to God in prayer, not to impose our will upon Him, but to seek His will and to ask for help in time of need. I believe God delights in such prayer, patients and families awaken to the reality of God "in the room" and the results...well, I have stories that would spill far beyond these pages.

## READ THE ROOM. BE A GOOD OBSERVER

### EARLY CHRISTIAN WORSHIP

What things should you be especially sensitive to and aware of?

### CHUCK

Chaplains learn to “read” the room as well as the patient. Being a good “observer” is a great way to initially learn about a patient and their story.

#### The room:

- Is there a chair where you or another visitor can sit near to the patient and make eye contact and be heard well?
- Are there cards, photos, flowers, reading materials (what kind)?
- Is the TV on (what programming seems important to them, if any)?
- Is there another patient in the room (that might influence what the patient says or does not say)?

#### The patient:

- Is this a “good” time for a visit (patients wrestle with a myriad of interruptions, reactions to their meds, being generally sleepy--my favorite part of being a patient myself...naps)?
- Has a meal just arrived?
- Are family or others present?
- Would the patient prefer to visit w/ you alone?
- Has there been a recent loss in the patient’s life (spouse, relative, pet)?

#### The assignment:

- Are you really there (by divine appointment), for the family as a whole or a particular person other than the patient?

This, the latter that I mention, is the case more times than you might imagine. Sometimes I’m ministering to a staff member, security guard, or the patient in bed “B” much more than I am to the patient whose name is on my list. Be aware of your surroundings and of those, within earshot, who are nevertheless gleaning from the well that never runs dry.

### EARLY CHRISTIAN WORSHIP

What do you think of The Psalms Project as a tool for ministry? Would you use it and if so, how?

### CHUCK

For the most part, *The Psalms of Comfort* has a calming sense of both yearning and hope (as does *The Odes Project*). I would use selected songs as ministry tools with certain patients in mind and as music to color the atmosphere of particular meetings or projects, i.e. our Bereavement Support Groups and the Spiritual Care Services presentation I do for all of our new employees. I hope this project goes to DVD and gets married to calming, nature/creation footage, I would seek to have it available to patients as part of our in-room service of videos available. There are several such series available to hospitals for their in-house broadcast channels, but with a huge price tag attached. None that I know of are clearly Christian. They are very beautiful, soothing and effectual, but lack

the hopefulness, celebration and “conversational/relational” approach that The Psalms and Odes Projects bring.

## EARLY CHRISTIAN WORSHIP

What is your most meaningful experience as a chaplain or in visiting the sick?

### CHUCK

It's so hard to narrow this one down. Each visit, encounter, crisis or death is a unique story in and of itself. A visit that stays with me is one in the ICU just last year. I, along with the patient's wife, had come to the point of committing her husband to the comforting and professional care of a local Hospice organization. Their faith had been tested and I realized I had a personal longing that lingered in this long ordeal. His wife had told me that she and her husband had escaped from great tyranny in Iran decades earlier. She said he had a “story” that I should hear...and she prayed for months that he would awaken from his coma and be able to tell me his story.

I entered Mory's ICU room for what I imagined was the last time. I stood at the foot of his bed, his wife sat in a chair beside us, and I started to pray... Unlike any visit I have ever experienced, before or since, I was overwhelmed with a kind of wave of both faith and heavy-heartedness at the same time. I hesitated and spoke to the patient instead (this is so unlike me): “Mory, I want you to get up and tell me your story.” I broke into tears, excused myself and stepped out of the room. So unprofessional I thought. So crazy of me to speak out my personal wants at a time like this. His wife seemed to understand and we exchanged parting glances through the glass door.

Three days later (and three nights), I was in the ICU visiting another patient. I was sure that Mory was at home on Hospice. Finishing up in room 511, an ICU nurse approached me and said, “Have you seen Mory today?” I said, “No”, and began to express my sense of loss and my concern for his wife when suddenly the nurse swung open the glass door to the next room (the one Mory used to be in), and said, “Well then, say good morning, I think he'll want to meet you.”

There was Mory, his bed propped up almost vertical, his eyes wide open, a few tubes remaining, but a smile that I shall always remember as we were introduced for the first time. His wife had told him about me that morning and she entered the room just then, right behind me, as I savored his beautiful Iranian smile. She told me how he just, “Woke up!” and how they had cancelled the Hospice care and of course this story ends with Mory walking out of the ICU and yes...telling me his amazing story, and the two of us repeating, again and again, the new one that had just been written.

While not everyone “wakes up” like Mory did, those who do get well and go home, are a part of the visitation that takes place in hospitals all across the country. Chaplaincy deals with individuals who are gravely ill, those in rehab and recovery, those having a “simple” procedure, and those who are dying. Crossing paths with them all is a privilege and an opportunity to bring comfort, solace, compassion, hope and reconciliation. While I never dreamed of becoming a Chaplain, I have found that dreams unexpected can not only come true, but can actually be a “fit.”