Chaplain Gerald L. Jones, MA, BCC, ACPE Supervisor

Health care chaplains have the privilege of sharing deeply meaningful experiences with patients / residents on a daily basis. Prayer and ritual open up opportunities to explore with patients / residents their understanding of the Divine and their relationships with others. Prayer and ritual connect patients / residents and their families to the larger community and to the understanding that they are not alone in the world or in their experiences. Prayer and ritual can also be sacred events that chaplains should feel privileged to enter into with patients / residents. Prayer and ritual also provide an opportunity to reach across the religious divide as chaplains open themselves to the faith journeys of their patients / residents, their families, and also the staff of the institutions they work within.

What Is Prayer?

Prayer is found in most of the world’s faith traditions. Those who pray use it to connect with the “other,” such as the Divine, community, or nature. In some religious traditions, there is a prescribed time for prayer each day or specific prayers to be said for specific events, such as birth, death, illness, or celebration. In other traditions, prayers are meant to be spontaneous and in the moment. These prayers are tailored to the uniqueness of the individual and her / his present experience.

The importance of prayer may vary from individual to individual. For many, prayer is a nominal part of their faith journey, while others rely on it as the most important part of their religious practice.

Who Provides Prayer?

Chaplains are in a unique position when it comes to praying with patients. As the designated “spiritual caregiver” on the health care team, when requests for prayer are received by staff, the chaplain is typically the first person to be called. Community clergy may also be called upon to provide prayer for patients. While a chaplain may be readily available, community clergy bring a tie-in to the patient’s home. When community clergy is preferred, chaplains work behind the scenes to facilitate visits from the local clergy and may also offer prayers if the patient / resident so desires.

FAMILY PRAYERS

Families may request prayer for their loved ones. These prayers may occur at bedside or separate from the patient. For families who request to pray together with the patient, it is important to get an understanding of the patient’s spiritual life. If the patient / resident is religious, a prayer familiar to his / her tradition, such as the Lord’s Prayer for a Roman Catholic patient, may be appropriate. If the patient / resident does not have a spiritual life, the prayer may focus more on the family members and less on the patient / resident in order to respect the patient / resident’s chosen spiritual path. It is not uncommon for a family member, or even a staff member, to request a prayer even though the patient / resident may not desire prayer. These requests must be handled with sensitivity and understanding for both the family / staff member and the patient / resident. For example, an adult granddaughter requested that a chaplain pray the “salvation prayer” with her comatose grandfather. When the chaplain asked if her grandfather was religious, she informed the chaplain that “he had never really believed in God.” The chaplain shared his appreciation for the granddaughter’s concern and love for her grandfather, but also noted that to offer such a prayer without the patient’s consent would not honor his life’s choices. Instead, the chaplain offered to pray with the granddaughter and asked that her love be felt in the heart of her grandfather.

Writing prayers with families for their loved one is also effective. This entails meeting with the family and inviting them to share their thoughts and prayers for their loved one. Then those thoughts are written down, printed, and returned to the family to share with those of their choice. Such prayers are an effective tool in critical care units of hospitals or certain long-term care units where a patient / resident may be noncommunicative or in a comatose state. By providing their prayer to staff, friends, and loved ones, the family can feel more confident that their thoughts and prayers will be heard by the patient / resident and that the health care team cares about the physical and spiritual needs of their loved one. An example of a family prayer is as follows:

Dear God, 
Please bring comfort to Dad.
Please help him, God, to know that he is loved by his family.
May your presence be with him, that he be patient.
Bless him with faith that he may heal.
Help him to know that healing takes time.
Let him know that he is not alone in his struggle.
His family is with him.
Help him to relax and feel peace when his family is near.
Thank you, God, for those who helped save his life and thank you for the miracles that have been performed for his benefit.
Thank you for his family, which is present and cares deeply for him.
Continue to bless him, God.
Amen.

STAFF PRAYERS

I have met with many chaplains who have shared mixed feelings about staff praying with patients. Many feel this encroaches on the work of the chaplain, while others share concern that the patient / resident may be the subject of evangelization. I appreciate such concerns and again rely on the patient / resident and the family as the decision makers. If the patient / resident and / or family makes the request of a staff member, and the staff member is comfortable doing so, such prayers provide a valuable service.

If the staff member offers to pray with no indication from the patient / resident that prayer is desired, then the act may be inappropriate and viewed at proselytism. When such an issue arises, it is important to remember that care and compassion are important. In most cases, staff members believe they are helping the patient / resident with their prayers. Education about the role and availability of chaplains and the need to be sensitive to varying spiritual needs can lead to a stronger reliance on chaplaincy in the future (see chapter 5 for other thoughts on this topic).

How to Pray

When asked to pray with a patient, it is important for chaplains to be aware that multiple names for the Divine are used in prayer. Some may prefer to reference God, others may view the Divine as father or mother or both, while others may prefer to address their prayer in a way that removes gender from the equation, such as “Divine Presence.” Prayer for many can be very personal and sacred. Chaplains must be sensitive to the reality that prayer can also be seen as invasive or oppressive. For those who have been harmed by a faith tradition, prayer may elicit memories that may cause more harm than good. Therefore, it is imperative to receive the permission of a patient / resident or family member before offering a prayer. Sensitivity to the patient / resident’s view of the Divine can enhance the power of a prayer together.

Ending prayer requires additional sensitivity. Christians may be accustomed to ending prayers, “In Jesus’s name,” but such wording will only aid in distancing the non-Christian patient / resident from the chaplain and may appear to the patient / resident to be an act of proselytism. While ending a prayer in Christ’s name may be appropriate for patients / residents who identify themselves as Christian, removing the reference to Christ with non-Christians or those of unknown faith background shows respect for patients’ faith journeys and reminds them that the chaplain has no hidden agenda in regard to their faith preference. A simple “amen” would signal the end of the prayer and not be considered offensive by those who request prayer.

PRAYERS WITH THOSE OF OTHER FAITHS

New chaplains often share the common concern of how to pray with those from other faith traditions. While some faith-based health care institutions will cater to one predominant faith tradition, most health care facilities are becoming more and more multi-faith. As such, the expectation that a chaplain will pray with persons of any faith is very real. This can lead to soul searching around issues of authenticity if a chaplain is uncomfortable saying prayers from a different faith tradition. In such cases, an honest approach can clarify the situation. A statement such as “Mr. B., while I am not Buddhist, I would be able to read Buddhist prayers with your mother, or would you prefer I contact somebody from her faith tradition?” shares openly that the chaplain is not pretending to be from a different faith, yet it puts the spiritual needs of the patient / resident at the forefront and gives the patient / resident and family the autonomy to make the choice of whether or not to accept the chaplain’s offer.
When to Pray

Many chaplains find comfort in their own prayer life, which makes it easy to share that comfort with patients / residents, their families, and others in the health care facility. For those who struggle with the temptation to offer advice and solutions, prayer can become an easy “fix” and be used to bypass in-depth exploration of difficult feelings or experiences. However, the decision to pray is the prerogative of the patient / resident and / or family, not the chaplain or staff member. Most important, prayer is not something that should be imposed, but should be offered in such a way that the patient / resident or family will sense no judgment if they decline.

An example of how to offer prayer in such a way might go as follows: “Mr. Smith, is there anything I can offer before I leave, such as prayer? Or do you feel we have covered enough this visit?” By offering prayer in a way that gives the patient / resident or family an “out,” you help them maintain their sense of autonomy while ensuring they recognize you are available to pray if desired.

Types of Prayer

One of the most common ways to pray is vocally and can vary from one person to another. Those from more liturgical, or more ritualistic, traditions may have an expectation that a prayer will be a familiar recitation, such as the Hail Mary, the Sh’ma, or Psalm 23. Others may have an expectation that the chaplain will provide a prescribed prayer designated for the particular malady of the patient, such as those found in the Episcopal Book of Common Prayer. For others, the use of a litany, which includes a speaker and a respondent, may be preferred. For those who use such prayer in their own faith journey, the familiar words build a connection to their faith community and provide a strong sense of comfort. Such prayers provide words to experiences that may be too difficult for the patient / resident to vocalize. Liturgical prayers also offer a connection to a patient / resident’s or family’s faith history and tradition. For chaplains, gaining familiarity with the written prayers of various traditions opens up additional opportunities to care for patients / residents and their religious and spiritual needs.

CHANTED / LITURGICAL PRAYER

Liturgical prayers are often read or chanted with patients. In traditions where prayers or scriptural passages are chanted, the melodic cadence and rhythm can provide a deeper connection to faith and community than can be conveyed through words alone. It is not uncommon for those who have been distanced from their faith tradition to begin chanting a familiar prayer or offering response to a litany as they hear the familiar words and cadences of their youth.

Many chants are repeated in a religiously historical language such as Hindi, Hebrew, Arabic, or Latin and may or may not be spoken or understood by those receiving the prayers. While the language may not be understood, it retains the same importance as the cadence and rhythm. In such cases, a prerecorded prayer may be helpful in patient / resident care. For example, many hospitals have specified chapters of the Qur’an that have been recorded in Arabic in order to facilitate prayer and worship for their Muslim patients.

EXTEMPOREANOUS PRAYER

Extemporaneous prayers are more conversational in nature and more spontaneous in their wording than liturgical prayers. Typically, such prayers begin with an invocation of the Divine, followed by the thoughts and feelings of the individual offering the prayer. Such prayers may include words of gratitude, requests for blessings and healing, or shared concerns for loved ones. Chaplains may choose to open the prayer up to family members by inviting them to say aloud their own prayers and wishes. The wording and syntax of prayer are also important. Some faiths may use more formal language, such as “thee” and “thou,” while others may be more casual in their speech. The amount of reverence demonstrated during prayer can also be difficult to judge. For many, prayers are somber moments where silence of the participants is expected. Others use prayer as an opportunity to be moved by the spirit and may speak up during the prayer with an “amen” or a “praise the Lord.” When in doubt, it is best to begin a prayer in a more reverential manner. If the family has a more charismatic approach to prayer, their additions to the prayer will clue you in that it is permissible to change up the energy level.

I have often found that inviting patients / residents to direct their own prayers
creates a space for deeper exploration into their experience. For example, while meeting with a woman in her mid-fifties with chronic obstructive pulmonary disease, I explored her frustrations with her health decline, and she asked if I could pray for her. When I asked her what she would like to pray for, she initially stated that she was tired and wanted God to give her strength and understanding. I then asked her to describe “tired.” This created a space in which she began to talk about her desire to be finished with treatment and her frustration around her children not wanting to hear her decisions. She believed she needed to hold on for them and did not want to disappoint them or her doctors. As she spoke, I asked permission to write down her statements and then reiterated them in our prayer together. I then asked if she would like a copy of her prayer. She said yes. Her prayer was as follows:

Dear God,
I pray for an easy death.
I hope to be with you
and not be punished
for taking the easy way out.
I pray that my family will be happy
and accepting of my death.
I have had a good life.
I want to be comfortable.
I don’t want to suffer anymore.
I’ve been
pricked,
plucked,
sucked,
and ventilated
and I just can’t take it anymore.
Help me to not have fear,
that I can relax and go with it.
Please give me a speedy death.
Amen.

Upon receiving her copy, she shared her prayer with her physician and her family. The results of our discussion led to her filling out an advanced health care directive and going home with hospice. She later shared that seeing her prayer had given her a sense of empowerment to speak up and share her wishes with her loved ones.

SILENT PRAYER

Prayer can also be offered silently. The use of silence offers an opportunity for individuals to connect to their deeper sense of spirituality without the distraction that may come from the struggle to find words to pray. Particularly in settings such as the intensive care unit where the patient/resident is often unable to speak due to artificial ventilation or settings such as end-of-life care where the patient/resident is nonresponsive, sitting in silence with a patient/resident can be a very profound and intimate experience. I have often been amazed at the power of silence and the gratitude patients/residents express when they do not feel rushed to speak or receive a response.

Ritual

Ritual and prayer often work together in chaplaincy. Ritual typically involves a familiar action or pattern of actions that works to connect individuals with their larger community. There are many types of rituals, including religious, cultural, familial, and individual rituals. Offering a familiar ritual provides chaplains the ability to help patients/residents create community within their facility, while connecting them to their larger community outside of the hospital. It also can provide a way for patients/residents to feel more grounded as they experience the disorientation of the institutional environment.

RELIGIOUS RITUALS

Religious communities often designate who may provide ritual, such as an imam, a shaman, a priest, or a rabbi. For religious rituals, it is important to respect the regulations of a patient’s faith tradition. For example, only a Roman Catholic priest may provide the Sacrament of the Sick to a patient. While a chaplain can pray and offer words of blessing to the patient, if the chaplain is not an ordained Roman
Catholic priest, the rite has not been received. Even when the language may seem familiar, its meaning may differ depending on the faith tradition. For example, when Latter-Day Saints request a “blessing,” they do not mean a general prayer, but a specific rite performed by ordained individuals from their faith community.

Some religious rituals, such as baptism, may have additional significance when requested after the death of an infant or fetal demise. While families may request baptism for their deceased child, most faith traditions would note that the sacrament of baptism is a rite for the living. Many hospitals have written policies stating that fetal demise patients are not to receive baptism but the offer of a prayer of blessing instead. Other facilities may have no written policy or procedure regarding fetal deaths. For many chaplains, there is no question that such a request would be honored as a means to comfort the family and assure them that their child had life and family and that God recognizes those facts. For others, baptism of a deceased infant may seem disingenuous and ethically improper. While the internal struggle of whether or not to provide baptism is laudable, such a decision should be made well before a family requests a baptism for their deceased child. A patient's room is not the place for a chaplain to wrestle with her or his own theological dilemmas, as this detracts from the patient's own experiences. A possible solution to a baptism may include a simple prayer of naming and blessing for the child. Regardless of the response, the spiritual and emotional well-being of the family should always be at the forefront.

CULTURAL RITUALS

Cultural rituals often blend with religious rituals. They are important for patients / residents and families, particularly at the end of life. Such rituals may or may not be available to patients / residents based on local laws. A chaplain is a resource for the family in ensuring that certain rituals are met. Rituals that may include bathing, clothing, and binding a body after death may seem unfamiliar or unusual to staff members. Chaplains can help educate the staff and family about rituals in which cultural needs can be satisfied. For example, in Judaism and Islam, it is preferable that a burial occur within twenty-four hours of death. For many facilities, such accommodations are near impossible due to the legal issues concerning coroner's reports and / or the difficulty that arises in obtaining a death certificate in a timely manner. Even if all rituals cannot be provided, the chaplain's efforts to bridge the cultural gaps will be appreciated. Many cultural and religious rituals can be found in books or on the Internet.

One of the most memorable rituals that chaplains are asked to perform is that of marriage. Many assume that chaplains, as members of the clergy, are also authorized to perform marriage ceremonies. I have experienced occasions where I have been called by a frantic staff member requesting I perform a marriage before a patient / resident expires. While this scenario plays out beautifully in the movies, it is much more difficult to pull off in real life for many reasons. First, the chaplain may or may not be ordained clergy. The religious authority to marry lies with the ordaining body, not with the title “chaplain.” Second, the necessary paperwork, such as a marriage license, needs to be prepared and registered prior to the ceremony. Third, local laws and ordinances may dictate where and who can perform marriages, regardless of ordination status. When all three factors fall into place, a bedside ceremony is a memorable experience for family members and staff. When they do not fall into place, chaplains have the opportunity to provide alternatives, such as a “spiritual wedding,” which, while not legally binding, allows couples to share a ritual to commemorate their love together. It also offers an opportunity to listen empathetically to the disappointments of those involved.

FAMILY RITUALS

Familial rituals offer an opportunity to better understand a patient / resident and / or family. Such rituals as holiday celebrations, family vacations, and hobbies can connect a family to their loved one and remind them that their time together has forged lifelong connections and memories that will continue after death and loss. Often, in times of grief, creating new rituals can aid the healing process. For example, designating a time to tell stories at family gatherings about those who have passed away or visiting the resting place of a loved one with family may help in the healing process by reminding those left behind of their shared experiences and support.

INDIVIDUAL RITUALS
Individuals also create their own sense of ritual in their daily lives. While the word “routine” is more apt, many of these personal rituals, such as the order in which one starts the day, become disrupted as health declines. Hospitalization / institutionalization removes individuals from their own comfortable spaces and creates new routines. Chaplains have the ability to educate staff about daily rituals and help minimize disruptions for the patient / resident. For example, the chaplain can assist a Muslim patient / resident by offering directionality (toward Mecca) and informing the staff of times, if possible, to avoid disruptions during the patient’s prayer schedule. Patients / residents may also find comfort from items used during their daily rituals. The chaplain could suggest that a picture used for daily meditation or a book of scripture used for daily devotions be brought from home to assist in maintaining a daily ritual practice. By recognizing the changes of routine and the feelings that accompany life disruption, patients / residents are better equipped to adapt to their new environment.

Chaplains often work with patients / residents and families to create individual rituals to celebrate, cope, and normalize their experiences. For example, after a birth mother delivered her child, she requested that the chaplain offer a prayer for her baby and for the family that was to adopt the child. After the prayer, the mother asked if the chaplain would be willing to pray with the adoptive parents the next day when they came to receive their new baby. After the chaplain arrived, he recognized that more than a prayer was needed to signify this event. So he invited the birth mother to place the baby in his arms and continue to place her hand on the child; then he invited the adoptive parents to also place their hands on the child. An extemporaneous prayer was offered recognizing the gift of life the birth mother had given, the love and nurturing the adoptive parents would bring, and the love that they all shared for the baby that tied them together. After the prayer, the birth mother took her hand off of the baby and said goodbye. The adoptive parents then took the baby into their arms. Those present appreciated the ritual that had been provided and the tangible feeling of transition from one parent to the other that occurred.

**USE OF OBJECTS**

Objects are also valuable in creating ritual. By bringing a tangible object to a patient / resident or family encounter, the chaplain has the ability to create a symbol that carries stronger significance than the object itself. For example, many hospitals will place a donated quilt or blanket around a newborn infant. This tangible object later comes to symbolize the moment of birth and often becomes a keepsake for the family and infant later in life. Such rituals using objects may occur spontaneously. For instance, after a young man died in an automobile accident, his mother wanted to say goodbye but did not want to see her son with all his facial injuries. As she struggled with her decision, I remembered that we use “prayer rocks” in our chapel. I excused myself and moments later returned with a small rock. I asked the woman to hold the rock and think of her good-byes for her son. She then kissed it and I took it into his room, placed it in his hand, prayed with him, then touched the rock to his lips. When I brought it back to his mother, I shared what I had done with the rock. She then began to weep while kissing the rock over and over again. As she left, she was holding the rock tightly in her hand, and she felt as if she had been able to say good-bye to her son through this little, tangible object.

**Final Words**

In my fifteen years of health care chaplaincy experience, I have never found anything as simple and simultaneously complex as prayer and ritual. Prayer and ritual are instant tools that have the ability to connect patients / residents and families to their faith tradition and to the Divine. Yet they have the potential to be easy “fixes” and hidden evangelism. Prayer and ritual have the capacity to enrich a visit or to distance a patient / resident from the chaplain by proving that there was an agenda after all. Added to this mix is the understanding that each patient / resident may interpret prayer and ritual differently. To complicate matters, each chaplain needs to find her or his own comfort level with prayer and ritual in order to use them effectively. It is my hope that this chapter offered some ideas and suggestions in order to make prayer and ritual valuable to both patient / resident and chaplain.

**NOTES**

1. Websites such as [www.beliefnet.com](http://www.beliefnet.com), which focuses on interfaith spirituality, have numerous prayers of multiple faith traditions:

ABOUT THE CONTRIBUTOR

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