

# **Editorial**

## **Education, Research, Theory, and Practice in Professional Chaplaincy**

The articles in this issue of the *Journal of Health Care Chaplaincy* cover all the bases that should be addressed in a professional journal: education, research, theory, and practice. Moreover, all the articles illustrate, to varying degrees, how two or more of these professional pillars relate to one another.

The article by Derrickson and Van Hise describes a course for CPE residents at Penn State Hershey Medical Center in which students integrate findings from published research on different diseases into their own spiritual assessments of patients, and develop clinical pathways or guidelines for chaplain interventions to meet the spiritual needs of patients with different health problems. The *Journal* encourages the submission of articles about innovative curricula and educational approaches, especially ones that provide empirical evidence for their value and explain how they can enhance “best practices” in chaplaincy.

Of the four research articles in this issue, one reports the results of a survey of professional chaplains, and two report the results of studies based on chaplains’ documentation of their pastoral care activities with hospitalized patients. One of these is a survey of APC (Association of Professional Chaplains) members conducted by Harr, Openshaw, and Moore, that examined chaplains’ attitudes about the interdisciplinary relationship between chaplains and social workers (and other professionals to a lesser extent) in institutional settings. Understanding these interdisciplinary relationships is particularly important for chaplains since the field appears to be moving toward a referral-based model of pastoral care for hospitalized patients.

The two studies based on chaplains’ own documentation of their pastoral care practices raise some important questions that should be addressed in future research. The study by Galek, Silton, Vanderwerker, Handzo, Porter, Montonye, and Fleenor raises questions about the uniformity of pastoral care for patients of different religious faiths, by highlighting differences in the use of prayer as an intervention when chaplains and patients belong to the same religion or different religions. The brief report by Montonye and Calderone challenges assumptions about clinical practice in chaplaincy and the measurement of pastoral care practices. The first concern it raises is whether chaplains’ assessments and interventions reflect the needs

of their patients or individual differences among chaplains themselves, which may be rooted in their training and education. The second concern, which falls within the realm of measurement theory, is whether self-report measures obtained from chaplain are valid and reliable. A third concern, which the study is not able to address, is the degree to which chaplains' interventions with patients follow logically from their assessments of patients.

Ai and McCormick offer a unique perspective on the professional practice of chaplaincy through their exploration of the aging of the "baby boom" generation and the diversification of religious faith in the United States, including differences in afterlife beliefs among religious traditions, principally: Confucianism and Taoism; Buddhism and Hinduism; and the Abrahamic religions – Judaism, Christianity and Islam. Differences and similarities among these and other religious traditions may provide insights into a possible theoretical framework for chaplaincy.

Two articles I would like to mention – one by Mayo and the other by Galek and Porter – are brief reports/reviews about the implications of brain research and theory on professional chaplaincy and pastoral care. The brief review by Mayo gives a concise and fascinating summary of brain research on meditation and anxiety, and the long-term effects of meditation on brain function. The main implication of this research, according to the author, is that spiritual interventions should focus on changing patients' attention away from thoughts about worries and concerns, and towards peaceful thoughts.

The brief report by Galek and Porter presents the findings of their study on the use of measures of religious beliefs in mental health research, and describes a theoretical model of how religious and other beliefs can directly affect the brain and psychiatric symptoms, especially anxiety. The paper focuses on evolutionary threat assessment theory (ETAS Theory) and explains its relevance to the practice of chaplaincy.

The *Journal of Health Care Chaplaincy* welcomes and encourages the submission of full-length manuscripts that discuss and integrate the four pillars of professional chaplaincy, especially practice-focused research, empirically based articles about educational and treatment programs/interventions, and reviews and theoretical articles pertinent to chaplaincy. The *Journal* also welcomes and encourages brief, erudite reviews and reports on these or other topics in religion and health that might be of interest to our readers.

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Editor-in-Chief