Responding to the Mental Health Needs of Multicultural Faith Communities: The Chaplain’s Balance

Respecting Diversity

by Bernie Rosner

In a talk that ranged from an astronaut’s communion on the moon to the lifecycle of sea turtles, Dr. Glen Milstein’s Keynote speech at the HealthCare Chaplaincy’s Winter Clinical Pastoral Education Day, reminded our staff and trainees of the unique work that we do, and the human-centered healing that we facilitate on our daily rounds.

Dr. Milstein is a clinical psychologist who after working for ten years in psychiatric hospitals, is now an Associate Professor of Psychology at the City College of New York. He first started collaborating with HealthCare Chaplaincy as a post-doctoral fellow at the Weill Cornell Medical College, thirteen years ago. In that time, his decade long research collaboration with one-time HCC chaplain, Amy Manierre, has led to the development and implementation of their model for Clergy Outreach and Professional Engagement (COPE). Milstein and Manierre use COPE to study the de facto role of clergy in mental health care service delivery, and to facilitate collaboration between clinicians, chaplains and community clergy. They have found that mental health care providers have as much to learn about the importance of religious belief and practice as a resource to help persons suffering with mental illness, as clergy need to learn about recognizing when the emotional difficulties of congregants reach the level of severity requiring assessment, and possibly treatment, by a mental health professional.

In his talk, “Responding to the Mental Health Needs of Multicultural Faith Communities: The Chaplain’s Balance,” Dr. Milstein began in Africa at the roots of our human origin. He noted how a study of genetic samples from around the world has confirmed there is only one human species. With a picture of a human brain on the screen, he reminded us that whatever external differences of appearance may distinguish us, our humanity unites us. He spoke of how our human brain is born interlaced with potential for knowing, and not yet woven into networks of knowledge. All human brains are verbal, affiliative and spiritual; each human brain, over time, through our relationships within our families and communities, develops “my language, my culture, my prayers.”
Dr. Milstein said that it was an honor for him to be speaking to a room filled with chaplains and proto-chaplains, and offered two reasons for his deep feeling. First, as an academic, he now spends most of his time teaching students, reviewing data, reading and writing. He honored the direct care that was carried out each day by chaplains among persons who suffered physical illness and mental disorder. Second, he honored our unique work bridging and balancing the varied spiritual needs of the many patients in our hospitals, all the while maintaining our own specific religious rituals and traditions. For Dr. Milstein, this ability to acknowledge a universal humanity that deserves our blessing, combined with each chaplain's learning and commitment and leadership within their own tradition, makes up what he has labeled the “Chaplain’s Balance.” He noted how, like a labyrinth, the balance turns back upon itself: within most religious traditions, there is an acknowledgement that all humans share an original creation, and so the connectedness of all persons is also an expression of the chaplain’s own religious beliefs. This is illustrated by the Hebrew on the balance (B’Tzelem Elohim – in the image of God - מלאט אלהים ) from Genesis 1:27. This understanding of interconnectedness is concurred with by the geneticists whose data leads back to Africa.

As an example of the Chaplain's Balance, which both acknowledges spirituality within all persons, and honors specific rituals for individuals, Dr. Milstein related the actions of Astronaut Buzz Aldrin, after he and Neil Armstrong became the first persons to land on the moon on 20 July 1969. Buzz Aldrin was an elder in the Webster Presbyterian Church in Houston. The week before his launch to the moon, he celebrated communion with his family and pastor. Pastor Dean Woodruff had brought two loaves of bread; they celebrated communion with the first loaf. From the second loaf Pastor Woodruff cut a small piece for Buzz to take with him to the moon. The rest of the bread was set aside for the congregation to share in communion when Buzz Aldrin was safely on the moon. The pastor added a small amount of wine and a small silver chalice to the cache.

When the astronauts landed on the moon they were given a required rest time prior to their lunar walk. During this time, on his side of the small lunar module, Buzz Aldrin removed the chalice and bread and wine in preparation for his personal communion. Before he performed his personal ritual, he spoke to the millions of people on Earth who were listening to these first persons to land on the moon. He said, “This is the LM Pilot. I'd like to take this opportunity to ask every person listening in, whoever and wherever they may be, to pause for a moment and contemplate the events of the past few hours and to give thanks in his or her own way.” Astronaut Buzz Aldrin then proceeded in silence to conduct a personal communion and read from a card he had prepared on Earth with his pastor’s guidance. He quoted to himself, John 15:5, “I am the vine, you are the branches. Whoever remains in me, and I in him, will bear much fruit; for you can do nothing without me.”

For Dr. Milstein, Buzz Aldrin's actions exemplified the Chaplain’s Balance. As the astronaut commemorated this human achievement, he was both seamlessly inclusive of all human spirituality through his invitation for a moment of contemplation, as well as deeply specifically religious through his personal ritual of communion within his own tradition. Dr. Milstein taught us that this balance is an achievement within the daily conflict that sometimes passes as dialogue and discussion in our society.
After this journey to the cosmos, Dr. Milstein returned us to the topic of mental health care and chaplains, reminding us that mental illnesses are real and serious disorders, which in their worst manifestations can lead to suicide. Suicide is the third highest cause of death among persons aged 10 to 24, and the second leading cause of death among persons 25 to 34. It has also become a very serious problem among our soldiers and veterans.

What role is there for the chaplain to play in helping persons with serious mental illness? One point was that the goal for someone who has experienced mental health problems is not only that the symptoms subside, but also that he or she thrive. As one patient put it, he not only wanted medication to lessen his symptoms, he also wanted treatment to put his “shattered soul back together.” Such intervention requires collaboration across disciplines to both reduce symptoms, as well as to return persons home to their communities, their congregations, their families, their spiritual journeys.

Dr. Milstein walked us through his four step model of Clergy Outreach and Professional Engagement (COPE). First, the COPE model acknowledges that much mental health is promoted through our regular involvement within our religious communities, which nurture positive attitudes of hope and perseverance. It is also in these communities where we strengthen our societies by helping educate our children and by engaging in acts of social justice.

A central point of the talk came as Dr. Milstein asked us to accept fully that we are not sea turtles. Sea turtles are born ready to survive; they emerge from their egg shells small, yet fully capable of crawling to the sea, swimming away; they are ready to find and eat what they need to live. Not humans. Central to our survival is culture, and we are born with no culture. He reemphasized that it is from our family and community relationships that we integrate our knowledge to survive and thrive.

It is also within our communities where we receive the guidance and support to respond to life’s stressors. In the second step of COPE, when we experience loss, religious communities respond through both ritual and presence; clergy guide us with rituals of mourning, and congregants come to be with us, and help us with emotional, and at times, financial needs. Through this strengthened spiritual coherence and social support, most persons improve their emotional well-being, never needing the services of a mental health professional.

Yet, some persons’ bereavement does not resolve. Clergy are experts with the range of grief that their congregants suffer. They know when the depth of mourning is greater than most others, and at this moment – without the need for a formal diagnosis – it is appropriate, even necessary, for clergy to refer individuals to a mental health clinician for assessment and possibly treatment. At this third step of COPE, it is necessary that the individual receive professional mental health care.

It may also be that the person is suffering from a chronic mental health disorder. This, in the fourth step of COPE, will require collaboration between the individuals, their clinicians, their families and their clergy to help the person recover and function at their highest possible level. As the person’s health improves, the congregation is a place that can facilitate a return to being a generative member of the community.
Through Dr. Milstein's work with the Nathan Kline Center of Excellence in Culturally Competent Mental Health, two tools have been developed for use by clergy. The first is a brief assessment to confirm that evaluation of a congregant by a clinician would be useful. The second is a brief religion and culture assessment to inform clinicians about aspects of the individuals’ belief and social support that will be important for evaluation and treatment planning.

One of our strengths as chaplains, is that we travel between clinical and pastoral worlds with regularity. We balance the clinical and spiritual with alacrity. Dr. Milstein applauded us and prodded us to reach out and find ways to collaborate with both mental health professionals as well as community clergy. In this way, we bring even more wholeness to the patients with whom we work.

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Attached are diagrams from Dr. Milstein's talk:
The Chaplain’s Balance

Universal Humanity
כзнם אלוהים

Spiritual/Cultural Specificity
What Buzz said to **humanity**, “This is the LM pilot. I’d like to take this opportunity to ask every person listening in, whoever and wherever they may be, to pause for a moment and contemplate the events of the past few hours and to give thanks in his or her own way.”

For **personal** communion, Buzz Aldrin quoted John 15:5: “I am the vine, you are the branches. Whoever remains in me, and I in him, will bear much fruit; for you can do nothing without me.”

3 ½” Silver Chalice used by Apollo 11 Astronaut Buzz Aldrin to partake in a **Personal Lunar Communion**
A Continuum of Care through Clergy Outreach and Professional Engagement (COPE)

1. Universal Congregations:
   Community Context — Congregations can nurture & sustain individuals’ positive attitudes through shared religious faith & values:
   - Hope
   - Perseverance
   - Wisdom

2. Selective Congregations:
   In response to Stressors (job loss, bereavement, natural disaster), congregations help individuals through:
   - Spiritual Coherence —
     - Enacting Faith Practices
     - Religious Coping Beliefs
     - Brief Clergy Counseling
   - Social Support —
     - Home & Hospital Visits
     - Charity
     - Study Groups

3. Indicated Clinicians:
   Mental Health Care with Clients —
   - Clinical Diagnosis
   - Assessment of Religion Salience
   - Clinical Treatment Consultation with Clergy —
     - Learn
       > Religious Beliefs and Practices
       > Ethnic Variation
     - Facilitate Referral
     - Reduce Stigma toward
       > Mental Illness
       > Clinical Care

4. Relapse & Comorbidity
   Clients, Families, Clinicians, Clergy and Congregations:
   Collaborative Recovery —
   - Determine & Adhere: to treatment
   - Integrate: into community
   - Support: persons with mental illness & their families