Strategic Head and Pastoral Heart: Re-shaping the vision for health-care chaplaincy

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INTRODUCTION

The Department of Health, in a paper outlining the role of hospital chaplains, describes their role as "meeting the religious and spiritual needs of patients and staff" [69]. Chaplains are employed by the secular authorities in order to respond to the spiritual and religious needs of a range of individuals of all faiths and none. Rightly, chaplains are expected to be able to act in response to those in need. However, if the model of chaplaincy is never deeper than that of reaction, then there is a danger that the development of a quality service may be missed. What is implied here, and demonstrated in the DH guidance and individual chaplains' experience, is that the role of the chaplain is seen by the secular authorities as concerning religious function and spiritual empathy. It involves meeting people at their point of need, empathising with them, and 'being there'[70] for them, in an often uncritical way. The most compassionate response to someone in need is seen as a passive role, engaging in spiritual issues and questions of suffering and meaning to the limits of the worldview of that individual.

The reactive model of chaplaincy is largely uncritical and, as a reactive style, does provide an important reference point. It does enable the chaplain to engage deeply with people's pain and suffering in a very necessary way. It allows the chaplain to relate to an individual from that person's own perspective, whatever their faith persuasion. In the end, the chaplain's role may be shaped by the immediate needs of others alone.

Personality types

[69] NHS Chaplaincy: *Meeting the religious and spiritual needs of patients and staff* (DoH 2003)

[70] See Peter Speck *Being There,* (SPCK 1988) – its title expresses a chaplaincy of an era.

It is helpful here to introduce the work of Francis and others (2009) who suggest that a profile of healthcare chaplaincy emerges from a survey of the personality types that make up this specific professional group. His work is built on a body of evidence that correlates personality type and self-selected career choices. This work has been focussed more sharply on personality type and clergy profiles [71]. A study of Church of England clergy in 2007 compared with the population norms showed a higher proportion of intuitive types (62% compared with 27%), feeling types (54% compared with 35%) and judging types (68% compared with 55%).[72] That research has been developed to see if there are any distinctive features of Anglican hospital chaplains.[73]

The findings show that male Anglican chaplains display strong preferences for introversion (71%) over extraversion (29%); for feeling (84%) over thinking (16%); and for judging (82%) over perceiving (18%). Two predominant types emerge in this group: ISFJ (27%) and INFJ (23%) showing the combined IFJ preference in 50% of male Anglican chaplains. Dominant thinkers by contrast were only 3%. Similar summary findings emerge for female Anglican chaplains with 52% of respondents characterised by IFJ preference and dominant thinkers only 3%.

These findings show that Anglican healthcare chaplains are a quite discrete group, differing from the wider pool of Anglican clergy in general. Their distinctive personality type makes them especially suited for the work they specialise in. Francis comments, "introversion fits these ministers for quiet, reflective ministry among individuals. Intuition fits them for spotting possibilities, connections a*nd* creative solutions to complex human situation and problems. Feeling fits them for a ministry that places the individual at the heart of pastoral concern, and

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[71] L.J. Francis et al 2002 'Psychological types of male evangelical church leaders', *Journal of Belief & Values* 23 (2002) 217-220'; 'Psychological type preferences of Roman Catholic priests in the UK', *Journal of Beliefs & Values* 27 (2006).157-164; 'Psychological type preferences of male British assemblies of God Bible College students', *Journal of EPT Association* 28 (2008), 6-20

[72] L.J. Francis et al Psychological profiling of Anglican clergy in England'. *International Journal of Practical Theology* 11 (2007) 266-284.

[73] L.J. Francis et al, 'Distinctive call, distinctive profile: The psychological type profile of Church of England full time hospital chaplains', *Contact* 2009.

appreciates the experiences and needs of patients and their families during times of sickness, stress, dying, death and bereavement. Judging fits them for working within tightly controlled and well regulated environments". It could possibly be presumed that if other denominational groups of chaplains were researched a similar profile would emerge.

This perspective on Anglican healthcare chaplains may allow us to understand something of healthcare chaplaincy's development in England. It is true that there have been a number of highly esteemed chaplains whose work has been recognised locally and a few figures have become more renowned for their work through their pastoral writings, such as Peter Speck, Ian Ainsworth Smith, John Foskett, Norman Autton.[74]

The task of religious and spiritual care has been fulfilled admirably, but the whole development of chaplaincy as a profession has been at best unclear and at worst non-existent. The need to relate to and with colleagues facing similar challenges regionally and nationally was recognised in the formation of the College of Healthcare Chaplaincy and its various prior permutations, but the emphasis in these groupings was upon support and relational aspects.

The critical infrastructure for the development of chaplaincy in terms of the theory and practice of the discipline of chaplaincy was absent. With no defined points of entry or career progression through specific degree courses or designated qualifications, the whole gamut of the nature of chaplaincy in theory and practice was missing. This dimension of evidence-based research was highlighted as a major barrier to chaplaincy development with the study conducted by Mowatt, showing the magnitude of that gap. [75] The pastoral education programmes that were so advanced and integral to chaplaincy life in the US and other countries, like CPE, did not really take root within the British context. A number of reasons could be advanced for that in terms of the critical mass of chaplaincy teams, and the priority placed on such models of

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[74] N. Autton, *Pastoral care in hospitals*, SPCK, London 1968); I. Ainsworth Smith, *Letting go,* (SPCK , London1983); J. Foskett, *Meaning in Madness*, (SPCK 1984).

[75] H. Mowatt,'The efficacy of health care chaplaincy', *Clinical Pastoral Education* 2008

formation as lacking. Equally it could relate to the lack of connection between chaplaincy and on-going theological education with the rigour and structure being perceived as an extra to the real task of visiting patients. A more fundamental basis may be rooted in the personality types of those that are attracted and come into chaplaincy. The lack of dominant thinkers (only 3%) may account for some of these factors and explain why, with greater resources through *Caring for the Spirit* [76] this dimension was not addressed swiftly and the necessary infrastructure built. The contrast with the Scottish experience over recent years shows a marked difference and the utilisation of the insights of critical thinkers. All of this is set within a context of NHS as a major organisation where, like many institutions, dominant thinkers comprise the main profile type for management posts.

Critical thinking

Francis, in concluding his work on chaplain's profiles, comments: "The very low numbers of dominant thinkers…serving in hospital chaplaincy may help to illuminate a difficulty within the chaplaincy service to recruit sufficient group leaders or managers from within the pool of those already trained…." (2009).

If chaplaincy is to develop more robustly, it needs to develop or recruit more thinkers to its ranks, and while that is an avenue to explore, it might have a number of difficulties linked with it, not least in selection processes and the potential danger of reducing people to boxy 'personality types'. One of the strengths of the Myers Briggs Typology is to focus not only on 'preferences' and 'strengths', but to encourage people to grow in self awareness in order to develop their 'weaker/less preferred' sides. Perhaps a more constructive and sustainable approach might be to consider how the dimension of critical thinking might be cultivated within the profession itself. Thoughtfulness or critical thinking has emerged out of the education field where the purpose is to train people to give some consideration to matters rather than simply act as sponges for information given. The tutorial system characteristic of several higher education institutions has been seen to be crucial in inculcating such an approach in that it encourages explorations

[76] *Caring for the Spirit*, SYWDC, Sheffield 2003. The Department of Health funded this work over three years to the tune of approximately £2-3 million in England.

into ideas and concepts rather than simply teaching facts and theories. Critical thinking has been defined as "a calm, lengthy, intent consideration".

Together with many others throughout the history of the Christian tradition, this has been considered by Richard Foster in his work on the spiritual disciplines where he specifically mentioned the discipline of study.[77] He defines study as, "a perception into reality of a given situation", and suggests it involves four steps; repetition, concentration, comprehension and reflection. It is the last two that seem crucial, "comprehension leads to insight and discernment. It provides the basis for a true perception of reality." Reflection "defines the significance of what we are studying…..it will lead us to the inner reality of those events. Reflection can bring us to see things from God's perspective…..in reflection we come to understand not only our subject matter but ourselves." This understanding was to be applied to books and writings, but also to non verbal books and, most importantly, to our own experience. The idea that we should critically evaluate our own experience of life seems vital if we are to develop any sense of understanding and growth as an individual. This idea emerged out of the spiritual disciplines tradition so characteristic of the monastic movement. It led to a revival in journaling and spiritual direction where people were encouraged to reflect upon their own spiritual walk and discern aspects of learning through a tutorial process. Such an approach is close to some of the practices that are espoused within the Clinical Pastoral Education programme so favoured in other healthcare settings outside the UK.

The need for thoughtfulness or critical thinking is advocated by Swinton in *Raging with Compassion*, where he considers a number of aspects that might comprise a practical response to the problem of suffering in the world.[78] He makes the point that through the power of the Holy Spirit our minds should be renewed, "however, in reality we rarely allow our minds to be transformed. We are all implicitly and explicitly embedded within forms of culture that often run contrary to the ways in which the gospel teaches us to think. Unless we learn the practice of critical thinking – a mode of thinking that approaches the everyday, mundane dimensions of

[77] Richard Foster, *Celebration of Discipline* (Hodder and Stoughton, London 1980).
[78] J. Swinton, *Raging with compassion* (Eerdmans, Grand Rapids 2007)

the world with a theological hermeneutic of suspicion – we risk drifting into thought patterns and subsequent forms of action that are not only dissonant with the gospel but that can, in fact, become profoundly evil."

The use of the term 'evil' may seem extreme and Swinton qualifies it, "...evil is not something that only 'evil people' do. Preventing people from seeing and experiencing God's providential hope and love does not require active involvement. Simply by not doing something, or not noticing something, people can find themselves excluded or excluding others from their primary source of providential help. We can easily become complicit with evil if we are not vigilant and thoughtful".

He goes on to emphasise the need for critical thoughtfulness as people seek to make sense of what has happened to them and all that they are going through and how that fits in with their world view. He describes the practice of thoughtfulness as resistance and it might be understood in terms of not being complicit in the patterns of life that people accept almost unconsciously. In linking thoughtfulness with the challenges of theodicy, he helpfully reiterates the adage that all that is needed for the triumph of evil is that good people do nothing. Such critical thinking raises consciousness of aspects of ourselves and our implication in implicitly evil practices that we may never have recognised or been able to acknowledge at a conscious level. The remainder of the chapter is devoted to considering issues of life and disability through the lens of thoughtfulness. The depth of thought and consideration is powerful and permits reflection on issues that regularly occupy healthcare chaplaincy, but far fewer seem to have pondered the ramifications of such an approach. There is a careful attention to what it means to be a person in a medical setting and Lartey's five stage pastoral cycle invites a similar in depth analysis of matters.[79] The dilemma is whether such models are useful or ever really used except in the classroom or tutorial group. To what degree they are assimilated into professional life is more debatable.

That leads on to the question of whether such critical thinking can be taught in a formal sense, or whether it can be better learned

[79]E. Lartey, 'The pastoral cycle' in *Spiritual dimensions of pastoral care* (Jessica Kingsley, London 1996) eds. Willows & Swinton

through a process of modelling and mentoring. Perhaps the best hope is that it might be fostered by the mentoring/supervisory process that provides the categories and challenge to think beyond the box of a person's own experience and insight. The challenge of such an approach might be that many who already espouse the use of a supervisory model might need to stretch their current understanding in order to develop this capacity for 'critical thoughtfulness' more fully within their work and practice.

Voices in the deep

One of the real challenges of healthcare chaplaincy, especially in the acute setting, is the facing of challenging issues day in and day out. The opportunity to reflect on the issues of personhood and their full impact in the immediacy of critical care is not possible. The challenge to consider the issues behind the issues that present themselves in the case of the most recent example for request for assisted suicide may not easily emerge, but such intellectual rigor is necessary. It is important for the well being of the patients who are in our care, but also for the chaplain's our own sense of well being as a practitioner. The need to wrestle with our identity as a chaplain in its many facets is vital if chaplains are to sustain engagement in this demanding world. To search for answers that seemingly have no answers, and address themes and issues deep and leaden, while giving some hope and perspective, seems vital. That ongoing work of sustained disciplines and rigorous thought and reflection is necessary for the survival and well-being of individual chaplains. It needs to be developed so it becomes a way of professional life and patterning.

Too many chaplains find themselves exhausted by the constant demands of the work setting and find it almost impossible to develop any other strategies for growing themselves as chaplains or as a team. The pastorally reactive paradigm is fundamentally deficient in its utilisation in healthcare chaplaincy as a long term survival methodology. The need to broaden our experience and personality type by conscious and deliberate attention to the 'thinking' aspect of the Myers Briggs model seems important.

Practical consequences

If there is to be a sustaining of professional practice in healthcare chaplaincy, then the need to reflect thoughtfully upon experience

is vital. The individual chaplain is likely to draw strength from their own understandings of life and experience to enable others to discover and explore a broader and fuller perspective. Such thoughtfulness will be resourcing of the chaplain themselves, by allowing them to explore the heights and depths of life and death without the fear of being permanently overwhelmed.

In terms of professional life, the chaplain who moves away from a pastoral reactive style to a more reflective model may find themselves being more energised by the challenges and able to resource a longer and more creative duration of ministry. The fostering of different perspectives will become a way of life through the tools of Continuous Professional Development, supervision, verbatim recording and theological reflection. The digging of deeper wells in the apparent desert of acute care might mean that hidden springs will be uncovered that refresh and renew. Within the team of different personality types, from the perspective of the T type, it is acknowledged that it is easier for the T types to make sure they care for themselves and survive rather than the NF types. It is the T types who limit action and creatively look to other ways of responding, while the NF's are continually absorbed with the pain of human need that still requires help and support, and the cry goes up, "Who will help them?" Both positions have their relative strengths and weaknesses, but it is important to recognise difference thus manifested.

The whole dimension of nourishing or developing our own spiritual life is an aspect that requires attention as part of this discussion since it important that individual chaplains recognise the need to sustain their own spiritual growth. Again there is an abundance of literature on spiritual life related to personality types which can be helpful and, within a team, experimentation of the differing styles is a healthy corrective lest complacency convince people they are fine as they are. Within teams where such difference is not apparent, perhaps there needs to be a conscious and deliberate decision to acknowledge that, positively engaging with other styles and ways that might not naturally be comfortable in order to allow the team to experience difference and grow through it.

All of this relates quite particularly to the individual chaplain in their own team and setting. It does not take account of the broader regional and national scene where the demands for rigorous thinking are clamouring and imperative. The recent challenge by

the National Secular Society is a case in point where there were a number of comments penned by people on the subject, but little emerged as considered reflection on the main issues of the debate. The strategic and critical issues have not been highlighted from within the profession's leaders and again the difficulty will emerge when such claims are repeated in more uncertain economic times and the careful thoughtfulness and preparation will be seen as missing. The chaplaincy profession needs to ensure its intellectual rigour so it is not the domain of the privileged few, but the learned territory of the many. That may mean we have to coach people into another way of thinking, looking at and addressing issues if we are to shape chaplains for the new challenges ahead. The intellectual and ideological framework of chaplaincy is in need of some radical work if it is to become relevant to the NHS today and not just a cross breed of the church in the hospital. Critical thinkers are part of the mainstream churches, but the chaplaincy profession, dominated as it is by self selected INF's, need to be alert to the basic flaws that remain within their own structures and constituent make-up. The point is not primarily to sound critical of the way things are, but to encourage creative and dynamic models of chaplaincy that will be life giving and applied positively within the NHS where the threat of cut backs and cost improvement programmes are never ending.

So what are the implications for this in relation to training and development among chaplaincy colleagues? I hope that trust and honesty might grow and abound as old barriers are broken down. Increased recognition of different gifts and styles may help us to discover new and exciting ways of working and collaborating together. The challenge is not to retreat, but to develop together into the fullness of the rich and diverse community we have been created to be. 'Thinkers' might be in the minority, but it might nevertheless be possible to develop patterns of working and relating that ensure critical thinking is an integral part of individual chaplaincies, together with serving the national agenda where the development of a professional identity expressed within a range of different models requires minds capable of thinking ever beyond 'the box'.

The agenda is being discussed within the professional advisory body (UK Board for Healthcare Chaplaincy), and the rigour of those discussions is vibrant and challenging. It is interesting to

notice the reaction of some of the other chaplains, whose dominant personality type is weak on T, who fear the bar is being set too high or unattainable. It is of course important not to be elitist or esoteric in all of this, but equally it is vital that those whose dominant personality type is T challenge others, while the INF rightly challenge the T's into recognising the need for balance in all of these debates. It is recognised that often the rigour of the T types can present itself as being critical of others, which is not its intention, but rather its regular mode of engagement. Perhaps there is a need for robust debate within an understanding of common goals.

It has been valuable and fascinating to be part of a team in Cambridge which is a rich and varied group. The general profile of chaplains would be reflected in the team except that the team leader is strongly T, and the dynamics have been fascinating to observe and enjoy. On reflection, it is acknowledged by other team members that, without the presence of a strong T type among them, others would not necessarily engage with their critical thinking faculty. The awareness that this brings strength and vigour to the work of the department has taken time to develop so that barriers are broken down and a new openness owned. It is the recognition of varying gifts and different personality styles that has led to new ways of working and collaborating.

Perhaps for some chaplains whose personality type is strongly T and find themselves struggling in this world dominated by INF's, it might be important to remain and discern where those energies of critical thinking might be best channelled to develop colleagues and the profession as a whole. The option to move over into another domain of ministry is to deny growth and development in chaplaincy and stunt its progress. For many years the author has been aware that anecdotes abound in chaplaincy circles in that when a group of chaplains gather at a conference or study day, there is never a shortage of stories. The question is posed, is there anything beyond such anecdotes? The author wonders if, for a few, there is more, but for many this is a comfortable place that connects up with the personality type of the professional.

Recent years have seen the development of entry routes into the chaplaincy profession by means of access courses, and the emergence of post graduate courses up to Masters Level is encouraging. There are positive signs that see a small trickle of

chaplains starting to explore the territory of doctoral programmes and apply their minds to the complex and demanding issues of the research agenda for chaplaincy. The opportunity for senior or lead chaplains to meet twice yearly in Cambridge has been cultivated deliberately as a means of fostering this kind of challenging interaction amongst colleagues. The signs of hope are evident, but we need a much greater mass of people to own the need for critical thinking or as Swinton puts it, "Thoughtfulness as resistance in the face of the pressures of current culture."

The Violence of Language: A reflection on speaking peaceably

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It would be easy to believe that we live in extraordinarily violent times. We don't, of course, but, because we are bombarded night and day with not just rumours of wars, but live footage, beamed directly to our TV screen, computers and smartphones, we are much more aware of how much violence there is in the world. Less than 200 years ago, most people living in my parish would hardly have been aware of a violent incident five miles down the valley, much less receiving up-to-the-minute information about battles and disasters in far distant lands. Life is nothing like as violent as that which was experienced by most of our ancestors. One doesn't need a history degree to know that much of our past has been atrociously violent. I watched the Channel 4 dramatization of Ken Follett's epic story of life in the mid-12th century, *Pillars of the Earth*, and realised afresh how random and indiscriminate was the violence of everyday life 800 years ago. Watching Ian Hislop's series, *The Do Gooders,* reveals just a little of the violence that was regarded as normal – even beneficial by some – as recently as Victorian times.

But there is still violence all around us. Whether fuelled by alcohol, mental illness, crime, or drugs, violence is part of our lives. There are still wars in various parts of the world as men fight for scarce resources or political power. The question which