

Depending on the situation and the personalities involved, you may want to do this with the assistance of a mature helper.

### **Finally...**

Few of us will enjoy the privilege of Joshua who outlived his critics. Critics are a fact of life for all in leadership. We do well to make room for them to be heard. There may be much to learn - there may be little. Make no mistake, more is to be gained by exercising patience and grace than simply ignoring those who have a different grasp of the issues.

Great leadership is about good listening and secure responses while still preserving the space for differing approaches and perspectives. In the midst of many voices there is discovered much wisdom and learning. Perhaps we should thank the Lord for our critics rather than praying for their removal!

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## **CHAPLAINCY REFLECTIONS**

### **Derek Fraser**

Stories abound of bishops who, struggling to place 'difficult' clerics in positions where they would do least damage, eventually decide on chaplaincy as a suitable place to lose the poor unfortunate. For a long time, I had thought of chaplaincy as an exclusively Anglican domain with a high ratio of misfits from ministry. Free church and Roman Catholic chaplains were usually part timers.

That world and those perceptions have been changing radically in the last 10 years. NHS reforms and the creation of Trusts along with the Patient's Charter in the early 1990's saw the rise to prominence of spiritual care and the employment of more full-time hospital chaplains. The appointments process was opened up to attract the best candidates, and the managements of the hospitals were calling for a greater sense of professionalism from its

chaplains as well as greater accountability. It was no longer possible for the chaplain to wander around the hospital blessing anything that moved; there was a need to document what chaplaincy offered and how it fulfilled its objectives.

On a professional level, I was aware of the changes impacting church ministry, with an emphasis on keeping the show on the road, tolerating anything that was suggested and a significant diminution of pastoral care. I reflected that the ministry I was trained for in the 1970's was very different to the 1990's with trends to success, growth, and an increasing disregard to vocation accompanied with an accelerating sense of violence towards the clergy.

On a personal level, I was changing as an individual. I had just completed doctoral studies in power politics in the OT community of post-exilic Judaism. Then I was confronted with my wife's major life threatening illness. Suffering this close at hand, and at this depth, caused me to question radically much of the trivia of church life. To be plunged into an alien world of high tech medicine where the struggle is for life amidst a vicious treatment regime was challenging, painful and all too close. It was no place for pious words and social pleasantries. I struggled for answers when others could give no hope or perspective. Out of that chaos, came a reordering of my personal life. Since there was no future, only today, you make the most of the day! Priorities changed, with people and real relationships as vital. I discovered that my sympathies had deepened and broadened and I was able to reach out to others in compassionate presence.

Through that personal struggle and involvement with the specialised world of healthcare I returned to the local church also conscious that as a minister I was a highly trained professional with a distinctive and particular expertise, and discovered that time and again I was not able to exercise that specialism to the full. Out of that turmoil God led me into the world of hospital chaplaincy. I am now in a major teaching hospital, currently the largest in the country with 3000 in-patients and approximately 15,000 staff.

I am confronted with a continuous stream of needy people. Pain, suffering and death are part of the daily diet and sometimes its shocking grotesqueness and brutality. I meet many people with similar and conflicting worldviews. Different ethical stances are

adopted and people assume that because they are not Christian, chaplaincy will have no time for them. Our basic ethos is to care for the individual and to respect all people, regardless of race, religion, creed, gender or culture. I am reminded of my undergraduate days in Glasgow, sitting in R S Downie's moral philosophy lectures wondering what purpose there could be to such study. Yet in a multicultural society, healthcare chaplaincy seeks to exercise its specific role and affirm basic aspects of life. Our theological thinking forced us back to basics to find some common ground which would allow us to address the whole hospital community. Genesis and Psalm 139 seemed a good foundation on which to build. We are involved in training students and clergy, who find our mental starting point far removed from them, in that they had not conceived of going so far back! In this context we seek to enable staff to find some worth, value and significance to their lives. We encourage Christian staff to be part of that dissident community which promotes distinctively Christian values which are often at variance to the dominant culture of cost effectiveness and measured throughput.

Healthcare is a constantly changing world. The 1992 NHS reforms were a major catalyst for change. The need for accountability to management, which many found difficult, led to the regular monitoring of staff activity. A professional standards document clearly defined aspects and competencies of the job. There was pressure to diversify the service offered by chaplaincy away from the simple provision of religious rites to include the bereaved, ethical aspects, staff support and multi-faith education and awareness. At the same time there was an increase in staffing with many Trusts opting for full time staff in preference to part timers, so providing a better continuity of service delivery. It meant that no longer was it the case of the church entering the hospital to do a bit of visiting, but a paid professional employed exclusively by the Trust exercising a role and function within the organisation. The Chaplain's speciality is to possess a particular understanding of the relationship between faith, illness and the emotional and mental conflicts that arise. It also seeks to motivate and initiate meaningful use of each individual's beliefs and attitudes in the management of their problems. This has led, I think, to greater professionalism and an increased sense of confidence by chaplains and fostered closer integration and inclusion within the inter-disciplinary scene.

A study undertaken in Leeds into staff's perception of chaplaincy was published in the Health Service Journal (July 1996) with a front cover which carried the title, "Is God good value in the NHS?". Cost effectiveness is a constant issue within the scene. So we have to be able to explain what we do and justify its worth to management.

In 1997 New Labour came to power and were keen to promote the concept of evidence based care with measured outcomes. Clinical governance that seeks to focus on effectiveness, efficiency and competency is becoming a major aspect of life. In this context and culture chaplaincy seeks to survive and thrive. We have a great deal more inter-disciplinary working, with case conferences and debriefings, led by chaplaincy. We have sought to place a priority on pastoral care with a willingness to respond to where people are at and how they feel at that moment. We are perceived by staff and management as trusted mediators who will be available. We have a unique role in staff support by being available and able to provide support to clinical and management staff. Often people feel secure speaking to us because we are not management or personnel, yet because we work in the environment we understand the pressures and we seek to respond to individuals as whole persons within a physically obsessed medicalised world. In a recent conversation with a senior Social Services manager, I was describing my role in particular with regard to staff, which drew the comment, "I wish I had the opportunity to speak to someone who would recognise me.... as a human being in an increasingly depersonalised world".

I enjoy this world immensely with its challenge to faith and life. The opportunity to be regularly at the coal face is rewarding. To meet with people at depth is relevant and fulfilling. One of my haunting memories from church ministry was the realisation that so often the church does not scratch where people are itching. Perhaps this is due to the lack of willingness by clergy to sit where they (the ordinary people) sit. Time and again I discover people who have given up on the church yet have real needs. They have time for God and spiritual things, but not the church.

Chaplaincy recognises that all people have a spiritual dimension, with their beliefs, traditions and values enabling them to make decisions in their search for meaning through pain and illness. Spiritual care offers the possibility of understanding discontinuity

in the narrative of their life. The role of chaplaincy is not therefore concerned with religion alone, but with affirming the spiritual dimension in people. By spirituality, we mean the universal search for meaning and purpose which is an inherent part of being human, while religion is the means by which we organise our spiritual yearnings, the framework within which we make sense of those longings.

The rhythm of work means that there is on call cover to be provided and the uncertainty of that can be unnerving. What awaits you on arrival at hospital at 2.30am can be daunting. Yet to be free and have no guilt when not on duty is delightful. I marvel quietly at the ministers who puzzle whether I miss preaching or not. Have they not realised that most people have forgotten 98% of what they said by Wednesday? The culture of healthcare is curiously affirmative where people express their appreciation openly and immediately.

### **Insights gathered**

After 5 years in this world I have a more profound understanding of Christianity as an incarnational faith where our presence is important. Who we are matters. So much of our time is spent being busy doing things and I reflect that God made me a human being not a machine. Eternal values are important now and they need to be constantly translated into the currency of everyday living. It has always struck me as curious that evangelical preachers talk about "being saved by grace and not by works", but are dominated by the Protestant work ethic, often with a disdain for quietness, reflection and being. We have been created in the image of God and such an affirmation with its attendant stress on personhood means that character is crucial and eternal values matter supremely. I am reminded of the picture of death that Leslie Weatherhead once described: "Sometimes I think that the Angel of Death is rather like the modern emigration officer who deals so strictly with our luggage when we embark for a foreign land. Is this not a picture of our departing hence? You can take kindness, and sensitiveness to beauty, and the power to love, and - I hope - the power to laugh. You can take the capacity to worship and the power to serve and to apprehend the truth. But so many of the things that we wear ourselves out to collect have to be left on the quay, when we embark on that immortal sea which brought us hither."

The nature of Christian faith focuses upon the relationship we can have with God through Jesus Christ. The nature of the relationship is one of grace, where the person is the recipient of all that God has done. Christian life is about relationship to God and finds its highest expression in worship when we are the people of God. Yet so often we are talked at rather than allowed to explore in diverse ways the riches of our spiritual heritage, through sound, sense, smell and sight the whole of our being and not just our head.

One of the constant challenges of chaplaincy is to meet people where they are, to attune to a person's world view and come alongside them, enabling them to find meaning and strength in the crisis of hospitalisation. Yet there is a God in heaven who makes sense of all this seeming chaos. In *The Plague*, Albert Camus describes a conversation between a doctor and one of his friends in the plague ridden town. In a service the senior priest has just interpreted the plague as a judgement sent from God and has described the suffering of the population as part of God's purpose. The doctor is asked if he believes in God. He replies, "No, but what does that really mean? I am fumbling in the dark, struggling to make something out. The senior priest is a man of learning, a scholar. That is why he can speak with such conviction of the Truth with a capital T. Every country priest who visits his parish and has heard a man gasping for breath on his death bed thinks as I do. He'd try to relieve human suffering before trying to point out its excellence." That doctor speaks for many in the hospital who like him are fumbling in the dark, trying to make something out. Theoretical opinions are not always helpful. The search for meaning continues, often in the face of perplexity, isolation, emptiness and weakness. Heije Faber, a Dutch theologian has compared the minister in the hospital with the clown in the circus. He claims that the clown occupies a unique place among the artists and that there are three tensions in his life, namely: the tension between being a member of a team and being in isolation; the tension of appearing to be and feeling like an amateur among experts; and the tension between the need for study and learning on the one hand and the need to be original on the other. The same holds true for the chaplain; he stands alone while others work in groups; he has much to learn, but each patient, like each circus crowd is unique and the chaplain like the clown has to develop a relationship anew in each pastoral

encounter. But the chaplain like the clown can represent the fundamental truths of human existence which none of us can evade and particularly the absurd, pathetic, clumsy, ordinary quality of human life with which, in our own weakness and foolishness, we can all identify. The chaplain stands for the common denominator in the context of which each one of us can see ourselves more clearly, learn to laugh at our pretentiousness and rediscover our worth. Those who work within a hospital are continually reminded of how fragile and precarious life is, but they also discover qualities in themselves and others which they did not recognise before. It is a privilege to minister in such a setting.

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## SACRED COWS & GAS LAMPS

### Hedgehog

A long time ago, I noticed that the shift workers who attended our church didn't - attend, that is. They were very committed to their Christian faith, but didn't come to church very often. Being of a radical turn of mind, I asked them why. They explained that our 11.00am Sunday service was too early if they were coming off shift and too late if they were going on shift.

Even more radically, I proposed that we bring our service forward half an hour to 10.30am. Simple enough? Huh! Objections ranged from older members complaining that their arthritis prevented them from getting out that early to young families insisting that they could not possibly get the whole family organised for church at such an ungodly hour.

In the town where I now live, and I guess the same is true for your neck of the woods, every church that I know starts its main Sunday service somewhere between 10.00 and 11.00 on a Sunday