Hospital Chaplaincy beyond religious control: a compelling pilgrimage
Workshop for Common Dreams: Canberra 2013
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As a New Zealand hospital chaplain, I've found myself caught in a religious and spiritual time warp. This presentation tells some of the story of my pilgrimage to understand that and to think about how it could be different.

Although spiritual well-being is a fundamental human right, hospital chaplaincy in New Zealand grew out of a Christian parish-visiting model.

Over the years it has developed into a professional pastoral care service underpinned through Clinical Pastoral Education (CPE) training. The work force is a mixture of professional chaplains and a significant number of volunteers.

Under the government contract we're employed to provide spiritual support to people of all faiths and none.

However, we all have to be Christian ministers. We can't be Muslim, Buddhist, Hindu, Jewish, Pagan, Humanist or Atheist.

It feels like there's an elephant in the room and it's called Christian.

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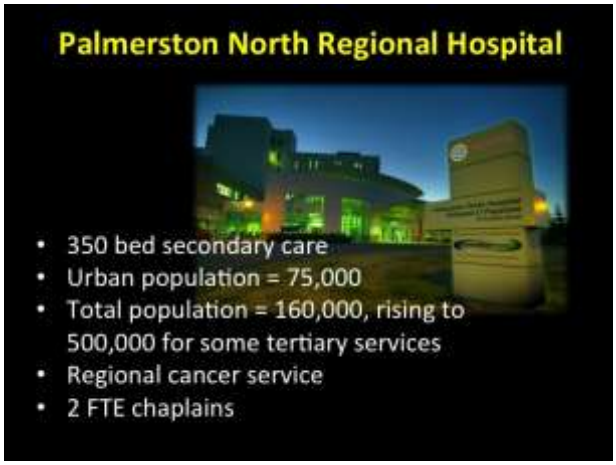
When I talk about this situation, a common response is to suggest that we need more elephants. That is, more chaplains from varying faith traditions but I'm not so sure that this is the best pathway.

Before I go any further, it's important to say that my comments are not a criticism of my employer, the ICHC, or Palmerston North hospital where I work as a hospital chaplain.
Nor are they a criticism of my chaplaincy colleagues in this hospital or any other.
My reflections come from my own ministry pilgrimage in a world that has shifted beyond recognition and demands a response.



When I began at Palmerston North hospital there were three chaplaincy models in operation.
Denominational visiting, which is less dominant now with more ecumenical chaplains and fewer people naming a religion or denomination.
Loitering with intent, random wandering looking for pastoral need.
Neither of these models take chaplains to priority patients but neither does relying on staff referrals as these mostly fall into the 'religious' category.

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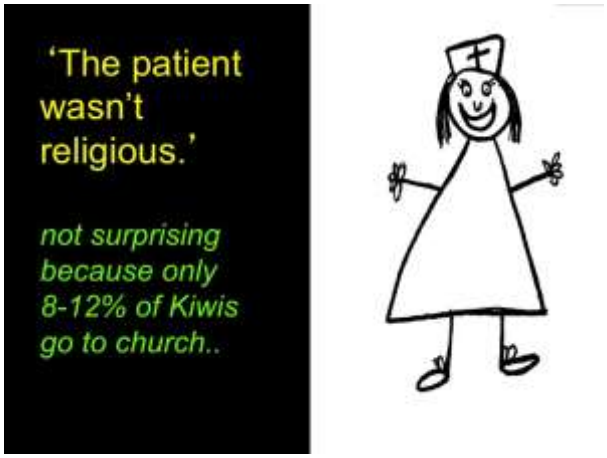
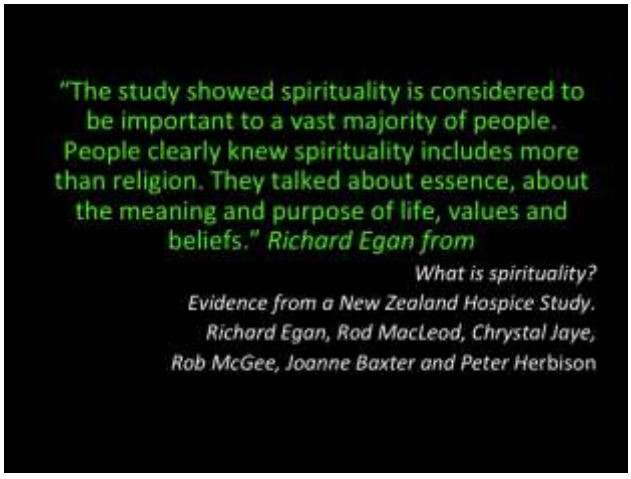
About two years ago the chaplaincy team decided to start noticing trends in a more deliberate way. Although one of our contractual priorities was to attend to death and dying in the hospital, we found ourselves more often tending to the empty room with no patient in sight. To put this in context, blessing rooms after death is a practice consistent with Maori spirituality and is available in most New Zealand hospitals.

Staff told us that patients weren't religious and didn't want chaplains.

That's not surprising given the diminishing numbers of people associated with church going in New Zealand, however as chaplains are meant to be there for people of all faith and none, we could see there was a huge gap in understanding.



For although Kiwis are not big churchgoers, the vast majority consider spirituality to be important.
This is consistent with my experience and the conversations I have with people when I can get past the religious anxiety present in our society and consequently our hospitals.



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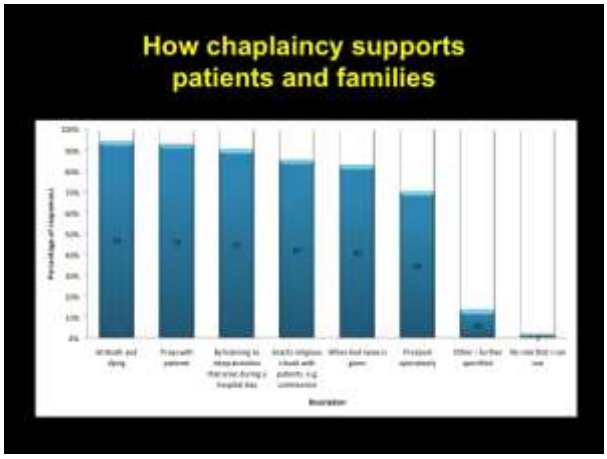
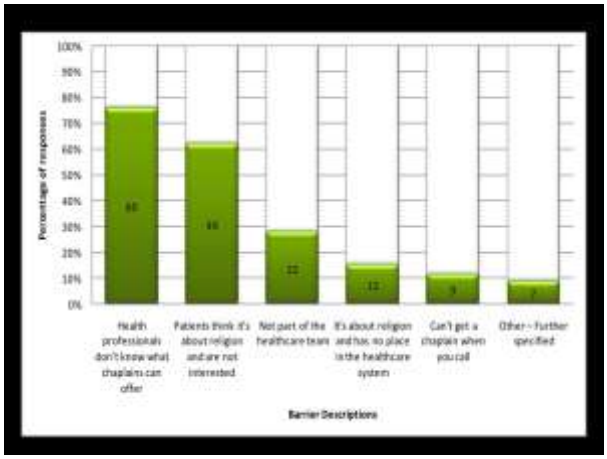
We thought we'd better start asking staff what they thought about all this so we conducted a small survey at the end of 2012.
One of the things we asked was how they thought we supported patients and families. Overwhelmingly, staff thought we offered support at death and dying even though they weren't calling us to assist. That just added to the confusion.



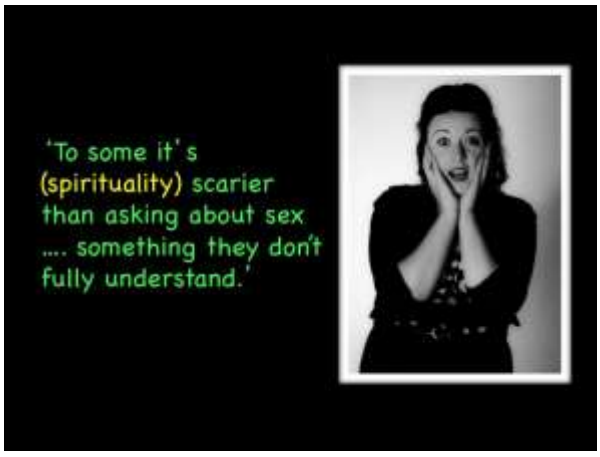
When we asked what was getting in the way, it was a bit dispiriting but also revealing to find that staff didn't really know what chaplains could offer.

The challenge was to be clear about what exactly we were offering, and to explain that in language that crossed multiple boundaries.



There was lots of room for free text in this survey so that we could get a sense of what staff really thought. To find that spirituality was scarier for some of them than asking about sex started to put the whole thing in some kind of perspective.

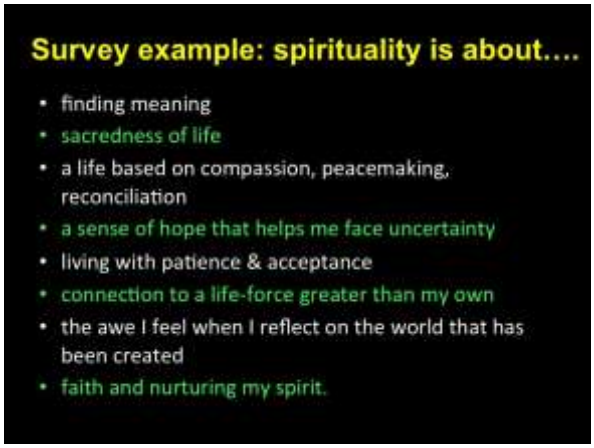
You can get a copy of the survey: sande.ramage@midcentraldhb.govt.nz



What was equally fascinating was that even although staff said they didn't understand spirituality, they were able to offer their own, often erudite, definitions.

Most didn't mention God, Jesus, the Buddha or Mohammed but instead used more contemporary words to describe the sacred.

One person gave us this stunning list:



About this time, as a result of a spectacularly unsuccessful attempt to get better referrals from staff, the chaplains began to get invitations to attend multi-disciplinary meetings. Yippee, we thought. Unfortunately the progress was short lived due to a legal interpretation of a Privacy Commissioner ruling, which meant that our access was denied. This was despite signing the same confidentiality agreements that all staff sign and despite our contracts stating that we are part of the multi-disciplinary team. Back to square one.

We decided we had to help bridge the understanding gap. I developed the Spirituality in Healthcare seminar for staff and took every opportunity to attend staff briefings and unit meetings to talk about spirituality
Using this method I've been able to speak directly to over 200 staff.
A drop in the bucket with a staff of nearly 3000 but they say a dripping tap gets results!

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We take a very broad approach to spirituality, acknowledging that this is a developing journey.

Recognizing that even having a label is not so familiar anymore.

We include wide-ranging research that points to the seismic shift around spirituality, the growing disconnect with religious traditions and the movement towards spiritual independence. This approach instantly resonates with staff.

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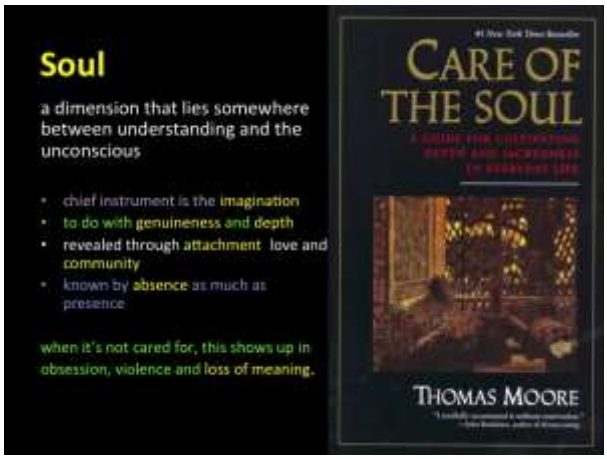
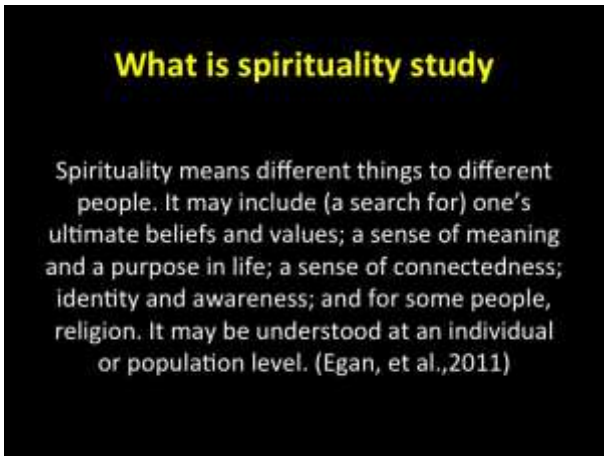
We redefine some religious terms, connect spiritual writers with the healthcare literature and build language bridges from one world to another.
Connecting is key.



We encourage a range of definitions for spirituality and are so blessed to have this New Zealand research to refer to. You can see more about this on www.spiritualityandwellbeing.co.nz

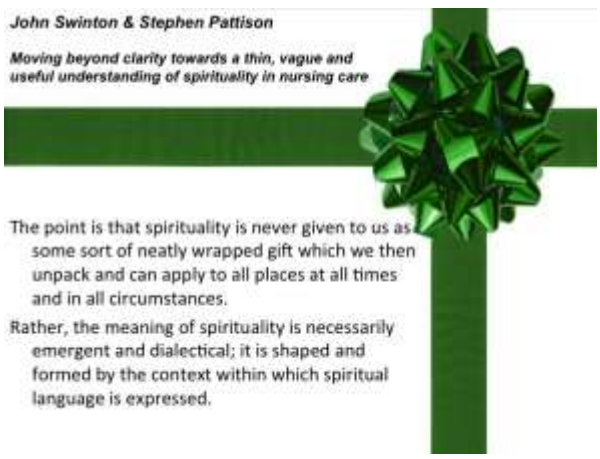


We refer to Maori spirituality, which also holds connectivity as central.

We talk a great deal about how spirit and soul tend to be hidden. How in our Kiwi context we talk around these issues preferring to natter on about sheep dogs, and families. But we point out that these things are part of the spiritual dimension too.

And somehow it all connects up around the vulnerability of our mortality. Everyone gets that in an instant!

Using the academic literature is vital so that we can explain how diverse spirituality is. It's not like giving two panadol as needed!
Instead it's explored and expressed in different ways in different places, often emerging through our language.
Hence the importance of conversation about sheep dogs, rugby and sailing in a country like New Zealand.



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But the pathway to talking about spirituality is still a bit problematic. I developed a way of explaining this through the imagery of doorways or portals, in part because many of us have travelled to different lands or ways of being through the literature or movies of our childhood. My doorway was Narnia so I use that as an example.

Fortunately, Professor Elizabeth MacKinlay has come up with a useful spirituality model in her book Palliative Care and Ageing.

I am in her debt for this image that has helped so many staff understand how religion can be part of spirituality but not the only doorway to ultimate meaning.

http://www.jkp.com/catalogue/book/9781849052900/review/

We recognise the problem of spirituality as absence. Not because individual staff members are lacking in compassion. Far from it, for I see the evidence of dedicated care every day. Instead, economics and scientific rationalism sometimes dominate and push other languages to the side, making it hard to embed spirituality into the system.

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It would be easy to point a critical finger at the elephant saying that Christianity has taken all the space in the room when others should be getting a chance to offer spiritual care in New Zealand hospitals. On one hand that's true but if you look closely you will see that the room is very tatty. The healthcare system has not paid attention to how to embed spirituality in a systemic way.

Chaplains do have a responsibility to name the absences and to point to the state of the room. But like all prophetic work that's easier said than done and to be fair, the finger mustn't only point one way.
Chaplaincy also has a responsibility to think deeply about our own fears for the future. To seek out research about the changing scene so that there are honest conversations with funders about what the future of spirituality in healthcare could look like in the broadest sense.

For instance, Christianity has a strong history of mission. Whilst the Christian churches may not harbor lingering hopes of the hospital as mission field, plenty of patients hold the mistaken idea that Christian chaplains are there to convert them. It's what appears to drive some of the resistance to chaplaincy in hospitals. There's an uncomfortable conversation to be had about how chaplaincy is presented in the future. Language matters.

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And then there's the big question about who can offer spiritual care in the New Zealand healthcare system.
John Figdor is the highly educated and valued chaplain at Stanford University. He's got a way better divinity degree than mine yet he would not get a hospital chaplains job in New Zealand because he's a Humanist and not a Christian.

Jason Heap wouldn't get a job either even though he's been a Christian minister before. He too identifies as a Humanist.
But think back to all the material that I present in our Spirituality in Healthcare seminars and all the research that I draw from.
All of it points to diverse ways of understanding spirituality, beyond but not excluding religious traditions.

And the reality is that some existing chaplains are caught in a descriptive bind, having moved beyond a clearly defined Christian label but unable to express that because their job depends on offering 'Christian ministry'.
Chaplain X is like this. He despairs that this outmoded labeling system undermines the development of a universal spiritual healthcare service to the 88% flying solo in New Zealand, outside of any religious tradition.

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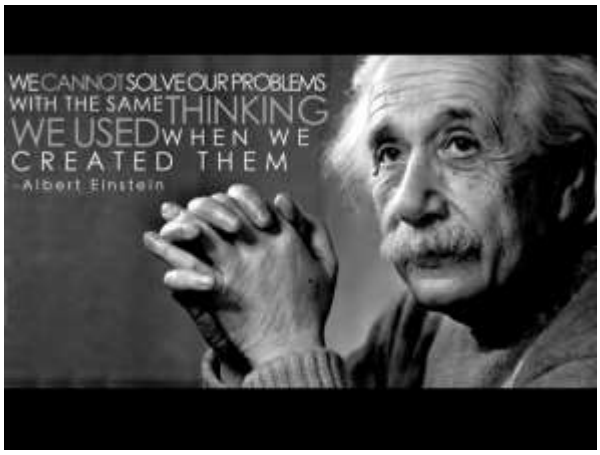
We have to go past what we've always understood and done no matter how uncomfortable the change is.



Let's face it; courage is needed to ask hard questions about what chaplaincy is achieving. To do some in-depth research, not to justify our existence but to understand exactly what spiritual care is needed for Kiwis today, how that can be delivered and who we could partner with to make that a reality.

To be honest, I think we've already gone past the church and/or particular religion model for chaplaincy in New Zealand. However, there is potential.
We're fortunate to have ***Te Whare Tapa Wha***, a well-developed Maori model of health that holds spirituality as central to our existence and wellbeing. But this is only the starting point.
We need the combined input of a wide variety of traditions, religious, wisdom, philosophical, scientific and cultural, so that spirituality is not an added extra but a central and dynamic part of how healthcare works.

We also need a shared language and an umbrella that can hold it all together. I think Karen Armstrong's Charter for Compassion framework provides this when it says:

The principle of compassion lies at the heart of all religious, ethical and spiritual traditions, calling us always to treat all others as we wish to be treated ourselves.
Compassion impels us to work tirelessly to alleviate the suffering of our fellow creatures, to dethrone ourselves from the centre of our world and put another there, and to honour the inviolable sanctity of every single human being treating everybody, without exception, with absolute justice, equity and respect.

When the great god Zeus told his daughter Pandora not to open the box, he must have been well aware that her natural curiosity meant she would completely ignore his good advice.
And thank goodness she did.
Although, at first, all the ills of the world threatened to overwhelm her, hope and a new way of being were eventually able to fly free. Pandora is a delightful role model.

Any change to the status quo brings fear. However, to ignore the realities of this situation is, I think, to endanger the development of spirituality in healthcare, understood to be a fundamental human right.
And what's more, every elephant deserves to run free!