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Michael A. Conway

## Something Happening: The Hospital Chaplain in Contemporary Culture

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There is a cultural current that carries humanity in and through history, which is one-directional and cannot be reversed.<sup>1</sup> In a real sense there is a movement and progress, which is marked by a death that facilitates life. We never move on without leaving something behind. There is a letting-go and a welcoming of the new. In this sense there is no going back, or return, or revisiting at the deeper level of cultural flow. We can attempt to arrest this for ourselves, but this is to isolate oneself, or to live an illusion, and it is to some degree to abandon the common life of humanity in the present. And to do so has implications for everything about one's life. In truth, there is only inflection, dialogue, mutual enrichment, trial and error, learning, and mistakes recognized and re-negotiated, etc. I'd like to reflect on how chaplaincy is marked profoundly by these deep dynamics of change that mark our culture.

When I worked in Hospital Chaplaincy, some thirty years ago or so, there was an extant world order that carried the chaplain. You knew what was expected of you; there was a language, words, actions, rituals that structured chaplaincy; and everyone in the hospital setting (or an equivalent place) understood this common language of word, action, and rite. The chaplain had a certain range of 'tools' that were perfectly adequate to the demands of ministry and that didn't really need to be modified. Increasingly, as the cultural context has changed, these 'tools' have become less and less appropriate for more and more people; and so, chaplaincy has had to modify its self-understanding and its practices at every level. A new awareness of the importance of clinical pastoral

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<sup>1</sup> A version of this material was presented to the *Support Network for Catholic Healthcare Chaplains (SNCHC)*, Annual Conference, Ashling Hotel, Parkgate Street, Dublin, on the 19 September 2019. Clearly, my remarks are not intended to be comprehensive in terms of the full complexity of hospital chaplaincy; rather, they hope to shed some light on aspects that I consider to be particularly important for ministry in our contemporary setting.

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education in its various forms is just one striking example in this changing field.

It would seem to me that the challenge for chaplaincy is now an altogether different one to thirty years ago. The world has undoubtedly changed; and with it, necessarily, chaplaincy has changed. I'd like to reflect on this more complex world within which you minister, and, maybe, suggest some thoughts that you might find helpful and that might support you in your very important ministry.

The stable homogenous world order of an earlier time is gone. There are remnants of it, of course, but they are in decline, and this, as far as can be reasonably ascertained, will continue to be the trend. We are in transition from a certain social order in which the Church as institution played a dominant role. It is this world, this social order that is now collapsing, gradually, but definitively. It was a space in which the entire social order was marked significantly by religion, and where ministry was almost exclusively dependent on sacramental practice. This world is disappearing and with it, importantly for you, a certain profile of chaplaincy. To put in one statement the most obvious feature of this change: a chaplain no longer needs to be a priest. That is clear to us now (look around this room); but not so long ago this statement would have been very confusing. In fact, to many, thirty years ago, to have a chaplain who was not a priest would have made very little sense. 'What would a chaplain do?' is the kind of question that everyone would have asked. It is worth, for a moment, taking stock of that significant change in itself; not just in terms of chaplaincy, but for the entire world and economy of Christian life, because it is indicative of a seismic shift that is taking place in Christian life and ministry.

On another and very different front, it is quite extraordinary that the chaplain has survived at all in our hospitals. You should have disappeared, certainly, by the late 1970's. A highly secularised, medical worldview, coupled with economic factors, should have sealed your fate. But you are still here; and you very definitively have a place in the contemporary hospital of late modernity. And this is so, even in a situation, where many in our culture have dissociated themselves from the institutional expression of Church.

Chaplaincy is not what it was: it is not the same cultural context; not the same practice; not the same vision; and you might even say not the same religion. The hospital space is one that is increasingly marked by diversity, by difference, and by otherness. It is no longer the homogeneous world of yesteryear, where a single sacramental response was adequate for most persons' needs. We are increasingly aware of the singularity of each person; and our

responding now searches how best to honour this diversity of the other. But it must be said that in chaplaincy it is the same Christian hope that is engendered, in a new language, in a changed practice, in another kind of encounter, and in a different way. And this is the challenge of chaplaincy in the Catholic tradition in our present context: to open up appropriately this horizon of Christian hope for those who come into our care.

#### CHAPLAINCY: A NEW FOUNDATION

In the clinical world *per se*, medical staff are concerned with recognizing sickness, disease, and illness; and, then, attending to these as best they can within the limits of their resources and knowhow. The chaplain, in contrast, is concerned with recognizing the person in his or her ill- or well-being, and embracing, importantly, the spiritual self. This is not to say that medical staffs are not concerned about the wellbeing of the person – they are – but their gaze is directed primarily to the patient in the person, whereas the chaplain's gaze is directed at the person, who is the patient. It is a very different relationship, and one that marks out your irreplaceable position in our healthcare system. The chaplain attends explicitly to the person and, indeed, to illness in terms of mind and soul.

When reflecting on faith in contemporary culture, and its requirements, Karl Rahner points out that the first characteristic of faith today is that *it should be benevolent towards ever human person*, regardless of whether or not they are believers, belong to other religions, are agnostic, or have no religion at all, or, even, are completely disinterested in religion.<sup>2</sup> He observes, further, that

The courage of faith ... is always also trust in the ultimate experience of others, a being transformed through the Spirit, which is at work in others, and an experience of the Spirit in oneself, given to each of us for the sake of the other.<sup>3</sup>

This I believe is the foundation of contemporary chaplaincy: *a deep trust in the personal experience of another*. To live that out fully is quite an extraordinary way of being in our world. It means, for example, that the chaplain is not a ghetto figure in the hospital setting. You are not concerned with a minority; rather, you are there for everyone: the believer, the non-believer, the engaged, the indifferent, the 'holy', the scoundrel, the saint, and the sinner.

2 See Karl Rahner, 'Im Heute Glauben,' in *Sämtliche Werke*, Vol. 14, *Christliches Leben*, ed. Herbert Vorgrimler (Freiburg in Br.; Herder, 2006), 6-7.

3 *Ibid.*, 7.

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Mostly, of course, these character traits are combined in every person, including you!

When you find that place in yourself, where you can be there for others and meet them precisely in their own personal experience, then, you are at the heart of contemporary ministry. No matter to whom you are called, you can be present to them; no matter what may be the concern, you are open to responding appropriately from within your competency; no matter what the request, you can listen empathetically and gracefully; no matter how outlandish the statement may be, you can search to understand; no matter how great the loss, you can comfort, simply, with your presence. That ability to be there for the other in their very otherness is the crucial challenge in hospital chaplaincy. And making sure that everyone in your environment knows this is, I would say, equally important. Your ministry is a ministry for all.

## THE SINGULARITY OF THE HUMAN PERSON

A significant achievement of our contemporary culture is the appreciation of each person in his or her unique identity. This appreciation of the singularity of the person was explicated most clearly in the realm of psychology in the 1960s in the work of Carl Rogers, but, in fact, mirrors a development in our culture that is profoundly marked by the Judeo-Christian worldview. *You could say that Christianity has always been moving towards a person-centred world.* This is rooted in an understanding of the person as being created in the image and likeness of God, coupled with the primordial commandment of love (*agape*), which has led, inevitably, to an appreciation of the singularity of the human person. In this sense it reflects a core truth of Christianity that is coming to ever-greater clarity in our own time. This, in addition, is a major achievement in terms of modern humanism that has been deciphered continuously in our European culture (and nowhere else, so trenchantly); and that deciphering has not yet, in any way, reached a definitive stage. This centring of a person was complemented in philosophy, for example, by an appreciation of the self (particularly through Descartes and Kant) and then, and somewhat in reaction, of the other (most spectacularly in the work of the Jewish philosopher, Emmanuel Levinas). In twentieth century Catholic theology, a corresponding dynamic is evident, for example, in a new appreciation of religious freedom, coupled with a clearer awareness of the rights of conscience, and the dignity of the human person. The opening line of Vatican II's 'Declaration on Religious Freedom' (*Dignitatis Humanae*) is worth quoting:

A sense of the dignity of the human person has been impressing itself more and more deeply on the consciousness of contemporary people, and the demand is increasingly made that people should act on their own judgment, enjoying and making use of a responsible freedom, not driven by coercion but motivated by a sense of duty.<sup>4</sup>

These are all indicators of a new appreciation in late modernity of the legitimate autonomy of the self and of the inherent dignity of the person. A chaplain must not lose sight of these socio-cultural-ecclesial achievements.

#### A TERRIFYING PLACE

Turning, now, to the hospital space itself, it's clear that it is not an average place in the human landscape; it's not like a shopping centre or a car park or a train station, where people come and go about the ordinary business of life. The hospital is a liminal space that opens onto the unknown; and, as such, it is a terrifying place for most people. When you work there every day, you can sometimes forget this. It is a terrifying place because it brings you close to the inevitable that stands before us all; namely, death. As you walk through the corridors and into wards and waiting rooms, you can sense that shadow of human mortality everywhere. This is what makes the hospital an exceptional place in our culture, because everywhere else death is vehemently avoided, repressed, and ignored. It would appear that even in medical schools death is most often denied.<sup>5</sup> Michel Foucault in his seminal work on the modern hospital, says that it is that place, where 'space, language, and death are articulated.'<sup>6</sup> Indeed, he opens his study with the statement: 'This book is about space, about language, about death; it is a question of how we look (le regard).'<sup>7</sup> In a way, too, you could say that these are foundational parameters for chaplaincy as a ministry: space, language, and death.

4 'Dignitatis humanae personae homines hac nostra aetate magis in dies conscii fiunt, atque numerus eorum crescit qui exigunt, ut in agendo homines proprio suo consilio et libertate responsabili fruuntur et utantur, non coercitione commoti, sed officii conscientia ducti' (*Dignitatis Humanae*, No. 1, [http://www.vatican.va/archive/hist\\_councils/ii\\_vatican\\_council/documents/vat-ii\\_decl\\_19651207\\_dignitatis-humanae\\_lt.html](http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decl_19651207_dignitatis-humanae_lt.html), accessed 10 October 2019). See also *Pacem in Terris: Encyclical of Pope John XXIII on Establishing Universal Peace in Truth, Justice, Charity and Liberty*, April 11, 1963.

5 See Dr. Christopher Kerr, 'Dead people: Dreams and Visions of Dying,' TED talks, <https://www.youtube.com/watch?v=rbnBe-vXGQM>, accessed 10 October 2019.

6 Michel Foucault, *La Naissance de la clinique*, 8e éd. (Paris: PUF, Quadrige, 2009), 200.

7 Foucault, *La Naissance de la clinique*, v.

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When you see a person, who is in hospital, it is important not to forget the terror that is hovering all the time and in a myriad of ways over this place. It can even happen that you as chaplain can become the very symbol of that terror. I remember one time calling to a lovely lady in hospital and as soon as she saw that a priest was calling to see her, the monitors that were connected to her went ballistic, and she passed out! Such was her anguish in this place.

In your work you skirt the horizon of life and death; sometimes being in that place can be very dark (even for you), and, at other times, it is bright and clear, and you can be confident about your ministry, seeking for yourself and enabling others in their own journey. At the end of the day, however, as a chaplain, you do not move in the bright neon light of the operating theatre, or, for that matter, in the darker, more sombre light of the mortuary chapel, but you move and minister in what Karl Rahner terms the 'holy twilight of faith.'<sup>8</sup> It is the proximity of the horizon of life and death that makes the hospital an exceptional space in which to be in ministry. There is no other place in our human habitat, in which the human person is so alert to life with its deeper questions of meaning, its purpose, and its destiny. And where the Christian framing of life has so much to offer; not, mind you, as an escape from the terror of the place, but as a path towards integrating whatever might be happening into a higher order; one that can give a meaning and a perspective to whatever might be the situation. The challenge for chaplaincy is to open up the horizon of Christian hope<sup>3/4</sup>a real abiding hope, beyond the vicissitudes of life, of sickness, of illness, and of death. It is the *direction* and the *journey* that is important to the hospital chaplain, not the arrival at an endpoint, which, in any case, is intimate to each human soul and beyond the gaze of all others, including the gaze of the chaplain.<sup>9</sup>

## HOSPITALITY TOWARDS THE OTHER

The chaplain in the contemporary context is in a sort of new no man's land between the self and the other, between one's own worldview (marked significantly by faith) and that of the other person (who may or may not be a person of faith). How is one to negotiate this precarious territory, particularly when the other is not just the other, but is the *vulnerable* other. In your ministry you

8 The expression is, in fact, from M. H. Heelan, one of Rahner's translators into English; in the original German, Rahner speaks of 'jene hell-dunkle Wolke' (that bright-dark cloud), see Karl Rahner, 'Über die Erfahrung der Gnade,' in *Sämtliche Werke*, vol. 5/1 (Herder: Freiburg in Br., 2015), 84-87, at 84; 'On grace in everyday life,' *Belief Today* (New York: Sheed and Ward, 1967), 37-43, at 37.

9 It is an anticipation of that final vision of that Other, who dwells always beyond.

are always close to insecurity, vulnerability, and fear; and that is something that you cannot ever ignore.

For the chaplain, who meets persons in the vulnerability of illness or in the prospect of dying, there are a number of dynamics that, to my mind, require special consideration. The vulnerability itself requires a corresponding vigilance on the part of the Catholic chaplain. Aware that the person in hospital is in a situation with a degree of defencelessness, the chaplain must take responsibility for that lack of personal power and so tread much more carefully than in a more regular human encounter. You constantly create a space for the other; inviting them to inhabit more completely their own journey. There is a sort of paradox here: you search to be present to the other and, at the same time, you must constantly withdraw; you empathize and you self-empty. Or, to put it in other words, you approach so as to step back and allow God's presence to emerge for the other in total and absolute freedom.

What this requires from the chaplain is a capacity to meet the other in their otherness. This, above all, calls for the gift of hospitality, being able to make a space in one's own world for the other person. It is, of course, remarkable that the words hospital and hospitality have the same etymological roots. This demands, as I say, a certain emptying of oneself: of one's ideas, of one's understanding, of one's own faith perspective, and even of one's own sense of religion. This self-emptying, *kenosis* in Greek, is a matter of letting your very self be taken hostage (to use Levinas's term) by the other. You surrender to time, to space, and to proximity, so that with mind and heart you might be there for the other person, no matter who they are, where they've come from, or why they've looked for you. And you do this with no assumptions from the past, with no agenda for the future, and with no expectations in the present. The essential tool is the capacity to listen, to give ear to the other. In itself, it signifies a deep care for the other; and it realizes that care.<sup>10</sup> I would go as far as saying that meeting the other in the sense that I am trying to delineate here is already a sacramental action: it realizes what it signifies. This in itself is redemptive.

#### CARE AND SUPERVISION

The encounter between the chaplain and the vulnerable person – already a spiritual meeting – is expressed first, and very importantly, in an ordinary human exchange. Being present to the other in the most ordinary way is the foundation to ministry. Being half-

10 See Maurice Bellet, *L'Écoute* (Paris: Desclée de Brouwer, 1995). See also Herbert Anderson, 'Pastoral Care of the Ageing,' in *The Bloomsbury Guide to Pastoral Care*, ed. Bernadette Flanagan and Sharon Thornton (London: Bloomsbury, 2014), 161-71.



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present, being absent in mind and spirit, expressed, for example, through perfunctory handshakes, the mechanical repetition of prayers, automated anointings, and so on; these, all, *take from* the sacredness of the encounter. It is, perhaps, the most important level now in a contemporary setting, where nothing can be taken for granted. This attention to the ordinary is vital to this privileged pastoral situation. In saying this, I'm not saying anything that you do not know already, but it is worth being mindful of how important these basic dynamics are for the work of a chaplain. They communicate a clear and wholesome desire to be there for the other.

Clearly, on the other side of this equation, it is vital to underline the importance of caring for oneself, appropriately, so that one is capable of responding well on this ordinary human level. Hospital chaplaincy demands a heightened quality of presence, which is achievable on a continuous basis only if you care properly for yourself. There is what I would term a basic triangle of self-care (body, mind, and spirit): at the first pole, sleep, rest, eating healthily, walking, playing a sport, or whatever works best for you; at the second pole, quality interaction with friends, reading, mindfulness, taking time out to reflect, etc.; and at the third pole, spending quality time attending to your own spirit and soul in ways that are appropriate for you (going on retreat, being part of a prayer group, etc.). It is very important that you actively and deliberately attend to your own wellness and that you check in on yourself to see that you are doing so. It is easy to forget this, when you are busy or dealing with situations that are on the outer edge of life. If you do not do so, then, not only do you put your own wellbeing at risk, but your ministry will in time atrophy and fall into a routine that will not be life enhancing for others.

The chaplaincy relationship is of a very special kind; it is a meeting in the space of vulnerability. In this place, others cannot be the objects of our needs; including, and perhaps above all, the uncritical need to help others. The chaplaincy exchange is never an 'opportunity' to deal with one's own disquiet, or dissatisfaction, or, even, desire. You attend to the person, who is in your care, providing that safe space, where the deeper self of the other might emerge in whatever form or expression is appropriate to that self. And the possibilities are infinite: it is important to remember that each person is *singular*. It is worth remarking, too, that 'good intention' is no justification for how one relates to the vulnerable. There is no place for paternalism, or, indeed, for infantilizing another person because of their vulnerability. Such dynamics are destructive of the other, reducing their adult freedom to a moral or even religious order to which they have not given their full assent.

## SOMETHING HAPPENING

The chaplain is never an intruder into someone else's life; there should be no theft whatsoever; no taking from the other; no matter how subtle. Rather, it is about enabling the person to journey with their illness themselves, supported by, you, the chaplain. You are there to facilitate, to empathise, to support, and, ultimately, to engender, where possible, an abiding hope.

The chaplain bestows on each person the freedom to be ill in a time of displacement; to choose his or her own path in dealing with that illness; to discover his or her own 'spirituality' or have none; to ask for what is necessary; to request silence; to invite you, as chaplain, to leave; to pray with you in his or her own way; to hope with you in whatever manner is possible; and, ultimately, to die and leave the rest of us behind. And the only way to be vigilant around these dynamics is to be in a supportive, supervisory relationship. Supervision is, in a way, absolutely vital. Indeed, the changing cultural environment now means that it is essential that the chaplain put in place appropriate supervisory structures to protect and care for himself or herself. In a rapidly changing context, which can be so stressful, there is always the temptation of thinking that one can negotiate this for oneself. But this, I would suggest, is a dangerous attitude, for oneself, and for those to whom you minister.

### THE SACRAMENTAL EXCHANGE

The chaplaincy relationship must respect in the vulnerable person that which is most sacred; namely, their religious sense (which is not yours) and the law of interior conscience. This is so because it is now, most often, in deepening his or her own life that the person in contemporary culture finds the path to, and in, the life of faith. If the interior voice of conscience is not clearly respected, if you replace it with your words and gestures, your prayers and anointings, your suggestions and remedies, then, how is someone to understand that God's Spirit moves in them and calls them to a deeper truth? We meet people as they are; not as we might wish them to be. The exchange, however, is always, already an encounter of faith. It may well be that I meet someone for whom the intelligence and understanding of faith may be missing from that person's life, but, just turning this around, that person, too, is missing from my faith life and community. The French Jesuit, Michel De Certeau, sees here in this hidden dynamic of missing something or someone, on both sides, so to speak, a reciprocal and hidden sign of the desire of love.<sup>11</sup> Both persons are connected

11 Michel De Certeau, *L'Étranger ou l'union dans la différence* (Paris: Seuil, 1969), 81.

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by what he terms ‘the sacrament of this apostolic situation.’<sup>12</sup> And he draws on marriage to explain this: when a man and a woman give themselves to each other, they receive the Lord through the relationship that they have with each other. In chaplaincy, we have an equivalent sacramental encounter. The pastoral meeting itself mutually nourishes and enriches both persons; the chaplain and the other person. Significantly, it is not built on a hierarchy; there is no privileged ‘giver’; both receive in the exchange, both are ‘giver’ and ‘giftee’; and both are gifted. The exchange is doubly transformative, and this, I would suggest, explains why being a chaplain can be so rewarding as a ministry.

## FAITH IN CHRIST THE HEALER

One’s own decisions of faith are vital to the Catholic chaplain; it’s the very source and foundation of your ministry. These personal decisions have an absolute integrity, *when lived by in one’s own life*; but they cannot be transferred with integrity into the life of another, particularly if this is done surreptitiously as when someone is ill or living in the proximity of death. To do so, is to ratify oneself through another and confirm one’s own journey of the spirit, as opposed to being attentive to the other in their independent journey. In fact, if you do this, you may well inflict on others your own sickness of the spirit, which we all carry to a certain degree. We are all in need of healing – that is redemption. This means, very importantly, that we sit fundamentally *with* the sick person, not *over against* them. We are not doctors of the spirit in some kind of analogy to the medical doctors of the body. We sit with the person, who is vulnerable, facing, together, *Christ the healer*. The person who is vulnerable may not see or acknowledge this; but the chaplain must. We are not the healers of humanity. This means that we always operate from within a three-fold answerability; to the other person, to oneself, and to Christ the healer. We cannot, and must not ever, violate the intimacy that pertains between Christ and the other person; this is a relationship that we know for our part to be certain, even if, and when, the other ignores it.

## CONCLUSION

Healing is always a miracle. Indeed, that the human person can be in great danger, and, then, with the help of others be restored to health or accompanied into death, says something extraordinary about how dependent we are on each other, and simply how we belong together. Of course, healing has multiple levels: it is not

<sup>12</sup> Ibid.

just the physical, but also the emotional, the psychological, and the spiritual. They are all at play; but, of course, you know that.

You may recall that Seamus Heaney had a stroke in 2006, while visiting Brian Friel's family in Donegal. While he was recuperating in hospital, he remembered the gospel story about the paralysed man, who was let down through the roof in the crowded house to be healed. What Heaney remarked is not the person who was eventually cured, the paralytic, but those who helped him, those who carried him and lowered him on the stretcher. Those, who are so important in the story; yet, who can be ignored or forgotten so easily because they disappear into the background. Perhaps, they reminded Heaney of those, who took him down the stairs in the B & B and brought him to the hospital; or, even the personnel, who attended to him, while he was there. The poem that he writes to capture this, he tells us, is *not* a spiritual poem, but one that marks 'being changed a bit by something happening.'<sup>13</sup> Interestingly, he titles the poem, 'Miracle,' and it's not about the person, who was cured, the patient, if you like; *it is about the others*. In a way, you could say that the poem is about you.

### **Miracle**

Seamus Heaney

Not the one who takes up his bed and walks  
 But the ones who have known him all along  
 And carry him in —  
 Their shoulders numb, the ache and stoop deeplocked  
 In their backs, the stretcher handles  
 Slippery with sweat. And no let-up  
 Until he's strapped on tight, made tiltable  
 And raised to the tiled roof, then lowered for healing.  
 Be mindful of them as they stand and wait  
 For the burn of the paid-out ropes to cool,  
 Their slight lightheadedness and incredulity  
 To pass, those ones who had known him all along.<sup>14</sup>

13 See Robert McCrum, 'Seamus Heaney: A Life of rhyme,' <https://www.theguardian.com/books/2009/jul/19/seamus-heaney-interview>, accessed 25 September 2019.

14 Seamus Heaney, *Human Chain* (London: Faber & Faber, 2010), 17.