

Editorial

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Having recently led work to develop new health service guidance for chaplaincy in England, I am mindful of the range of perspectives embraced by spiritual care. Health and social care chaplaincy is, at best, a semi-bounded domain, porous and leaky in a way researchers would prefer it wasn't. It makes engagement with chaplaincy difficult, ranging as it does from like-for-like religious care to care provided to the uncertain, the religiously unaligned and the seeking. An exchange of views in the journal *Academic Medicine* highlights this challenge. An article entitled "Spirituality and Health: The Development of a Field"¹ was met with a response which questioned whether the definition of spirituality in medical education was simply rebranding humanistic care. The fluidity of definition for spiritual care leaves it open to such disputes, but I also wonder whether this lack of clarity is essentially reflective of spirituality itself. If the spiritual describes how human beings invest meaning in the world beyond the self, then anything is potentially an object of spiritual significance. We all encounter patients and service users who assign items, events or relationships with extraordinary meaning – far beyond their economic or typical social value. Sometimes that sense of value is intrinsic and only emerges when a part of our life is absent. Jeanette Winterson begins one of her novels with the startling question: "Why is the measure of love loss?"² In this issue of *Health and Social Care Chaplaincy*, Bronwen Gray's reflection on ritual discusses the ways in which chaplains can work with people to mark loss, recognizing the diversity of what people hold to be sacred. It is a theme running throughout Mark Newitt's exploration of spiritual needs expressed by bereaved parents, where the implications of death lead to multiple manifestations of loss. His analysis of interviews with parents identifies the dual importance of ritual and the chaplain's skilful, compassionate presence. The use of carefully gathered interview extracts allows us to hear and appreciate the impact of good chaplaincy in the lives of people whose worlds have been shattered. This is

1. C. M. Puchalski, B. Blatt, M. Kogan and A. Butler, "Spirituality and Health: The Development of a Field", *Academic Medicine* 89(1): 10–16.

2. J. Winterson, *Written on the Body* (London: Random House, 1993), 9.

the first of two related articles from Mark, the second following in the next issue of the journal.

Working with people who are distressed and, in some cases, devastated by the implications of illness and loss, is a demanding vocation. It should never be undertaken lightly and any chaplain who goes about their work blithely believing they are unmarked by the experience is a liability to themselves and to others. So it is good, in this issue, to offer Robin Shohet's impassioned plea for the value of effective supervision for those providing care. Given the uncertain nature of spiritual care, and its huge scope, it is easy to see how the carer can become lost in the diversity of the challenges they face. Shohet's plea calls us to remain committed to the kind of disciplined supervision which the pressures of day-to-day work tempt us to de-prioritize. In support of this *cri de Coeur*, John Foskett and Declan McConville set out the pressures which chaplains can face as they seek to minister with integrity, while meeting spiritual needs. Honest recognition of the chaplain's response to a situation forms the basis for reflection, analysis and understanding. In this moving scenario the chaplain's location within a web of power-relations and multiple expectations is examined. It is tempting to speculate how the chaplain in question would handle all this without the opportunity for honest sharing in a supportive and enquiring context. Not well, I imagine.

Although it is only one of their six findings, Simpson, Collin & Okeke discerned (through interviews with 15 health care chaplains in Scotland) the difficulty interviewees found in defining their role. Echoing other research and publications, the authors found chaplains struggling with the impact of professionalization and how this coexists with faith identity and traditional practice. Of course ambiguity of role has several consequences, one of which is how other health and social care staff relate to us. As chaplains develop within evolving institutions, communicating the value of what spiritual care offers will continue to be a priority. Every health economy is facing massive challenges to change and chaplaincy cannot (and should not) remain insulated from the implications of how we need to work in the future. It is for chaplaincy leadership, and chaplains themselves, to ensure that we support one another through a process of change which many will find difficult.

Attending the Association of Professional Chaplains' annual conference in California in June 2014 I was reminded just how much operational context affects the provision of spiritual care. It is true that virtually all of the Western economies are trying to achieve vast financial savings in health care while simultaneously facing an exponential rise in demand linked to age. However, the balance between private and public provision, devolved power and centralized control, all shapes the way chaplains can evidence value and find sustained recognition for their role. Context prioritizes chaplaincy

development in slightly different ways, giving differential value to certain aspects of our role. In this issue of the journal, identifying similarities and differences in the way chaplaincies are developing is analysed in Vasblom *et al.*'s comparison of Dutch and Scottish chaplaincy journals. This novel approach in chaplaincy offers structure and insight to anecdotal observation, not least in the concluding suggestions for each of the two contexts. It is rare to see anything approaching evidence-based chaplaincy development recommendations at a national level. Hopefully, others might be encouraged to develop this kind of work and offer chaplaincy leaders material to inform strategic choices about how to use our own scarce resources.

Alongside free-standing articles, it is good to see a series of papers developing a particular strand of thought and reflection. The second part of Michael Paterson's trilogy, on emerging paradigms in Scottish health care chaplaincy, addresses one of the ways in which health economies are being reshaped by fresh thinking and financial realities. It has long been said that the British National Health Service is, in fact, a national illness service and Paterson interrogates work in Scotland which is seeking to transform that approach to care. The new paradigm is marked by a shift towards wellbeing and resilience within communities. It is not altogether surprising that chaplains are being challenged by this kind of change. The hospital-based crisis model of chaplaincy is well-established and offers particular kinds of security. By contrast, the community setting is already populated with chaplain-like people, the parish clergy, and requires a new model of care to be worked out. For some this will be daunting and unwelcome, but for others it offers a new way to focus on the way spirituality can underpin and promote positive and healthful living. Earlier papers in this issue focus on loss and, in Paterson's exploration with chaplains, that same experience arises in the context of changing roles. As he puts it with succinct and dramatic clarity: "Loss is as rife in the clinical setting as MRSA, yet is impossible to eradicate".

I am not sure whether it is surprising, or inevitable, that articles finding their way to a particular issue of *Health and Social Care Chaplaincy* sit together in such a complementary way. It is encouraging to see that chaplains, working in a range of contexts, are grappling with related themes, as well as identifying subtle variations (and understanding why those variations arise). When I was ordained a priest, my training vicar presented me with a copy of Thomas Merton's *A Vow of Conversation*. He wrote in the front that for him this was what priesthood was all about. The journal is one of many places where chaplains "gather" and talk about what they are doing, witnessing and discovering. It is not the only place, and Steve Nolan gives a report in this issue of another forum where our understanding of chaplaincy and spiritual care is discussed. All these conversations are different

yet related and it is important that chaplains, and those studying chaplaincy, continue to contribute to the debate.

As we find in this issue, one of the unique contributions of the journal is to preserve an historic record of our thinking – which over time enables further analysis and charting of how chaplaincy is changing. The most important thing for chaplains is to be part of a conversation somewhere about what is happening to them, whether that is in group reflection, individual supervision or public debate.