Spiritual Care at the End of Life: The Chaplain as a ‘Hopeful Presence’.


‘One’s mere presence will mean much; one’s sensitive responsiveness to the feelings of the dying will mean even more’. Norman Autton

The most relevant research, the deepest theological reflection and the most intriguing books evolve from human encounters that catch us unawares or take us by surprise. It is these moments – ‘the critical incidents’ – that trigger fundamental questions, invite exploration, deserve theological wrestling matches and inevitably offer new insights that shape who we are. This process has certainly been Steve Nolan’s. Ordinary people like Daniel – Steve’s ‘critical incident’, Elaine, Peter, Rosetta and countless others have touched his life; some he will always remember; some he can never forget and some have changed him. This deeply personal book is worth the read because it reveals some of what is happening to a reflective practitioner who has the courage and the rigour to engage with what really matters.

Nolan’s primary concern is with ‘those people who know they are facing death, and who know there is no hope of recovery. In particular, I am concerned with how chaplains care for people who are navigating the precarious route between hope (Latin: sperare ‘to hope’) and despair (Latin: despare ‘despair’ [de ‘off, from’]). What is more relevant than this?

Nolan shifts cleverly between clinical cases which ground his work, to theory which informs his evaluation, towards a theory of ‘chaplain as hopeful presence’. This cycle helps the reader to follow a similar path moving from clinical experience, engaging with new theory and deepening capacity to go into dark places.

Referring to a wide spectrum of authors such as Heidegger, Yalom, Frankl and Camus, Nolan challenges healthcare chaplains to awaken to an authentic way of being. Discern death anxiety, discover a hope that can sustain beyond recovery, to embrace an outlook that can bring comfort just at the time it is needed. Once more Nolan turns to recent researchers such as Herth, Rumbold and Chochinov. He describes Rumbold’s three orders in the development of hope. This is so helpful for those rooted in clinical practice because we need tools and approaches that can make a positive impact on the wellbeing of the lives of patients and families alike.

The substance of the book is the four moments in his theory of ‘chaplain as hopeful presence’. Evocative presence introduces the idea of transference, a reality we all experience, and explores how chaplains can use this to their benefit. Accompanying presence matches the concept of being-with and dwelling. Here Nolan argues that the unique role of chaplain is just to ‘be with’ and resist the desire to do something for or to fix. ‘The primary experience of being is situated at the level of emotion’. (Levitas) This attitude makes space for the chaplain to comfort and strengthen – without the need for words. The final moment is hopeful presence, ‘the overall stance towards life’ that allows a dying person to keep hold of a realistic hope thereby avoiding falling into despair.

For those who engage in research, the appendix outlines in detail the research methodology used by Nolan, and may be a useful template for a budding researcher to model.

But I must finish with a quotation which ultimately illustrates the impact of the book for me, because having read the words and integrated them in my own life I have changed – ‘the experience of being-with people who are congruent with the fragility of their existence is rare and it itself a kind of gift from them (intentional or not) that can quicken growth in any of us who can be with them in the genuineness of our human being-ness. Such encounters are unique opportunities for enriching personal and spiritual growth’.

Enjoy and be prepared to change.

Ian Stirling.