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Healthcare Chaplains Among the Virtues?

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Noting that the bearing and presence of a chaplain in *being* with bereaved parents is as important as the *provision* of liturgy and ritual, this article argues that chaplaincy would benefit from an engagement with virtue ethics. The article begins by suggesting that many of the situations a chaplain encounters are too complex for principle based ethical approaches and outlines the merit of a “virtue-based” approach. As part of this the concept of a “regulative ideal,” as a way to understand how character regulates decision making, is discussed and “engendering an encounter with hope” proposed as a regulative ideal for chaplains supporting bereaved parents. Following this, the article proposes three virtues - attentiveness, openness and probity – as being key to the character of a chaplain. Finally, the article supports the call for case studies of chaplaincy work and argues for greater use of mentoring and shadowing within chaplaincy.

KEYWORDS healthcare chaplaincy, virtue ethics, attentiveness, probity, openness

The death of a baby arrives as ‘a tragic juxtaposition of life and death’ ([Hindmarch, 2002](#), 17). As such, it is one of the most complex pastoral situations a chaplain can face. In light of limited evidence that directly addresses the question, my doctoral research investigated the spiritual needs of bereaved parents following the loss of their baby.¹ It was clear as I analyzed the interview transcripts that the liturgy and ritual performed by chaplains - naming and blessing ceremonies, baptisms, funerals - was most meaningful to parents when it was accompanied by the chaplain relating well to them ([Newitt, 2014a](#)). Accordingly, I came to the conclusion that the bearing and presence of a chaplain in *being* with bereaved parents is as important the *doing* of liturgy. This finding led me to an exploration of virtue ethics for, as [Hauerwas](#)

¹ Ethical approval for the study was given by Leeds Central NHS Research Ethics Committee. In what follows, parents’ names have been pseudonomised, parent is taken to refer to bereaved parent and chaplain to healthcare chaplain.

(2003: 2551) writes, those who defend the importance of virtue for ethics argue ‘that *how* one does *what* one does is as important as what one does.’

The renewed interest in virtue ethics within contemporary ethical theory is usually traced back to an article written by Anscombe (1958) criticizing deontological and consequentialist ethical approaches. It was, however, really only after the publication of MacIntyre’s *After Virtue* in the 1980s that both philosophical and theological engagement with virtue took off. There is now an ever expanding range of approaches that view themselves as forms of virtue ethics. While each differs in their varying ways, at the heart of all forms is a claim ‘about the primacy of character in the justification of right action.’ (Oakley and Cocking, 2001: 9) This leads to the central notion that an action is right if and only if it is what an agent with virtuous character would do in the circumstances. Accordingly, within virtue ethics ‘people’s selves or characters, rather than their actions or the consequences that flow from those actions, are at the centre of moral assessment.’ (Radden and Sadler, 2008: 373)

The title of this article derives from Hauerwas and Pinches’ book *Christians Among the Virtues* who argue (1997: x) “that the virtues Christianly considered are in fundamental ways different from the virtues associated with quite different practices, communities, and narratives.” While I am sympathetic to such a notion, I do not aim to critique or defend their viewpoint. Neither do I wish to outline a version of virtue ethics that is distinctive to chaplaincy. Instead, because the character of a chaplain is important, I believe that chaplaincy would benefit from a sustained engagement with virtue ethics. Following Banks and Gallagher, (2009: 7–8) this might best be thought of as taking a “virtue-based” approach with the aim of exploring questions such as what kinds of moral qualities a chaplain might “exhibit and aspire to; how these are manifested in their professional commitments, relationships and actions; and how these qualities can be promoted and developed through professional practice and education.” Accordingly, this article continues by outlining why I see merit in a “virtue-based” approach to chaplaincy. As part of this I discuss the concept of a “regulative ideal,” and suggest “engendering an encounter with hope” as a regulative ideal for chaplains supporting parents. Having noted the valuing of emotions within virtue ethics I then offer three virtues - attentiveness, openness and probity – that I believe are important to the character of a chaplain. Finally, drawing on the way virtues are learnt, I argue for greater use of mentoring and shadowing within chaplaincy.

Valuing a virtue-based approach to chaplaincy

In supporting parents chaplains enter into a situation that, as one parent in my study described, is “highly emotionally charged.” (Alistair) Within this context there is not a one size fits all response and chaplains have to make rapid decisions as to how best to respond. The deftness of the chaplain in reading the situation and responding appositely is key to them forming a therapeutic relationship with parents (Newitt, 2015: 24–27). The two other major ethical approaches, deontology and consequentialism, are based on principles of action. Deontological approaches, founded on notions of duty, seek rules or principles by which to judge an action. For

example, based on the principle of patient choice, a deontologist might say that a chaplain was right to offer choice. Yet, rather than choices, it was clear that some parents wanted what I've termed "authoritative action". When assessing the rightness of an action consequentialism, of which utilitarianism is the best known example, looks to a good outcome or the maximum overall happiness. As before, a consequentialist might say that a chaplain was right to offer choices, but this time because it is what the parents wanted and led to their comfort. However, while this approach recognizes that appropriate action will differ according to the situation, it is not clear how, in the short time available, a chaplain might decide how to act. As Statman (1997: 6) observes "Principles are just too abstract to provide helpful guidance in the complicated situations met in everyday ethics."

In contrast, within a virtue-based approach, rather than following set rules or attempting to judge the outcome of their actions, the chaplain's character is viewed as the driver for how they relate to parents. Here, the understanding is that the set of virtues which make up a chaplain's character form them to know the right way to respond. The result of this is that in new and often challenging circumstances we "learn to act from habit in ways appropriate to the circumstances." (Wells, 2004: 65)

A helpful way of understanding how character acts as a driver for decision-making is given by Oakley and Cocking's (2001: 25) notion of a regulative ideal:

To say that an agent has a regulative ideal is to say that they have internalised a certain conception of correctness or excellence, in such a way that they are able to adjust their motivations and conduct so that it conforms - or at least does not conflict - with that standard.

Expounding their concept, Oakley and Cocking (2001: 26) suggest that, "regulative ideals may be general in scope, or they may be specific to certain domains." They further suggest (2001: 29) that there is a hierarchy of regulative ideals whereby a particular regulative ideal relating to a particular virtue "will itself be governed by a higher-order and more general regulative ideal, which functions so as to co-ordinate the interplay between the particular regulative ideals." Relating the concept to a professional working in a particular profession, Oakley and Cocking (2001: 75) argue that, "the norms of the profession in question cannot simply be taken as given; rather they must be shown to reflect a commitment to an important substantive human good." This viewpoint is echoed by Banks and Gallagher (2009: 49) who state the need for professions to be "understood more broadly as practices with a social purpose, which ultimately links them to some society-wide notion of... human flourishing." Although not stemming from an exploration of virtue, Cobb (2004: 11) similarly states that, "chaplains cannot simply go around claiming a particular identity; the communities they relate to and deal with must validate it." Given the increasing evidence of links between spirituality and health, at a broad level a chaplain's provision of spiritual care would fit with society-wide notions of health and wellbeing. More particularly, I suspect that the provision of comfort to parents would also be widely seen as a commitment to a social good. However, following Cobb's contextual model, whilst these broad aims would

doubtless be endorsed by the hospital community, the work of a chaplain needs to also be validated by their faith community.

Engendering an encounter with hope: a regulative ideal for chaplaincy

Finding agreement on what constitutes a substantive Christian good might be thought difficult, never mind agreement across the different faiths that work within chaplaincy. However, I suggest that engendering an encounter with hope, one of the theological virtues, might be widely acceptable. Here, although I believe it is applicable more widely, I am applying it specifically to a Christian chaplain supporting parents. Various of my interviewees spoke about how, in different ways, the support of a chaplain had helped them find hope. Lewis, for example, described how:

This situation hit me like a steam-train and I've never felt pain like it before in my life. But... what the spiritual side brought to it was a massive comfort to me. It gave me some reassurance, it gave me some hope.

In other interviews hope was not explicitly mentioned, but it is clear that parents had gained a hopeful attitude or disposition. For example, as a result of the chaplaincy support, parents spoke about “having that optimism for the future” (Diane) or of gaining “closure” meaning that they could “move on.” (Jenny, Craig and Claire)

It is important to be clear here that, while such hope often included a sense that their baby “might be in a better place where he ain't suffered” and that they were “going to be with him one day”, (Thomas) it is much more than the sop of pie in the sky when you die. To open up the possibility of an encounter with hope is not to provide a quick fix. It is not something that suddenly makes everything better. As Chloe put it “we cannot forget about the baby, the baby did exist and that's part of me, part of my flesh, it's part of my blood, I cannot forget the baby.” Such a view would be supported by research carried out for HealthTalk.org. (2014) which described how hospital chaplains were able to comfort parents because they were used to “taking on other's sadness” without trying to “fix everything.” Accordingly, the encounter with hope that a chaplain offers has to be able to hold and acknowledge pain and brokenness, not simply plaster over it.

This concept of engendering an encounter with hope has strong parallels with Nolan's findings from his research with hospice chaplains. Rather than seeing hope as future-orientated Nolan (2011: 169) discovered that chaplains fundamentally redefined the concept by speaking of hope as hope in the present. Instead of having specific interventions that aimed to stop patients lose hope and fall into despair, Nolan (2011: 166) describes how chaplains aimed to ‘enable that person to become hopeful - not in the sense of helping them to reorient towards the future realization of an unfulfilled desire, but in the sense of living “in a hopeful manner.”’ Although he was reluctant to label what he felt as hope, there is, perhaps, something of this in the words of Martin when he says “the presence of a chaplaincy... especially [in] a time like this... gives people, I won't call it a bit of hope, but it gives people a good choice.” When

asked to try and unpack this, it was not hope for the future that he described. Instead, among other things, almost paradoxically, he spoke about comfort coming from having “time to absorb the impact, you know, to come and realize that actually our son had died.”

The fact that engendering an encounter with hope is not a medically-focused ideal provides another link to Nolan’s research. Nolan (2011: 172) argues that hospice chaplains, unlike other healthcare professionals, “seem not to conceptualize their clinical work in terms of therapeutic aims.” It is important to state here that the lack of a therapeutic aim should not be confused with a lack of purpose or goal. Grossoehme (2013: 100) rightly notes that, “to think that chaplains enter into relationships without an agenda and with nothing to offer to the other is dishonest.” He continues by arguing that simply asking open ended questions is itself an intervention. I would go further and say that, as Walton (2002: 4) puts it, “speaking in signs, communicating in the language of silence, preserving the gestures of pain” are all interventions. Something of this is shown in a comment from Claire about how the chaplain “could be supportive without even talking... that’s the sort of support they give you... some of... the silence was... effective.”

A further insight into understanding the offering of hope comes by relating it to the narratives described in Frank’s book *The Wounded Storyteller*. Frank suggests that within illness there are three main types of story: restitution, chaos and quest. The plot of the restitution narrative has the basic storyline “yesterday I was healthy, today I am sick, but tomorrow I will be healthy again.” (1995: 77) A chaos narrative is in some ways an anti-narrative; due to the intensity of their illness “suffering is too great for a self to be told.” (1995: 115) Lastly, although “what is quested for may never be wholly clear”, (1995: 115) quest narratives search for alternative ways of being ill or, as Kilty (2000: 18) more helpfully puts it, “alternative ways of being well.” As with the case of chronic illness explored by Frank, parents who have lost a baby know that tomorrow things will not return to how they were. Even many years post bereavement, parents continue to wrestle with and be affected by their loss. Talking about memory boxes Wendy commented:

I have boxes for both of them and I haven’t looked in them yet, was it four years later and I haven’t quite got there yet. I can’t look and I don’t know if I’ll ever be able to look in those boxes.

Descriptions of how “there were so many things out of my control I was powerless in a lot of senses” (Lewis) or how they felt “really helpless and you can’t really do anything” (Craig) sound very much like being in a place of chaos. In this chaotic and unknown land parents did not “know where to go... didn’t know what to do really.” (Martin) With “no kind of guidelines,” (Alistair) to follow, parents appreciated chaplains offering “signposts which aided orientation in the dark landscape of grief.” (Kelly, 2007: 202) Importantly, offering a signpost is not an attempt to fix everything, it simply indicates that someone has been this way before and offers up the possibility of a journey.

Virtue ethics, emotion and intuition

Before suggesting what might be key virtues within the makeup of a chaplain's character, I wish to outline one other attraction of a virtue-based approach. This is the value that it can place on the use of emotions in decision-making. Stereotypically, deontological and consequentialist approaches would be seen to distrust emotions regarding them as "a dangerous threat to morality and rationality." (de Sousa, 2012). Even when attempting to defend Kant from accusations that he is the "enemy-of-the-emotions", Louden (1986: 488) notes Kant's view that practical reason must always be in charge of the emotions and that part of a moral discipline is "training the emotions so that they work with rather than against reason." By contrast, virtue ethics recognizes that emotions tell us what is important to us and how important it is. As Hursthouse writes (1999: 118), "our understanding of what will hurt, offend, damage, undermine, distress or reassure, help succour, support, or please our fellow human beings is as much emotional as it is theoretical."

Exploring emotions in relation to spirituality, Roberts (2007: 11) proposes that emotions are concern-based construals that provide a framework for interpreting and responding to a situation allowing someone to grasp "with a kind of perceptual immediacy, a significance of his or her situation." Grasping something with a "perceptual immediacy" puts me in mind of intuition. Intuition may be understood as "the immediate apprehension of an object by the mind without the intervention of any reasoning process." (OED Online, 2016) The inclusion of bypassing reasoning within that definition is interesting as research has shown that processing emotions is quicker than reasoning processes. (McKinnon, 2005) As a topic, intuition has received considerable debate within nursing literature. Although there is evidence of intuition being used by student and newly-qualified nurses, experience does seem to be an influential factor in its skilful use and application. (Smith, 2009: 37) Along with intuition, there is good evidence that that nurses "not only experience strong emotions in the context of work but also consciously use those emotions to hone, refine and improve their practice." (Henderson, 2001: 135) Accordingly, the use of emotions and intuition may be important in helping chaplains make the almost instant decisions needed when supporting parents.

The virtues of a chaplain: attentiveness, openness, probity

Oakley and Cocking (2001: 25) suggest that a regulative ideal will include both normative dispositions that relate to standards - i.e. that can be classified as principles or rules - and those that go beyond notions of correct or incorrect behaviour. A regulative ideal for chaplains might be thought to include, but not be limited to, the code of conduct issued by the United Kingdom Board of Healthcare Chaplains (UKBHC, 2014). While the code establishes the dispositions relating to standards, there is little written on what virtues are essential beyond this. A large range of character traits present themselves as possible virtues that a chaplain might exhibit when supporting parents. Likely choices include humility, gentleness, sensitivity, honesty, creativity, compassion, to name just a few. Accordingly, I have chosen just three virtues to explore: attentiveness, openness, and probity. These are picked because, in line

with the notion of a hierarchy of regulative ideals described above, I believe they act as higher-order virtues. More importantly, they are also derived from comments parents made within their interviews.

Attentiveness

Recognizing that virtues are habits of mind as much as outward behaviour, [Radden and Sadler \(2008: 375\)](#) write that “possessing a virtue might affect not actions, but felt responses that find no immediate expression in action - habits of deliberation, concentration, imagination and attention.” I have suggested elsewhere ([Newitt, 2010: 166](#)) that an important skill for chaplains is the gift of attending. The value that parents placed on the attention that chaplains paid to them was evidenced in nearly all of my interviews. For example, Diane spoke about how the chaplain ‘was definitely interested in us as people and, as I said, really listened... They weren’t just going through the motions.’ Words or phrases within funerals that chaplains had picked up on by careful attending were also commented on by several parents:

When the chaplain... were, like, saying what they needed to say they picked up all little things about him like we called him grumpy bum. We never told the chaplain that we called him that, just how they picked up on that... were right nice. (Katy)

Interestingly, [Radden and Sadler \(2008: 375\)](#) continue in their paper by recognizing that “even when overt, what the practitioner does is often subtle, conveying warmth and understanding through words, demeanour, and body language, rather than through grosser motor action.” There is in that description a strong resonance with [Peck’s \(1987: 69\)](#) analogy of looking at each other through “soft eyes”. To look at someone with soft eyes, he suggests, is to “see the suffering and courage and brokenness and deeper dignity beneath.” A good example of this can be seen in the comments of Sarah. For a variety of reasons she was hesitant about a chaplain providing a naming and blessing ceremony. However, as soon as the chaplain entered her room because of their demeanour she describes thinking, “yes, they’re the right person to do it.”

Openness

In his magnum opus *Truth and Method*, Gadamer writes about the need for a fundamental openness within the practice of interpretation. This openness is extended to conversation where, [Gadamer \(2004: 387\)](#) argues, genuine conversation requires accepting the validity of another person’s point of view:

Conversation is a process of coming to an understanding. Thus it belongs to every true conversation that each person opens himself to the other, truly accepts his point of view as valid and transposes himself into the other to such an extent that he understands not the particular individual but what he says.

As I’ve expanded upon about elsewhere ([Newitt, 2014b](#)) parents had largely negative expectations about the support a chaplain would provide, supposing they would be overly formal, pastorally insensitive, patronizing and, at worst, judgmental.

Thankfully, in direct contrast, parents experienced chaplains as warm, open and approachable. The way the service “was built around us as a family” led Jenny to say that “everything was just as perfect as it could have been.” Similarly, Sarah was grateful for the way the chaplain respected her worldview describing how the chaplain provided “religious support... but in a way that was suitable for us.” Parents also appreciated that chaplains did not impose their own views but instead, as Claire put it, “took on board what we wanted, they didn’t... steam roller this is what you needed, this is what you want.” The ability to respect parents’ viewpoints and meet them “where they were” would seem to have much in common with one of the ways Walton puts forward for using the Bible and tradition in theological reflection. Termed a “mutual critique”, this is where a dialectical critique is allowed between theology on the one side and practice and experience on the other that requires a willingness to suspend, at least temporarily, the privilege normally accorded to the Bible and tradition. As Walton (2003: 148) notes, “to engage in this pattern of theological reflection may require a mature self-confidence as well as considerable skill.”

Probity

Part of that mature self-confidence and skill will relate to probity. The chaplaincy code of conduct (UKBHC, 2014: 6) defines probity as “the honesty, integrity and trustworthiness of chaplains in their professional duties and conduct.” In contrast to poor expectations several parents spoke about the professionalism of the chaplain. A good example is provided by Diane who described how the chaplain “Phoned when they said they were going to phone. They were there when they said they would be so there was no, like, [sigh] I can’t get hold of the chaplain.” As with psychiatrists, when dealing with people in vulnerable situations it is incumbent upon chaplains to avoid “temptations to exploit the situation by indulging bias, whimsy, narcissism, and prejudice to preserve one’s own self-esteem and psychological unity at the expense of the patient.” (Radden and Sadler, 2008: 377) The last part of this quotation reminds us that, alongside questions of what human flourishing looks like, there is also the question of whose flourishing is being referenced. Writing about suffering and oppression, Tessman (2005: 160) introduces the idea of a “burdened virtue.” Here, as a virtue, attention to another’s suffering has “the unusual feature of being regularly disjoined from their bearer’s own flourishing.” Tessman (2005: 95–96) suggests that a burdened virtue may be accepted “if one is a direct victim of oppression, or one may choose to accept such a burden if one is committed to the liberatory struggle.” I would suggest that the sorrow or pain that chaplains may experience as a cost of supporting parents might similarly be thought of as a burdened virtue.

Regardless of how such accompanying is understood, the notion of a burdened virtue is a reminder that alongside appropriate care of others, probity must also relate to chaplains taking care of themselves. Research with chaplains in America found that twenty-one percent of chaplains felt that their grief was not supported and affirmed at work and sixty-three percent listed circumstances of death which they felt very uncomfortable either talking or hearing about. (Spidell *et al.*, 2011)

Such figures are a reminder that chaplains should, as Worden (2010: 256) rightly states of all involved in grief work, know where they get emotional support, what their limitations are, and how to reach out for help when they need it.

Although developed from a specific context, I believe the above virtues are generalizable to chaplaincy support more widely. Writing on competencies in chaplaincy, alongside knowledge and skills Kerry (2001: 124) includes ten behaviors which “describe the attitudes, personal qualities and “ways of being” which impact upon the way chaplaincy is carried out.” More recently, from their study of Salvation Army chaplains, Carey and Rumbold (2015: Table 9) provide a list of “desirable qualities” that a chaplain might be expected to exhibit. In both instances there is good quasi inter-relator similarity between both the above lists and my higher order and regulative virtues. To give just a few examples, the qualities of being a good listener and having an understanding of ministry that values presence, are part of attentiveness. Behaviours such as being “accepting,” along with the qualities of being non-judgemental and having respect/tolerance for different beliefs and practices, fit within openness. Likewise, being “available” and “reliable” and “respectful of professional and ethical boundaries” strongly resonate with how I have described probity.

It would be difficult to write any account of chaplaincy virtues without touching on the notion of *phronesis* or practical wisdom. Radden and Sadler (2008: 377) describe practical wisdom as:

the set of capabilities that allow us to deliberate about things with ends or goals in mind, and to discern and enact right action, thus acknowledging the complexities involved in practical realities. The clinician must combine theoretical knowledge with the particularities of individual cases.

More succinctly, Banks and Gallagher (2009: 78) state that “without practical wisdom the other virtues would be rudderless.” It may be helpful here to think of the notion of “reflection in action” which, akin to the reflexivity required of a researcher, “involves recognizing and thinking about a new situation while acting.” (Banks and Gallagher, 2009: 78) The importance of the situation for decision-making within virtue ethics is made forcefully by Devettere (2002: 116) who, translating *phronesis* as prudence, writes:

Prudence is above all concerned with particulars - a particular person in a particular situation is making a particular decision about a particular action in an effort to achieve a particular life that will be good and bring personal happiness - and understanding particulars comes only from experience.

We might think here of a chaplain supporting parents and having to make a decision about whether these particular parents want options or authoritative action. I suggested previously that in such a situation there is a need to make subtle and almost instant judgments. If “deliberation takes time, until a deliberative pattern becomes habitual”, (Russell, 2009: 13) then we can see how maturity and experience are an important part of practical wisdom. Such a view would be endorsed, from a Christian viewpoint, by Wells (2004: 80) who drawing on notions of improvisation within drama and the theatre, states that improvisation

is not about being clever or witty or spontaneous “but is in fact about long preparation before following instinct.” Such an understanding leaves us with the implicit question of how a new chaplain might develop practical wisdom, and what a virtue-based understanding of chaplaincy has to say regarding the training of chaplains, to which I now turn.

Virtues, training and continuing professional development

Within virtue ethics, an action is right if and only if it is what an agent with virtuous character would do in the circumstances. In other words “we understand what *phronesis* is and how it works by watching the *phronimoi*, the people who have it.” (Devettere, 2002: 111) As Hauerwas (2003: 2553) notes, there is an inherently circular nature to this account of the virtues that cannot be avoided. This circularity lies behind part of Louden’s (1984: 232) critique of virtue ethics:

There is also an epistemological issue which becomes troublesome when one focuses on qualities of persons rather than on qualities of acts. Baldly put, the difficulty is that we do not seem to be able to know with any degree of certainty who really is virtuous and who vicious.

Contra to that, if asked about what acts make a person wise, spiritual, or a good chaplain, I would struggle to articulate them. By contrast, I find it much easier to name a person whom I view as being wise, spiritual, or a good chaplain. Rather than the quality of actions, it is the quality of character that lies behind my understanding. Support for this viewpoint might come from the use of character references in job applications which indicate that the qualities of the person matter alongside the quality of their work. More pertinently, within training and education, the use of role models, mentors and exemplars is often used to provide students with a model of the type of person they should aspire to be. As Radden and Sadler (2008: 380) state, “the importance of this sort of learning has long been recognized in the apprenticeship, or practice-based, models of medical education.”

Alongside medicine, apprenticeships and mentoring are also used within the training of nurses and other allied-health professionals. They are not, I suspect, widely used in chaplaincy training or continuing professional development. Currently the UKBHC website links to five chaplaincy courses (<http://www.ukbhc.org.uk/chaplains/training-and-education>). Reading through the basic course details, only three appear to include a practical element alongside the theoretical work. More worryingly, although one mentions supervision, only one describes working with an experienced mentor. This is concerning for, as Begby (2006: 258) writes of nursing, “passing all examinations and demonstrating theoretical wisdom is no guarantee that the student will be a good nurse - there must be evidence that theoretical knowledge can be used to make sound judgments and to act appropriately.” I have to acknowledge, here, my own culpability. In nearly a decade of chaplaincy work the number of times I have either shadowed another chaplain, or had another chaplain shadow me, probably only just reaches double figures. Because virtues are acquired by observing the virtuous, there is a great need for shadowing

and mentoring to be better incorporated into chaplaincy training and development. I recommend that all training courses on chaplaincy should include placements that involve shadowing and mentoring from an experienced chaplain. Equally, I would encourage even experienced chaplains to both shadow and be shadowed by colleagues.

It is, perhaps, partly this lack of shadowing and mentoring that has led to, what I have heard Grosseohme refer to as, the “black box” of chaplaincy interventions. By this I understand him to mean the simple fact that we have very little evidence for how chaplains actually carry out their interventions. Travelling home on the train from a chaplaincy conference, I was near two surgeons. They spent part of the journey discussing how they performed a particular surgical procedure. I found myself reflecting that I have never had similar discussions with another chaplain about how they carry out a naming and blessing or a baptism. I do not know what practical actions another chaplain might perform; do they touch the baby? do they make the sign of the cross? do they invite others to carry out ritual action? what do they say as they leave? In light of this it is perhaps not surprising that established chaplaincy researchers are arguing that, rather than randomized controlled trials, what chaplaincy needs at the moment is good case studies of our work. (Fitchett, 2011) While I completely concur with such a view, I also believe that increased shadowing and mentoring will help to open up the black box. If a virtue-based approach to chaplaincy is accepted it may be that, as part of presenting case studies, regulative ideals for other contexts can be proposed. It would also be interesting to see further research examining how chaplains conceptualize their interventions. Finally, because I believe that character is as important as technical skill, I hope that this article will provoke wider discussion about the virtues that chaplains might be expected to exhibit in providing good spiritual and religious care and how such characteristics may be assessed and promoted.

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