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How should Health Care Chaplaincy negotiate its Professional Identity?

Chris Swift

Abstract

The question of chaplains' professional status within health care has become a pressing issue in recent years. A combination of factors, including greater religious diversity and NHS modernisation, has served to put pressure on chaplains to account more clearly for their activities and impact. Changes outside the health service – including the 1998 Data Protection Act – have further added doubt to the suggestion that chaplains are a health profession. In an atmosphere of conflicting signals and statements I will draw on the work of Michel Foucault¹ to generate an alternative account of current difficulties, and point towards an urgent need for theological re-engagement.

The NHS and the Invention of 'Chaplaincy'

In March 2000, during a brief research visit to Spain, I interviewed the leading hospital historian of Salamanca, Teresa Santander.² In the course of the meeting I used the Spanish word for 'chaplaincy' – capellanía – in a question about the historic role of chaplains. Señora Santander was bemused. It was at this moment that I realised I was using *chaplaincy* in a sense quite removed from how it has been understood for most of its history. Rather than a specific post (e.g. the 'chaplaincy' at Leeds) this new usage emerged only in the second half of the 20th century, indicating a body of abstract knowledge, practice and skills.

This observation begs a number of questions. For example, why didn't chaplains – arguably the oldest group of professionally educated staff in UK hospitals – professionalise at an earlier point? And what changed in order to stimulate this recent move to a distinct identity, knowledge and organisation? In one of the rare considerations of these points Tanner makes the following comments regarding 19th century workhouse/infirmary chaplains:

The chaplains were already part of an ancient profession, and were protected by their ultimate accountability to their bishops, therefore

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they had no need to form themselves into a separate organisation, or meet in conference and petition for professional safeguards, as was the case with the Medical Officers. To a greater extent than even the workhouse masters, they represented the establishment within the workhouses, and, as such, had little to gain by forming themselves into a single, identifiable, body.³

This may help us understand both why professionalisation has not been an issue until recently, and why the question is now growing in urgency. The greatest single impetus to change was undoubtedly the foundation of the NHS and the decision that chaplains would enjoy direct employment in England. The small number of books that exists about the chaplain's role emerges in this period. Wall, Cox, the Free Church Federal Council and Autton all contribute to a growing sense that, although chaplains are still clergy, the location of their ministry requires its own body of knowledge.⁴

The NHS effectively brought chaplains together as the largest group of clergy employed in the UK outside the Church of England. In 1947 the chaplain at St James's Hospital in Leeds was recommending Wall's handbook to his Board and looking for additional staff. The Revd H Matthews went on to write of a change 'developing throughout the country regarding the Chaplains position in the Hospitals', a move he saw as necessary because chaplains had been in the background of the medical profession for too long.

Books, annual conferences and the influence in training of figures such as Norman Autton all contributed to a growing sense of corporate identity. At times this led to questions about the location of chaplains, with the Church of England generally holding the ring in official discussions. The Tunbridge Report of 1973⁵ is one of the first explicitly to discuss whether or not the chaplain's role should be seen as a distinct ministry. Perhaps not surprisingly it chose to affirm the chaplain within the mainstream of the Church's work, a position that has been maintained in subsequent statements.

Despite these developments, and a growth in chaplaincy posts following the creation of NHS Trusts⁶, the Department of Health has only recently begun to 'own' its employment of chaplains through more active management. This represents a dramatic change in the formal conception of chaplaincy, with the chaplaincy 'departments' written about in the 1960s and 70s giving way to the 2003 guidance title of 'NHS Chaplaincy'.⁷ At a stroke the health service demonstrated its intention to house chaplains of all faiths within structures that claimed to make 'no doctrinal or theological judgements'. It would be fair to conclude that the NHS is beginning to define more clearly its framework for spiritual leaders, a process that inevitably tempers and shapes the religious expression of those faiths currently represented in chaplaincy.

Archives, Professions and the Dilemma for Chaplains

Given the declining membership and changing influence of organised religion in the UK the growth of health care chaplaincy seems contradictory. Arising from this paradox important questions emerge about the underpinning knowledge on which chaplaincy is based and how this relates to ideas of professionalism. Have chaplains decided, albeit tacitly, that the 'future' lies in greater identification as a health profession rather than with the canons of their separate confessions? This is a question that has the potential to open up fruitful avenues of reflection not only for chaplains but also, by implication, for the general nature of professions and their epistemology.

In exploring the basis for a number of professional claims over the modern subject (in the clinic, the prison and within society at large) Michel Foucault emphasised the significance of the archive.⁸ This is a helpful perspective for a consideration of chaplaincy because the dilemma of the chaplain may lie in tensions between the religious archive; the nature of Enlightenment archives (such as medicine); and the postmodern questioning of professional discourse. It is the archive that permits the legitimacy of some statements and actions and not others: it defines orthodoxy.⁹ For these reasons the archive is connected to the exercise of power, something Foucault saw as particularly relevant in the context of institutional practices. With such an analysis it is possible to see in the work of chaplains the problem described by MacIntyre of a language dislocated from its broader conceptual framework.¹⁰ To place this question in a specific example of chaplaincy practice, at the start of the 21st century, what underpins the actions of a member of NHS staff when they read poetry to the dead?

It might be assumed that an obvious route to professional credibility for chaplains lies in their faith 'archive'. Yet it is precisely this issue that raises most concern for some of those who have examined the professional claims of the Anglican clergy. Towler and Coxon found the idea of theology as the professional knowledge base for clergy to be late, inadequate and only loosely connected to practice.¹¹ More recent work in the fields of practical and pastoral theology has gone some way to address this absence, but other factors continue to leave in doubt an agreed professional status.¹²

The other difficulty that chaplains have in sustaining or advancing an archive relates to the faith diversity now present in chaplaincy. In the absence of an agreed theological basis for their activities as spiritual leaders it may be that chaplains have become particularly vulnerable to alternative routes to achieve professional validity. This sees chaplains attempting to resolve the ambiguity of their archive by a turn to Enlightenment models of knowledge and, most recently, exploration of 'evidence-based practice'. There are a number of motives for such developments, but they share a common theme in seeking to formulate

the chaplain's role with greater clarity. Several Masters' degrees in chaplaincy have begun since the late 1990s, and there are determined efforts by management to embed chaplains more deeply within NHS structures such as the *Knowledge and Skills Framework*.

The College of Health Care Chaplaincy, representing the largest number of chaplains across the UK, certainly appears to have taken the view that professional structures are necessary both to preserve and develop chaplaincy. It has entered into discussions with the new Health Professions Council regarding formal registration as a health profession, and is busy supporting the formation of a chaplaincy 'body of knowledge'. It is the latter issue, given the range of faiths now engaged in chaplaincy, that is seen as the single greatest obstacle to professional status. What is it that all chaplains do? How is it of benefit, and how do we know if it continues to do any good? At the same time, the Church of England is investing considerable effort in supporting the Multi-Faith Group for Healthcare Chaplaincy. This Group, based in large part on the body established by the Labour Government of 1997 to develop new NHS chaplaincy guidance, has terms of reference to advise the Department of Health on all aspects of chaplaincy. It has worked extensively to support various parts of the NHS, but has shown little inclination to offer public critique, or try and develop strategies for chaplaincy less dominated by Enlightenment discourse.

In this context the few texts that offer an alternative approach stand out as tantalising glimpses of potential alternatives. There are isolated attempts by faith leaders to defend the metaphysical underpinning of chaplaincy in the face of the overwhelmingly Enlightenment epistemology in which it is now set. Preaching at the licensing of a chaplain in 1997 the Bishop of St Albans, the current chair of the Hospital Chaplaincies Council, spoke as follows:

...it would be my hope that the chaplaincy here will have a defiant language system.

Perhaps I had better explain: I don't mean that ...any of the chaplains should be ill-mannered or rude or angry. Not at all. What I mean by a 'defiant language system' is that it should not be able to be fitted into any of the technical or professional, or managerial or medical language groups which exist in all hospitals.¹³

Yet this kind of engagement with the challenges faced by chaplaincy is rare. As long ago as 1971 Heije Faber noted the tendency for pastors working in hospitals to internalise a sense of inferiority and begin responding by seeking similar criteria for activity and success defined by other health care groups.¹⁴ To counterbalance this understandable temptation chaplains require a strong faith community critique to keep them 'honest'. At present such a systematic analysis is not available.

The moves to a greater professional persona for chaplains seem

largely unchallenged by chaplains themselves, but a number of theologians have expressed concerns. In a recent paper Dr Jacqui Stewart has noted the fundamental problem from a Christian perspective for any philosophy that suggests humanity can wholly and correctly appraise 'reality'.¹⁵ Stewart sees a potential accord – albeit for different reasons – between Christian theology and postmodernism in questioning our capacity to render entirely knowable the nature of human experience. For Foucault this problem arises because the post-Enlightenment conviction that all of life can be textualised (and thereby made both accessible and malleable) is fundamentally flawed. What we encounter are not hidden 'truths' revealed by skilful pioneers, but claims to truth manufactured by the careful welding together of privileged discourses that operate to maintain or enhance the proponents' ability to act. Since the Enlightenment it has been the scientific communities that have been most successful in deploying these strategies, in defining regimes of practice by which value has been estimated across a growing range of disciplines.

Swinton strikes a similar note of caution about the chaplains' rush to accommodate themselves to the orthodoxy of modern health care disciplines:

Chaplains are first and foremost called to care for the spirituality of human beings, i.e., that dimension of humanness that refuses to be captured by standard scientific methods. If chaplains in their quest for 'professional credibility' forget this, they risk losing something that is fundamental to authentic chaplaincy.¹⁶

This brings us back to something hinted at earlier. What if the experience of hospitalisation is not smooth? What if the experience chaplains have in meeting patients, and hearing their verbal and silent responses to illness, paints a significantly different picture? Despite the many advances claimed by science how is it that we have rendered mute the fact of mortality to which all hospitalisation inevitably points? Pattison has suggested that all the talk of 'wholeness', frequently welcomed by chaplains, is yet another strategy to deny the fundamental and uncomfortably fragmented nature of the human condition.¹⁷

Perhaps the dilemma for chaplains in respect of the question about professionalisation now becomes clearer. In his work on clergy formation at Ripon Theological College, Cuddesdon¹⁸, Mark Chapman describes the traditional training of clergy in terms of the shaping of a person rather than the acquisition of skills for practice.¹⁹ This is a fundamentally different model of education compared with that now being advocated for the development of hospital chaplains. In a contribution to a book edited by Helen Orchard I speculated on how a model of chaplaincy built on clinical models might operate.²⁰ This placed religious truths within the realm of post-Enlightenment scientific

reason, suggesting a road down which spiritual therapy would inevitably distinguish between more and less 'effective' religious practices evaluated by clinical truth.

The above discussion describes a situation in which chaplains are experiencing a time of considerable tension in their sense of identity and future direction. Significant changes appear to have taken place with little reference to the theological implications of placing chaplains within the same expectations of evidence-based practice applied to other groups. From an historic professional status as office holders capable of independent action the tenor of present debate is moving to define chaplains as knowledgeable and accountable doers. Faith diversity has made it more difficult for chaplains to resist this re-location, as there is not yet a common archive for them to employ against strategies grouped under the heading of 'modernisation'.

Professional Status, Authenticity & Practical Theology

If chaplains often encounter the health care experience in ways that resist narratives of wholeness and clinical success, where can they take that experience? It has been argued that the construction of chaplains makes them peculiarly sensitive to these expressions, and enables them to accompany the patient through the reception of such experience in ways other staff might find very difficult. At the same time the openness of chaplains, perhaps reflecting a theological consciousness of the limits to discourse, generates a vulnerability in respect of their body of knowledge and accountability. Given their constitution within frameworks of vocation and religious formation the current professional crisis facing chaplaincy is aptly described as one of 'authenticity' – and concerns the underlying production of the chaplain.

I want to suggest that the way forward for chaplains lies in a much more critical and reflective approach to their work in the NHS and elsewhere. If they want to resist the imposition of an inappropriate Enlightenment template for their professional identity then chaplains need to develop and articulate a persuasive alternative. At the moment, despite some lone voices, the faith communities appear either not to see the problem or are choosing to ignore it. However, as faith representatives working within health care, chaplains may yet have the resources to develop this debate in creative dialogue with the theologians of their different faith traditions.

This debate is not only important for chaplains. It is fundamentally important for the patients, staff and visitors in their care. There is little evidence that the general public wants the genre of spiritual therapists indicated by the latest guidance. In fact it is hard to see where, apart from within the world of NHS management, the idea of developing chaplaincy in this way originates. The little research that has been done – stretching from Wilson to the recent South Yorkshire foundation

exercise – reveals that the vast majority of people see chaplains as religious professionals providing a service *within* health care but not *of* it. One persistent theme in this research into role sees the chaplain as a ‘friend’ of the patient.²¹ This is underplayed in the analysis of data because it does not fit with concepts of professional advancement. At the same time it may also appear vague, amateur and undisciplined. So why is it so important to patients – and has their professional dilemma led chaplains to avoid difficult but fruitful reflections on the value of chaplaincy? I am not suggesting that concepts such as friendship are devoid of problems, but rather that they offer a legitimate focus for further study that recognises the peculiar characteristics of the chaplain-patient relationship. It is possible that the current difficulties for chaplains regarding their place in health care are intimately connected to the deeper regulation and increasing dichotomy of the adept and the uninitiated. Ideas of ‘friendship’ challenge this view, and articulate a sense of community characteristic of a number of faith traditions.²²

If chaplains are being required to clarify their professional status for administrative and political reasons, then it remains to be seen whether an alternative and more appropriate place can be found to house them. Simply asking chaplains to fit into a structure developed for other professions (such as biomedical scientists) does not reflect or represent the needs of either chaplains or those they serve. Much greater imagination is needed if professional status for chaplains is going to enable key features of their work to survive intact and be at the disposal of patients for the future.

It is here that powerful models of critique, such as those used by Foucault, offer chaplains deeper understanding about their past role and current crisis. But these approaches must also engage with the nature of faith leadership, with practical theology potentially offering an effective basis for establishing a chaplaincy archive appropriate to the profession. If there is any point in chaplaincy continuing – more than for its own sake – then its archive must reflect its right to remain engaged with the inestimable and un-sayable. This is a challenge for chaplaincy in ways similar to Lyall’s concern for the connectivity, and theological and professional integrity, of pastoral care.²³ In the modern health service this is by no means a small matter: it goes against the grain, and makes management of chaplaincy much less straight forward.

Conclusion

There is an understandable concern that chaplains in the modern NHS have not done enough to reflect on their work or, at the very least, develop a richer discussion about the broader nature of the patient’s experience. This has been seen in recent years to pose a problem about

their occupational claims, and led the NHS and College of Health Care Chaplains to develop strategies designed to support the development of a stronger professional demeanour.

However, it has been noted that patients and staff have appreciated chaplains in large part for qualities often judged antithetical to professionalism - such as friendship. Although fraught with difficulties, a reflective and critical model of friendship has much to say to the disenchantment of professional roles. If this is something chaplains want to explore then their ambiguous status becomes an asset rather than a limitation. In the final pages of his work on community McKnight gives a tantalising glimpse of the significance of such a relationship. Commenting on words used at the Last Supper he writes:

Why friends rather than servants? Perhaps because He knew that servants could always become lords but that friends could not. Servants are people who *know the mysteries* that can control those to whom they give 'help'. Friends are people who *know each other*. They are free to give *and* receive help.²⁴ [the author's italics]

Although the image of the ubiquitous 'padre' may be antiquated there are aspects of the chaplain's engagement with the institution that continue to be valued not for technical ability but for personal care and mindfulness. These elements of the chaplain's contribution to the support of patients, staff and institutions are often ignored in research designed to shape chaplaincy in ways deemed appropriate to 'modern' health care. Yet they continue to emerge on the boundaries of such work and demand more central study if chaplains are to relate with integrity to their religious as well as their emerging health care archives. The alternative trajectory for contemporary chaplaincy, leaning heavily on Enlightenment models of professionalism, would lead to a clear and functional modern service. The problem is that the safety such an approach offers for chaplains and their managers might also remove the opportunity to present an alternative and more collaborative model of professional care. Such a model would draw strongly on the chaplain's faith archive(s) as well as reflect with greater determination on the complexity of the patient's experience. If successful, chaplains would be pioneering a way of being professional that might be of significance to a much wider audience.

The Revd. Chris Swift is Head of Chaplaincy at the Leeds Teaching Hospitals NHS Trust and has recently become the President of the College of Health Care Chaplains. He is completing doctoral research with the Lincoln Theological Institute.

Endnotes

1. There has been a growing interest in the potential for Foucault's work to inform the analysis and critique of religious activities, with Beckford noting the lack of engagement to date. J A Beckford, 2003 *Social Theory & Religion*, Cambridge, Cambridge University Press.

2. Teresa Santander, 1993 *El Hospital del Estudio*, Salamanca, Centro de Estudios Salamantinos.

3. A Tanner, 1998 "A Troublesome Priest: A Victorian Workhouse Chaplain in the City of London". *The London Journal* (no. 23) p. 23.

4. B A Wall, 1946 *Visiting the Hospital: A Practical Handbook for Hospital Chaplains and Clergy who Visit Hospitals*, London and Oxford, Mowbray & Co Ltd. J G Cox, 1955 *A Priest's Work in Hospital*, London, SPCK. Free Church Federal Council Hospital Chaplain's Manual, 1958, London. N Autton, 1968 *Pastoral Care in Hospitals*, London, SPCK.

5. R E Tunbridge, 1973, *The Hospital Chaplain*. London, The Hospital Chaplaincies Council.

6. No work on the role of chaplains would be complete without reference to Helen Orchard's research on London Trusts. This extensive and effective study discovered both significant disparities in the operation of chaplaincy in the capital as well as a wide variety of underpinning philosophies to practice (not all accounted for by faith diversity). Helen Orchard, 2000, *Hospital Chaplaincy Modern, Dependable?* Sheffield, Lincoln Theological Institute for the Study of Religion and Society.

7. NHS, 2003 *NHS Chaplaincy: Meeting the Religious and Spiritual needs of Patients and Staff* Department of Health, Leeds.

8. The most comprehensive consideration of Foucault's work on institutions can be found in J Caputo and M Yount, 1993 *Foucault and the Critique of Institutions* Pennsylvania, The Pennsylvania State University Press.

9. M Foucault, 1997 *The Archaeology of Knowledge*, London & New York, Routledge.

10. A MacIntyre, 1997 *After Virtue: a study in moral theory*, Guildford, Biddles Ltd.

11. R Towler and A P M Coxon, 1979 *The Fate of the Anglican Clergy*, London, The Macmillan Press Ltd.

12. Pattison cites the increasing diversity of entry routes to Church of England ministry as one example of developments that run counter to trends in most other professions. S Pattison, 1989 *Alive and Kicking: Towards a Practical Theology of Illness and Healing*, London, SCM Press Ltd, p. 154.

13. C Herbert, Barnet General Hospital Address. *Journal of Health Care Chaplaincy*, February 1998, pp. 25-7

14. H Faber, 1971 *Pastoral Care in the Modern Hospital*, Philadelphia, The Westminster Press.

15. J Stewart, *Unpublished Conference Paper* given at the Yorkshire and Northern CHCC Branch Conference, April 2003.

16. J Swinton, 2002 'Rediscovering Mystery and Wonder: Toward a Narrative-Based Perspective on Chaplaincy', *Journal of Health Care Chaplaincy*, vol. 13, no. 1 (2002), p. 225.

17. S Pattison, 1989 *Alive and Kicking: Towards a Practical Theology of Illness and Healing*, London, SCM Press Ltd, p. 77.

18. An Anglican Theological College in the Diocese of Oxford, UK.

19. M Chapman (ed.), 2004 *Ambassadors of Christ: Commemorating 150 Years of Theological Education in Cuddesdon 1854-2004*. Aldershot, Ashgate.

20. C Swift, 2001 "Speaking of the Same Things Differently", in H Orchard, 2001 *Spirituality in Health Care Contexts* London, Jessica Kingsley, p. 205.

21. Of eight possible models for the chaplain offered by Wilson it is the image of 'friend' that is most frequently chosen (M Wilson, 1971 *The Hospital – A Place of Truth: A Study of the Role of Hospital Chaplain*. Birmingham, University of Birmingham,). 'Friend' also occurs in the South Yorkshire study – while therapy does not (South Yorkshire Workforce Development Confederation *Foundation Exercise – National Chaplaincy Strategy, Patient and Public Involvement*, 2003).

22. There has been some significant theological engagement with pastoral care and friendship that may resource chaplains in developing this further. See J Swinton, 1998 "Healing presence: Reclaiming Friendship as a Pastoral Gift" in *CONTACT, the Interdisciplinary Journal of Pastoral Studies* 126: 1-7; J Swinton 2000 *Resurrecting the Person* Nashville, Abingdon Press.

23. D Lyall, 2001 *Integrity of Pastoral Care*, London, SPCK, p. xviii

24. J McKnight, 1995 *The Careless Society: Community and its Counterfeits*, New York, Basic Books, p. 179.