THREE PERSONAL RESPONSES TO THE HOSPITAL CHAPLAIN'S HANDBOOK.

Cobb, Mark (2005) The Hospital Chaplain's Handbook – A Guide for good practice – Canterbury Press, Norwich, UK

Alister Bull

This handbook achieves a great deal for those who are embarking on being a healthcare chaplain. In each of the twelve chapters Mark Cobb addresses the main aspects of the work of Chaplaincy in an accessible and understandable manner. It is concise, direct and would enable a new chaplain to appreciate some complicated issues, which they may face, such as the clinical context, ethics, bereavement, professional practice and the workings of the NHS! Above all Cobb captures the ethos and direction of spiritual and religious care and preserves the chaplain from the guilt that they should encompass all tasks he has listed, all at once!

In each chapter there is a breakdown of the topic at the start into bullet points, engaging the reader. The chapter is interspersed with helpful tables and graphs. He touches upon the general issues, highlights good practice and if the chaplain wishes to embark on more detailed reading there is a chapter dedicated for this purpose for all the topics covered. It is also backed up by an index, a chapter describing relevant professional organisations, website addresses and resources.

The drawbacks to the book are small. While it is good that some pages refer to current reports and NHS agendas it will inevitably put a shelf life on such a book. However, this is far outweighed by the comprehensive grasp Cobb has of healthcare Chaplaincy. Despite a good chapter on Different Faiths, Ethnicity and Culture, there is an ecclesiastical slant for a reader who might have considered themselves generic in their emphasis. This is illustrated by the chapter entitled, "ritual and liturgy", which is predominantly Christian in content. While the liturgy can be commended for dealing with a diversity of pastoral situations there could have been some inclusion, or at least reference to, other religious rituals for a wider Chaplaincy readership. The publisher may well assume that most of the readership will have their training in Christian Ministry or expect the reader to forage through the further reading for their specific needs.

The book cannot be expected to address the needs of chaplains in specialised areas but it is certainly a book that would be ideal for a person newly appointed to healthcare Chaplaincy, a textbook for a student placement or could be an accessible tool for a busy team to reflect, discuss and develop good practice. This is what lies behind why Mark Cobb says, "The manual of Chaplaincy is a fantasy born out of anxiety." The reality is Healthcare Chaplaincy now has a textbook needed for today, whether it fulfils your fantasies and eases your anxieties will only be found out by reading it!!

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Blair Robertson

This is a significant book. Healthcare Chaplaincy has moved on from the days of the Cathedral Canon dispensing Communion around the wards and taking tea with the matron; gone are the days when clergy who visited hospitals looked for hints and tips and booklets were published which were full of them. As Healthcare Chaplaincy slowly becomes a recognised and registered profession it is significant that that a book is now available which reflects professional practise (not hints and tips) and offers an understanding of the role of Chaplaincy and chaplains in the NHS.

Mark Cobb writes from considerable experience and his name and previous publications will be familiar to many chaplains. He carefully covers the subjects you would expect in a volume such as this: an overview of how the NHS functions (acknowledging the differences in Scotland), the skills and knowledge expected of a chaplain, the multi-faith dimension, bereavement, clinical and non-clinical work, ritual and liturgy. There is an ethos of reflective practise through all chapters and a welcome endorsement of the need for chaplains to receive supervision.

As a Scot reading this book I would have to honestly say that it obviously comes out of an English context. This does not invalidate any of the content. It is

practically a truism that Chaplaincy has developed differently in Scotland to England in the last decade. The Scottish Health Department Letter (NHS HDL (2002) 76) – Spiritual Care in NHS Scotland – has defined for Scottish chaplains their role as 'spiritual care givers' into which the needs of the religious fit. Many English chaplains are jealous of this because Healthcare Chaplaincy in England, it would seem, is still predominantly Church of England and centred on the needs of faith communities. To illustrate this consider that in England the national forum for Chaplaincy is called the Multi-Faith Group for Healthcare Chaplaincy and in Scotland we have the Spiritual Care Development Committee (which includes representation from faith communities.) In explaining the role of the chaplain in delivering spiritual care Cobb never really looks at it from the standpoint of those many patients (and visitors and staff) who do not belong to any faith group – yet who still have spiritual needs. His table on page 47 ('Examples of helpful questions in an initial assessment') is helpful but as the first question is 'Is your faith / spirituality / religion helpful to you?' it may not lead to much – a 'No' response from a patient brings the exercise to a stop. Alternatively, to ask a patient 'What's keeping you going at the moment?' might engender more interesting responses – including those about faith. I think that Cobb might have usefully quoted and discussed the famous definitions of spiritual and religious care from the HDL for they have certainly been helpful to me in explaining to staff (and chaplains!) the distinction between them. I do think that Chaplaincy has to be seen as a service the whole patient population and hospital community, whether religious or not, and within this there is a need to find a 'public theology' – a critical exposition of our faith tradition which has something unique to say - or to ask - about humanity and health.

I consider that it is in the area of ritual and liturgy that we have both challenge and opportunity in relation to a broad understanding of spiritual care. Our Spiritual Care Policy in Glasgow says that chaplains ought to be skilled in "the sensitive addressing of pastoral needs through worship, liturgies, ceremonies and rituals that have religious and spiritual integrity." In my opinion this should include liturgies and rituals which are non religious. For example, many Chaplaincy Services offer a Blessing and Naming Service in the circumstances of a still-born child but if the parents do not wish any religious content what then can we offer? Chaplaincy has to offer an equal service to people regardless of their faith (and I don't think a call to the Humanist Society suffices.) The suggestion of this makes some chaplains uncomfortable but whose needs are paramount: the non-religious but deeply spiritual needs of our patients or the need of the chaplain to talk about God? What can we say at the bedside of a dying atheist whose family share her beliefs? Not the traditional prayer of commendation but we cannot afford to be silent and offer nothing. Cobb offers some sample liturgies but they all contain overtly Christian language and imagery – much of which could well be incomprehensible to people who identify as Christian but are not familiar with ecclesiastical language. This is an area for debate within Chaplaincy for I believe that communicating spiritual care through understandable liturgy is a challenge for chaplains and for the church in general.

In his chapter on Ritual and Liturgy Cobb does however make some very telling points about the nature and style of worship in healthcare contexts and all that he says is relevant to the conduct of worship in a church building. "Where people are perplexed or feeling insecure and uncertain, this may be compounded by liturgy that is unstructured, tentative or haphazard." (p122) He advocates explaining to the group or a person what is going to happen in the liturgy. "The words and actions of liturgy create an environment of meaning that can nourish and restore." (p122) Amen to all of that: too much worship that passes for Christian is anaemic, undignified and unfeeling: worship in healthcare settings (and in church!) ought at least to make people feel better!

There is much else in the book to commend it: a clear statement that the baptism of still-born children is not appropriate; a helpful summary of the difficulties surrounding the Data Protection Act as it impacts upon chaplains; an illuminating case study of the value of spiritual care – it's a shame that the book did not have more of them. The book is new enough to acknowledge the existence of Civil Partnerships and the fact that some people might seek to have their relationship legalised while one or both partners is in hospital; but Cobb does not make it clear that only a Registrar can formalise a Civil Partnership – unlike marriage, a chaplain could not do this.

As I read this book I found it heartening that I was able to recognise so much of myself, my work and my understanding of Chaplaincy in the pages – there were also new ideas and perspectives which I need to return to. This handbook would be an excellent tool for study and training in a Chaplaincy team – perhaps also using the Bibliography and Further Reading suggestions – and a great gift for a head of department to give to any newly appointed member of staff!

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David Gordon

Healthcare Chaplaincy is, for me, an incarnational ministry. It is primarily about being with people and, while meeting them on their own terms, helping them to get through a particularly challenging stage of their lives in such a way that they are comforted. I use the word "comforted" in its original sense of empowerment. The core meaning of "comfort" is to do with strengthening (Latin, *confortare*, "to strengthen much"). In St. John's Gospel the Holy Spirit is called the Comforter. This is not to do with cosy blankets or being "comfy" (a usage only dating from the mid-19th Century), but with making people strong, empowering them and releasing spiritual gifts within them. If we look to the Early Church's experience at Pentecost, it is clear that before the Lord sent the Church into the world to live out her mission, he sent the Spirit into the Church to impart and stir up the necessary gifts. Chaplains have a ministry of comforting.

Paradoxically, it is very often in the wake of experiencing our own, raw vulnerability that we are enabled to become stronger and to change in positive ways – to become strong at the broken places. This concept of growth through suffering is profoundly Christian. It is at the heart of the story of God's Incarnation. For me as a Christian, therefore, helping people to become stronger in and through adversity is both a human and a divine activity. That is why I experience chaplaincy as being incarnational. That is also why I reject the reductionist view, expressed by a doctor friend of mine recently, that spiritual care which does not explicitly introduce or name the religious - God, prayer, etc., - is "merely some form of psychiatric counselling" and not spiritual care in the proper sense.

I mentioned earlier the activity of the Holy Spirit in the Church and the Pentecostal gifts bestowed for the Church's mission. The greatest gift of all, of course, is the gift of love. Love, in the Christian tradition, is not sentimental and dependent solely on feelings, it is primarily an act of the will which finds expression in practical acts of charity (Latin, *caritas*, "costliness, esteem, affection"). When we minister to patients, relatives, visitors and staff, we show that they are esteemed - that they are worthy of being cared for. I not uncommonly find myself having to reassure patients (especially the elderly) that they are indeed worthy of care in a busy hospital.

In his Encyclical Letter, "Deus Caritas Est", Pope Benedict XVI writes that love "cannot be used as a means of engaging in what is nowadays considered proselytism. Love is free; it is not practised as a way of achieving other ends." "Those who practise charity in the Church's name will never seek to impose the Church's faith upon others. They realise that a pure and generous love is the best witness to the God in whom we believe and by whom we are driven to love. A Christian knows when it is time to speak of God and when it is better to say nothing and to let love alone speak" ("Deus Caritas Est", 31 c)). Chaplains have a ministry of loving.

Mark Cobb's book is very comprehensive. It looks at institutional, administrative, community and academic aspects of hospital chaplaincy as well as its pastoral, clinical core. What stimulated me to think along the lines I have done was Cobb's sense of security within his own faith and church. He writes quite unapologetically as a person of faith and, more specifically, as a priest of the Anglican tradition. He even takes for granted that there are ethical and ecclesiastical limits to what he can do within his role as a chaplain. He write that "Chaplains cannot exercise their role in any way they chose; there are ethical expectations placed upon them and limits to what they can do" (p. xvii). Later he states that, "Chaplains cannot be all things to all people unless they are prepared to either dissemble their own beliefs, values and faith practice or abandon them to a lowest common spiritual denominator" (p. 85). I found this quite refreshing because I sometimes get the feeling that chaplaincy in Scotland is developing in such a way that we are in danger of distancing ourselves

from the very thing which drove us to care and that made us so distinctive in the first place. This distinctiveness is perhaps especially necessary within a health service which mostly functions using a biomedical model of personhood.

In my experience, people assume that chaplains are people of faith, rooted within a religious tradition, even though they may not mind which particular church we belong to. This does not mean that people of no faith want nothing to do with us. On the contrary, because we are assumed to be from a religious background, we are often also assumed to be people who are caring, understanding and trustworthy. Chaplains have a ministry of believing.

Often we simply provide a presence in difficult circumstances; a hopeful service of watching, waiting and yes, even praying, when there is nothing else that can be done. It is often precisely in such circumstances that people acknowledge their ultimate dependence upon a Higher Power. However they may conceive of that Power, people still hope and believe that their loved one has not ceased to be and disappeared into nothingness. Chaplains have a ministry of hoping.

It is still true, in this supposedly secular age, that the vast majority of people believe in "something" even though they may not even label this "something" as God. In the wake of events like 9/11 and 7/7, people look to Chaplains precisely because we are people of faith, of hope and of love. And the greatest of these, as a wise man once said, is love.

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