

THE CHAPLAIN AS TRANSLATOR

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Abstract

The Chaplain finds herself continually in the position of the translator, having to move in the space between subject and object. This space Winnicott calls "Transitional", and Ulanov sees as particularly the domain of the clergy. The nature of these gaps is analysed, especially with respect to Chaplaincy and the work of the individual Chaplain. Various kinds of transitional space are examined, and the challenges facing the Chaplain in these situations are highlighted.

Key Words: Chaplaincy Translator, Language, Transitional Space, Theology, Psychology

In May of this year, I was asked to speak at the annual Scottish Healthcare Chaplains Conference in Crieff. I was asked to talk about my experience of Chaplaincy in my first year at Inverness. As I considered what had struck me most about the work of a Chaplain, I remembered an occasion from twelve years beforehand, when I was a probationer minister in Ayr.

A Paradigm

As part of my duties, I was expected to visit parishioners in the local Care of the Elderly Hospital. On my first visit to the hospital, I glanced at the list of people I had been asked to see and saw there one Flora Nicolson. I found out which ward she was in, and when I arrived at the nurses station, I asked after her. "You'll not get any conversation out of Flora", I was told by the nurse in charge. "She is very unaware of what is going on around her, and she doesn't respond to anyone". Flora had no family, and the weekly visit from the minister seemed to be her only regular one.

I found her as had been described. I told her some of the news of the church and the parish, but I found her to be completely unresponsive. Then I wondered about her name. "Flora Nicolson" is typically Highland. I thought I would try some Gaelic. I asked her, "Flora, a bheil Gaidhlig agaibh?" (Flora, do you have Gaelic), and to my surprise, she straightened up a little, made eye contact with me for the first time, and said, "Tha, Gaidhlig gu leor!" (Yes, plenty Gaelic).

Flora had been waiting in silence for someone to speak to her in her own language. The new level of communication was not great, but it was a marked improvement on the years of silence. Contact with the outside world was resumed.

Speaking Our Language

This merely confirms what we, as Chaplains, have known for some time. It underlines the importance of finding a common language, language that is known to both parties, and through which effective communication can take place. Whenever this happens, and whenever real communication between two human beings is happening, the language is the language of heaven.

Twelve years on from that experience, I find myself as Chaplain to the Inverness Hospitals. Virtually every day I use Gaelic in my conversations with patients, relatives, nurses and other members of staff. We speak a common language which is especially important in the care of the elderly wards, where patients find it much easier to converse in their native language.

And in all of this, I often find myself working as a translator. At one level, there are times when I literally translate the needs of the patient from Gaelic into English, or the requests and enquiries of staff from English into Gaelic. At a deeper level, I am translating Gaelic language and culture (because the two are so inseparably linked) into the language and culture of a modern healthcare community. The aim is always to enable real and effective communication; to increase mutual understanding.

Mind the Gap

A number of issues follow on from the paradigm outlined above. The Chaplain finds herself as translator, and the translator always occupies the uncomfortable space between two languages, between two ways of

seeing things, or between two points of view. The Chaplain occupies a gap, and stands in middle ground. In fact, this image of the Chaplain as translator resonates closely with the object relations theories of Fairbairn, Guntrip and Winnicott. These theories are given excellent coverage in relation to God-imagery in Ana-Maria Rizzuto's book, *The Birth of the Living God*.

The gist of these theories would suggest that the self is constantly building a model of reality which is always being adapted to interpret new situations. In order for this to be the case, there must exist between the self and the other, between subject and object, a space, a boundary zone which Winnicott refers to as "Transitional Space". In childhood, this space is filled with toys. Ideally, it is a safe play space, where good models of reality can be established, where secure environment can be enjoyed and where good enough parenting can be experienced.

In adulthood, none of us perceive reality with total objectivity. Each one of us still works with a model of reality which is being constantly up-dated and adapted to fit new situations. In fact, we simply get better toys with which to play. Ulanov takes this model even further and talks specifically about "Clergy Space" as that transitional space which exists between official God-images of text and tradition, and the individual's own God-images, some arising from primal experience of religion. (Ulanov p.165) Indeed, this is a space which the Chaplain occupies, trying to bridge the gap between the received and approved God-images of the Church and of the Bible, and the stranger, more personal images of individual experience. As with any transitional space, the key to surviving there is the discovery of new and better toys with which to play; more of which later.

Transitional Spaces Occupied by the Chaplain

Unfortunately, sometimes the only way that we, as Chaplains, have of finding the transitional space or gap, is by falling into it! Especially, in my first year as a Chaplain this has been the case. People constantly refer to the steepness of the learning curve in the first few weeks and months in the job, and undoubtedly this is due in part to the number of holes one has to climb out of. But whatever the nature of the gap or hole, it is the work of the Chaplain to be the translator, the bridge-builder, the hole-mender, so that better, and more accurate models of reality can be established.

Some of these transitional spaces are more obvious than others, but I have identified some that have become apparent to me, and, no doubt the reader will be able to imagine some more. First of all there is the gap between patient and carer. Much of my work as chaplain is spent in this gap, either translating for the patient to the carer, explaining the patient's needs, or translating for the carer to the patient, trying to explain the requests of the carer. Increasingly, as pressure of time effects the carers, there is less time available to the carers to spend with the patients. The chaplain is often placed in this gap, listening and explaining to both, the needs and wishes of the other.

Another gap I find myself in is the one between staff and management. Recently, management asked me if I would consider being the "Whistle blowing officer" for the trust. It was explained that this would merely formalise a lot of the work that I was already doing with members of staff. I explained that the only reason I could do this work was precisely because there was no perceived link between chaplaincy and management, and no obligation to report to management. As such chaplains can serve both management and staff very effectively, but often exists again in the gap between the two.

There is a gap between church and society into which the chaplain often falls. The church may have one way of understanding the traditions and writings of the faith, but the chaplain comes into contact with many different interpretations, and is often in the position of translating the Gospel into words and actions that the church institutions might find strange, or even unacceptable. This gap is also demonstrated in the, at times, awkward gap between the church and the hospital, as demonstrated by the maze of difficulties encountered by requests for confidentiality on the patients' part, and requests for access to church members on the part of clergy.

There is a gap between the hospital and the outside world. For many who work in institutions, like the church or healthcare, the institution can very quickly become the world. We so easily forget that we are only part of a much bigger picture, and that there is a larger world out there which we are called to serve.

There is a gap between that world and the people we meet. We are often called to help the people we meet re-establish their sense of belonging to the world, and their part in its on-going life. There is a gap between the person and his or her true self. Kierkegaard writes

that the greatest tragedy of human life is the potential to be that which in fact you are not. (Kierkegaard p. 7) The chaplain is again to be found in the gap between true and false self, helping the individual to distinguish between the two, and to make the choices that lead to integrity of being. And in all of this, there is the gap between the person and God. While the Christian belief is that this gap is, once and for all, bridged in Christ, there are times when every Christian can be projected by another individual into this gap. It is a painful place, not least because it reminds us so acutely of similar gaps in our own life and longing for God.

What language shall I borrow?

The real challenge for chaplains becomes one of survival in the gaps. How do we occupy these gaps, or even attempt to bridge them, without the resulting tensions tearing us apart? Winnicott and Ulanov would say that what we need are some good toys to play with, or, to re-employ the translator metaphor, what we need are some languages.

The first of these would be the language we learned in our own professional training, that of theology. Hospital is no place to work as a chaplain without a developing theology of suffering and healing. We also desperately need a sense of theology as toy, a sense of being allowed to play with theology and enjoy it, even have fun with it! It is easy for us to be drawn into the world of healthcare without theology. Maybe we need to remember that good theology is good healthcare and vice versa.

Another language that is of particular use to us is the language (or, more accurately, are the languages) of psychology. There are some excellent books available now relating the disciplines of theology and psychology (e.g. Hunsinger 1995) and the learning of the languages associated with psychology can both inform our own theology and pastoral care, as well as receive theological criticism.

Other languages we can borrow would include sociology and cultural studies, as we seek to relate Gospel truths to the situations of contemporary society. One language I have had to learn very quickly has been the language of management speak. The term "functional suitability" comes to mind as a phrase used by management when discussing the possible closure of one of the hospital chapels in Inverness. The term "clinical

governance" has still to be translated into real terms for many healthcare workers, including chaplains.

From time to time the chaplain is called upon to know a bit of medical jargon too. After only a short time on an oncology ward the chaplain will become acquainted with types of cancers, their treatment and the kinds of chemotherapy used. Likewise, the purpose of a CT scan becomes known, and the meaning of a string of other acronyms like SCBU, TEG, RTA etc. We do well not to forget this learning process, or the way in which people can feel dislocated from their own healthcare when such language is being used around them.

We also do well to learn some stock vernacular phrases from our local area. Each district in Scotland has a large number of these, and the chaplain needs at least to be familiar with them. In particular, as chaplains, we need to be good at learning the language of story. We are so privileged to hear peoples' stories, and it becomes so much part of the work of the chaplain that we can sometimes take for granted the special nature of what is being offered, or forget to take that story to the next stage, and help the individual discover the meaning of their life narrative.

The discovery of the languages which we can use in the gaps is literally life-saving for us and for those with whom we work. These languages or toys help us to exist in the gaps and survive the tension, perhaps even reaching the stage where the gap can be bridged, the hole can be mended, and the work of the translator accomplished.

The Work of the Translator

What then is this work? It is essentially spiritual, in that it is primarily the discovery of meaning. The most basic task of a translator is to say, as clearly as is possible, what something means. For the chaplain this involves discovering, uncovering, and recovering the meaning in any given situation, in any given dialogue or gap, **which is essentially** a spiritual exercise. Closely related to this is the preservation of personhood. When so much else in the hospital environment is robbing the individual of that sense of individuality and personhood, again, it is the essentially spiritual task of the chaplain, as translator, to affirm, in the very act of translation, an individual's uniqueness and personhood.

Insofar as the above are tasks of the translator, then the final, and related, task is to encourage that sense

of connectedness without which meaning and personhood are irrelevant. Each time we engage in this work, and each time we lay another thread of connectedness across the gaps and holes in our society we strengthen the fabric of community which holds us all. Again, this is an essentially spiritual task. It recognises that we are not saved in a vacuum, but into community, and that the issues of meaning, personhood and belonging are themselves interconnected. As we help the people we meet make these connections, we affirm the importance of these connections in ourselves, for the healing of our world.

Mending Holes and Bridging Gaps

Very briefly, and in finishing, I would say a few words about the ongoing work of translating in the Inverness hospitals. First of all, this work is itself done in a team which is an expression of hope and healing. The Highland Healthcare Chaplaincy Committee and Chaplaincy Team represents the broadest ecumenical group in the Highlands, and is comprised of members from the Church of Scotland, Free Church, Associate Presbyterian Church, Roman Catholic Church, Baptist Union, Scottish Episcopal Church, Methodist Church, Congregational Union, Salvation Army, Brethren Church and independent Christian fellowships in the Highland area. We express in our working together, the reality of Christian unity in service.

We are involved in local church activity. Members of the chaplaincy team are regularly involved in the conduct of worship in local congregations, highlighting the existence of the chaplaincy service for members of these congregations in hospitals. The movement is twoway. Local church members help the chaplaincy team by their involvement in the work of the chaplaincy. We also have a lay training program, enabling local church members to visit at home or in hospital, either for their own church, or as part of the chaplaincy team.

The chaplaincy is pro-active in visiting members of staff and departments within the hospital. There is a recognition that most of the work of chaplaincy is done by "putting yourself about" so that connections are made, and members of staff know the chaplains,

either for their own benefit, or for referral of others. The gaps are recognised as God's gaps, and therefore as God's opportunities in an individual's life. So part of the work of the chaplaincy team is to create "space for grace". We do this in a very literal way in our places of worship in the Inverness hospitals and hospice. There is a quarterly service for the relatives of people who have died in the hospice. There is an annual World AIDS Day service. There are services twice a year for those touched by peri-natal death. There is an annual service for the Child Loss Support Group. As well as these special services there are the weekly acts of worship in the chapels, the daily prayers, the weddings, baptism, memorial services and funerals which each provide the space for God's grace to be at work.

Nothing is ever wasted, or lost, or mundane. Every visit, every meeting, every act of worship, every touch, every brief exchange in the corridor is the affirming of connectedness, the building of a bridge, the darning of a hole, the stitching in place of another thread. Every piece of work is an attempt to find that common language, so that instead of sitting in locked-in, lonely isolation, we can raise our heads, we can look each other in the eye, we can greet each other with a smile of recognition and speak to one another in the language of heaven.

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