

SPIRITUAL CARE IN NHSSCOTLAND

A UNITARIAN RESPONSE

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Abstract: The author identifies the best practice of spiritual and religious care as encompassing the 'non-religious, alternatively religious and differently religious', an approach which accords well with the Unitarian tradition. He therefore welcomes the recognition in 'Spiritual Care in NHS Scotland' of the breadth of spiritual care which the NHS chaplain is called upon to provide, but expresses concern lest 'the spiritual element' should become simply another NHS specialism, when it is the concern and province of all.

THE WHITE HAired MAN
for Richard Cabot

*This man sowed faith wherever he moved.
It was in his hand when he held yours at a meeting.
Never so called out of yourself, never so loved
Were you or anyone as by this man in greeting.*

*For he kept nothing of the thirsting flood.
It poured through him unstinted like a river.
A quickening essence transfused through the blood,
Afterwards strength was in you, he the giver.*

*For this man, each was given holiness in trust,
Each with a secret gift and none the same,
The gift of healing because you must,
Because the healing was in you in God's name.*

*Never doubt. Never find it out too late,
But now flower and bear fruit in human meeting.
Love, not transcending the person, but incarnate
As in his own hand given you in greeting.*

May Sarton (Trapp 1964)

In her poem *The White-haired Man* the American Unitarian poet and novelist, the late May Sarton, says "this man sowed faith wherever he moved". She says that when his hand grasped yours in greeting you were called "out of yourself" and that afterwards "strength" and "healing was in you". She says that when this white-haired man greeted you with his hand there was "love, not transcending the person, but incarnate". In just a few brief phrases the

poet wonderfully encapsulates the very best practice of spiritual and religious care.

As a minority tradition, Unitarians have an established record of openness to people of different faith and of sharing in their insights. They also have an established record of being open to people detached from organised religion who may be seeking some form of alternate or non-traditional faith, or who may even describe themselves as "non-religious". Unitarians, therefore, are likely to among the very first to welcome the new guidelines, their recognition of "the growing interfaith and 'non religious' dimension of spiritual care in today's NHS" and their acknowledgement that "chaplains in healthcare settings . . . now devote most of their working time to patients, carers and staff who have no link with any faith community" and "who look to the NHS to provide spiritual care."

Similar trends regarding the spiritual and religious care of non-religious, alternatively-religious and differently-religious people are slowly emerging in areas other than health care - in schools, for example, where 'broadly Christian' religious education and observance no longer fits comfortably; and in civil registration where registrars may now officiate outside their offices and may, perhaps in future, officiate at funerals and baby-naming ceremonies. Such trends seem to suggest the slow emergence of a new civic religion gradually nudging aside the traditional religious establishments which previously assumed overall responsibility for the spiritual and religious care of society. One particular indicator of

this trend it is significant. Under the new guidelines, church authorities have lost their place to health boards in the appointment of 'spiritual care givers'.

The guidelines refer to the World Health Organisation's holistic definition of health as "including the spiritual element alongside physical, emotional, mental and social" elements which rather suggests that "the spiritual element" is simply another specialist department alongside other specialist hospital departments - different doors on the same hospital corridor - when there is at least a case to argue, that the appropriate place for "the spiritual element" is either 'undergirding' or 'transcending' other health care departments, or even 'pervading' them. Isn't there a sense in which "the spiritual element" of health care is not only a summation of the work of all hospital departments but also that spiritual and religious care is the responsibility of them all.

The Unitarian and Harvard ethicist James Luther Adams once wrote negatively of the "immaculate conception of virtue". Likewise, he would query concepts like the *spiritual* which all too easily gives an impression of immaculately conceived, free floating spirit, when to be in any way meaningful the *spiritual* must be an added dimension to human lives. For this reason I prefer the language of *wholeness* to the language of the *spiritual* - *wholeness* being a summation of our separate elements or parts, and maybe even something more than the summation of our parts.

It is sometimes said that if you search long and hard enough in a good dictionary you will eventually find God, and there may be some sort of truth there; but, certainly, a good dictionary can inform our understanding of the function of the words. After all - etymologically speaking - the two words *wholeness* and *health* are related, health being 'the state of being whole'; and both words, *whole* and *health*, belong to the same word family, with a common Indo-European ancestor, which also gives us such words as hail [as in hail and farewell], hallow, heal, health and holy - the *w* of whole being a sixteenth century alteration.

May Sarton's poem about the white-haired man reminds of this relationship between wholeness and healing and holiness because the man gives 'healing' when he holds another's 'holiness in trust'. The poet's dedication is for the Boston 'Brahmin' medical doc-

tor and Unitarian, Richard Cabot who in 1925 suggested that theological students should spend a 'clinical year' working in hospitals. Cabot, therefore, was an early pioneer of clinical pastoral education for those involved in hospital chaplaincy work. Later in 1936, with a colleague, he published a book called *The Art of Ministering to the Sick*. Few Unitarians have written anything in this area since with the one exception of Carl Wennerstrom whose writings in this field were edited posthumously by James Luther Adams and Stewart Hiltner (1970).

For May Sarton, Richard Cabot was 'a white haired man' so that when she knew him he was probably elderly. In her poem about him she reminds us of three significant aspects spiritual and pastoral care:

- in the first place, Sarton reminds us that now, when there is so much suspicion around among professional care givers about touching anyone lest it be misunderstood - that touch, and the grasp of hands in greeting - is healing and wholesome.
- in the second place, Sarton reminds us that the quality of 'love' which Cabot conveyed was no 'transcendent' free-floating quality but actually part of him, part of how he was human. 'Incarnate' (enfleshed) is the word Sarton uses; and thereby she reminds us that spiritual and religious care is as much about the sort of people care-givers are, as it is about as what they say and do.
- in the third place, Sarton's poem queries the World Health Organisation's suggestion that the spiritual element of health care is simply another hospital department. She reminds us that spiritual and religious care is the responsibility of the whole hospital community even the doctor's.

References

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