

PROFESSIONALISATION AND DISCLOSURE:

AN OUTSIDER'S VIEWPOINT

W. Graham Monteith

Abstract: The fact that hospital chaplaincy is becoming more professional is to be welcomed. However, if ministry in a healthcare setting is to be successful, it must involve more than the exercise of professional skills. The chaplain must be seen as the equal of all, of whatever rank or professional status. Chaplaincy requires the involvement of a unique personality, and a degree of disclosure of the essential self which goes beyond the professional persona. The chaplain needs a certain freedom to use the self as a means of giving spiritual care. The author makes a plea for an understanding of the role of personal attributes and personalities in successful chaplaincy.

Keywords : chaplaincy, disclosure, professionalisation.

¹⁹ *Though I am free and belong to no man, I make myself a slave to everyone, to win as many as possible.* ²⁰ *To the Jews I became like a Jew, to win the Jews. To those under the law I became like one under the law (though I myself am not under the law), so as to win those under the law.* ²¹ *To those not having the law I became like one not having the law (though I am not free from God's law but am under Christ's law), so as to win those not having the law.* ²² *To the weak I became weak, to win the weak. I have become all things to all men so that by all possible means I might save some.* (1 Cor. 9:19-22)

At a recent conference of hospital chaplains, I made an aside about disclosure and the increasing professionalisation of chaplains, which prompted an invitation to write this article. I do so as an outsider with no knowledge of professional requirements which are now required of chaplains in the NHS.

Sometimes St Paul boasted about his personal qualities but he did so with good intent. In this passage, he seems to be boasting he is 'hail fellow, well met' and is certainly suggesting that he tried to accommodate everyone in the course of his missionary travels. He was certainly suggesting that he had to meet people at their level and that sometimes his own qualities played a major part in how this was achieved. Thus, we know that he had a "thorn in the flesh" which was probably an illness and, at the

same time, showed to all that he did not have the assumed infallibility and perfection of the priests of the time.

The question I want to pose is whether we must expect the impact of our ministry to come not only from our professional skills but from the things we carry with us as part of our personalities and make-up? Are we 'hail fellows, well met' as we go about our daily ministry?

My understanding of chaplaincy grew out of my knowledge of chaplains to the armed forces. Despite being worlds apart, I think there are similarities with other specialised chaplaincies in the NHS and Prison Service. Chaplains to the forces have only a nominal rank – in fact, there is no rank as far as I am aware in the Navy. It is also part of the tradition that rank did not matter in the courts of the Churches, in the Kirk Session in the case of the Church of Scotland, and that the only rank was that of Christ and our only badge was the badge of grace. Chaplains enjoyed the unique privilege of being about to talk on equal terms to men and officers and to enjoy the confidence of both. Now, I know that this is a very glamorised picture of the armed forces but within it is the essence of chaplaincy.

Whoever is called to such a job must have the capacity to mix with the entire community of the body to which they minister. Hospital chaplains

to which they minister. Hospital chaplains cannot distinguish between patients and doctors or different types of professions within their hospital setting. The chaplain must always be in a position to act as an intermediary, an honest broker, between a confident doctor and an insecure patient. Such a role cannot be undertaken without a strong personality which must inevitably be enhanced by the disclosure of Christian convictions and compassion.

We carry with us characteristics which are beyond any restrictions of disclosure such as age, gender and style of encounter which differs as much as any doctor's 'bedside manner'. We cannot possibly lay ourselves bare and share absolutely everything with patients and staff. Privacy is not only right but also a sensible precaution. Yet how can we avoid disclosing parts of ourselves when sharing faith with others. That indeed is disclosure in itself and cannot be denied in any meaningful way. I am disabled and would therefore carry a massive sign of disclosure in any encounter I might have on the ward. Sometimes it would have a negative effect; hopefully, more often, a highly positive effect. When it comes to gender, doctors have for a long time been used to the fact that many women prefer a woman doctor. Such doctors carry a sign which is part of themselves in the same way as female chaplains may well have a much stronger influence in certain circumstances than their male counterparts.

Uniquely amongst health professionals, chaplains are expected to preach at a service on a Sunday morning or compose prayers in moments of personal crisis and distress. How on earth can you do that to a professional formula which does not include your

personality? The words of sermons always have some biographical influence behind them and prayers reflect personal experience of an understanding of God. They cannot be divorced from the inner person and this would not be expected in the parish setting.

In that setting, disclosure has almost been allowed too far in the other direction with the congregation having an intimate knowledge of your spouse, children if any or their assumed right to gossip about your single state.

If NHS chaplaincies are going to become more and more professionalized, as indeed they should, I think there must be a great searching for an understanding of the role of personal attributes and personalities in the successful chaplaincy. It is doubtful whether the chaplain can hide behind some great medical knowledge as many a shy doctor has done. It is equally the case that a chaplain has been called to his or her vocation and has a right to bring with him or her the very essence of life which led to that call. This is important in the formation of this profession as it is in no other branch within the medical community.

Let us return to Paul. He was claiming freedom to be as he was in the course of his ministry. I suggest that chaplains must claim that same freedom under Christ to use their uniqueness, whatever it may be, to help people spiritually in the midst of their crisis, maybe the worst of their life.

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