

Building Knowledge for Chaplaincy in Healthcare: Future Directions

Symposium, February 1, 2019, University of Humanistic Studies, Utrecht

In collaboration with the University Center for Chaplaincy Studies (PthU & TST) and the Academic Advisory Board of the Dutch Association of Spiritual Caregivers

Behavioural Patterns Regarding Chaplaincy Research. Introductory Remarks

Martin Walton

Welcome. A special thanks to the University of Humanistic Studies for hosting us today and for the collaboration with the University Center for Chaplaincy Studies and the Academic Advisory Board of the Dutch Association of Spiritual Caregivers on this research forum. A word of welcome to our special guests, in the first place to professor George Fitchett, on the occasion of his honorary doctorate from the University of Humanistic Studies earlier this week. (...) The theme of the *dies natalis* of the University of Humanistic Studies on Tuesday was 'The Art of Listening and Deaccelerating our Way of Life'. So, since we have a lot to do today, it would be good to slow down and first listen to a poem, from the Czech poet Miroslav Holub (1923-1998), who was an eminent immunologist but internationally better known for his poetry.

BRIEF REFLECTION ON THE WORD PAIN

Wittgenstein says: the words "It hurts" have replaced
tears and cries of pain. The word "Pain"
does not describe the expression of pain but replaces it.
Thus it creates a new behaviour pattern
in the case of pain.

The word enters between us and the pain
like a pretence of silence.
It is a silencing. It is a needle
unpicking the stitch
between blood and clay.

The word is the first small step
to freedom
from oneself.

In case others
are present.

Miroslav Holub

Poems Before and After, I. Milna & T. Milna, translators, Bloodaxe Books 2006.

In health care pain is a difficult matter to determine and measure. The experience of pain is generally very subjective and immune to comparison between different persons who suffer pain. During a recent hospital stay I was regularly asked to rate my pain on a scale of 1 to 10. I can testify to the fact that the very act of rating the pain, whatever medication I might have been given, or not given, created for me, or in me a new pattern of behaviour with regard to my pain. I was not just experiencing my pain but relating to it.

Pain can be physical, or existential, or both, and even if we are not generally asked to rate our existential pain on a scale of 1 to 10, there is a scope of existential pain from emotional infarct to moral injury, from spiritual decompensation to esthetic contamination. The language used to address that pain may be that of words and conversation, metaphor and tradition, or ritual and gesture. Whatever the language, it can help create a new pattern of behaviour in relation to the experienced pain, emptiness, or recovery, the first small step to freedom from oneself. Or *to* oneself, for chaplains know that the freedom from oneself is simultaneously a freedom to oneself.

'In case', the poet says – and I assume that is the poet's amendment to Wittgenstein – 'others are present'. Communications on pain, like encounters in chaplaincy care, are social events, with social interactions in particular social settings. Often the language of chaplaincy interactions is intimate and intricate, personal and spontaneous. But because those interactions and encounters are social events, they are at the same time open to observation, description, evaluation and improvement. And they give rise to effects and side effects that can be reported and rated. There exists, therefore, a rich spectrum of chaplaincy interactions that are just as social and concrete as they are spiritual and complex.

Recognizing those two sides of chaplaincy interactions should help us to avoid two inclinations that can mislead us with regard to research on chaplaincy practice. The first inclination is that of *simplification* of chaplaincy care, reducing it to instrumental terms and making it easily researchable, while failing to appreciate its intimacy and intricacy, its spontaneity and complexity. The reverse inclination is that of *mystification*, claiming chaplaincy care to be immune to observation and measurement due to its characterization in terms of non-instrumental presence or some spiritualized essence. Such mystification is itself a simplification in that it fails to appreciate the rich spectrum of chaplaincy interactions, both social and concrete. If we can, however, avoid both simplification and mystification, then we will be able to develop new research behaviour in the case of chaplaincy care and to build knowledge that will create for us a new relation to the wondrous world of chaplaincy.

Martin Walton
Professor of Chaplaincy Studies
Protestant Theological University, Groningen, Netherlands
Chairman, Academic Advisory Board, Dutch Association of Spiritual Caregivers.
mwalton@pthu.nl