Modern views on hospital chaplain ministry

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Abstract

The originality of the issue undertaken lies in presenting the ministry of a hospital chaplain in the religious patchwork environment, i.e. a hospital, where we can encounter people with their own „recipe for religion”, who accept some religious elements while discard the other ones. The manuscript shows modern views on hospital chaplain ministry.

Key words: chaplain, hospital

The presence of a chaplain is for many suffering patients a real gift of fate or a sign of Divine Providence. The sick want the people accompanying them in suffering to be fully open, ready to listen, empathic, understanding, patient, spiritually and emotionally strong. Priests dealing with the sick experiencing various tribulations should show life force, optimism and how much joy they take from ministry. Hospital chaplains should pay attention to religious life of patients in various stages of diseases and suffering as well as participate in the therapeutic process and their recovery [1]. Moreover, they should be able to open to every person and have essential knowledge, e.g. be familiar with psychology of a suffering man [2].

A hospital is a special place where often life is saved and health is recovered, making it possible for a sick person to go back to normal functioning in the society. The word „hospital” should then be expected to evoke positive emotions. Yet it is quite the opposite. Nobody likes this institution, neither patients nor visitors. Accumulation of human suffering is highly stressful and may cause trauma [3]. The place is made more hospitable by carefully thought-out interiors and modern equipment that increases comfort of patients as well as by friendly medical personnel. Nevertheless, hospitals will always be associated with pain, suffering, uncertainty, fear and separation from the nearest and dearest.

When going to a hospital, the sick are aware that they will be surrounded by strangers. A vast majority takes the presence of doctors and nurses at their beds calmly, even when, doing the necessary, they violate their intimacy, which the patients may subjectively perceive as if they were being

stripped off their dignity, as this is what a hospital is like. Patients do not object to daily ward rounds, during which they quite eagerly tell their attending physicians how they feel and inquire about treatment strategy. They treat it as a hospital ritual. Yet some problems may occur when a priest enters a sickroom. To illustrate them, I have asked several ex-patients to describe their encounters with hospital chaplains.

„I was falling asleep, recovering from a difficult surgical procedure. The next several days were to show if the operation had been successful. I was scared. Then the chaplain came in. I did not feel like talking to anyone. He asked me if I wanted to accept Christ. I declined. He repeated the question. I asked him to leave. I did that each time. I must add that I often talk to God but without any mediators.”[4]

„I had not slept the whole night. I was in pain. I must have looked pitifully. When the chaplain approached my bed, I asked him politely to leave. At this particular moment, he was a stranger and his sight was making me feel uncomfortable. He was saying something. Luckily, I was able to move and turn my back on him. It is a pity that two nice women that a day before had talked to me kindly and kept my spirits alive, after that incident began to treat me like air. I decided to get my revenge on the priest. Each time he was stopping at my bed, I would turn my face to the wall. I am not proud of my behavior.” [5]

„I underwent a difficult surgery. Two years earlier my best friend with whom I went to school had died. He was only 35 years old. Was I next? A priest entered the room. I do not really know why but his

sight brought back my friend's funeral. Perhaps the place I was in had such an effect. I sent him away. I remember being abrupt. I think he took offense because he was clearly avoiding me, as if he wanted to send out a message that people like me should be boycotted; at least that is how I interpreted it at the time. Other patients were treating me well. Having left the hospital, I took communion and ordered a mass for the doctors that had saved my life." [6]

"The accident I do not remember. I woke up at the hospital room. "That was a close call, we have pulled you back" - were the first words I heard from a young doctor. Next day a hospital chaplain came in. I was overwhelmed with racing thoughts. How are they going to cope at work without me? I have a long rehabilitation ahead. I will lose clout. I will not be promoted. I will not be able to save up for a holiday abroad. The priest was an old gray man, had a cheerful face and wise, good eyes. He reminded me of priest Adam Broniecki. At first, I almost bullied him, asking schoolboy questions such as: Can God create a stone that He will not be able to lift? He did not show impatience, not even once. He smiled with understanding. We talked a lot at the hospital chapel. He opened up new horizons for me and made my hospital stay more bearable. He turned out to be a good and wise man. This may sound silly but I began to see my accident as something positive; I found sense in it all. I no longer run at a crazy, devastating pace. Chaplain Tomasz! How grateful I am to you. Please nurture this care for people in you for as long as you can." [7]

"My stay at the hospital was not the best time in my life. One morning we were visited by a hospital chaplain. One of those well-preserved, fit man that it is hard to tell the age of by appearance. He was in a hurry. In a great hurry. It was like that every time. I could feel that the hospital atmosphere was troubling him. He was ordered to become a hospital chaplain so he obeyed but it was making him uneasy or maybe even disgusted him. The old lady by the wall looks so ghastly and does not stop wheezing. I even understand him. I also lose my enthusiasm if I have to repeat the same actions over and over again. You have settled into a groove, your reverence." [8]

"I was baptized but I am religiously indifferent. I respect everybody regardless of age, education and confession. I am eager to socialize but have one rule that I keep faithful to. I never discuss politics and religion with people I do not know because this may lead to terrible rows. When a chaplain offered me his services I politely but firmly

declined. I stressed that it would remain like that until the end of my hospitalization. He respected that without any comments. I found him well mannered. I would also like to add that if a chaplain is able to ease the suffering of some patients, it means he is needed." [9]

"I went to hospital for a simple procedure. Already during the first day, a chaplain came by. His entrance provoked a load of rough epithets, with the word „black" being the least offensive. Nobody reacted. All patients, including myself, were looking away. The atmosphere was getting more and more dense. I cannot really describe the look on his face. Apart from the hot-headed patient, all four of us took Communion. When the priest left this patient would still talk to himself for a moment, but calmed down quite quickly. He did not say a word to us, not even once. Luckily for us, he was sent home the next day. They told me he had been behaving like that every day for the two weeks of his stay. I wondered if I had done well keeping quiet. The priest turned out a communicative man. When I told him of my doubts, he said that he was prepared for all sorts of situations. He had many proves that the sick needed somebody like himself and that was keeping his spirits up. In a moment he would go to a severely sick woman, a mother of little children, because he knew she was waiting for him. He would visit her again in the evening." [10]

"I had a terrible car accident that left me paralyzed from the waist down. I will never walk again. I acted towards the chaplain like a typical patient who had suffered such a great blow. I told him that I felt deep resentment towards God. I have done nothing wrong in my life. Why did he do it to me? So many bad guys in the world and he does nothing. Actually, I was yelling not talking. I was told that God loved me and that the priest would pray for me. I advised the priest to pray for himself and not to come to me again. Then a hospital psychologist showed up. She had this inscrutable expression, glassy eyes. In a detached voice, as if she was reading from a prompter, she began to explain that such an accident is not the end of the world, that a friend of hers has only one leg, and that I have to look inside me and turn to my reserves and such. At one point, I tuned out and she kept talking. When she was finished, I told her this: "You silly woman! In a moment you will walk out of here on your own, healthy feet and will tell the same rubbish to some other poor wretch, and I will be wheeled out. You go cheer up that legless friend of yours. And you could smile, at least once!" As for

the doctors, I complained that we lived in the XXI century and they could not operate on me properly. I was winding up. Helplessness was making me angry. I became harsh even towards my family and friends. Then I became apathetic. I had a couple of therapeutic sessions. My mentor was a philosopher. At the beginning, he asked me to think what a stoic would say in my place. I somehow cope in life. I made peace with God.”[11]

Having listened to these accounts provoked reflection. It is obvious that the place we are at determines our behavior. Being in a public place, we make a special effort to control our emotions not to attract unwanted attention. A hospital, however, although a public place, makes people, colloquially speaking, lose their temper. Hospital atmosphere may in some people provoke panic fear and in the others generate aggression, which may result in impulsive outbursts, often directed at a chaplain.[12]

In the light of the law, a patient entering a hospital ward is not obliged to inform the personnel of his or her confession. Hence, in one room we may find patients of different religious beliefs and those religiously indifferent. Sociology describes attitudes such as faith without affiliation or affiliation without faith. In such a peculiar melting pot as a hospital we may also find people who would take various elements from different religious cultures, choosing only the ones that suit them and creating “something of their own”. Sociologists call them “believers on their own”. Many of those decline a chaplain's ministry. Perhaps Ms M. is one of those people – she does not cut herself off God, but finds the chaplain an unnecessary mediator, as she puts it.

Half-naked patients, with cannulae in veins and catheter tubes sticking out from under the beds, are in a great discomfort. It is especially hard to bear for women. The sight that they are, especially after operations, makes them feel uneasy or even humiliated. The presence of the priest, a stranger, may be uncomfortable for them. In such a situation, they refuse to accept his services. It was observed that the same patients who earlier declined any help of priests, having been disconnected from the medical equipment were reacting positively to chaplain's visits. Therefore, it may be a hospital entourage, and not the lack of religious needs, that influences patients' behavior.

„None of human organs is more in the service of a heart than an eye” - wrote a Jesuit, priest Mikołaj Łęczycki (1574 – 1652).[13] The patient's sharp eye can immediately read the commitment

of hospital personnel from the body language. The chaplain evoked a considerable resentment in Ms. J. I do not want to become an advocate of the priest now. The opinion of Ms. J. is harsh, emotionally charged, but it comes from personal observation. Perhaps the priest's behavior was a result of the overwhelming hospital atmosphere, where sick rooms do not always smell nice and the sight of some patients, let us be frank, is not uplifting. I believe that the above-mentioned chaplain will one day overcome the boundaries of his esthetic sensibility.

A hospital chaplain's mission is one of the hardest.[14] The contact with a suffering individual alone causes severe stress. In most cases, he does not know how he will be treated. He may be welcomed, gently or harshly sent away or even verbally attacked by an emotionally unstable patient. Verbal skirmish does not befit him. Such unpleasant incidents are witnessed by other patients. This makes the chaplain feel very awkward.[15]

With respect to difficult cases, the psychologists are not always able to help, as proved by the story of Ms. R. I would not like this to be understood as malice on my part, but I will ask the following question: Why is it that the effectiveness of psychologists at hospitals does not arouse such strong emotions? They also at times fail to help. What should be taken into account when considering the usefulness of hospital chaplains is that considerable amounts of patients are willing to talk to them. Religious needs of these patients should then be met in a professional way by a hospital chaplain. It is worth here to quote the words of Pope Benedict XVI addressed to priests during the meeting at the Cathedral of Saint John the Baptist in Warsaw reminding the clergymen that for the faithful ones they should primarily be experts in spiritual life. Spiritual care over the sick and suffering is the Church's proposal directed to all people of goodwill as part of the missionary work of the Church. In this respect, providing pastoral care in healthcare facilities is testimony to the sense of life, solidarity and love protecting from despair, humiliation and lack of hope.[16]

See Z.K. Szostkiewicz, *Vademecum duszpasterza chorych*, Marki-Struga 1993. I asked one of the chaplains seeing the suffering process in patients to tell me how their perspective of perceiving the world and its values changes in the situations associated with diseases and hospital stays. Looking for an answer to this question, one should first observe that (?) the way one looks at the world is de-

terminated by the disease that the patient is suffering from. The reactions (?) of the so-called scheduled patients, i.e. those who come to hospital referred by a family doctor for diagnostic tests of some minor diseases are different from those observed in patients who were diagnosed with the severe disease during hospitalization and yet different in those after oncological therapy. A variable is certainly also the patient's age. In the case of patients at internal wards diagnosed with mild diseases, their condition and place they are at do not usually influence the way they perceive the world. The disease becomes an obstacle in completing their tasks, in normal functioning. Hospitalization and the disease are only a transitional period, a momentary crisis that will pass. I often observe in these patients unwillingness to part with their work and „bringing it” to the hospital setting. Their work is the main topic of conversations threatened by hospitalization, when the everyday life „runs somewhere beyond them”. In their case, the system of values, organised during the time of normal activity, does not change during hospitalization. A situation changes with respect to oncological or palliative patients and those with severe diseases.

It is often that they themselves point out that their view of the world changed. They stress the role of the family in their life and appreciate their support in facing the diagnosis. In such patients, I often see degradation in perceiving the reality from the angle of differently defined material means. During their hospitalization they discover that in the end money is not able to keep them alive and earning it just for the sake of getting richer was a mistake that they now see. It is often that they change their attitude towards spiritual values. Over the last 6 months, 15 patients from the group discussed asked for the sacrament of penance and reconciliation for the first time in several years. This kind of conversations revolve mostly around questions of God's benevolence with respect to suffering. Are patients willing to talk about it and how do they talk about it? Patients of internal ward(s) in severe conditions and oncological patients are more eager to discuss this subject.

Interview with Z. K. conducted on 17.05.2015. I am certain that the situation they found themselves in made them rethink their lives and life in general. If a patient is willing to talk at all, he or she usually is very direct. Most often patients start with their life experiences, memories and situ-

ations. They talk of specific persons in their lives. They often say „now I know, I should have done otherwise”, „I was measuring up my life with how much money I had and that was a mistake”, „I lost my wife and child because my work was more important than them, which I now realize”. Is there a place for God in these conversations? Sometimes, yes. It is my observation that „the need of God” is more apparent in older patients, regardless of the disease. Spiritual values in this group count more than in other patients. It is visible not only in their talks but also in (widely understood) sacramental life (?). Older patients while talking of their lives often refer to God. They point out a too-weak relation with Him or – often stress the role of prayer in their lives. Moreover, a common question (which often becomes a starting point of conversations) concerns the presence of God in a specific suffering-related situation - „why does God allow for my organism to be ruined by chemotherapy, which has no chance of success in my case anyhow”. The conversations in this respect can be described as bipolar. It is either a rebellion, antipathy and parting with God that allowed something like that to happen or on the contrary – return after many years to a very intimate relation with Him.” An interview with Z. K. conducted on May 17th, 2015.

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