



A Theory and Model for Pastoral Supervision of Chaplains within the Healthcare Setting

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Introduction

The purpose of this discussion paper is to identify and explore some key elements integral to the development of a model of professional pastoral supervision appropriate for healthcare chaplains and their work settings. The approach to supervision taken here is one that seeks to identify a commonality to supervision recognisable to a variety of approaches, namely, theological-pastoral formation, CPE (Clinical Pastoral Education), and psychological perspectives on spiritual and pastoral care.

In the supervision of chaplains three broad areas for exploration and clarification can be identified:

- Identity tensions relating to the particular mix of the personal, spiritual, and societal aspects contributing towards the construction of professional role identity for chaplains
- Cultural confusions about supervision in relation to spiritual direction and psychological therapy
- Supervision conceived of as reflection upon, and management of, dynamic processes

Identity tensions

The challenge facing health care chaplaincy is to articulate a model of professional identity and practice that identifies chaplains as members of the health care workforce whose contribution is integral to the delivery of good healthcare. Integral to this development is the identification of a suitable model of work supervision, which supports professional identity and strengthens good practice.

From its outset the NHS, uniquely, has had a vision of spiritual and pastoral care accompanying that of medical treatment. This is truly one of the greatest strengths of the NHS, even if often overlooked. Patients at points of major life crisis have available to them not only the personal and private ministrations of their faith representatives, but enjoy a public and highly skilled form of religious and spiritual support offered by NHS Chaplains as part of, and paid by, the NHS.

Professional identity develops along the personal, professional interface. This is where the individual with his or her own personal history begins to be shaped by their encounter with the experience of being in professional role. Professional role is defined by a clear functional identity, external expectation and projections, and a pre-existing professional culture with its own collective history.

Chaplains have to manage the personal and professional interface in particular ways:

1. More prominence is given to identity than to function¹. This means it is less important for others to understand what chaplains actually do than it is to know how to recognise who they are. Therefore, in professional role, the personality of the chaplain takes on a crucial significance². The significance of personality expresses itself in the importance chaplains give to what is generally termed the 'use

¹ The traditional notion of the stipend is payment for who you are not for what you do.

² A chaplain was recently commented; 'I feel I am only as good as my last encounter'.

of self'. *Use of self*, is a form of spiritual and pastoral practice in which the chaplain allows another's experience to generate a deep personal impact that evokes their own. It enables them to follow the other's articulation of need. The other's need emerges and takes precedence over any preconceived notion the chaplain might have as to what might be needed. Health Care Chaplaincy requires a supervision model that develops, refines, and monitors the 'use of self' as the principal instrument in the task of spiritual and pastoral care. Consequently, such a model locates itself within the discourses governing experiential learning³, psychologically informed personal reflection⁴, theological reflection, and the examination of psychodynamic and organisational processes⁵.

2. Chaplains are the focus of strong societal projections as representatives of the spiritual authority and power. These projections take a variety of forms in what has become a largely secular society. For some, spirituality is conceived of as metaphysical relationship with God, or the divine cosmos. For others it is conceived of as a magical relationship to supreme power. Yet, for some, chaplains embody all that is most loved, while for others they may embody all that is most feared as indicated by people's experience of the religious tradition.

Confusion between supervision and other reflective practices

A model of supervision needs to be able to distinguish between, and hold in tension, the separate, yet, intertwined aspects of self: namely personality, soul-spirit, and professional role. Most chaplains have little experience of working supervision. When asked about supervision they are likely to confuse supervision with other activities of reflection and support. For chaplains supervision needs to be clearly distinguished from spiritual direction, psychological therapy, and appraisal.

Spiritual Direction: explores our relationship with God, which is the ultimate frame of reference for the identity of the chaplain. My concern here is less one of defining spiritual direction as a set of practices as it is to identify the territory of self being worked-on within spiritual direction. The territory of spiritual direction is the global and relates to those large theological, philosophical and archetypal themes that impact upon our human development. The process is one of discerning particular themes and influences and in particular discerning the direction of travel (soul journey) in an individual's spiritual development. It tends to be an activity of forming an overview, or of identifying the aspects of the *spiritual-theological ground* manifesting in our lives at any given time.

Psychological therapy: explores our relationship to our own personal developmental history. It seeks to expose and explore the way we as individuals have come to be formed by our relationships to the environment around us. Most crucial is the way we

³ This is a tradition in education, which takes the raw material of the student's actual experience as the basis for the learning. This model offers the student a good deal of autonomy over the process of their learning and works from experience upwards into reflection and theory.

⁴ Reflection based upon a view of human development and experience drawn from the insights of psychological traditions such as psychoanalysis, humanistic psychology, and for chaplains, transpersonal psychology.

⁵ The Psychodynamic identifies the internal ebb and flow between unconscious processes and the way these influence conscious thinking, choices and behaviours. Reflection is a process of recognising and negotiating between conflicting and colluding internal processes within the psyche.

have been shaped by the nature of our early relationships with mother, father, and siblings. The patterns set up in these early relationships come to influence and determine our subsequent relationships both with ourselves i.e. how we feel about ourselves, and with the world at large i.e. how we experience external reality. Compared with spiritual direction, psychological therapy focuses on the deep and subtle aspects of personal experience.

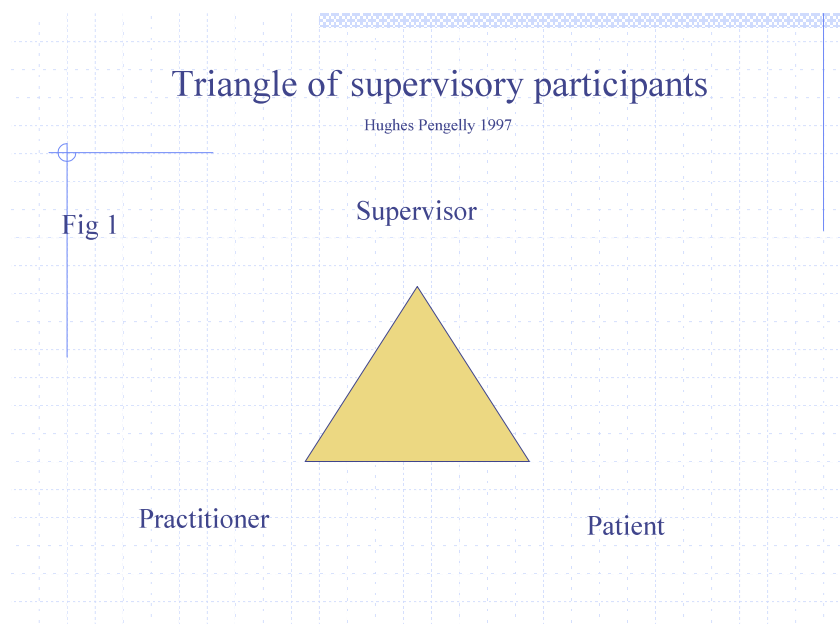
Spiritual direction and psychological therapy are different activities and not to be confused with one another. Yet, they each address interlinked aspects of human experience. Hence, the images we project onto God often reflect our experience of father, mother, and authority more generally.

Appraisal: the assessment and monitoring of performance and levels of competency within the general framework of line management. Appraisal is more focused towards the requirements of the role as identified say within the KSF (Knowledge and Skills Framework). This relates not only to performance, but to professional advancement and remuneration.

The Dynamic Model of Supervision

Supervision involves three people:

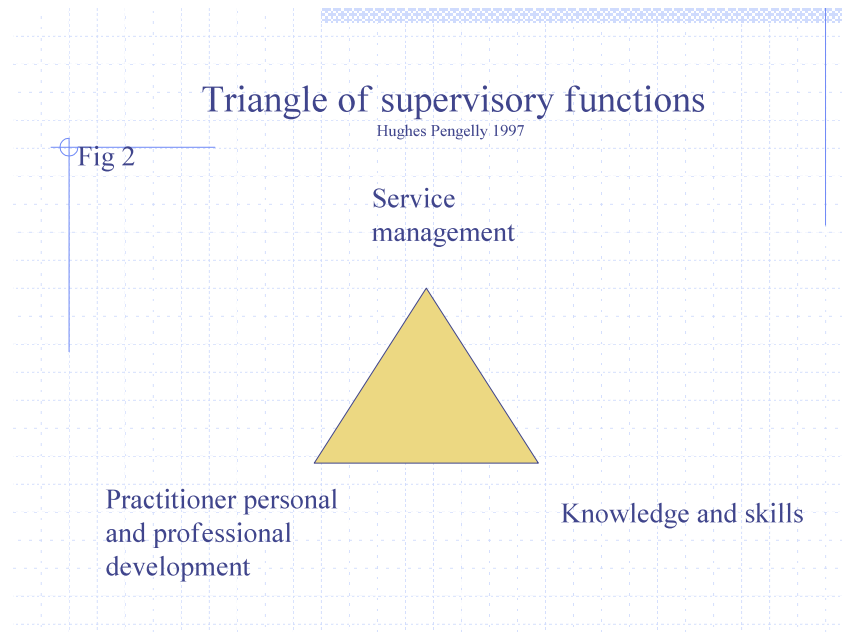
- Supervisor
- Practitioner
- Patient



Occupying the three corners of the triangle the supervisor, practitioner, and patient represent the three participants within any supervision frame. The three corners also represent focal points of competing interests. These corners are in tension and often two's company, three's a crowd applies and one corner will be excluded. The three corners are dynamically and functionally interrelated and cannot be separated out from one another. Supervision becomes unsafe when one corner is ignored or avoided for any length of time. However, attempting to attend to all corners equally in any one session could lead to superficial supervision that satisfies the needs of none of the interested parties.

Supervision involves three functions:

- Management of service delivery
- Personal and professional development and support of the practitioner
- Protection of the patient who has needs and rights



This triangle shows the competing needs at play within the supervision focus. At the apex we see the managers concern for a good, reliable and cost efficient service delivery. In the bottom left corner the development and support needs of the practitioner are pre-eminent. In the bottom right corner the needs of the patient to have competent and safe care are the primary focus.

In some cases one supervisor takes responsibility for all three functions. Yet, they are also the functions of the service and in some situations supervision may be functionally split between different people in a team or organisation. A managing chaplain may offer work related appraisal and ensure resourcing for developmental needs with the main work focus element of supervision being undertaken by another either within or beyond the department.

The nature of the supervisory relationship is a dynamic one. The diagrams give a static picture and in reality the skill of supervision is to be able to move between the points fluidly and to be able to give more attention to the corner in which the immediate issues are presenting. This enables the supervisor to engage with immediate issues, while also knowing that to do so is to relegate the other two corners of interest, for the time being.

Functions, tasks, and outcomes are intertwined. When taken together this is referred to as the *dynamic process* of supervision which is separate from the varied aspects of content. The model here being advocated for chaplaincy requires a good working conception of dynamic process. It makes no sense to consider process as a luxury in a busy task-centred department. The skill in supervision is to manage the process, both at the interpersonal level, i.e. supervisor to supervisee, and at the organisational level, i.e. service to patient or service to the wider health-care culture with all its demands and pressures distorting the balance between the three corners of the functional triangle.

Where the three functions are carried out by different people, there needs to be one person with overall responsibility to ensure all functions are being attended to. It is appropriate for the department manager to oversee this process via appraisal even though he or she will not be involved in the supervision of the practice or development needs of the practitioner.

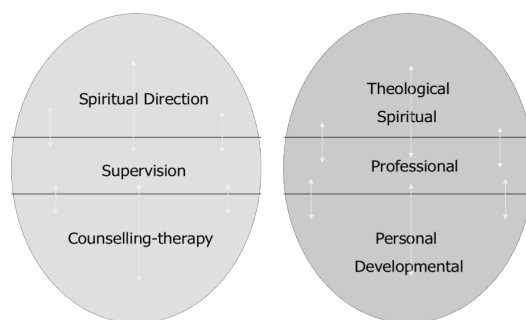
Supervision For Health Care Chaplains

Supervision needs a setting where all aspects of self- spiritual, emotional, personal, and professional can be explored. However, the scope of exploration is constrained by, and contained within, the firm boundaries of professional role and work focus. Supervision is the activity that seeks to support the development of the integration of personal and spiritual self(ves) into professional role. Its scope is neither global as in spiritual direction, nor intimately minute as in psychological therapy. It is focused only on those aspects of self that can be seen to be emerging for exploration within the work frame. In this supervision is like a lens. The task is what to recognise and how to recognise it within the boundaries appropriate to supervision as compared with counselling or spiritual direction. The following points might help here:

- Recognition of an aspect of experience does not mean you have to address it, or recognition might mean addressing some aspects and leaving others alone.
- The key notion here is that of the ‘frame’ or ‘lens’. We see only what is within the frame, or exposed beneath the lens. Everything else becomes invisible, though we know it is there and is impacting on the part we see.
- Supervision, though it recognises the personal sphere deals only with those aspects of personal experience which show up within the frame or under the lens of the professional sphere. The boundaries of the work impose a very necessary set of boundaries that manage the material to be explored.

The relationship of spiritual direction and psychological therapy to supervision can be depicted in two egg diagrams.

Supervision Egg adaptation of Psychosynthesis Egg



Supervision occupies the middle professional ground into which material belonging to the spiritual-theological is encountered alongside material from the personal developmental. The boundaries of the professional space dictate the extent such material is taken up. The focus must always be on the work and the elements of the personal which impact upon the work.

Practicalities

The scarcity of supervision within health care chaplaincy means that many chaplains require some simple practical questions to be addressed. I want to address the questions of whom, when and how often, what is a contract, and what is a verbatim.

Who requires supervision? The answer is any practitioner requiring a space to reflect upon and learn from their work, notably the impact of the work upon them and how this affects their doing of the work.

When and how often? Supervision should be regular, that is, planned and diarised rather than left to individuals to signal a need. The frequency of supervision is variable, but the general guidelines of the British Association of Counselling and Psychotherapy of an hour and half a month strike me as a reasonable expectation for chaplains.

The Supervision contract. At the outset the supervisor and practitioner should discuss and agree on the following issues:

- Frequency and duration
- Venue
- Confidentiality and any exceptions which might be required by the supervisors duty of accountability and responsibility
- Discussion of mutual expectations
- Method of presentation i.e. general discussion, case presentation, pastoral vignette, verbatim

The Verbatim. The traditional method of presentation within CPE has involved the use of the verbatim. This is a template on which the practitioner records a section of a pastoral encounter in the form of numbered sequential dialogue reconstruction. There is an introductory section in which general information about the patient is recorded. This is followed by the body of the dialogue. This is rarely a whole conversation, but might be the start, the end, or a particular section that the practitioner wants to reflect upon. This is concluded with a section of reflection upon why this verbatim is being presented, the learning needs of the practitioner, together with a short reflection on the theological-psychological themes or other reflective elements discerned by the practitioner. Two copies should be produced one for the supervisor and one for the practitioner, or where supervision is via a group, a copy for each member of the group. At the end of the group supervision only two copies of the verbatim should be retained by the supervisor and the practitioner. **The verbatim is not a tape recording.** It is a piece of fiction-creative writing compiled from the memory of the practitioner. This is an important point because in the main, the verbatim is designed to reveal more about the practitioner, what they recall and what they forget along with their general approach within an encounter. The purpose is to reveal the practitioner's learning and support needs rather than to act as pseudo tape recording of what actually was said. The method of presenting a verbatim can vary but a common approach is to role play it in the first instance so that something of the atmosphere and feel of the pastoral encounter is reproduced in the supervision for first-hand reflection.

Conclusion

This paper reflects my own developmental understanding of myself as a pastoral supervisor. It emerges from a long process of personal synthesis within which elements of ministerial calling and the theological-spiritual domain have been integrating with the professional-psychological and managerial aspects of my learning and function.

References

- Hawkins, P. and Schoet, R. (2000) *Supervision in the Helping Professions*. Open University Press Milton Keynes
- Hughes, L and Pengelly, P. (1997) *Staff Supervision in a Turbulent Environment*. JKP London

Citing this paper

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Sutherland, M. (2010) *A Theory and Model for Pastoral Supervision of Chaplains within the Healthcare Setting*. Cambridge: UKBHC