1. Sociological Context

2. The discipline of sociology

Sociology is the study of society and social relationships. This involves the analysis and explanation of human activity and interaction. Consequently social science has a wide field of study within which it has developed many specialisations.

3. Sociology and its application to Chaplaincy

Healthcare Chaplains operate within a complex social context in which there are two dominant themes: religion and health. The sociology of religion is the study of religion as it is in manifest in society both in terms of its form and its function. This is of relevance to chaplains because it helps them to understand the nature of religious belief, practice and experience in society and therefore in the people that chaplains care for. The discipline of sociology offers a range of conceptual and analytical tools to understand religion in society and to provide explanations for its findings. This provides chaplains with a means of understanding the social context of spiritual care, both locally and nationally, and the forms of the sacred within contemporary society. Sociology also provides explanations of how social relations and norms contribute to health status, the experience of illness, and the provision of health care. The sociology of health provides a critical perspective on the theory, practice and experience of healthcare and takes account of factors such as health equality, gender, age, cultural values, race and ethnicity. Finally, the discipline offers a means of critically understanding the public and professional role of the chaplain within both the religious and healthcare institutions.

4. Specific areas of knowledge

- Contemporary sociological knowledge and models for analysing society
- Sociological concepts and accounts of religion, health and illness
- Social science research methodologies and studies relating to religion, health and illness

5. References & bibliography

Journals include:
Social Science and Medicine, Sociology of Heath and Illness, Contemporary Religion, British Journal of Sociology, Sociology of Health and Illness

Key texts include:
Annandale, E (1998) *The Sociology of Health and Medicine*. Cambridge: Polity
Basiro, D. Seale, C (eds) (1996) *Experiencing and Explaining Disease*. Buckingham: Open University Press
Bruce, S (1996) *Religion in the Modern World: From Cathedrals to Cults*. Oxford: Oxford University Press
Davie (1994) *Religion in Britain Since 1945: Believing without Belonging*. Oxford: Blackwell
Woodhead, L & Heelas, P (eds) (2000) *Religion in Modern Times: An Interprative Anthology*. Oxford: Blackwells
Martin, D (1996) *Reflections on Sociology and Theology.* Oxford: Clarendon

Taylor, S. Field, D (eds) (2003) *Sociology of Health and Health Care*. Oxford: Blackwell

Pastoral Care

Pastoral care is that part of a faith community's service to others that is concerned with the well being of individuals, communities and society.[1] This service is expressed through the healing, guiding, sustaining and reconciling work, done on behalf of the faith community by a representative person or persons.[2]

Significant difficulties arise if pastoral care is limited to taking place only within the parameters of discreet communities of faith, or if it is even further limited to being delivered only by a particular kind of faith representative, like a leader of a local faith community.[3] Good pastoral care is often given across the perceived boundaries that exist between communities of faith, or indeed between faith and disbelief.[4] Someone other than a leader of a local faith community might also give good pastoral care. The context of pastoral care is often a shared set of values arising from a particular environment (e.g. a healthcare setting, or a local community) as much as it is a shared set of beliefs.[5]

Chaplains working in healthcare require to know what models of pastoral care are appropriate for the people in their care. They need to know how shared values and beliefs give rise to particular practice in pastoral care, and they need to be able to recognise and respond accordingly to inappropriate or inadequate attempts at pastoral intervention given by others.

Specific knowledge that exists within the field of pastoral care would include:

1. The nature of pastoral care
2. The aim of pastoral care
3. The limitation of pastoral care
4. The link between pastoral care and pastoral counselling
5. A history of pastoral care
6. The pastoral care of particular individuals (e.g. those bereaved, children, those in hospital)
7. The link between pastoral care, ethics and morality
8. Expressions of pastoral care (e.g. visiting, writing, prayer, readings, preaching)
9. Pastoral care and politics[6]

This list is by no means exhaustive.

---

[1] Adapted from Campbell, Alastair V., 'Pastoral Care, Nature of', in Campbell, Alastair V., (Ed.) *A New Dictionary of Pastoral Care* (SPCK, London, 1987), p188.
[2] Clebsh, W. A. and Jaekle, C. R., *Pastoral Care in Historical Perspective* (Harper, New York, 1967)
[3] Campbell, p188.
[4] Macritchie, I., 'In Search of a Larger Context: a Hospital Chaplain's Response', in Mahoney, J., *The Moral Context of Pastoral Care*, *Contact Pastoral Monographs No. 10* (Contact Pastoral Trust, Edinburgh, 2000), p22.
[5] Macritchie, p24.
[6] Adapted from Campbell, Alastair V., 'Pastoral Care: Aspects', in Campbell, *op cit* p190.

Specific major authors in this field would include Ian Ainsworth-Smith, Alastair V. Cambell, Wesley Carr, Howard Clinebell, William A. Clebsch, Michael Jacobs, Charles R. Jaekle, Stephen Pattison, Peter Speck, John Swinton, and Frank Wright.

MORAL THINKING

DEFINITION
Moral thinking or ethics can be divided into two parts, the one of general moral thinking or pure ethics, and the other of applied ethics. There is a need to describe the nature of morality, which is applicable in principle to all human activity and will have to do with the meaning of words, such as good, bad, right and wrong. Such concepts are applied systematically to ethical issues, which arise in specific situations and indicate which would be the right course of action to take. Integral to this whole area is the understanding of personhood.

APPLICATION
New ethical challenges emerge as changes in society and thought are combined with advances in medicine and technology. There are various methodologies for addressing such dilemmas, primarily the problem approach and the principle approach. These principles or rules arise so we are able to provide guidance for ethical decisions, which may be necessary in certain situations. Attitudes towards the beginning and tending of human life are being challenged in a morally confused scene. How we make moral judgements in relation to some of the topical issues in modern healthcare are important to consider. Different ideological perspectives affect our philosophy of personhood and as a consequence influence our ethical decisions.
A broad knowledge of personhood and many of the ethical challenges are important as the chaplain is viewed as an ethical resource for the hospital as well as it being integral to pastoral care.

SPECIFIC KNOWLEDGE should include
- The nature of moral thinking
- Traditional sources of moral thinking
- Philosophy of personhood
- Post modernism and the moral landscape
- Different theories of ethics
- Handling ethical dilemmas
- Health care ethics
- Challenges of an ethically pluralistic society.
- The relationship of morality to the law

References;
P Singer, J Fletcher, P Ramsay, T Beauchamp, I Kant, RS Downie

Organisations

A. Organisational Working
B. Organisational Dynamics

A. Organisational Working; a General Definition

The Chaplain's role within the health-care organisation can be characterised as a networking role. Chaplains move freely around the health-care organisation. Firstly this has potential for link creation between parts of the organisation often not in direct contact with each other. Secondly, through their networking function Chaplains build-up impressions and understandings which can significantly contribute to an overview of the organisation's dynamics at a given point in time.

Application
Basic grade chaplains whether whole or part time should have an understanding of the philosophy and values underpinning the process termed **Modernisation** of health care organisational culture.

Specific Knowledge should include:
1. A general understanding of the shift from traditional hierarchical to networking and co-operative organisations.
2. A general understanding of open and whole systems thinking creating a picture of an organisation in which all parts are interdependent upon, and interconnected with, one another.
3. Modernisation's valuing of people and personal experience over mechanical task performance.
4. Modernisation's emphasis on leadership over management.

References: Selected Publications from the Department of Health's Modernisation Agency

B. Organisational Dynamics; a General Definition

Organisations are analogous to individuals in that they too have personalities and spiritualities. The term used to describe this in organisations is **culture**. The culture of an organisation is shaped by both external and internal factors. External factors arise from the placement and function of the health care organisation within larger society and social-political expectations. Internal factors include a number of elements among which the personality and leadership styles of its top managers and clinicians and the way difference and conflict is managed are key shapers of an organisations internal culture.

Application
Chaplains through their networking role and by virtue of their hierarchical and professional neutrality will be called upon to become involved in areas of difficulty within an organisation which takes them beyond the defined area their work as spiritual and pastoral carer for individual patients and staff. Chaplains can offer effective spiritual and pastoral care for the community life of the organisation.

Specific knowledge should include a general understanding of:

1. The collective being more than the sum total of its individual parts, a recognition that often no one individual (no matter how senior) is in control of events, which shape organisational behaviour.
2. The primary sources of anxiety for an organisation (nature of the illnesses treated, social competition, individual difference, management of conflict).
3. The nature of resistance to, and defence against, anxiety.
4. Some of the typical ways an organisation might try to deal with anxiety through the development of dependency, pairing, and flight/flight defensive cultures.

General areas for References:
The Psychodynamics of Organisations
E.g.*The Dynamics of the Social; Selected Essays, Isabel Menzies Lyth,* particularly Chapter 1 *A personal View of Group Experience*

Complexity and Open Systems Theory
E.g.*The Fifth Discipline; The Art & Science of The Learning O*rganisation- Selected chapters

World Religions

In order to understand the perspectives of
patients [and others] who come from differing faith backgrounds not only is it important to know facts about each religion
But also it is equally important to know how such facts are perceived and understood from a religious insider`s perspective and from that of the outsider. This can be done in three ways.

1. To compare and contrast key features of each world religion based on a basic knowledge of the key features / beliefs / customs of each religion

2. To consider themes that are common to most and sometimes all religions and to compare and contrast the different ways that religions interpret or use them. For example the way moral decisions are made, the role and status of sacred writing, the nature and importance [or not] of sacred place and space.

3. To compare and contrast the answers to three questions

- From What?
- By What?
- To What?

does any individual religion point?

The framework for the three routes to core knowledge of world religions is that of contrast and comparison. This is not to suggest the early 20th century notion of comparative religion which was actually a way of comparing religions to Christianity in order to show their inferiority.

1. Key features compared.
    - East and West [Eg. Sikhism with Christianity
    - Orthoprax and Orthodox [Eg. Hinduism with Islam]
    - Interior and Exterior [Eg. Buddhism with Judaism]
    - Non Missionary and Missionary [Eg. Hinduism or Judaism and Islam or Christianity]

The positive element of comparison and contrast is that it provides an easy way to highlight similarities and differences between religions.

The negative element is that broad comparisons can be over simplistic , can create or reinforce stereotyping and can not take into account internal diversity within the same religion, such as in Islam, Sunni and Sh`ia , in Buddhism Mahayana and Theravada , in Judaism Orthodox and Reformed /Liberal etc.

The core knowledge of World Religions` perspectives for chaplains should include –

- A knowledge of the key elements in the major world faiths.

For example the concept of the transmigration of souls [re-birth in short hand] and how this is not just an idea from Hinduism but that it is understood differently in Sikhism and especially Buddhism.

- An Understanding of the underlying "philosophy" of the major world faith groups

For example the role of Caste not just in Hindu villages and how it relates to concepts of purity/impurity but for example how the rejection of Caste Religion was the motivating force of the founder of Sikhism, Guru Nanak

The understanding of chosen-ness and covenant in Judaism and the way both the European Holocaust and the founding of the State of Israel have informed the modern Jewish Psyche.

- An appreciation of the interplay between issues that are related to a patient`s religion / faith membership and cultural imperatives that may or may not be related to faith group membership.

For example dietary needs, language or dress. What it means to be a "secular" Jew or Sikh or Christian. This is most obvious in needing to know what is appropriate behaviour at or after the death of a patient.

- A knowledge of internal diversity within each world religion, including related cultural diversity as above.

For example between Orthodox and Reformed Jews, Catholic and Protestant Christians, etc.

2. A Second framework for understanding a core knowledge of world religions is by reference to what appear to be common elements but which are open to a variety of interpretations.

- The concept of monotheism.

For example compare Islam with Judaism or Christianity or even with an underlying monotheism within Hinduism

- The use and status of sacred writing

For example the Qur`an in Islam or the Guru Granth Sahib in Sikhism and the Hindu sacred writings including the low status but popular Bhagavad Gita.

- The status and function of sacred people

For example compare the roles and status of the Jewish Rabbi who is only set apart as a learned lay man [woman also in Reformed Judaism] in the Torah with the Orthodox Priest in Eastern Christianity, or the Hindu Brahman .

- The relationship between gender and power

For example the role and status of women in the history and life of a religion. This is related to the way male experience is routinely seen as normative, also to questions of purity/impurity.

- The role and continuing influence of the founder of a religion

For example how modern day Sikhism is different in many respects from the vision of Guru Nanak, how Islam rejects anything but the most passive of roles for Muhammad and would not want him called a founder, how Hinduism and Judaism in different ways have no founder etc

- The role of sacred objects or symbols of a faith group

For example the five "K"s of Sikhism, the Scrolls of the Torah in Judaism, the cross in Christianity and the significance of the Sacraments in many Christian traditions etc.

- The Role of Sacred Place and the organisation of Sacred Space.

For example the meaning and function of worship in say Christianity compared with Islam – the first looking inwards to the gathered community, packed with images and symbols [according to tradition] and the second looking outward from a space devoid of images to a more sacred place viz. Mecca. Note also the Jewish sacred place, the Synagogue , which takes second place to the home where all the important ritual acts take place

- The role and influence of the institution of each religion

For example the way religions act as filters to membership, limiting entry and creating group closure. For example access to the vedic scriptures by those who are twice born and wear the sacred thread, or the effect of the "Law of Return" in the State of Israel that in effect decides who qualifies as a Jew.

3. A third framework for understanding the basic elements in each religion is to ask the following questions and to compare the different answers.

- From what does this religion "save" or liberate you?

In Hinduism this might be the round of Samsara, in Buddhism it might be Suffering/Dukkha , in Christianity it might be sin or hell

- By what means does this religion seek to achieve this?

In Hinduism this might be through being true to one`s Dharma, Caste duties etc, in Judaism this might be by being correct in praxis, including diet, language, and for the orthodox dress etc, in Islam it might be by being obedient to the Qur`an and by observing the correct prayer times, making pilgrimage to Mecca, observing the fast of the month of Ramadan and so on. In Christianity this might be by proper and regular use of the sacraments, in Buddhism it might be through meditation and the path to enlightenment through the four noble truths.

- To what does this religion point, what is its ultimate goal?

In Hinduism this might be Moksha or liberation from the round of Samsara , or it might be more pragmatic such as the search for a better rebirth in the next life. In Christianity it might be Heaven or Paradise . There may be no clear "other worldly" goal such as in Judaism which is more concerned with this world.

<u>In Conclusion</u>

I have tried to show what routes may be followed to access the key knowledge that avoids the problem of [mostly] Judeo-Christian bias. Just a little knowledge is often more unhelpful than no knowledge, and genuine non-judgemental comparison between religions and cultural attitudes is the best methodology. The examples I have given are by no means comprehensive but I hope that the above is at least a basis for further discussion

Knowledge of one's own faith tradition

Definition

In order to be appointed as a chaplain/spiritual care giver the person has to be endorsed by their faith group and have a broad understanding of his or her own faith tradition.

Application

This will involve knowledge of the history of the faith tradition, a contemporary understanding of the faith with an understanding of the doctrines, order, authority and moral thinking of the tradition. There is also a need to know the cultural setting in which the person is to practise and a knowledge of the cultural setting of the people to which they will relate. A knowledge of their faith and its understanding of health and healing and its spirituality is required. This should normally include a degree or its equivalent and at least three years experience in a faith setting.

Specific Knowledge

1. History of faith tradition

    - Origins of faith tradition
    - Key figures
    - Key doctrines or beliefs
    - Historical perspectives

2. Contemporary understanding of faith

    - Current positions
        - Differing groups within tradition
        - Liturgies
        - Law

    - Different emphases
        Doctrines
        Order
        Morality

        Authority

3. Cultural setting

    - Practise

Inherited values
Family values
National
Community/Area

- Difficulties - strains and stresses
  Diversity of community
  Privatisation of faith
  Secular philosophies

- Opportunities – understanding
  Shared activities

4. Faith tradition in relation to health and healing

- Ultimate Other's will
- Medical treatment and how it is perceived
- Faith and healing and its efficacy
- Intercessory prayer
- Spirituality and its place in a health care setting

References

Human Relationships

A general definition

Human relationships are the building blocs of society. Relationship building is the core characteristic which distinguishes spiritual and pastoral care from other areas of activity in health care. Without consent and willingness to enter into relationship there can be no meaningful contact between the pastoral carer and the other person. A personal capacity for relating and a basic understanding of interpersonal dynamics are essential prerequisites for spiritual and pastoral care in a health care context.

Application
Feelings and the management of feelings is the key component required here. Chaplains will need to be supervised in their pastoral care, whether this is one to one or peer group supervision. In some cases and at some points in personal/professional development chaplains may wish to engage in a form of personal emotional exploration. Because self knowledge and personal understanding forms the primary tool in developing professional spiritual and pastoral care relationships. Fortunately and unfortunately one human being is rather like another. Chaplains will require a sufficient level of personal development which enables them to distinguish between feelings which might characteristically belong to them and those which originate in the other person.

The thoughts and feelings which result from a patient' or member of staff's direct verbal and indirect body communications will produce thought and feeling resonance's in the chaplain. These can be purely personal reactions, but very often will be clues as to what the other person may be experiencing. This is what is meant by the dynamics of interpersonal relating.

Specific knowledge of certain key psychological concepts which will include:

1. **Boundaries** – these provide the context within which legitimate spiritual and pastoral care can take place. To move beyond the boundaries of a particular spiritual and pastoral care context is to be in danger of acting illegitimately and inappropriately.
2. **Empathy/sympathy distinction** – empathy is the expression of support for another in a way which is attuned to their needs. Sympathy is when we offer support for another which is attuned to our own need to be useful.
3. **Projection/introjections** – projection is the way individuals or even groups get rid of unwanted feelings that originate in them through lodging them in another person or in the environment. Projection is an important device for maintaining emotional stability but at a cost of disowning important emotional parts of ourselves. Introjection is where a person takes in other peoples projected feelings and confuses them as their own, or where they take back their own projections of unwanted feeling in the service of their emotional development.
4. **Splitting** – the way human beings separate *loving* feelings from *hostile* feelings. By keeping loving and hostile feelings separate, often through

projection or consigning them to water tight compartments inside - repression, the good loving feelings can be protected from being contaminated or overwhelmed by hostile feelings.

5. **Transference** – past experience and relationships conditions all current human experience. These recreate past situations in the present through *transferring* feelings and expectations shaped by the past into the present. This may be highly inappropriate and dysfunctional within to the current context. This is a particularly strong possibility in spiritual and pastoral relationships in which past fear, pain and grief are the focus for exploration.
6. **Countertransference** - feelings or thoughts that develop when with another which helps the chaplain to understand through direct experience what the other person is thinking or feeling.

References:
Any introductory reading of one or more of the following:
Winnicott: Selected reading designed to give a broad psychodynamic understanding of the roots in infancy of adult relationship struggles.
Transactional Analysis is a useful and easy to grasp model of human interaction.
Rogers: Person Centred Counselling is useful for a deeper understanding of empathy.

Compulsory Reading from:
Anton Boison: his concept of the living human document, a key concept in Clinical Pastoral Education.
Frank Lake: selected passages on the particular difficulties experienced by pastoral practitioners in relating to others from Chapter 1 of *Clinical Theology*.

Organisations

Organisational Working
Organisational Dynamics

Organisational Working; a General Definition

The Chaplain's role within the health-care organisation can be characterised as a networking role. Chaplains move freely around the health-care organisation. Firstly this has potential for link creation between parts of the organisation often not in direct contact with each other. Secondly, through their networking function Chaplains build-up impressions and understandings which can significantly contribute to an overview of the organisation's dynamics at a given point in time.

Application
Basic grade chaplains whether whole or part time should have an understanding of the philosophy and values underpinning the process termed **Modernisation** of health care organisational culture.

Specific Knowledge should include:
5. A general understanding of the shift from traditional hierarchical to networking and co-operative organisations.
6. A general understanding of open and whole systems thinking creating a picture of an organisation in which all parts are interdependent upon, and interconnected with, one another.
7. Modernisation's valuing of people and personal experience over mechanical task performance.
8. Modernisation's emphasis on leadership over management.

References: Selected Publications from the Department of Health's Modernisation Agency

Organisational Dynamics; a General Definition

Organisations are analogous to individuals in that they too have personalities and spiritualities. The term used to describe this in organisations is **culture**. The culture of an organisation is shaped by both external and internal factors. External factors arise from the placement and function of the health care organisation within larger society and social-political expectations. Internal factors include a number of elements among which the personality and leadership styles of its top managers and clinicians and the way difference and conflict is managed are key shapers of an organisations internal culture.

Application
Chaplains through their networking role and by virtue of their hierarchical and professional neutrality will be called upon to become involved in areas of

difficulty within an organisation which takes them beyond the defined area their work as spiritual and pastoral carer for individual patients and staff. Chaplains can offer effective spiritual and pastoral care for the community life of the organisation.

Specific knowledge should include a general understanding of:

5. The collective being more than the sum total of its individual parts, a recognition that often no one individual (no matter how senior) is in control of events, which shape organisational behaviour.
6. The primary sources of anxiety for an organisation (nature of the illnesses treated, social competition, individual difference, management of conflict).
7. The nature of resistance to, and defence against, anxiety.
8. Some of the typical ways an organisation might try to deal with anxiety through the development of dependency, pairing, and flight/flight defensive cultures.

General areas for References:
The Psychodynamics of Organisations
E.g.*The Dynamics of the Social; Selected Essays, Isabel Menzies Lyth,* particularly Chapter 1 *A personal View of Group Experience*

Complexity and Open Systems Theory
E.g.*The Fifth Discipline; The Art & Science of The Learning O*rganisation- Selected chapters