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All assessed work to be submitted for my degree [or other qualification] will be a result of my own work except where group project work is involved, and that I will comply with the TEI's guidance on multiple submissions. In the case of a group project, the work will be prepared in collaboration with other members of the group. In all other cases material from the work of others not involved in the assessment will be acknowledged and quotations and paraphrases suitably indicated.'

**TITLE: How Can A Theological Anthropology Inform Our Understanding Of The Nature And Role Of
Spiritual Care In The UK General Practice Setting?**

1: INTRODUCTION

Outline and Purpose

This essay will demonstrate the impact that theological anthropology has on the provision of healthcare chaplaincy, such that it can be offered with integrity and utility to all. Cobb argues that both healthcare and spirituality address the question of what it means to be human.¹ Using this as a stepping off point, I will discuss models of theological anthropology as regards to *imago Dei*. This will be followed with a short interlude on the changing fortunes of religion and spirituality. The origin of particular healthcare systems that recognised the need for holistic healthcare after the second world war will then be discussed leading to the provision of NHS chaplaincy. Finally, chaplaincy exemplars, interdisciplinary thought and the voices of those accessing chaplaincy will be brought into dialogue with each other and theological anthropology.

It will be proposed that both chaplain and the person accessing chaplaincy (PAC)² are indelibly imprinted with the image of God, able to reflect and respond to the multifaceted image of God in each other and in so doing find sense of purpose and meaning in that which otherwise would be nonsensical and destructive. The multiple threads outline above will be interwoven with PAC vox pop quotes, bringing their voice to the fore in a conversation that for too long has excluded them.

¹ Mark Cobb, 'Change and Challenge: The Dynamic of Chaplaincy', *Scottish Journal of Healthcare Chaplaincy* 10, 1 (2007), 4-10 (p4)

² See Appendix 1 A Note on Language

The Context

A general medical practice has been operating in Cape Hill for over 50 years, developing into a comprehensive primary health care team serving 12,000 patients, and one of only two in Birmingham to provide chaplaincy support..³



Cape Hill Medical Centre is situated in one of the most deprived areas of the UK⁴ its demographic, including asylum seekers, trafficked individuals, vulnerably housed and those incarcerated. In the year preceding this study, 349 chaplaincy appointments were offered; some of those PACs generously gave their time and insights, completing questionnaires⁵ for this research.

Why does this research matter?

Whilst spiritual care is the responsibility of the whole healthcare team⁶ there is little research on its benefits and more training is needed to improve its provision.⁷There is also sparse theological critique on community chaplaincy.⁸There is understandably little commentary on Primary Care Chaplaincy (PCC), given that its first UK iteration was in Birmingham in the late 1990's, initiated by

³ <https://www.capehillmedicalcentre.co.uk/>, (2020), [first accessed 15 March 2020].

⁴ Communities and Local Government, *The English Indices of Deprivation 2010*, [The English Indices of Deprivation 2010: Statistical Release \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/431422/the-english-indices-of-deprivation-2010-statistical-release.pdf), first accessed 1.9.21

⁵ See Appendix 5,6 &7

⁶ NHS Greater Glasgow and Clyde, *Spiritual Care Policy*, 2006, https://www.nhsggc.org.uk/media/226431/nhsggc_policy_spiritual_care.pdf, first accessed 25.6.21

⁷ Marian Carter, *Dying to Live: A Theological and Practical Workbook on Death, Dying and Bereavement*, (London: SCM Press, 2014), p. 45.

⁸ Victoria Slater, *Chaplaincy Ministry and the Mission of the Church* (London: SCM Press,2015), pp. xii-xiii.

Dr. Bryson and colleagues at the Karis Medical practice.⁹PCC has since gradually extended beyond the West Midlands, developing in a grassroots manner.

Approximately 90% of NHS contacts occur in primary care¹⁰ yet only 9% of the annual UK government healthcare budget is appointed to it.¹¹ Less than 1% of healthcare chaplains work in primary care¹² yet a significant proportion of the patient population would access PCC if the option was available.¹³ There is a momentous opportunity to offer holistic healthcare in the community, in settings that are already accessible and acceptable to people.

Methodology

Chaplaincy-focused research must balance the interpretive-relational emphasis of qualitative research and the empiricist approach of quantitative research, the latter often preferred by those demanding evidence-based practice and proof of value.¹⁴ McSherry and Kevern argue that a wider range of people connected to chaplaincy, not just chaplains, should be interviewed.¹⁵ Noting that there is little presently on the PAC experience,¹⁶ this essay will be interwoven by the vox pop gathered from the interviews, quoted anonymously. It is the widest definition of a case study,¹⁷ offering rich and diverse perspectives and complexities. Although not in the higher echelons

⁹ Ross Bryson, *Honouring Personhood in Patients: The Added Value of Chaplaincy in General Practice*, (Birmingham, England: Whole Person Health Trust, 2012)

¹⁰ Richard F.D. Hobbs and others, 'Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007–14' in *The Lancet*, 387, (2016), 2323–30, [first accessed 29 June 2021].

¹¹ NHS England, 'NHS Five Year Forward View Primary Care', <<https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/primary-care/>> [first accessed 29 June 2021].

¹² Peter Kevern and Lisa Hill, 'Chaplains for well-being' in primary care: Analysis of the results of a retrospective study', *Primary Health Care Research & Development*, 16, 1 (2015), 87-99. doi:10.1017/S1463423613000492, [first accessed 29 June 2021].

¹³ Gordon Macdonald, 'Primary Care Chaplaincy', *Triple Helix*, Christian Medical Fellowship Spring edition (2019), 10-11, <<https://www.cmf.org.uk/resources/publications/content/?context=article&id=26922>>, [first accessed 29 June 2021].

¹⁴ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), pp74-75, 330 and Victoria Slater, 'The Fresh Significance of Chaplaincy for the Mission and Ministry of the Church of England: Three Case Studies in Community Contexts' (Unpublished Ph.D. Thesis, Cambridge: Anglia Ruskin University, 2013), p. 12.

¹⁵ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), pp. 53-54, 57.

¹⁶ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), pp. 53-54, 57.

¹⁷ Victoria Slater, *Chaplaincy Ministry and the Mission of the Church*, (London: SCM Press, 2015), pp. 24-26.

of the formal hierarchy of evidence,¹⁸ I consider this misgiving far outweighed by the potential for the rich, profound, complex and heretofore almost silent patient voice to be heard, in the best traditions of liberation theology. Thematic analysis of the open-ended questions from the questionnaires yielded metathemes of spirituality and help, with attendant subthemes of relationship, sense of self, meaning, purpose and hope, each of which will be discussed in turn.¹⁹

Potential Conflicts Of Interest

As Berkouwer writes, no-one can abstract themselves from their own nature;²⁰ particularly choice of research and conclusions are often as equally influenced by the researchers milieu as the data being scrutinised.²¹ I have found my professional attachment to those interviewed, has also impacted on the research, for example fine tuning the questions and my approach after speaking with PAC's. As Slater writes, a reflexive approach, explicitly mentioning these things and pursuing a continual, critical self-reflection safeguards research fidelity.²²

Furthermore, by pursuing a qualitative research approach, I acknowledge that I will be unable to stand outside of the field of inquiry inasmuch as experience influences meaning; I am both participant and observer. To counter this, the Warwick- Edinburgh Mental Wellbeing Scales (WEMWEBS),²³ a validated quantitative tool, was included in the patient interviews, improving the research by utilising a mixed methodology.²⁴

¹⁸ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 54: Hierarchies of evidence used in medical research place meta-analyses, systematic reviews and randomised control trials as the most authoritative sources of information and consider information gathered from qualitative studies with more suspicion, with case studies and expert opinion at the bottom of the ladder

¹⁹ Richard Egan, Rebecca Llewellyn, Brian Cox, Rod MacLeod, Wilfred McSherry, Philip Austin, 'New Zealand Nurses' Perceptions of Spirituality and Spiritual Care: Qualitative Findings from a National Survey' in *Religions* 8, 79 (2017), 1-20

<<https://core.ac.uk/download/pdf/82968501.pdf#:~:text=Spirituality%20in%20healthcare%20encompasses%20both%20religious%20and%20non-religious,in%20the%20last%20dec>> [first accessed 4.7.20], (p. 6).

²⁰ Marc Cortez, *Theological Anthropology: A Guide for the Perplexed*, (London: T&T Clark, 2010), p. 8.

²¹ Marc Cortez, *Theological Anthropology: A Guide for the Perplexed*, (London: T&T Clark, 2010), p. 8.

²² Victoria Slater, *Chaplaincy Ministry and the Mission of the Church*, (London: SCM Press, 2015), p. 23.

²³ Warwick Medical School, Warwick-Edinburgh Mental Wellbeing Scales (WEMWEBS), <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs>, first accessed 15.1.2020; See Appendix 5

²⁴ See Appendix 6: Reflections on the Research Process

I should further contextualise: I am a white, British, middle-aged, Christian, female doctor. In mitigation, I was born and raised in Africa, which indelibly imprinted me with that particular iteration of faith²⁵ which informed my choice of vocation and my understanding of what it means to be human, in particular the Ubuntu concept of 'I am, because we are'. Out of necessity and choice I have travelled and lived widely, encountering a wide spectrum of people and beliefs, participating in several Christian denominations and experiencing different healthcare systems: all of this enriches the research. I consider health does not equate to cure necessarily,²⁶ but is an ongoing, sometimes incomplete process and is only fully gained by attending to all aspects of the person, including physical, emotional, mental and spiritual, maintaining an inclusive approach to all, regardless of their worldview. Whilst PCC provides an excellent way of accessing wellbeing, I uphold the probity guidelines of the General Medical Council (GMC) pertaining to personal beliefs;²⁷ the year spent volunteering in a large hospital's multifaith chaplaincy department was invaluable in this regard. Finally, I am also a patient, commonly vulnerable to disease and dis-ease; remembering our shared humanity and experience is something I value and utilise daily.

²⁵ Jean-Marc Ela, *My Faith as an African*, (Maryknoll, New York: Orbis Books, 1988).

²⁶ Christina M. Puchalski, 'The role of spirituality in health care', *Proceedings Baylor University Medical Centre*, 14, 4 (2001), 352-7

²⁷ General Medical Council, *Good Medical Practice*, https://www.gmc-uk.org/-/media/documents/good-medical-practice---english-20200128_pdf-51527435.pdf?la=en&hash=DA1263358CCA88F298785FE2BD7610EB4EE9A530, (pp9,18-20, 29), first accessed 5.9.21

2: WHAT IS THEOLOGICAL ANTHROPOLOGY?

Moltmann found that humans ask the questions ‘what am I? and ‘who am I?’, in a myriad ways.²⁸Hypotheses surrounding these questions have preoccupied philosophers and theologians for millennia, from Plato and Augustine to Descartes and Locke.²⁹Early church thinkers interpretation of anthropology were prejudiced by their preferred doctrines. For example, Irenaeus’s anthropology was particularly rooted in his determinative and controlling Christology;³⁰he construed the Hebrew preposition *B^e* as *in*, hence humans are created *in* the image of God. Jerome used the preposition *ad* which could mean ‘in’, ‘by’, ‘for’, ‘to’, or ‘towards’. ‘Towards’ supports Irenaeus’ insistence that humans were in a lifetime process of achieving likeness, whilst Jerome preferred ‘after’ the image of God suggesting it as accomplished already.³¹

In the 17th Century, Quaker thinking on human equality elevated theological anthropology to a doctrine in its own right, becoming fully developed in the 18th and 19th century abolitionist movement, the image below being utilised in the anti-slavery campaign.³²



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²⁸ Jurgen Moltmann, *Man: Christian Anthropology in the Conflict of the Present*, trans. by John Sturdy, (London: SPCK, 1974), p. 1.

²⁹ Catherine Casey, *Work, Self and Society: After Industrialism*, 1st edn (London: Routledge, 1995), p. 50.

³⁰ Iain M. MacKenzie, *Irenaeus's Demonstration of the Apostolic Preaching A Theological Commentary and Translation*, (Aldershot: Ashgate, 2002), p. 49.

³¹ Iain M. MacKenzie, *Irenaeus's Demonstration of the Apostolic Preaching A Theological Commentary and Translation*, (Aldershot: Ashgate, 2002), pp. 107-108.

³² The Library Company of Philadelphia, 'The Abolition Seminar', (25 November 2013), Seal of the Society for the Abolition of Slavery in England in the 1780's, <["Am I Not a Man and a Brother?" atop John Greenleaf Whittier's "Our Countrymen in Chains!," 1837 | The Abolition Seminar](#)>, [first accessed 11 September 2021].

³³ The Library Company of Philadelphia, 'The Abolition Seminar', (25 November 2013), Seal of the Society for the Abolition of Slavery in England in the 1780's, <["Am I Not a Man and a Brother?" atop John Greenleaf Whittier's "Our Countrymen in Chains!," 1837 | The Abolition Seminar](#)>, [first accessed 11 September 2021].

The twentieth century saw a further surge of interest in theological anthropology, mirroring society's growing interest 'turn towards the self' as found in art, philosophy and science.³⁴

Historically, it is found that theological anthropology is important, as whenever a society ceased to recognize the image of God in human beings, in the name of science, political ideology, religion or greed, serious moral decay has followed.³⁵ Theological anthropology contends that nontheological anthropologies are inherently limited as they attempt to understand humanity in abstraction from God.³⁶

The Biblical Basis Of Imago Dei

Whilst there are many strands to theological anthropology,³⁷ the two central issues of theological anthropology are *imago Dei* and sin. Due to academic constraints, only *imago Dei* will be discussed further. *Imago Dei* contends that all human beings are made in the image of God (Genesis 1:27) which is a fundamental reorientation of the concepts of human and the divine.³⁸ The following principles are laid out as the building blocks of *imago Dei*:

Principle 1

Humans are important objects of theological reflection because God has drawn humanity into a narrative and relationship with Godself.³⁹ Therefore, a theological understanding of the human is necessary⁴⁰ as God is the ultimate basis of who and what humans are. God is now the arbiter and

³⁴ Marc Cortez, *Theological Anthropology: A Guide for the Perplexed*, (London: T&T Clark, 2010), pp. 3-4.

³⁵ Judith Allen Shelly and Arlene B. Miller, *Called to Care : A Christian Worldview for Nursing*, (Downers Grove: IVP Academic, 2006), p. 76.

³⁶ Marc Cortez, *Theological Anthropology: A Guide for the Perplexed*, (London: T&T Clark, 2010), pp. 6-7.

³⁷ Marc Cortez, *Theological Anthropology: A Guide for the Perplexed*, 2nd edn (London: T&T Clark, 2010), pp. 5, 10-11.

³⁸ Marc Cortez, *Theological Anthropology: A Guide for the Perplexed*, 2nd edn (London: T&T Clark, 2010), pp. 14-15.

³⁹ Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), p. 184.

⁴⁰ Marc Cortez, *Theological Anthropology: A Guide for the Perplexed*, 2nd edn (London: T&T Clark, 2010), p. 5.

proclaimer for the worth of the human, who is now sponsored by God's virtue and faith, not their own. In this way, wherever there is humanity, there is the presence of God.⁴¹

Principle 2

There are few biblical texts which contain the *imago Dei* language:⁴²the Old Testament (OT) has three passages (Genesis 1:26-28; 5:1-5; 9:1-7) with a few more in the New Testament (NT).⁴³ The OT texts establish it as a creation ordinance, attributed to all humans, yet reveal little of the meaning of this concept⁴⁴ apart from the responsibility to reflect this image through their relationships.⁴⁵

Principle 3

Henriksen finds that according to *imago Dei*, God creates human beings in God's own image giving the human a distinct qualification: being willed, recognised and loved by God. This gives humans dignity and a sense of being that is not only constrained to human activity. In this way, a human becomes the exact opposite of a thing and may experience others as more than just things too. This principle inoculates humanity against the degrading disease of dehumanisation.⁴⁶

Principle 4

Henriksen also proposes that to be created in the image of God means that humans must witness to and realise the goodness of God on earth.⁴⁷

In conclusion, *imago Dei* relates God to humans and humans to other humans, lends humans dignity and proposes a lifetime task that can only be fully realised when in communion with God.

⁴¹ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 70.

⁴² Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), p. 179.

⁴³ 1 Cor 11:7; 2 Cor 3:18; 2 Cor 4:4; Eph 4:24; Col 1:15; James 3:9; **see Appendix 3**

⁴⁴ Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), p. 184.

⁴⁵ Denis R. Alexander, 'Cloning Humans- distorting the image of God?' in *Cambridge Papers*, 10, 2, (Cambridge, June 2001), 1-4 (p. 2).

⁴⁶ J. Wentzel van Huyssteen and Erik P. Wiebe, eds., *In Search of Self: Interdisciplinary Perspectives on Personhood*, (Grand Rapids, MI: William B Eerdmans, 2011), pp. 267-270.

⁴⁷ J. Wentzel van Huyssteen and Erik P. Wiebe, eds., *In Search of Self: Interdisciplinary Perspectives on Personhood*, (Grand Rapids, MI: William B Eerdmans, 2011), pp. 267-270.

Models Of Theological Anthropology

There are several models championed for *imago Dei* with a few more connotations; these will now be discussed in turn.

Essentialist Or Structural Model

This model contends that humans (in contradistinction to animals) have a unique capacity of faculty,⁴⁸ which includes moral and spiritual capacities, consciousness, free-will, reason and language.⁴⁹

Heschel contends *imago Dei* is absolute and ascribed to all humans⁵⁰ and as both the terms *tselem* and *demuth*⁵¹ meaning image and likeness are ascribed both to God and humans, every human must represent God and so be treated with honour.⁵² Heschel does not appear to consider that humans should have capacity or function in order to be considered image bearers.

The essentialist model that Rohr and Heschel ascribe to has much in common with Kitwood's proposition for inherent or transcendental personhood: that being-in-itself is the only criteria for being human;⁵³ every person has an ethical status, to be treated with deep respect. This is my preferred interpretation of the essentialist model as it guarantees respect and dignity to humans at all stages of life, in opposition to the many capacity based theories⁵⁴ proposed by Kant and more

⁴⁸ Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), p. 167.

⁴⁹ Denis R. Alexander, 'Cloning Humans- distorting the image of God?' in *Cambridge Papers*, 10, 2, (Cambridge, June 2001), 1-4 (p. 2).

⁵⁰ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 71.

⁵¹ Isaiah 40 :8

⁵² Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 71.

⁵³ Tom Kitwood, *Dementia reconsidered: the person comes first*, (Milton Keynes: Open University Press, 1997)

⁵⁴ These capacity based theories suggest that to qualify as a person, it is necessary to possess rationality (the ability to think and reason logically) and to be able to communicate this to other people.

recently Cooley⁵⁵ leading to devastating conclusions that those living with dementia, for example, have a duty to die.⁵⁶

Functional Model

This asserts human action as central to *imago Dei*, in that humans represent, reflect or perform the actions of God on earth.⁵⁷ The OT terms *selem* and *demut* and the NT term *eikon* all refer to the idea that one object resembles the other,⁵⁸ which could be visual (Ezekiel 1:5,10,13), audible (Isaiah 13:4), structural (II Kings 16:10), a 'shadow' of the reality (Psalm 39:6) or a closer connection between representation and reality (Daniel 3). This model includes the Jewish concept of stewardship over creation with accountability to God.⁵⁹ Enns finds the practice of the ancient Near Eastern kings persuasive, as they were considered to be the 'image' of god, representing god on earth and acting with divine authority, placing statues of themselves (images) throughout their kingdoms and so reminding their subjects of their presence.⁶⁰ This model offers possibility and responsibility, so long as humans do not conflate modelling with being; the Jewish position of accountability is a vital safeguard. A further potential weakness is that not all humans are able to reflect God or perform the actions of God on earth- in fact it seems the height of hubris to even consider that any humans could- however, the functional model has a particular problem when human function deteriorates through illness, destitution or societal rejection, or if their functionality

⁵⁵ D. R. Cooley, 'A Kantian moral duty for the soon-to-be demented to commit suicide', in *The American Journal of Bioethics*, 7, 6 (2007), 37-44.

⁵⁶ Jackie Macadam, 'Interview with Mary Warnock: A duty to die?', in *The Telegraph: Life and Work*, October 2008, pp. 23-25, <<http://www.telegraph.co.uk/news/uknews/2983652/Baroness-Warnock-Dementia-sufferers-may-have-a-duty-to-die.html>>, [first accessed 22 October 2015], p.25.

⁵⁷ Marc Cortez, *Theological Anthropology: A Guide for the Perplexed*, 2nd edn (London: T&T Clark, 2010), pp. 18-22 and Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), p. 167 & 184.

⁵⁸ Marc Cortez, *Theological Anthropology: A Guide for the Perplexed*, 2nd edn (London: T&T Clark, 2010), p. 16.

⁵⁹ Genesis 1:26b, 1:28b; Exodus 23:10-11; Leviticus 25:23-24; Psalm 8:4-9 also Adele Berlin and Marc Zvi Brettler, eds., *The Jewish Publication Society: The Jewish Study Bible Tanakh Translation*, (Oxford: Oxford University Press, 2014), p. 12. ; Leviticus 25:23-24

⁶⁰ Peter Enns, *The Evolution of Adam: What the Bible Does and Doesn't Say About Human Origins*, (Grand Rapids, MI: Brazos Press, 2012), p. vx. found in Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), p. 225.

was never present, for example those born with severe illness or disability. If functionality is the only way that humans image God and therefore the only way humans are afforded dignity and sanctity, woe betide those who lose, or never had, functionality. Following Jewish thought, C.S. Lewis' suggestion that somehow every created being is like God is a useful counterpoint, as it encourages humans to look to the Beauty that makes all things beautiful.⁶¹ I find this re-envisioning and re-orienting towards God of the functional model can offer pastoral value; those that feel weak or foolish are resourced by One who is Power and Wisdom.

Teleological Model

Paul reports being transformed (II Corinthians 3:18) and renewed (Colossians 3:10) as humans are drawn closer to the person of Christ,⁶² the perfect image of God and of humanity.⁶³ Irenaeus also held to a teleological model, considering that no human possesses the image of God at birth but develops it throughout life,⁶⁴ each mirroring the image of God more as they inch towards God.⁶⁵ Augustine also preferred the teleological model in that humans were able to be orientated towards God, with Christ bridging the chasm between the two.⁶⁶ All teleological constructs appear to contain a Christology within, which may be problematic if the chaplain is not Christian. However, I consider that the teleological model can support the theological hope within chaplaincy, that regardless of circumstance there is the possibility of transformation. This can provide encouragement to people in the midst of dis-ease, that whilst they or their circumstances are not perfect now, it is still possible to get on the teleological road. This model of theological anthropology suggests that while the

⁶¹ C.S. Lewis, *A Grief Observed*, (London: Faber & Faber, 1961), p. 50.

⁶² Marc Cortez, *Theological Anthropology: A Guide for the Perplexed*, 2nd edn (London: T&T Clark, 2010), p. 17.

⁶³ Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), p. 207.

⁶⁴ Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), pp. 207-209.

⁶⁵ Iain M. MacKenzie, *Irenaeus's Demonstration of the Apostolic Preaching A Theological Commentary and Translation*, (Aldershot: Ashgate, 2002), p. 49.

⁶⁶ Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), p. 208.

'image' in front of the chaplain might be marred, it is still precious and pregnant with the possibility of transformation. This is the audacity of hope that the teleological model offers, and that a non-theological approach might struggle to provide. Further, the image of God held within the chaplain mystically responds (Psalm 42:7) to its' 'sibling' with a growing familial quality as they become acquainted with the other. Finally, acknowledging that the chaplain themselves is a marred image on their own teleological road invokes humility, reduces the potential for misuse of power and so increases the potential for safe and effective pastoral care.

Relational Model

Theologians dissatisfied with the other models contend that *imago Dei* is best explained relationally: that all humans are related to God, to each other and to creation, which in itself images God who is a relational being⁶⁷(Genesis 1:26) although Jewish thought considers this quote an allusion to the discussions of a divine council.⁶⁸

The relational image has been commonly accepted among systematic theologians since Barth,⁶⁹ who proposed that Gen 1:26-27 be translated as "Let us make man in our original, according to our prototype" and counters that *tselem* and *demuth* are not synonyms; *tselem* describing moulded or painted representations or idols which emphasises the character of the image (in contrast to its' subject) whereas *demuth* means a 'duplicate' or 'imitation' (in contrast to an original). However, both words can contain each meaning, leaving Barth to wonder if the original text was deliberately ambiguous. Hence, humans are created not to be the image of God but are created in

⁶⁷ Ray S. Anderson, *On Being Human: Essays in Human Anthropology*, (California: Fuller Seminary Press, 1982), pp. 73-74 and Denis R. Alexander, 'Cloning Humans- distorting the image of God?' in *Cambridge Papers*, 10, 2, (Cambridge, June 2001), 1-4, (p. 2).

⁶⁸ See I Kings 22:19-22; Isaiah 6; Job 1-2; Gen Rab 8.5 and in Adele Berlin and Marc Zvi Brettler, eds., *The Jewish Publication Society: The Jewish Study Bible Tanakh Translation*, (Oxford: Oxford University Press, 2014), p.12.

⁶⁹ Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), p. 167.

correspondence with the image of God.⁷⁰ Humanity is created as a 'Thou' that is addressed by God but also as an 'I' responsible to God, particularly in relation to our actions towards fellow humans.⁷¹ For Barth, relationship was key in humanity's correspondence to God's image. White and Alexander also find the trinity relationship the basis for proposing that a human being is rooted in relationship,⁷² with God and each other in a perichoresis of mutuality, each being defined by the other.⁷³

Moltmann's nuance considers *imago Dei* is firstly about God's relationship to humanity and secondly about humanity's relationship to God.⁷⁴ The asymmetrical nature of the God-human relationship, also developed by Jüngel, von Balthasar and Rahner, is important as it guarantees that God's relationship to creatures cannot be destroyed either by sin or death, meaning that humanity's designation as *imago Dei* is indissoluble and immortal.⁷⁵ Rohr finds support for the relational model in scientific discoveries which are continually demonstrating that creation is also in relationship, constantly changing through loss and renewal.⁷⁶

This model explains why humans feel ill at ease in life when their relationships with others or the Other are broken. This dis-ease can catalyse the search for reconciliation or recompense. Humans need ways of pressing the relational reset button in order to enter the rest of peaceful relationships; this relational aspect of *imago Dei* underpins much of success of chaplaincy.

⁷⁰ Karl Barth, *Church Dogmatics, Volume III The Doctrine of Creation, Part 1*, eds. G.W. Bromiley and T.F. Torrance, (Edinburgh: T&T Clark, 1958), p. 197.

⁷¹ Karl Barth, *Church Dogmatics, Volume III The Doctrine of Creation, Part 1*, eds. G.W. Bromiley and T.F. Torrance, (Edinburgh: T&T Clark, 1958), p. 198.

⁷² Vernon White, *Identity*, (London: SCM Press, 2002), pp. 51-52.

⁷³ Denis R. Alexander, 'Cloning Humans- distorting the image of God?' in *Cambridge Papers*, 10, 2, (Cambridge, June 2001), 1-4, (p. 2). For example, a father can only be a father in the presence of a child.

⁷⁴ Jürgen Moltmann, *The Coming of God: Christian Eschatology*, (London: SCM Press, 1996), p. 76 and Henry L. Novello, *Death as Transformation: A Contemporary Theology of Death*, (Farnham: Ashgate, 2011), p. 152.

⁷⁵ Jürgen Moltmann, *The Coming of God: Christian Eschatology*, (London: SCM Press, 1996), p. 72 and Henry L. Novello, *Death as Transformation: A Contemporary Theology of Death*, (Farnham: Ashgate, 2011), p. 152.

⁷⁶ Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), pp. 156-158.

The Particularity/ Non-Particularity Of God Model

White proposes that God's particularity and simultaneous non-particularity (being outside of time and all human constraints e.g. ethnicity/ gender/ geography) is how God is able to relate effectively to all particulars as particular.⁷⁷ This means that God contains the margins of the most marginalised human beings, whilst being as particular as each specific marginalised human being. Swift comments that chaplains occupy marginal positions in multiple worlds, in places where all sections of society are encountered⁷⁸Hence both in their own marginalised post and representing a marginalised God, chaplains are in a unique position to hear and advocate for those who are marginalised. This concept finds commonality in much of the liberation and Christological theologies.⁷⁹

Christological Model

*'How can we not try to be a thousand Christs, each one trying to respect his/her brother Christ, his/her sister Christ, each with their pain immersed in the collective human pain?'*⁸⁰

Following Paul,⁸¹Augustine proposed that Christ was the true image of God and that *imago Dei* originated in humanity being made in the image Christ,⁸² in the same manner as a well-known sculpture has multiple copies made by multiple artists placed in museums around the world. Christ is the original statue, the image of the invisible God, and humans are made in the image of Christ.⁸³

⁷⁷ Vernon White, *Identity*, (London: SCM Press, 2002), p. 54.

⁷⁸ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 164.

⁷⁹ Ecumenical Association of Third World Theologians,(EAOTWT) *Getting the Poor Down from the Cross: Christology of Liberation*, (May 2007, online book), < [GettingThePoorDown.indd \(liberationtheology.org\)](#) > , [first accessed 31 July 2021].

⁸⁰Ecumenical Association of Third World Theologians,(EAOTWT) *Getting the Poor Down from the Cross: Christology of Liberation*, (May 2007, online book), < [GettingThePoorDown.indd \(liberationtheology.org\)](#) > , [first accessed 31 July 2021], p. 142.

⁸¹ II Corinthians 4:4

⁸² Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), pp 208, 223

⁸³ Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), pp. 223-224.

Ignatius also preferred this model, proposing it meant being conformed to Christ crucified, going through the self-negating death of Jesus.⁸⁴This model enables reflection upon the purposes of God in darkness and suffering and in the engagement of God in the afflictions of people.⁸⁵Ignatius met the challenge of the paradox of a suffering but omnipotent God head on, rightly perceiving the necessity to acknowledge both aspects and particularly wondering if Jesus' suffering on the Cross was purely instrumental to God or was actually suffered by God?⁸⁶For Ignatius, Jesus' human experiences, including his suffering were as if God were experiencing them, which gave profound meaning to those who suffer. Jesus becomes 'our God', the one who stands with humans against the world of suffering, this compassionate stance aiding reconciliation and healing.⁸⁷In this way, the suffering God is not an embarrassment⁸⁸but a concept to be embraced as it gives credence and succour to those who are also suffering in life, offering a supernatural use and rationale for suffering.⁸⁹Frankl particularly preferred this model as it supported his premise that life always contained meaning, even whilst suffering and dying.⁹⁰

Wiesel also agreed that God is in the midst of suffering.⁹¹For Sölle, Wiesel's memorable phrase that God is hanging 'here on this gallows' has two meanings: firstly that God is no almighty, dispassionate spectator but instead is on the side of the sufferer; secondly, that the gallows victim is actually an image of God. Sölle conflates the Roman centurion's declaration that Jesus was 'truly God's son' with the phrase 'here [God] is, hanging on this gallows'.⁹²

⁸⁴ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), pp. 18-19.

⁸⁵ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), p. 15.

⁸⁶ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), p. 15.

⁸⁷ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), p. 16.

⁸⁸ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), pp. 22-23.

⁸⁹ Philip, Sheldrake, *Spirituality A Brief History*, 2nd edn. (Chichester: Wiley-Blackwell, 2013), p. 182.

⁹⁰ Victor Emil Frankl, *Man's Search for Meaning*, 4th edn (Boston: Beacon Press Books, 1959), p. 90.

⁹¹ Elie Wiesel, *Night*, (London: Penguin Books, 1981), pp. 76-77.

⁹² Sölle, Dorothee, *Suffering*, (London: Darton, Longman & Todd, 1975), pp. 148-149.

The Christological model acknowledges a life of suffering, values it, lives with it and accompanies it in community with others. This can inform the chaplains approach to themselves and the PAC: it imbues meaning to suffering and contends that both are an image of the suffering God, both are accepted and loved unconditionally by God and so are empowered to offer that acceptance to each other. I find an eternal and profound equality in this concept. Supporters of this model claim it contains the relational, functional and teleological models.⁹³ This is accurate to the extent that a person accepts the claims of Christ or of Christianity, yet how the Christological model can be employed in chaplaincy for those who do not profess the Christian faith is more problematic. Hence it is vital that other models are engaged with as the NHS chaplain may not proselytise.⁹⁴ However, if someone stands on the firm ground of religious belief, there can be no objection to drawing on their spiritual resources to therapeutic effect.⁹⁵

The Multi-Faceted Model

This model unsurprisingly amalgamates various aspects of the preceding models.⁹⁶ For example, whilst Irenaeus supported the teleological model, he also supported the relational model finding that the image was marred if not found in faithful, righteous relationship with God.⁹⁷ In other words, the image's potential is only realised by the exercise of goodness.⁹⁸ If humans reject this contingency they may cut off the source and maintenance of their being and their spiritual and physical 'tank' can run dry. Chaplaincy could be said to be the hose that connects our human engine back to the

⁹³ Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), pp. 225-229.

⁹⁴ Ross Bryson, *Honouring Personhood in Patients: The Added Value of Chaplaincy in General Practice*, (Birmingham, England: Whole Person Health Trust, 2012), p. 55.

⁹⁵ Victor Emil Frankl, *Man's Search for Meaning*, 4th edn (Boston: Beacon Press Books, 1959), p. 123.

⁹⁶ Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), p. 167.

⁹⁷ Iain M. MacKenzie, *Irenaeus's Demonstration of the Apostolic Preaching A Theological Commentary and Translation*, (Aldershot: Ashgate, 2002), pp. 45, 48 and Irenaeus, *The Demonstration of the Apostolic Preaching*, trans. by J. Armitage Robinson, (London: SPCK, 1920), pp. 70-71.

⁹⁸ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), p. 28 and Iain M. MacKenzie, *Irenaeus's Demonstration of the Apostolic Preaching A Theological Commentary and Translation*, (Aldershot: Ashgate, 2002), pp. 49-50.

perpetually full pump of Life.(John 4:10-13) and suggests a reason why many people seek, as a minimum qualification, some form of spirituality in chaplains as they explicitly profess a belief that the multiple aspects of human beings are dependent on the other to thrive.

Henriksen's model instead suggests that *imago Dei* implies three things: that humans are not God; that humans are related to God in love and in their desire and capacity for goodness to be imparted and received and finally, each human image is partially fulfilled with an element of the future in it.⁹⁹

The Zeitgeist Effect

This research has shown that many models of theological anthropology are influenced by the Zeitgeist.¹⁰⁰For example, Cugoano lived at the height of the North Atlantic Slave trade, writing in opposition to it. He considered that *imago Dei* concepts were not bound to particular physical attributes,¹⁰¹a specific rebuttal of a lynchpin of racism.¹⁰²Another abolitionist, Equiano considered it was not important what a human being could be but rather what a human being is,¹⁰³placing greater emphasis on human spirituality. It is important therefore to be aware of context when proposing and utilising theological anthropology, particularly in the UK's current pluralistic and individualistic milieu, in order to maintain PCC's integrity and relevance.

⁹⁹ J. Wentzel van Huyssteen and Erik P. Wiebe, eds., *In Search of Self: Interdisciplinary Perspectives on Personhood*, (Grand Rapids, MI: William B Eerdmans, 2011), p. 270.

¹⁰⁰ Marc Cortez, *Theological Anthropology: A Guide for the Perplexed*, (London: T&T Clark, 2010), p. 15.

¹⁰¹ Cugoano, *Thoughts and Sentiments*, pp60-61 found in Chigor Chike, *Voices From Slavery: The Life and Beliefs of African Slaves in Britain*, (Milton Keynes: AuthorHouse, 2007), pp. 130-132.

¹⁰² Annalee Newitz, *The Nine Most Influential Works of Scientific Racism*, (2014), <<http://io9.gizmodo.com/the-9-most-influential-works-of-scientific-racism-rank-1575543279>>, [first accessed 12 February 17] and Chigor Chike, *Voices From Slavery: The Life and Beliefs of African Slaves in Britain*, (Milton Keynes: AuthorHouse, 2007), pp. 188-189.

¹⁰³ Chigor Chike, *Voices From Slavery: The Life and Beliefs of African Slaves in Britain*, (Milton Keynes: AuthorHouse, 2007), pp. 140-141.

Conclusion Of Models

One of the many biblical paradoxes is that humans are not *only* an image of God but are of perpetual concern to God,¹⁰⁴ that God's activity and involvement towards and in humanity and creation is immediately personal.¹⁰⁵ This brings profound pathos to human existence, suggesting that humans are factors in the life of God.¹⁰⁶ Both the essentialist and functional models are problematic if the human no longer has capacity, utility or individual functionality as discussed above. The relational model is useful in that it relies on the relationality of God in the trinity in the first instance and so the image bearing is still possible even if a human lives in isolation, however it is open to sully inasmuch as human relationships have been sullied, particularly as most humans re-image the human relationships they have known. The Christological model may be useful to a Christian but may offer less utility to those of other faiths or none.

It seems likely that the relational aspect necessarily informs and underpins all the other aspects when considering how chaplaincy is usually accessed and that humanity's moral and spiritual capacities are enabled to reflect God's image in the relationships we exist within.¹⁰⁷ The teleological model chimes well with the current preference for process and progress, for a SMART way of working: specific, measurable, achievable, relevant and time-bound. At the very least, theological anthropology proposes that humans *do* matter, holding certain inviolate qualities and rights, conferred through being 'made in God's image'. Given all this, I prefer a combination model and this certainly corresponds with the current pluralistic Zeitgeist.

¹⁰⁴ Abraham Joshua Heschel, *The Prophets*, (Peabody: Hendrickson Publishers, 2007), p. 263; Deuteronomy 10:14-15; Psalm 8:4

¹⁰⁵ Iain M. MacKenzie, *Irenaeus's Demonstration of the Apostolic Preaching A Theological Commentary and Translation*, (Aldershot: Ashgate, 2002), pp.88-89 and Abraham Joshua Heschel, *The Prophets*, (Peabody: Hendrickson Publishers, 2007), p. 263.

¹⁰⁶ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 187.

¹⁰⁷ Denis R. Alexander, 'Cloning Humans- distorting the image of God?' in *Cambridge Papers*, 10, 2, (Cambridge, June 2001), 1-4, (p. 2).

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The ways that chaplains image these concepts will be discussed further, after this brief discussion on the historicity of religion and spirituality and their impact on the advent of holistic healthcare.

3: RELIGION AND SPIRITUALITY

The twentieth century was a period of immense change, the transition from modernity to postmodernity prompted by multiple catastrophic worldwide events. Religious pluralism was accelerated by colonialism and globalisation whilst the emergence of modern science proved it was possible to co-exist and thrive despite variances in opinions and methods.¹⁰⁸ Finally, a widespread disenchantment with organised religion occurred,¹⁰⁹ as it was variously perceived to be oppressive to some, irrelevant to many, and insipid to more in its last ditch attempt to repackage itself into a more audience-worthy form.¹¹⁰ This resulted in a significant decline in populations associating themselves with the religious establishment, particularly in the more affluent countries.¹¹¹ For example, about 50% of English people born in the early 20th century declared their affiliation to the Church of England, whilst at the end of the same century only 5% did.¹¹² According to the 2011 UK Census¹¹³ there was a 13% drop in those calling themselves Christian on the preceding decade and 25% professed no religion.¹¹⁴ The Office for National Statistics (ONS) predicted an ongoing decline in Christianity in the UK between 2011-2016.¹¹⁵

¹⁰⁸ Roger S. Gottlieb, *Spirituality: What It Is and Why It Matters*, (Oxford: Oxford University Press, 2013), p. 71.

¹⁰⁹ Roger S. Gottlieb, *Spirituality: What It Is and Why It Matters*, (Oxford: Oxford University Press, 2013), pp. 117-121.

¹¹⁰ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), pp. 45-49 and Jeremy Carrette and Richard King, *Selling Spirituality: The Silent Takeover of Religion*, (Abingdon: Routledge, 2005), pp. ix-x, 1-2, 125-127.

¹¹¹ Philip, Shelldrake, *Spirituality A Brief History*, 2nd edn. (Chichester: Wiley-Blackwell, 2013), p. 5 and Paul Heelas and Linda Woodhead, *The Spiritual Revolution: Why Religion is Giving Way to Spirituality*, (Oxford: Blackwell, 2005), pp7-10; Jeremy Carrette and Richard King, *Selling Spirituality: The Silent Takeover of Religion*, (Abingdon: Routledge, 2005), p125; John Caperon, Andrew Todd and James Walters, eds., 2018. *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), p. 13.

¹¹² David Voas, 'What is the future for religion in Britain?' (2.2.2015) <https://www.theosthinktank.co.uk/comment/2015/02/02/what-is-the-future-for-religion-in-britain>, [accessed 4 October 2020]

¹¹³ Office for National Statistics (2012), *UK Census 2011*

¹¹⁴ John Caperon, Andrew Todd and James Walters, eds., 2018. *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), p. 81.

¹¹⁵ Office for National Statistics, 'Report on Population Estimates by Ethnic Group and Religion', [Population characteristics research tables - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/population-characteristics-research-tables) 4.12.2019 [accessed 6 September 2021]

There has been a massive subjective turn of modern culture to the self,¹¹⁶ away from roles, duties and rules and towards a focus on inner lives.¹¹⁷ Current culture proposes that the simple answers and optimism of previous ages are impossible and so has discarded these systems of thought and behaviour.¹¹⁸ Public health, life and death, once the task of the Church, is now placed in the doctor's hands.

*"Spirituality needs definition, but it doesn't need a definition"*¹¹⁹

Underhill proposed that humans are not mere tool-making animals but vision-creating beings, driven by goals beyond physical or intellectual supremacy and informed by a desire for spiritual fulfilment.¹²⁰

Acknowledging the varied definitions of spirituality historically, I will concentrate on most recent concepts. From the mid-twentieth century, the term spirituality allowed for a melding of humanity's natural and supernatural lives, an intimate integration with all aspects of human experience. This spiritual life could be lived individually as much as collectively¹²¹ and could be expressed in varied external behaviours.

Contemporary spirituality investigates the essence of a person relating this to the search for ultimate meaning within life with reference to something other than self.¹²² Whilst in faith communities the quest for meaning is related to the Other, in secular communities it refers to the broader quest for understanding of the mystical aspects of existence, including the boundless mysteries of the universe.¹²³

¹¹⁶ Charles Taylor, *The Ethics of Authenticity*, (London: Harvard University Press, 1991), p. 26.

¹¹⁷ Paul, Heelas and Linda Woodhead, *The Spiritual Revolution: Why Religion is Giving Way to Spirituality*, (Oxford: Blackwell, 2005), pp. 2-3

¹¹⁸ Philip Sheldrake, *Spirituality: A Brief History*, 2nd edn (Chichester: Wiley-Blackwell, 2013), pp. 174-175.

¹¹⁹ Jonathon Rowson, 'Spiritualise: Revitalising Spirituality to address 21st Century Challenges', (2010), <<https://www.thersa.org/discover/publications-and-articles/reports/spiritualise-revitalising-spirituality-to-address-21st-century-challenges>> [accessed 5 August 2020] (p. 14)

¹²⁰ Philip Sheldrake, *Spirituality: A Brief History*, 2nd edn (Chichester: Wiley-Blackwell, 2013), p. 1.

¹²¹ Philip Sheldrake, *Spirituality: A Brief History*, 2nd edn (Chichester: Wiley-Blackwell, 2013), p. 3.

¹²² Marian Carter, *Dying to Live: A Theological and Practical Workbook on Death, Dying and Bereavement*, (London: SCM Press, 2014), p. 45.

¹²³ Philip, Sheldrake, *Spirituality A Brief History*, 2nd edn. (Chichester: Wiley-Blackwell, 2013), p. 3.

This contemporary spirituality is preferred by many to 'religion', particularly as the former allows for universal access.¹²⁴ Hay's late twentieth century survey revealed a significant increase in the proportion of people who did not attend a place of worship yet believed in a 'spiritual reality',¹²⁵ many claiming 'I'm spiritual, not religious.'¹²⁶ The COVID19 pandemic sparked a worldwide interest in spirituality and its impact on wellbeing;¹²⁷ the PAC experiences confirmed this, finding spirituality to be an important resource.¹²⁸

Norwegian theologian Williams acknowledges the Zeitgeist and proposes that Christian spirituality is a way of relating to reality via worldview beliefs, attitudes and actions: loving God with all your heart (attitude), all your mind (including your worldview) and all your strength (actions).¹²⁹



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¹²⁴ Philip Sheldrake, *Spirituality: A Brief History*, 2nd edn (Chichester: Wiley-Blackwell, 2013), p. 3; Paul Heelas and Linda Woodhead, *The Spiritual Revolution: Why Religion is Giving Way to Spirituality*, (Oxford: Blackwell, 2005), p. 1

¹²⁵ Philip Sheldrake, *Spirituality: A Brief History*, 2nd edn (Chichester: Wiley-Blackwell, 2013), p. 5

¹²⁶ Anne-Christine Hornborg, 'Are We All Spiritual? A Comparative Perspective on the Appropriation of a New Concept of Spirituality' in *Journal for the Study of Spirituality*, 1, 2 (2011), 249-268 10.1558/jss.v1i2.249

¹²⁷ Sebastian Shehadi and Miriam Partington, 'How Coronavirus is Leading a Religious Revival', *The New Statesman*, 27 April 2020, <<https://www.newstatesman.com/politics/religion/2020/04/how-coronavirus-leading-religious-revival>> [first accessed 12 May 2021]

¹²⁸ Marian Carter, *Dying to Live: A Theological and Practical Workbook on Death, Dying and Bereavement*, (London: SCM Press, 2014), p. 45.

¹²⁹ Peter S. Williams, 'Is Christianity Unscientific?', *Theofilos*, 2010, <[Microsoft Word - Is Christianity Unscientific Theofilos Paper.doc \(peterswilliams.com\)](#)> < www.theofilos.nu/?lang=no > [first accessed 13 May 2020]; pp. 2-3; Mark 12:30-32 (after Deuteronomy 6:5)

¹³⁰ Peter S. Williams, 'Is Christianity Unscientific?', *Theofilos*, 2010, <[Microsoft Word - Is Christianity Unscientific Theofilos Paper.doc \(peterswilliams.com\)](#)> < www.theofilos.nu/?lang=no > [first accessed 13 May 2020]; pp. 2-3.

Hence, despite the rejection of mainstream religion and its loss of credibility,¹³¹ mainstream religion may still offer answers to humanity's ultimate questions.¹³² Rohr's pithy, but by no means easy, conclusion is that perfect spirituality is just to imitate God.¹³³

¹³¹ Theos Think Tank, 'The Spirit of Things Unseen: belief in post-religious Britain', (17 October 2013), <<https://www.theosthinktank.co.uk/research/2013/10/17/the-spirit-of-things-unseen-belief-in-post-religious-britain>>, [first accessed 14 December 18].

¹³² Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 49.

¹³³ Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), p. xxv.

4: HOLISTIC HEALTHCARE

Two significant modern healthcare systems were formed in the crucible of World War II, which illuminated the need for a world-wide community guided by principles of human rights protection.

The World Health Organisation (WHO) was formed in 1948 on these values¹³⁴and continues to this day.¹³⁵The WHO defines health as not merely the absence of disease but a state of complete

physical, mental, social and spiritual well-being.¹³⁶The UK National Health Service (NHS) was also

founded in 1948, similarly profoundly influenced by history. By the 1940's, vast swathes of the population were subsumed by poverty, disease and high mortality with limited medical options.¹³⁷

The experience of communal action in war, including the provision of public emergency medical services, and the socio-political recognition of the need to rationalise what already existed, provided the impetus to found a comprehensive and free health service.¹³⁸

The NHS has undergone rapid transformation since then due to financial, demographic, medical and social challenges¹³⁹and now provides holistic healthcare to all, the word derived from the ancient

Greek *holos* which means whole or complete.¹⁴⁰Holistic health emphasises the therapeutic relationship and makes use of both conventional and alternative therapies.¹⁴¹

¹³⁴ United Nations Department of Public Information, 'The universal declaration of human rights', (Paris: United Nations Department of Public Information, 1948), <<http://www.unhchr.ch/udhr/miscinfo/carta.htm>>, [first accessed 13 June 21].

¹³⁵ World Health Organisation, 'Values Charter' <https://www.who.int/docs/default-source/documents/values-charter-en.pdf?Status=Temp&sfvrsn=4ed75cec_12>, [first accessed 13 June 21].

¹³⁶ Don Nutbeam, World Health Organisation Health Promotion Glossary, (Geneva: 1998), <[Health Promotion Glossary \(who.int\)](https://www.who.int/glossary)>, [first accessed 13 June 2021], p. 11.

¹³⁷ Geoffrey Rivett, 'The History of the NHS', (2021) <<https://www.nuffieldtrust.org.uk/health-and-social-care-explained/the-history-of-the-nhs/>> and <https://www.nuffieldtrust.org.uk/chapter/inheritance#general-practice-and-primary-health-care> [first accessed 13 June 2021].

¹³⁸ Geoffrey Rivett, 'The History of the NHS', (2021) <<https://www.nuffieldtrust.org.uk/health-and-social-care-explained/the-history-of-the-nhs/>> and <https://www.nuffieldtrust.org.uk/chapter/inheritance#general-practice-and-primary-health-care> [first accessed 13 June 2021].

¹³⁹ The Nuffield Trust, 'NHS Reform Timeline', (2021), <<https://www.nuffieldtrust.org.uk/health-and-social-care-explained/nhs-reform-timeline/>>, [first accessed 13 June 2021].

¹⁴⁰ Philip Sheldrake, *Spirituality: A Brief History*, 2nd edn (Chichester: Wiley-Blackwell, 2013), p. 3.

¹⁴¹ Roger S. Gottlieb, *Spirituality: What It Is and Why It Matters*, (Oxford: Oxford University Press, 2013), p. 128.

The Human Rights Act 2000¹⁴² affirmed individual rights to religious observance hence all NHS trusts must provide representatives and spaces for faith communities within the healthcare population, patients, staff and relatives.¹⁴³ Acknowledging that spirituality is elusive in both its definition¹⁴⁴ and provision,¹⁴⁵ the 2003 NHS Plan provided some guidance in the latter,¹⁴⁶ with the National Institute for Health and Care Excellence (NICE) providing clarity on the former, defining spirituality as those beliefs, values and practices that relate to the human search for meaning in life.¹⁴⁷ Further differentiation is made between religious and spiritual care, in that religious care is given in the context of a faith community whilst spiritual care is usually given in a one-to-one relationship and makes no assumptions about personal conviction or life orientation. Hence spiritual care is not necessarily religious, but religious care at its best is always spiritual.¹⁴⁸

In 1974, Lalonde argued that as health is created by complex relations between the individual and society the biomedical model was unable to adequately explain health. Concurrently, Antonovsky introduced the concepts of sense of coherence (SOC) and general resistance resources (GRRs), proposing that health and wellbeing were only possible when individuals can identify and realise aspirations, satisfy needs and cope with their environment. He called this the salutogenic

¹⁴² Equality and Human Rights Commission, 'The Human Rights Act, 2000', (1 October 2000), <<https://www.equalityhumanrights.com/en/human-rights/human-rights-act>> [first accessed 21.3.20]

¹⁴³ Multi-Faith Group for Healthcare Chaplaincy, 'NHS Chaplaincy: Providing spiritual care for patients and staff', (4 November 2003),

<https://webarchive.nationalarchives.gov.uk/20120106010250/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4062016>, [first accessed 21.3.20].

¹⁴⁴ C. Mayers and D. Johnston, 'Spirituality: the emergence of a working definition for use within healthcare practice' in *Implicit Religion*, 11, 3 (2008), 265-275, (p. 266).

¹⁴⁵ R. Best, *Education for Spiritual, Moral, Social and Cultural Development*. (London: Continuum, 2000), p. 10.

¹⁴⁶ Department of Health, 'NHS Chaplaincy: Meeting the religious and spiritual needs of patients and staff: Guidance for managers and those involved in the provision of chaplaincy-spiritual care' (4 November 2003), <[~7968649.doc \(parliament.uk\)](https://www.parliament.uk/resources/documents/7968649.doc)> [first accessed 8 September 2021].

¹⁴⁷ National Institute for Health and Care Excellence, 'End of Life Care for Adults Quality Standard QS13 Quality Statement 6', (1 March 2011), <<https://www.nice.org.uk/guidance/qs13/chapter/Quality-statement-6-Holistic-support-spiritual-and-religious>> [first accessed 21 March 20].

¹⁴⁸ NHS Scotland, 'Standards for NHS Scotland Chaplaincy Services', (4 March, 2007), <<https://www.nes.scot.nhs.uk/education-and-training/by-discipline/spiritual-care/about-spiritual-care/publications/standards-for-nhsscotland-chaplaincy-services.aspx>> [first accessed 21 March 20] and Scottish Executive Health Department, 'Spiritual Care in NHS Scotland' (Edinburgh, 2002), <https://www.sehd.scot.nhs.uk/mels/hdl2002_76.pdf>, [first accessed 25 June 2021].

model of health¹⁴⁹(to be discussed more later),a riposte to the stress and dis-ease produced by a world undergoing rapid social change.¹⁵⁰

Most recently, as well as catalysing an increased interest in spirituality, the COVID19 pandemic exposed the weaknesses of healthcare and political systems worldwide yet again,¹⁵¹ decimated many¹⁵²and so became a prism focussing policies intensely on the multifaceted aspects of health and wellbeing.

Health as Wellbeing

Webster finds the opposite of wellbeing is not illness, but dis-ease, or being ill-at-ease with ourselves; health is therefore construed as feeling at home with oneself irrespective of circumstances, recognising that each human exists in and is part of a narrative that is greater than themselves.¹⁵³Healing takes on new meaning, including the desire to be connected to that which is beyond (transcendent and temporal) and relates to the ability to hold on to who you are and why you are in the world even in the midst of difficult circumstances.¹⁵⁴Wellbeing is not 'cure' but an incremental building of self-esteem, purpose, meaning and good relationships.¹⁵⁵Hence the polarisation of illness and health is circumvented by seeking to enhance resilience and capacity within the experience of illness.¹⁵⁶

¹⁴⁹ Monika Eriksson and Bengt Lindström, 'Antonovsky's sense of coherence scale and its relation with quality of life: a systematic review', in *Journal of Epidemiology and Community Health*, 61, 11 (2007), 938-44. doi:10.1136/jech.2006.056028, (p. 938).

¹⁵⁰ Monika Eriksson and Bengt Lindström, 'Antonovsky's sense of coherence scale and its relation with quality of life: a systematic review', in *Journal of Epidemiology and Community Health*, 61, 11 (2007), 938-44. doi:10.1136/jech.2006.056028, (p. 939).

¹⁵¹ Geoffrey Rivett, 'The History of the NHS', (2021)

<<https://www.nuffieldtrust.org.uk/chapter/inheritance#general-practice-and-primary-health-care>> [first accessed 13 June 2021].

¹⁵² Nursing Notes, 'Over 850 health and social care workers have now died of COVID19', <<https://nursingnotes.co.uk/news/over-850-health-and-social-care-workers-have-now-died-of-covid-19/>>, [first accessed 13 June 2021].

¹⁵³ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 181.

¹⁵⁴ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 181.

¹⁵⁵ Alison Webster, *Wellbeing*, (London: SCM Press, 2002), p.41.

¹⁵⁶ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 181.

In this relational paradigm, pain, illness and suffering become things that are the enemies of community¹⁵⁷because they threaten to alienate humanity from itself.¹⁵⁸Furthermore, no longer are these tribulations the sole responsibility and sufferance of the individual. This perspective has echoes of the relational and Christological aspects of *imago Dei*.

Although healthcare chaplains are the main spiritual care providers in the NHS, other healthcare professionals are often called upon to assist people to co-produce health and wellbeing.¹⁵⁹However, Mayers found that these professionals are often unsure how to assess spiritual needs and how to provide spiritual care.¹⁶⁰Indeed, the General Medical Council (GMC) provides detailed guidance on standards expected pertaining to expression of personal beliefs¹⁶¹yet little in the practical aspects of providing spiritual care.

¹⁵⁷ Stanley Hauerwas, *Naming the Silences: God, Medicine and the Problem of Suffering*, (Edinburgh, T&T Clark, 1993), p. 146.

¹⁵⁸ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 184.

¹⁵⁹ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 177.

¹⁶⁰ C. Mayers and D. Johnston, 'Spirituality: the emergence of a working definition for use within healthcare practice' in *Implicit Religion*, 11, 3 (2008), 265-275, (p. 265) and Wilfred McSherry, Keith Cash and Linda Ross, 'Meaning of spirituality: implications for nursing practice', *Journal of Clinical Nursing*, 13 (4 November 2004), 934-941.

¹⁶¹ General Medical Council, 'Ethical guidance for doctors : personal beliefs and medical practice' (22 April 2013), <<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/personal-beliefs-and-medical-practice>> [first accessed 21 March 20].

5: CHAPLAINCY AND HEALTHCARE

Brief History And Definition Of Chaplaincy

Chaplaincy originated in the fourth century when Martin of Tours tore his cloak in half to share with someone in need.¹⁶²The word originates from *cappella*, originally 'little cloak'.¹⁶³Chaplaincy developed over time to serve the needs of those unable to participate in the congregational church, either due to being part of closed communities or because they would not usually come into contact with the church.¹⁶⁴

In contrast to the recent decline of the institutional church¹⁶⁵chaplaincy has flourished as it has mirrored the increasingly diverse, plural and mobile social contexts.¹⁶⁶Yet, despite their widespread presence,¹⁶⁷there are still conceptual questions as to what a chaplain is and what chaplains do.¹⁶⁸

PAC3 "I think that 'joe public' might think a little askance about [chaplaincy] , they are not sure what it involves"

Essentially, chaplains are those from a faith tradition who provide religious and spiritual care in an organisation, although their activities may expand beyond this remit depending on the organisation's needs.¹⁶⁹

¹⁶² Victoria Slater, *Chaplaincy Ministry and the Mission of the Church* (London: SCM Press,2015), p. ix.

¹⁶³ Oxford Learners Dictionaries on line,

<<https://www.oxfordlearnersdictionaries.com/definition/english/chaplain?q=chaplain>> [first accessed 5 August 2020].

¹⁶⁴ Victoria Slater, *Chaplaincy Ministry and the Mission of the Church* (London: SCM Press,2015), p. x.

¹⁶⁵ John Caperon, Andrew Todd and James Walters, eds., 2018. *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), pp. 13-16.

¹⁶⁶ Victoria Slater, *Chaplaincy Ministry and the Mission of the Church* (London: SCM Press,2015), pp. xii-xiii and John Caperon, Andrew Todd and James Walters, eds., 2018. *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), p. 81.

¹⁶⁷ Ben Ryan, 'A Very Modern Ministry : Chaplaincy in the UK' report in *Theos*, (London: 2015) <<https://www.theosthinktank.co.uk/research/2015/03/11/a-very-modern-ministry-chaplaincy-in-the-uk>>, [first accessed 4 October 2020] pp.1-88. Also see Appendix 4

¹⁶⁸ Victoria Slater, *Chaplaincy Ministry and the Mission of the Church* (London: SCM Press,2015), pp. 84-86 and Ben Ryan, 'A Very Modern Ministry : Chaplaincy in the UK' report in *Theos*, (London: 2015) <<https://www.theosthinktank.co.uk/research/2015/03/11/a-very-modern-ministry-chaplaincy-in-the-uk>>, [first accessed 4 October 2020], pp. 8-10 and John Caperon, Andrew Todd and James Walters, eds., 2018. *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), pp. 79-80.

¹⁶⁹ Sophie Gilliat-Ray, Stephen Pattison and Mansur Ali, *Understanding Muslim Chaplaincy*, (Farnham: Ashgate, 2013), p. 5.

Healthcare Chaplaincy

Healthcare chaplaincy in the UK is entwined with the history and development of the NHS.¹⁷⁰ Spiritual and religious provision is now a central tenet of the NHS Health Charter¹⁷¹ with the consensus that it is impossible to provide holistic healthcare without attending to someone's spiritual needs.¹⁷²

PAC5 *"Some illnesses are spiritual rather than physical, and doctors can waste precious time, energy and finances and not see a change for the better."*

In Egan's study of spirituality at the end of life, 99% of participants (patients, carers and chaplains) found spirituality to be meaningful.¹⁷³ Gottlieb considers that a spiritual understanding of illness allows us to control what can be controlled and let go of that which cannot.¹⁷⁴

PAC6 *"A lot of the time the logical does not impact on situations where the impossible becomes possible"*

Spiritual healthcare encourages individual awareness and acceptance of the situation. This then stimulates compassion both for themselves and their carers and enables an appreciation of whatever life is left.¹⁷⁵ A spiritual approach proposes that whilst infirmity may take away it may also add; health-related crises can produce times of vulnerability where everything that has been achieved is called into question; yet, at the same time the air is knocked out of us, we grasp the

¹⁷⁰ Peter Gilbert, ed., *Spirituality and Mental Health*, (Hove: Pavilion, 2011), p. 395.

¹⁷¹ Department of Health and Social Care, 'The NHS Constitution for England', (1 January 2021), <<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>>, [first accessed 12 May 2021].

¹⁷² C. Mayers and D. Johnston, 'Spirituality: the emergence of a working definition for use within healthcare practice' in *Implicit Religion*, 11, 3 (2008), 265-275 (p. 265).

¹⁷³ Richard Egan, Rebecca Llewellyn, Brian Cox, Rod MacLeod, Wilfred McSherry, Philip Austin, 'New Zealand Nurses' Perceptions of Spirituality and Spiritual Care: Qualitative Findings from a National Survey' in *Religions* 8, 79 (2017), 1-20

<<https://core.ac.uk/download/pdf/82968501.pdf#:~:text=Spirituality%20in%20healthcare%20encompasses%20both%20religious%20and%20non-religious,in%20the%20last%20dec>> [first accessed 4.7.20], (p. 3)

¹⁷⁴ Roger S. Gottlieb, *Spirituality: What It Is and Why It Matters*, (Oxford: Oxford University Press, 2013), p. 138.

¹⁷⁵ Roger S. Gottlieb, *Spirituality: What It Is and Why It Matters*, (Oxford: Oxford University Press, 2013), p. 138.

meaning of breathing.¹⁷⁶The spiritual approach allows people to hold the good, the bad and the ugly things in life in tension, with integrity.

PAC2 “when [I] spoke to the chaplain I felt more normal, kind of felt that [I] was losing my mind, just having someone to talk to...helped me to get back to reality, that [it] is not as bad as I think, that I can be ok- just to explain what was going on to me”

Tacey found spirituality is a major social resource and its utilisation vital to effectively respond to spiralling cases of depression, suicide, addiction and psychological suffering.¹⁷⁷

PAC4 reported “...[chaplaincy is] a life line- it’s that lifeline where you can go in a downward spiral and end up suicidal or doing something stupid ... or you can be reminded that are still things in life that are beautiful and worth living for, that there are dark days but still things worth living for, it helps you shift perspective.”

Research in spirituality in healthcare has found it offers a sense of purpose and of hope. It proposes forgiveness and reconciliation as ways of moving towards wholeness and it offers a way of responding to suffering when there is no medical cure.¹⁷⁸Spirituality in healthcare is a move beyond the medicalised model of illness towards a person-centred approach, where a person is viewed as a psycho-spiritual-physical unity, not just an embodiment of symptoms. Illness is perceived as a fragmentation of this unity and more attempt is made to contextualise the illness,¹⁷⁹recognising connections between the person and their environment¹⁸⁰and so fostering individual and communal flourishing.¹⁸¹

PAC3: “[Its] not just a medicine or a course of treatment - the whole person is being looked at or supported”

¹⁷⁶ Roger S. Gottlieb, *Spirituality: What It Is and Why It Matters*, (Oxford: Oxford University Press, 2013), p. 138.

¹⁷⁷ David J. Tacey, *The Spiritual Revolution: The Emergence of Contemporary Spirituality*, (London: Routledge, 2004), p. 3.

¹⁷⁸ Philip Sheldrake, *Spirituality: A Brief History*, 2nd edn (Chichester: Wiley-Blackwell, 2013), p. 214.

¹⁷⁹ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 177.

¹⁸⁰ Philip Sheldrake, *Spirituality: A Brief History*, 2nd edn (Chichester: Wiley-Blackwell, 2013), pp. 214-215.

¹⁸¹ Swift et al, Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), pp. 180-181.

The Funding Question

Healthcare chaplaincy operates in the borderlands, between religion and spirituality and system-based healthcare and individualised health. Its funding depends on a concord betwixt religious, public and political spheres, which is not always forthcoming;¹⁸²the call to take spirituality seriously is problematic for a secular health service that prioritises targets and economic viability,¹⁸³some calling chaplaincy a waste of taxpayers' money.¹⁸⁴

One reason for this attitude¹⁸⁵is the narrow, thin definition of health that excludes other ways of defining health and wellbeing which has historically dominated the public epistemology. Fortunately, further research is providing evidence that a thicker view of health and wellbeing with more person-centred care including chaplaincy, provides great benefits to all concerned.¹⁸⁶

The Central task

Central to the task of healthcare chaplaincy is the search for wellbeing in the midst of disease and disability¹⁸⁷which according to Slater is 'like trying to hold jelly'.¹⁸⁸Kevern and McSherry concur, reporting that chaplains perceive their role as nuanced, hidden and dealing in unquantifiable and indefinable outcomes.¹⁸⁹Cobb identifies chaplaincy's three distinct theological tasks: confessional

¹⁸² Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 163.

¹⁸³ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 175.

¹⁸⁴ Jonathan Wynne-Jones, 'Secularists claim chaplains are a waste of taxpayers money', *The Daily Telegraph*, 14 November 2014, http://blogs.telegraph.co.uk/news/jonathanwynne-jones/9414557/Secularists_claim_chaplains_are_a_waste_of_taxpayers_moneyWynne-Jones [first accessed 13 May 2020].

¹⁸⁵ John Caperon, Andrew Todd and James Walters, eds., 2018. *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), pp. 112-114.

¹⁸⁶ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), pp. 175-176.

¹⁸⁷ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 175.

¹⁸⁸ Victoria Slater, 'Living Church in the World: Chaplaincy and the Mission of the Church', in *Practical Theology*, 5, 3 (2012), 307-320 <<http://www.tandfonline.com/loi/yprt20#.Vumbf1UrKM8>>, [first accessed 1 July 2020] (p. 315).

¹⁸⁹ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), pp. 47-48.

(articles of faith); liberational (transforming the world by liberating people from that which dehumanises) and the critique of religion itself.¹⁹⁰

¹⁹⁰ Mark Cobb, 'Change and Challenge: The Dynamic of Chaplaincy' in *Scottish Journal of Healthcare Chaplaincy*, 10, 1, (2007), 4-10 (p. 9).

6. THEOLOGICAL ANTHROPOLOGY IN CONVERSATION WITH...

The following chapter brings the concepts of *imago Dei* into conversation with various parties. Firstly it will be shown how the models of theological anthropology outlined above are imaged in the varied iterations of healthcare chaplaincy, acknowledging both the image of God that exists in each human and enabling access to, and transformation by, their response to the concept of 'likeness'.

Secondly, there will be an invitation to those standing on the fringes to speak: I have found that working as a generalist necessitates multidisciplinary and inter-disciplinary research and collaboration. This approach, alongside my experience that many patients seek medical help not just for physical ailments but profoundly existential ones, particularly seeking meaning, purpose or coherence when their lives are falling apart, has prompted my research into other disciplines that have addressed these angsts. Chosen because they were either contemporaries of the WHO and NHS and similarly prompted to seek meaning and purpose in the presence of unintelligible suffering, or currently working as health care practitioners in the NHS, summaries of the thoughts of Heschel, Frankl, Antonovsky, Deegan and Swift (insofar as they relate to this research) are brought into dialogue with *imago Dei*.

Finally, the PAC will be introduced to the group conversation, linking themes found in their interviews to chaplaincy and how *imago Dei* informs its provision and enhances its efficacy.

A...Chaplaincy

Structural/ Essentialist Example

PAC4 "I do believe that we have innate characteristics that connect us all on a molecular level, spiritually"

As God Within

Paul claimed that God was not far from any human since it is in God that we have our being (Acts 17:27-28). Bonaventura¹⁹¹ and de Chardin found that God is the alpha and the omega, a sphere whose centre is everywhere and circumference nowhere.¹⁹² de Chardin found the divine being is revealed through all created things and is at the point where all realities converge.¹⁹³

Tacey proposes each person has a divine spark in their depths that when met is realised to be a profound encounter with God,¹⁹⁴ and so conversion can occur without any human intervention.¹⁹⁵

Rohr agrees that each human has a reverence humming within them that is fully trustworthy.¹⁹⁶ Following Irenaeus' claim that God exists as Spirit,¹⁹⁷ often the agent of God's action and the uniting factor between God and humanity,¹⁹⁸ Rohr also finds that God's Spirit fills the gaps of the universe without discrimination becoming the 'goodness glue' that holds light and dark together.¹⁹⁹ The chaplain images God within, reflects the divine spark outwards and offers the goodness glue to those who need repairing.

¹⁹¹ C.1217-1274

¹⁹² Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), p.128 see also 1 Cor. 15:28

¹⁹³ Pierre Teilhard De Chardin, *The Divine Milieu*, (New York: Harper Collins, 1960), pp. 89-92.

¹⁹⁴ M. Cobb, C. Puchalski and B. Rumbold eds. *Oxford Textbook of Spirituality in Healthcare*, (Oxford: Oxford University Press, 2012), p. 475.

¹⁹⁵ Simone Weil, *Waiting On God*, (Glasgow: Collins, 1950), pp. 28-29.

¹⁹⁶ Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), pp. xvii-xviii.

¹⁹⁷ Iain M. MacKenzie, *Irenaeus's Demonstration of the Apostolic Preaching A Theological Commentary and Translation*, (Aldershot: Ashgate, 2002), pp. 81-82.

¹⁹⁸ Iain M. MacKenzie, *Irenaeus's Demonstration of the Apostolic Preaching A Theological Commentary and Translation*, (Aldershot: Ashgate, 2002), p.89.

¹⁹⁹ Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), p. xix-xx.

Relational Examples

As Embarrassed agent

'Who' attends the chaplaincy appointment is most important: Heschel contends that a chaplain who attends with a 'sense of ultimate embarrassment',²⁰⁰ acknowledging the incongruities of understanding, is very different to one who glories in their own wisdom and experience. By valuing difference, there is mutually less fear and shame in approach.²⁰¹The attendees are protected from the excesses of hubris that *imago Dei* might propose, particularly of being God's work colleagues²⁰²whilst being reminded that each is still an image of God.²⁰³Hence, an 'embarrassed' chaplain will bring ease to the dis-ease.

Rohr reports also on the 'reverse theology' that occurs when being with those in need; that the visitor paradoxically receives more wisdom and comfort from the one they are visiting.²⁰⁴This was certainly my experience as a hospital chaplain and was also reported by this PAC:

PAC5 "[the chaplain and I] grew in every conversation."

As presence

Compassion means to suffer with, to walk with people in their pain and partner with rather than dictate to.²⁰⁵

Whipp finds several essential characteristics of presence:

1. Faithfulness- showing up.

²⁰⁰ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 54.

²⁰¹ Roger S. Gottlieb, *Spirituality: What It Is and Why It Matters*, (Oxford: Oxford University Press, 2013), p. 145.

²⁰² Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), pp. 54-55.

²⁰³ Job 9:11 : Lo, He passes by me and I see Him not; He moves on, but I do not perceive Him; Matthew 25:37 ... 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? ...

²⁰⁴ Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), p. 145.

²⁰⁵ Christina M. Puchalski, 'The role of spirituality in health care' in *Proceedings (Baylor University. Medical Center)* 14,4 (2001) 352-7

2. Evocative presence²⁰⁶- reminding people of their vocations and the possibility of God.
3. Liminality- on the edge of things yet still embedded and so constrained by the context.²⁰⁷
4. Attentiveness- alert to the spiritual wellbeing of their environment, a prayerful, calm presence as 'chaplains walk slowly'.²⁰⁸

Chaplaincy champions personalism, informed by *imago Dei*, that suggests that our individual nature is fulfilled when in relationship with our selves, with others and with the Other.

'If you want to go fast, go alone; if you want to go far, go together'. (African Proverb)

As Guest, as host

Due to its nomadic and contextual nature, chaplaincy exemplifies the meaning of "guest" (in contrast to "host") theology. Guest theology asks 'may I come to you and be part of what you do?' while host theology says, 'come to us and do as we do'.²⁰⁹ The chaplain is a public operator, going to where people are, (not waiting for people to come to them) and confronting society as it is (rather than as a faith group wants it to be), however there is often a continuous dance between the paradigms,²¹⁰ imaging the biblical record of the perichoresis of the Trinity, being both guest and host at various times.²¹¹

The chaplain's function is not to uphold an institutional presence but is a sign of the significance of a particular community,²¹² particularly important when certain sections of society are ostracised or

²⁰⁶ Stephen Nolan, *Spiritual Care at the End of Life: The Chaplain as a 'Hopeful Presence'*, (London: Jessica Kingsley, 2012), p. 36 found in John Caperon, Andrew Todd and James Walters, eds., *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), p. 107.

²⁰⁷ John Caperon, Andrew Todd and James Walters, eds., *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), pp. 107-109.

²⁰⁸ John Caperon, Andrew Todd and James Walters, eds., *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), pp. 109-110.

²⁰⁹ Peter Ward Youngblood, 'Interfaith Chaplaincy as Interpretive Hospitality' in *Religions*, 10, 226 (26 March 2019), 1-14, [first accessed 30 June 2021], (p. 3).

²¹⁰ Victoria Slater, *Chaplaincy Ministry and the Mission of the Church*, (London: SCM Press, 2015), p. 17.

²¹¹ Peter Ward Youngblood, 'Interfaith Chaplaincy as Interpretive Hospitality' in *Religions*, 10, 226 (26 March 2019), 1-14, [first accessed 30 June 2021], (p. 3).

²¹² David Heywood, *Reimagining Ministry*, (London: SCM Press, 2011), p. 14.

during a pandemic that laid inequalities bare. The effective chaplain engages with people's lived experience, listening before engaging in mutual dialogue.²¹³

The concept of guest theology is particularly pertinent as the Cape Hill population includes many refugees and asylum seekers. In the subversive epistemology of radical Christianity, these are the 'inside outsiders'²¹⁴ and hospitality is the practice of God's welcome to those in crisis, shown by actions that reach across difference.²¹⁵ The most radical transformation and potential for healing occurs when the host becomes the guest and vice versa. In this case, what is valued is an acknowledgment of a common humanity and vulnerability and a willingness to share in the struggle.²¹⁶

Functional Examples

As interpreter

Chaplaincy is a multilingual ministry, speaking the languages of religion and spirituality and their specific contexts²¹⁷ Swift calls chaplains 'cultural brokers,' that convey an understanding of the experience of illness and its impact on personal, social and community aspects.²¹⁸ Chaplaincy can reinterpret the value of life whilst rooted in an honest acknowledgement of what is possible, even if this might be very little.²¹⁹ In a further metaphor, chaplains are like musicians bringing the score to life as they creatively interpret the notes on the page.²²⁰ The same can occur with texts, both written and lived, interpreted in the chaplaincy appointment and discovering new meanings and melodies.

²¹³ Victoria Slater, 'Living Church in the World: Chaplaincy and the Mission of the Church', in *Practical Theology*, 5, 3 (2012), 307-320 <<http://www.tandfonline.com/loi/yprt20#.Vumbf1UrKM8>>, [first accessed 1 July 2020], (p. 318)

²¹⁴ Ross Oliver Langmead, 'Refugees as Guests and Hosts: Towards a Theology of Mission among Refugees and Asylum Seekers' in *Exchange* 43, 1 (2014) 29-47, (p. 34).

²¹⁵ Ross Oliver Langmead, 'Refugees as Guests and Hosts: Towards a Theology of Mission among Refugees and Asylum Seekers' in *Exchange* 43, 1 (2014) 29-47, (p. 37).

²¹⁶ David Heywood, *Reimagining Ministry*, (London: SCM Press, 2011), p. 14.

²¹⁷ John Caperon, Andrew Todd and James Walters, eds., 2018. *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), p. 82.

²¹⁸ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), pp. 183-184.

²¹⁹ Roger S. Gottlieb, *Spirituality: What It Is and Why It Matters*, (Oxford: Oxford University Press, 2013), pp. 143-144 and Soren Kierkegaard, *Concluding Unscientific Postscript*, (Cambridge: Cambridge University Press, 2009), pp. 108, 111-113, 118.

²²⁰ Philip Sheldrake, *Spirituality: A Brief History*, 2nd edn (Chichester: Wiley-Blackwell, 2013), p. 13.

As Artisan

Cooper-White proposes that threads of identity hold the fabric of our lives together in a braid.²²¹Four pertinent threads are our bodies, relationships, spiritualities and ethical practices.²²²The concept of a multiplicity of selves mirrors society's increasing knowledge and acceptance of our different selves, best held within empathetic interpersonal relationships.²²³In a further metaphor, Rohr considers there will always be some who will propagate the *imago Dei* concept, much like yeast leavening dough.²²⁴Chaplains are part of this artisanal remnant, seeking to seed the spiritual within the physical, psychological and social aspects and reworking the threads of life into a fathomable tapestry with the loom being each person in their finitude, the warp being the concept of *imago Dei* and the weft being the threads of life experiences.

As 'Knight of the Faith'

PAC6 "I found that a different outcome was possible for me due to the [chaplains] resolute commitment to their faith"

The chaplain could be described as a 'knight of faith' borrowing Kierkegaard's phrase; in appearance and manner nothing special²²⁵yet being able to fall down in life whilst simultaneously appearing to be standing. This leap of faith allows the chaplain to move towards the infinite whilst being fully at home on earth, enabling the human and divine aspects of a person to be held in tension. These tensions can even be a generator of vitality²²⁶rather than of decay. Chaplains hold the conflicting emotions and experiences of the PAC in balance, enabling the PAC to find an equilibrium, even taking a leap of their own in time. The chaplain images God, the pioneer and perfecter of faith

²²¹ J. Wentzel van Huyssteen and Erik P. Wiebe, eds., *In Search of Self: Interdisciplinary Perspectives on Personhood*, (Grand Rapids, MI: William B Eerdmans, 2011), pp. 154-156.

²²² Jeanne Stevenson Moessner and Teresa Snorton, eds., *Women Out of Order: Risking Change and Creating Care in a Multicultural World*, (Minneapolis: Fortress Press, 2009) Cooper White, *Complicated Woman*, p....

²²³ J. Wentzel van Huyssteen and Erik P. Wiebe, eds., *In Search of Self: Interdisciplinary Perspectives on Personhood*, (Grand Rapids, MI: William B Eerdmans, 2011), p. 156.

²²⁴ Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), p. 125.

²²⁵ Kierkegaard, Søren, *Fear and Trembling*, trans. by Walter Lowrie, (Princeton, NJ: Princeton University Press, 1968), pp. 49-51 found in Roger S. Gottlieb, *Spirituality: What It Is and Why It Matters*, (Oxford: Oxford University Press, 2013), pp. 76-77.

²²⁶ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 48.

(Hebrews 12:2) for the PAC. I consider that in the profound night of faith the chaplain can be the PAC's knight of faith.

Gottlieb suggests that the 'knight of faith' is not particularly Christian as confidence based in acceptance rather than control is found in many faiths and philosophies.²²⁷This suggests a mutual, original source for all spirituality and usefully supports the provision of chaplaincy to all with integrity even if the chaplain and PAC have different spiritualities.

As Champions of the mysteries

PAC3 "it's a way of interacting and getting someone else's perspective on things."

The goals of contemporary healthcare are informed by three underlying assumptions : objectivism (knowledge achieved through assessment of sensory based information); determinism (causation is linearly linked) and positivism (knowledge accumulates through data accretion). Hence, diseases have specific causes and predictable courses that can be rectified through technological methods. Healing is understood as cure, health as the absence of disease.²²⁸However, many illnesses defy that rationale²²⁹leaving countless people living with dis-ease and so attending the family doctors; 50% of all consultations are for those living with long-term conditions.²³⁰Physical treatments may be available but they do not address the significant emotional and spiritual impacts of these conditions.²³¹Furthermore, there are those whose health conditions have no obvious physical cause²³²and those with little possibility of cure; these are bereft of physical treatments and experience an emotional toll. Chaplains are champions of the mysteries, a hopeful unraveller of

²²⁷Roger S. Gottlieb, *Spirituality: What It Is and Why It Matters*, (Oxford: Oxford University Press, 2013), pp. 77-78.

²²⁸ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), pp. 179-180.

²²⁹ Roger S. Gottlieb, *Spirituality: What It Is and Why It Matters*, (Oxford: Oxford University Press, 2013), p. 142.

²³⁰ Nigel Watson, 'General Practice The Problems and Potential Solutions', (New Forest:Wiltshire, Wessex Local Medical Committee, 2016), <www.wiltshireccg.nhs.uk/wp-content/uploads/2015/06/The-Wessex-Charter-for-General-Practice.pdf>, [first accessed 12 October 19]

²³¹ Gordon Macdonald, 'Primary Care Chaplaincy', in *Triple Helix*, (London: Christian Medical Fellowship, 2019), pp. 10-11, <<https://www.cmf.org.uk/resources/publications/content/?context=article&id=26922>>, [first accessed 29 June 2021]

²³² Georga Cooke, Lisa Valenti, Paul Glasziou and Helena Britt, 'Common General Practice Presentations and Publication Frequency' in *Australian Family Physician*, 42, 1 (2013), pp. 65-68.

enigmas and, if unravelling is not possible, gently and faithfully supporting. Chaplains enable patients to experience a sense of profound, if inexplicable, meaningfulness in the midst of their suffering, becoming at peace with God.²³³

As champions of hope

PAC6 "It gave me hope in the situation and my circumstances improved a lot. Prior to [chaplancy] there was no hope, there was no possibility- then there was hope, possibility, life! The value of life itself became very, very clear"

Hope is in trusting whatever God may will; Williams considers this pre-eminently the gift of the Spirit and is based on the sharing of Christ's risen life,²³⁴ knowing that the very things humans are threatened with have been met and defeated on the Cross. This hope does not preclude suffering or fear but transmutes the human who hopes to a place where God is and where annihilation and death is not; they are moved from death to life. Williams considers that the sign of passage from death to life is the presence of love, who is God²³⁵ and so this concept can include everyone. As a Christian chaplain becomes 'un-selfed' through their union with Christ and Christ's death, this love is imaged and realised in the world.²³⁶ Per Heschel, a chaplains ultimate goal is to bid all to hear that God lives, loves, and hears in spite of [God's] utter hiddenness"²³⁷

²³³ C. S. Lewis, *A Grief Observed*, (London: Faber & Faber, 1961), p. 60.

²³⁴ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), p. 13.

²³⁵ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), p. 13.

²³⁶ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), p. 13.

²³⁷ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 49.

Teleological Examples

As giver of time

'For everything there is a season and a time for every matter under heaven' Ecclesiastes 3:1

Time may be considered an illusion, a product of mental perspectives; the only time we have is the present.²³⁸C.S Lewis wrote that humans never just meet Cancer or War or Unhappiness, just each moment that comes, not realising the total impact immediately.²³⁹Heidegger found time fragments the self as humans cannot integrate their past, present and future.²⁴⁰Our past, informed by vague memories, often has regrets and guilt; our future is unknown and often filled with fear or fantasy; the present is fleeting, slipping into both past and future.²⁴¹Yet for Pannenberg, *who* we are only emerges through time in which 'we' in the present interact with God's purpose in the world.²⁴²Ford proposes that remembering the past, rather than ignoring it, provides a better foundation for a re-envisioning of the present and the future.²⁴³White considers that humans need to be able to move backwards and forwards through time in order to be able to inhabit as much time as possible and to integrate our experience of time with integrity.²⁴⁴ Faith communities' liturgies and sacred spaces can help re-integrate time into the eternity of God²⁴⁵and offer the concept of an infinite God interested in the finite human, making a re-integrated self possible.²⁴⁶

PAC5 "I was able to express all of my pain and emotions. I was given time to express and talk freely"

I consider White's concept of time the most useful, akin to a 'slinky' of time that is at once compressed to its nth degree in the immediate now whilst also simultaneously being stretched along its infinitesimal length into the past and the future. In a very real sense people can then relive their

²³⁸ Roger S. Gottlieb, *Spirituality: What It Is and Why It Matters*, (Oxford: Oxford University Press, 2013), pp. 140-141.

²³⁹ C. S. Lewis, *A Grief Observed*, (London: Faber & Faber, 1961), p. 14.

²⁴⁰ Martin Heidegger, *Being and Time*, (Oxford: Blackwell, 1973)

²⁴¹ Vernon White, *Identity*, (London: SCM Press, 2002), pp. 72-73.

²⁴² Wolfhart Pannenberg, *Basic Questions in Theology*, (London: SCM Press, 1971) found in Vernon White, *Identity*, (London: SCM Press, 2002), p. 81.

²⁴³ David F. Ford, *Self and Salvation: Being Transformed*, (Cambridge: Cambridge University Press, 1998), pp. 152-162 found in Vernon White, *Identity*, (London: SCM Press, 2002), p. 81.

²⁴⁴ Vernon White, *Identity*, (London: SCM Press, 2002), p. 83.

²⁴⁵ Vernon White, *Identity*, (London: SCM Press, 2002), p. 74.

²⁴⁶ Vernon White, *Identity*, (London: SCM Press, 2002), pp. 84-86.

'times' with integrity as can the chaplain. Chaplaincy offers the gift of time and, if also underpinned with a sense of the universal presence of an eternal God, is not afraid of the dynamism of time. Chaplaincy then gifts the vast space of time, the repeated offering of time, over many 'times', holding them in tension without tearing the person apart but rather allowing them to integrate conflicting and challenging aspects of those times. As T.S. Eliot finds, "only through time, time is conquered".²⁴⁷

*'God's time is patient time.'*²⁴⁸

As Narrator and Listener

PAC4 [the chaplain] is "someone to hear their voice for them."

Chaplains possess a talented pair of ears, are people who allow the sharing of feelings and pain without having to 'do' anything about what is said. It is not about age or experience, but an ability to connect, listen²⁴⁹ and then re-connect. White proposes narrative as a useful hermeneutical tool for understanding ourselves; a story with beginning, middle and end shows the interrelated meaning of events.²⁵⁰ A spiritually orientated response to illness offered by chaplains allows people to tell a different life story, finding different meanings²⁵¹ and so comfort in the midst of suffering. This re-envisioning is found throughout the Christian tradition, God changing the narratives of many biblical characters and groups without negating their essence.²⁵² The difficulties someone encounters resulting in the discombobulation of the self are instead suffused by the narrative of God's constant love and acceptance.²⁵³ Chaplains image and uphold the concept of personal and community narratives, providing comfort, meaning and hope.

²⁴⁷ T.S. Eliot, *Four Quartets: Burnt Norton Second Part*, (1935)

<<http://www.paikassociates.com/pdf/fourquartets.pdf>>, [first accessed 3 February 2020].

²⁴⁸ Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), p. 44.

²⁴⁹ Peter Gilbert, ed., *Spirituality and Mental Health*, (Hove: Pavilion, 2011), pp. 420-421.

²⁵⁰ Vernon White, *Identity*, (London: SCM Press, 2002), pp. 78-79.

²⁵¹ Roger S. Gottlieb, *Spirituality: What It Is and Why It Matters*, (Oxford: Oxford University Press, 2013), pp. 141-142.

²⁵² Vernon White, *Identity*, (London: SCM Press, 2002), pp. 48-49.

²⁵³ Vernon White, *Identity*, (London: SCM Press, 2002), pp. 87-89.

Christological Example

As imaging the incarnation

Ignatius considered that Christians were to image the reverence shown by God to humanity when he came as a servant,²⁵⁴ identifying with the human condition and accompanying humans in all their experiences in the same way God did.²⁵⁵ Balthasar likewise emphasised that God has come as the beautiful immersed in the ugliness of our world.²⁵⁶ The profound contradictoriness of the Christian faith²⁵⁷ finds God in the midst of suffering yet not destroyed by it. As Augustine wrote, it is at night that God's voice is heard. If we try and escape the night, we may forfeit the healing presence of God.²⁵⁸ Rohr contrasts current psychological therapies to the possibilities available to the Christological, incarnational model of chaplaincy, finding that Jesus did not offer life hacks, he actually changed lives.²⁵⁹

One of chaplaincy's greatest theological tools is its ability to accompany people,²⁶⁰ a ministry of incarnational theology, accepting people as they are, without quarter.²⁶¹ Chaplains are invited by God to move with God in God's ways. For PAC, the chaplain is able to image a God who profoundly understands them, a God who can with integrity, and wants to with passion, accompany them in whatever ugliness life is offering.

²⁵⁴ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), p. 17.

²⁵⁵ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), p. 11.

²⁵⁶ Joshua R. Farris and Charles Taliaferro, eds., *The Ashgate Research Companion to Theological Anthropology*, (Abingdon: Routledge, 2016), p. 213.

²⁵⁷ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), p. 1.

²⁵⁸ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), p. 182.

²⁵⁹ Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), pp. 34-35.

²⁶⁰ John Caperon, Andrew Todd and James Walters, eds., 2018. *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), p. 90.

²⁶¹ Marian Carter, *Dying to Live: A Theological and Practical Workbook on Death, Dying and Bereavement*, (London: SCM Press, 2014), p. 61.

Combination Examples

As Embodied Dialoguer

Taylor considers the human to be an embodied agent, living in dialogical conditions, inhabiting time in a human way and forming narratives as time progresses.²⁶² Anglican theologian MacFayden argues the continuity and authenticity in human narratives is best achieved through an openness in dialogue between God and humans, which he considers to be the heart of *imago Dei*.²⁶³ Slater proposes the dialogic nature of chaplaincy is underpinned by a theology of Creation where God is at the heart of Creation, drawing it into wholeness with Christ. The chaplain then works as a co-creator with God, listening to God in each context, being open to learn and change from their PAC encounters.²⁶⁴ It is noteworthy that Creation seems to have begun in dialogue within Godself and so the dialogic nature of chaplaincy could be said to be imaging God. The bridging of cultures and contexts, illness and wellbeing is enabled through dialogue and each person, as embodied agents, can broker a new sense of self within, with others and with the Other; they are agents of change whilst being open to change.²⁶⁵ These examples combine aspects of the relational, teleological and Christological models.

As agent of challenge and change

Söelle warns that the common desire to be in God's image without attaining Christ's image, without crucifying our lives,²⁶⁶ is a weak fabrication that will give way at the first point of stress. To meditate on the cross means saying goodbye to the energy sapping narcissistic hope of being free from suffering.²⁶⁷ A chaplain can turn to God, integrating the Cross in their own lives and so image God on the cross to others, holding themselves and others to account, gently revealing the lie of narcissism

²⁶² Charles Taylor, *The Ethics of Authenticity*, (London: Harvard University Press, 1991), pp. 105-106.

²⁶³ J. Wentzel van Huyssteen and Erik P. Wiebe, eds., *In Search of Self: Interdisciplinary Perspectives on Personhood*, (Grand Rapids, MI: William B Eerdmans, 2011), p. 131.

²⁶⁴ Victoria Slater, *Chaplaincy Ministry and the Mission of the Church*, (London: SCM Press, 2015), p. 18.

²⁶⁵ J. Wentzel van Huyssteen and Erik P. Wiebe, eds., *In Search of Self: Interdisciplinary Perspectives on Personhood*, (Grand Rapids, MI: William B Eerdmans, 2011), p. 159.

²⁶⁶ Dorothee Söelle, *Suffering*, (London: Darton, Longman & Todd, 1975), p. 131.

²⁶⁷ Dorothee Söelle, *Suffering*, (London: Darton, Longman & Todd, 1975), p. 131.

that demands perpetual ease and instead offer the Hand of everlasting support, calling into being future possibilities and the restoration of wellbeing. This PAC recalled:

PAC5 *"I had some strong opinions [on] which we did not see eye to eye: however, this was turned to good as we both took time to try to understand and see from one another's perspective"*

The chaplain also fulfils a prophetic role, holding society and its systems to account. In this case, the chaplain's voice is, rather than one of care, a voice for justice,²⁶⁸ modelling Christ (John 2:15). The grief that God works in us (rather than worldly grief) conforms us more closely to Christ and makes us more alive, more capable of both pain and love.²⁶⁹ This iteration of suffering lends a voice to the voiceless²⁷⁰ and proclaims liberty for the oppressed; it validates their suffering experience whilst proposing a way through it. This has Christological and teleological aspects of *imago Dei*.

As spacious place

There should be no ulterior motive in terms of what the chaplain hopes to gain, instead they should love unconditionally, just as they are loved.²⁷¹ I find this an ideal that can only be aimed for, inching towards a perfect knowledge of God and so more able to love unconditionally. The chaplain's knowledge of being unconditionally loved can displace their own ego²⁷² which means they can approach the meeting with an attitude of humility, without compromise or compensation. The resulting space, provided by the costly vacation of the ego,²⁷³ imaging the costly emptying found in the incarnation, (Philippians 2:6-11) becomes a place of fully giving to others, just as God has 'given a place' to all in Christ. Rohr proposes that this spacious, compassionate place is God-in-us²⁷⁴ and is a

²⁶⁸ John Caperton, Andrew Todd and James Walters, eds., 2018. *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), pp. 89-90.

²⁶⁹ Dorothee Sölle, *Suffering*, (London: Darton, Longman & Todd, 1975), p. 134.

²⁷⁰ Peter Gilbert, ed., *Spirituality and Mental Health*, (Hove: Pavilion, 2011), p. 402.

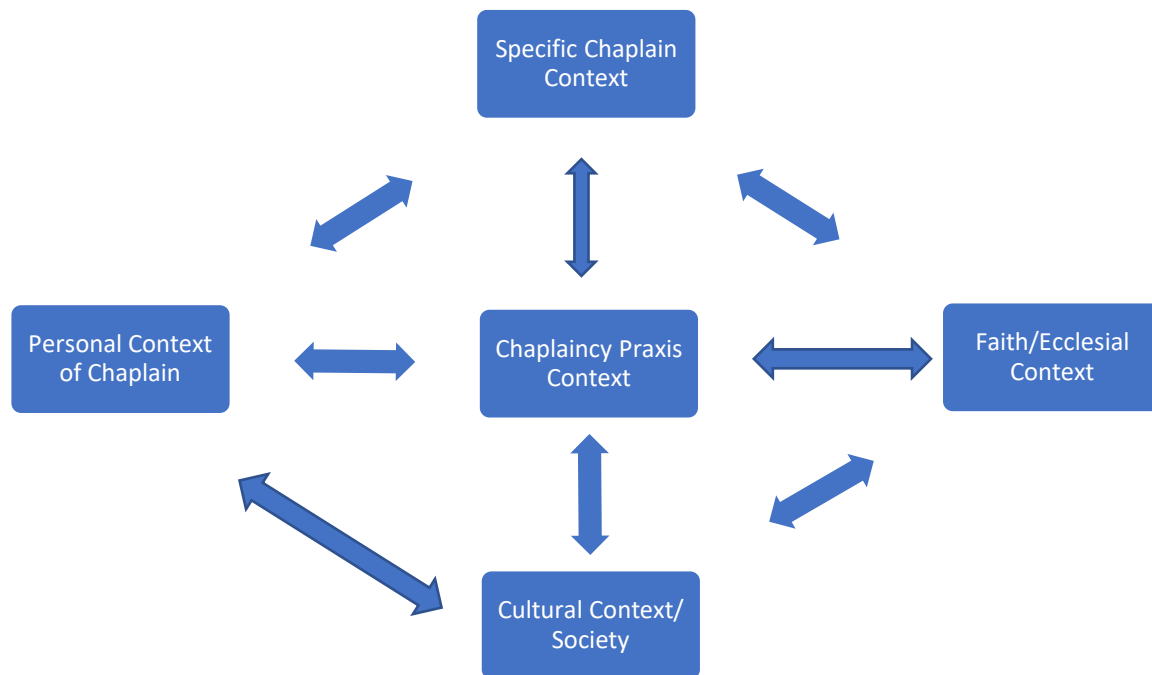
²⁷¹ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), p. 13; 1 John 4:7-11 'we love because we are loved'

²⁷² 1 Corinthians 13:5 'love does not insist on its' own way'

²⁷³ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), p. 14.

²⁷⁴ Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), p. 23.

vast, restful resource that can give and can let go.²⁷⁵This trio of concepts, God-in-us, empty-fullness and giving a place to all suggests a universal scope in the provision of chaplaincy.



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As has been shown above, chaplains are theologically grounded yet contextually shaped.²⁷⁷ The ideal chaplain is multilingual, able to understand and move between the different languages of illness and disease, of the healthcare system and the private and charity sectors, of faith communities and secular society and of the varied human selves. The ideal chaplain is multifocal, acknowledging that the self can change and be changed by internal and external events, by things that are in their control and things that are not. This chaplain reconciles the past to the present whilst looking forward to the future. The ideal chaplain is multifaceted and has moved deeper and worked harder to encounter the centre, which is God,²⁷⁸ and so found the immortal diamond that they might offer

²⁷⁵ Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), pp. 23-24.

²⁷⁶ Victoria Slater, *Chaplaincy Ministry and the Mission of the Church*, (London: SCM Press, 2015), p. 18.

²⁷⁷ Victoria Slater, *Chaplaincy Ministry and the Mission of the Church*, (London: SCM Press, 2015), p. 95.

²⁷⁸ Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), pp. 4-5.

to another whilst recognising the immortal diamond sitting opposite. Finally, the ideal chaplain is the one who knows that they are not ideal but instead a flawed reflection of the image of God; they recognise their own wounded self and live truthfully within it, a self that does not ignore or reject the messiness of parts but includes and values all those aspects of self. This chaplain does not wear their woundedness as a badge of honour to be admired but as a tested foundation and manifold resource, quietly made available to the PAC at their behest.

*Medice, cura te ipsum*²⁷⁹

B...Heschel and Frankl: The Quest For Meaning

Vanity of vanities, says the Teacher... All is vanity. Ecclesiastes 1:2

PAC4 “the pandemic has taught a lot of people that the material world is not the be all and end all”
As discussed previously and can be vouched for in my work experience, people are now increasingly approaching their doctors with human problems, eschewing the religious community.²⁸⁰Heschel reported that the most pressing question was ‘what is the meaning of my being?’²⁸¹Medical ethicists propose that religion and spirituality provide signposts enabling people to navigate this search for meaning successfully²⁸²and that several basic spiritual needs can be addressed within the normal daily activity of health care. These include the need to give and receive love; be understood; be valued as a human; for forgiveness, hope and trust; to explore beliefs and values; express feelings

²⁷⁹ Luke 4:23 Physician, heal thyself

²⁸⁰ Victor Emil Frankl, *Man's Search for Meaning*, 4th edn (Boston: Beacon Press Books, 1959), pp. 120-121.

²⁸¹ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 51.

²⁸² JP Foglio and H Brody, ‘Religion, faith, and family medicine’ in *Journal of Family Practice*, 27, 5 (November 1988) 473-4.

honestly and finally, the need to find meaning and purpose in life.²⁸³Cooper-White argues that spirituality shapes our sense of purpose and represents our most cherished ideals.²⁸⁴PAC2 reported:

“ I moved into an area that wasn’t as safe as other places because I wanted to reach out to people to let people know that God loved them- sometimes as Christians we can help to make places safer just by being there”

Swinton and Kelly concur that it is important to understand the meaningfulness of events, both in their tragedy and transformative power.²⁸⁵Frankl, a psychiatrist incarcerated in a Nazi concentration camp, considered that a person is not destroyed by suffering but is destroyed by suffering without meaning.²⁸⁶Each life event is a semiotic event, a disturbance in the life story that needs to be properly understood, acknowledged and interpreted; this recalls the chaplain as narrator.

Jewish theologian Heschel considered the meaning and purpose of existence was to reconcile the passing with the lasting, weaving threads of temporality into the fabric of eternity. This concept has echoes of the chaplain as weaver metaphor. Heschel also found that meaning was often found in paradoxes: to win we have to lose; we gain by giving away.²⁸⁷There were examples of this in the PAC responses; they were bereaved or lost their sense of self or place in the world, yet through the chaplaincy encounter paradoxically found gains, and so meaning from those losses. The Christological *imago dei* is seen here.

Heschel’s first premise of meaning found in paradoxes, is predicated on the second, that there is a sense of the eternal or Other. If nothing is or could be transcendent, then Rorty’s desolate assessment that humans are just complicated animals²⁸⁸or the result of the choices of selfish,

²⁸³ A Narayanasamy, A., *Spiritual Care: A resource guide*. (Salisbury: Quay Books, 1991)

²⁸⁴ J. Wentzel van Huyssteen and Erik P. Wiebe, eds., *In Search of Self: Interdisciplinary Perspectives on Personhood*, (Grand Rapids, MI: William B Eerdmans, 2011), p. 158.

²⁸⁵ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 176.

²⁸⁶ Victor Emil Frankl, *Man's Search for Meaning*, 4th edn (Boston: Beacon Press Books, 1959), especially pp. 86-91.

²⁸⁷ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 189.

²⁸⁸ J. Wentzel van Huyssteen and Erik P. Wiebe, eds., *In Search of Self: Interdisciplinary Perspectives on Personhood*, (Grand Rapids, MI: William B Eerdmans, 2011), p. 374.

dispassionate genes as per Dawkins²⁸⁹would become the logical conclusion. However, this is something that the PACs often disclaim, frequently reviewing current and past events as though peering for meaning in another realm, as if this is the only way to make sense of things. Indeed, even Dawkins hopes that we may have a chance to upset the designs of our selfish genes,²⁹⁰but cannot perceive this occurring whilst maintaining a secular outlook.

I support Heschel and Frankl, considering that spirituality is ineffably linked to the quest for meaning and purpose in life and is a steadfast resource, even in the most trying of circumstances. Frankl's experience led him to believe that meaning was found far beyond the physical realm of the person, instead residing in a humans spiritual being.²⁹¹Furthermore, the consciousness of one's inner value was anchored in higher, more spiritual things that could not be shaken by external circumstances.²⁹²Chaplains image the invisible God who is Spirit whilst recognising and exhorting the sputtering Spirit of the PAC to burn again.

If spirituality is linked to meaning, it can become a tool to understand human identity.²⁹³Fowler suggests that spirituality is a way of finding coherence in and giving meaning to the multiple forces and relationships that make up human lives.²⁹⁴Indeed, spirituality is now taught in UK schools explicitly to develop the non-material element of the human, to develop a 'sense of identity, self-worth, meaning and purpose'.²⁹⁵

²⁸⁹ Richard, Dawkins, *The Selfish Gene*, (Oxford: Oxford University Press, 1976)

²⁹⁰ Richard, Dawkins, *The Selfish Gene*, (Oxford: Oxford University Press, 1976), p. 10.

²⁹¹ Victor Emil Frankl, *Man's Search for Meaning*, 4th edn (Boston: Beacon Press Book, 1959), pp. 49-50.

²⁹² Victor Emil Frankl, *Man's Search for Meaning*, 4th edn (Boston: Beacon Press Book, 1959), p. 72.

²⁹³ Philip Sheldrake, *Spirituality A Brief History*, 2nd ed. (Chichester: Wiley-Blackwell, 2013), p. 4.

²⁹⁴ J. Wentzel van Huyssteen and Erik P. Wiebe, eds., *In Search of Self: Interdisciplinary Perspectives on Personhood*, (Grand Rapids, MI: William B Eerdmans, 2011), p. 158 and James Fowler, *Stages of Faith: The Psychology of Human Development*, 2nd edn, (New York: Harper One, 1995), p. 4.

²⁹⁵ Office for Standards in Education, *'Promoting and Evaluating Pupils Spiritual, Moral, Social and Cultural Development'*, (London: OFSTED, 2004), p. 12.

Religion should be able to honour the anguish in people's lives, as well as the joys, yet this aspect is fading.²⁹⁶Christianity attempted to stem the exodus from the religious establishment²⁹⁷ by embracing neoliberalism²⁹⁸ in an attempt to be more 'attractive' to its 'audience'.²⁹⁹

PAC5 "The bible pointed out the ills that [humans] would face if we went off course and did things our own way. These are not conversations that society on a whole want[s] to hear, because then we are told the consequences of our actions."

An unintended consequence of feel-good religion³⁰⁰ is that Christianity has become indistinguishable and toothless, unable to effect moral or social change.³⁰¹ This has precedence: in 1844, Marx claimed that a capitalist society alienates people from their own being and their fellow human beings³⁰² and cannot accommodate the human quest for meaning.³⁰³ The identification of meaningfulness within personal and communal life events³⁰⁴ is a vital part of holistic healthcare and the chaplain is well qualified to do this.

PAC5: "Some people are wounded in their soul and need spiritual healing".

²⁹⁶ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 45.

²⁹⁷ Philip Sheldrake, *Spirituality A Brief History*, 2nd ed. (Chichester: Wiley-Blackwell, 2013), p. 5; Paul Heelas and Linda Woodhead, *The Spiritual Revolution: Why Religion is Giving Way to Spirituality*, (Oxford: Blackwell, 2005), pp. 7-10; Jeremy Carrette and Richard King, *Selling Spirituality: The Silent Takeover of Religion*, (Abingdon: Routledge, 2005), p. 125 and John Caperon, Andrew Todd and James Walters, eds., 2018. *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), p. 13.

²⁹⁸ Neoliberalism: a capitalist economic theory emerging from the late twentieth century and championing consumerism, individualism, unfettering financial markets and globalisation; Jeremy Carrette and Richard King, *Selling Spirituality: The Silent Takeover of Religion*, (Abingdon: Routledge, 2005), pp. ix-x, 1-2.

²⁹⁹ Jeremy Carrette and Richard King, *Selling Spirituality: The Silent Takeover of Religion*, (Abingdon: Routledge, 2005), pp. 125-127.

³⁰⁰ Jeremy Carrette and Richard King, *Selling Spirituality: The Silent Takeover of Religion*, (Abingdon: Routledge, 2005), p. 126.

³⁰¹ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 45.

³⁰² David McLellan, *Marxism and Religion*, (London: Macmillan Press, 1987), pp. 15-17.

³⁰³ John Caperon, Andrew Todd and James Walters, eds., 2018. *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), p. 13.

³⁰⁴ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 176.

C...Deegan and Swift: The Quest For A Sense Of Purpose

PAC5 *“to know that I was still the same person, that my disability did not define the person I am and who God was preparing me to be...that God could use my situation to assist others.”*

I consider it of utmost importance to reframe our concepts of health and wellbeing if we are to bring hope and healing to those in need. Rehabilitation professor Patricia Deegan reports that a sense of purpose may be discovered within and beyond the confines of illness and disability, even if a cure is not possible, and involves two phases, rehabilitation and recovery. Rehabilitation is the ‘world pole,’ using technologies and services to adapt to challenges, and recovery is the ‘self-pole’ or lived experience of the person.³⁰⁵This paradigm acknowledges the profound psychological distress experienced in the context of adverse life events yet also proposes that healing is the presence of purpose, meaning and hope rather than the absence of illness. Health may or may not include cure, but always involves the things that sustain humans³⁰⁶which are discovered by being with and noticing people.³⁰⁷Hence, healing is found through processes that encourage accompaniment, acknowledging psychological distress and finding purpose within; the chaplaincy exemplars of accompanist and guest/host are echoed here.

³⁰⁵ Patricia E. Deegan, ‘Recovery: The Lived Experience of Rehabilitation’ from *National Alliance on Mental Illness*, (2007) <<https://www.nami.org/getattachment/Extranet/Education,-Training-and-Outreach-Programs/Signature-Classes/NAMI-Homefront/HF-Additional-Resources/HF15AR6LivedExpRehab.pdf>>, [first accessed 23 May 2020]

³⁰⁶ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), pp. 182-183.

³⁰⁷ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 183.

D...Antonovsky: The Quest For Coherence

PAC2 "I got to that state trying to deal with it by myself, for so long that [I] just ended up going to pieces"

The Salutogenic Concept

Some people, despite major stressful situations and severe hardships, maintain health and wellbeing while others do not, which is puzzling. How do some manage their inability to control their life more successfully than others? Sociologist Antonovsky, who self-identified as a child of the 1930's depression, an American and an Israeli, proposed the concept of salutogenesis (which arose out of his study of concentration camp survivors) as an answer to this question.³⁰⁸ Salutogenesis has two main tenets: a person's sense of coherence (SOC) and their general resistance resources (GRR), the capitals they possess.

SOC is how someone perceives the world and consists of three dimensions: comprehensibility (does life make sense) manageability (can they cope with life) and meaningfulness (how much meaning and sense can be found). Antonovsky suggested a strong SOC fostered better coping mechanisms and further proposed that the more a society or institutions such as the NHS strengthened the SOC of its members, the more beneficial the outcome.

The SOC also impacts on how people identify and use their GRRs to maintain and develop health.

GRRs include money, preventive health orientation, social support and cultural capital, with the chances of dealing well with difficulties rising in direct proportion to the number of GRRs.³⁰⁹ As a

sociologist, Antonovsky recognised the impact of social conditions on peoples' health and he proposed that society should firstly identify and rectify its shortcomings, high unemployment or the

³⁰⁸ Aaron Antonovsky, *'Some salutogenic words of wisdom to the conferees'* address to the Nordic School of Public Health, (Gothenburg, Sweden, 1993), <<http://www.angelfire.com/ok/soc/agoteborg.html>>, [first accessed 13 June 2021].

³⁰⁹ Monika Eriksson and Bengt Lindström, 'Antonovsky's sense of coherence scale and its relation with quality of life: a systematic review', in *Journal of Epidemiology and Community Health*, 61, 11 (2007), 938-44. doi:10.1136/jech.2006.056028, (p. 349).

negative attitude towards women and girls for example, that would build compassionate communities³¹⁰ and then create conditions which foster the SOC.³¹¹

GRRs are external factors, the locus of the physical model of medicine and the focus of public health policies. The patient population I work with has significantly fewer GRRs at their disposal than those living in the more affluent areas nearby and so are more prone to poor health and a crisis driven response; they are doubly disadvantaged. A concept that mitigates the disadvantages and a process that provides this mitigation is vital. The chaplain's role as prophet, interpreter and accompanier in the liminal spaces all echo aspects of *imago Dei* and is a significant contribution to increasing the social and cultural capital of the patients (GRRs).

The SOC dimensions are internal factors, the spiritual and emotional aspects of a person and the particular locus of chaplaincy; it is here that the population can find resources and resolution, purpose and meaning, despite a deficiency of GRRs. This is patient centred, contextualised holistic healthcare, acknowledging all aspects of the person and in my experience is an important and profound provision of care, particularly necessary in a deprived population. For example, for the PAC 'going to pieces', their spirituality was a resource that the chaplain was able to encourage, which significantly increased their sense of coherence and so wellbeing.

PAC2 "I'm a Christian and so I [could] talk about my faith and [the chaplain] would understand and would pray for me ... this helped a lot."

Another PAC was helped by the chaplain to utilise their 'gut feelings' resource which increased their confidence in dealing with life's challenges:

PAC1 "I did not think it would help, truth be told I am a sceptic, but it helped massively when needing to take charge of my life – it gave my confidence in my gut feelings.."

³¹⁰ Peter Gilbert, ed., *Spirituality and Mental Health*, (Hove, Pavilion, 2011), p. 438.

³¹¹ Aaron Antonovsky, 'Some salutogenic words of wisdom to the conferees' address to the Nordic School of Public Health, (Gothenburg, Sweden, 1993), <<http://www.angelfire.com/ok/soc/agoteborg.html>>, [first accessed 13 June 2021].

This chimes with Rohr's 'motherboard' concept of the Christological aspect of *imago Dei*,³¹² that Jesus did not offer platitudes but worked with the person, introducing them to the resources within and so radically transforming them.

Results from several cross-sectional studies of people living with debilitating conditions show the positive impact of this salutogenic approach to health; independent of the used measure, it was found that the stronger the SOC, the better the perceived quality of life (QoL).³¹³

Antonovsky's salutogenic concept has profound implications when thinking about health: instead of the pathogenic, binary model which perceives a person as well or not well, Antonovsky considered health problems to be on a continuum.³¹⁴ This echoes God as the giver of time and it is the open-endedness of chaplaincy that many patients have reported with positivity to me, that the chaplain is there as and when needed, for as long as needed.

PAC3 *"counselling was not an option due to the time- it wasn't available in the short term so I thought I would try sessions with [the chaplain]"*

There are interesting overlaps between Antonovsky's and Frankl's work. Significantly, Antonovsky claimed that of the three components of the SOC, meaningfulness was the most decisive. Further, meaning was not found in the content of life but rather found in the fact that a person believes that life has meaning. The imperative of meaning, an echo of Frankl's work, then generates a challenge: how can meaningfulness can be enhanced in people's lives? Antonovsky, informed by his own spirituality, concluded that the answer lay in a society and in people who care about each other.³¹⁵

³¹² Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), pp. 34-35.

³¹³ Monika Eriksson and Bengt Lindström, 'Antonovsky's sense of coherence scale and its relation with quality of life: a systematic review', in *Journal of Epidemiology and Community Health*, 61, 11 (2007), 938-44. doi:10.1136/jech.2006.056028, (p. 350).

³¹⁴ Aaron Antonovsky, 'Some salutogenic words of wisdom to the conferees' address to the Nordic School of Public Health, (Gothenburg, Sweden, 1993), <<http://www.angelfire.com/ok/soc/agoteborg.html>>, [first accessed 13 June 2021].

³¹⁵ Aaron Antonovsky, 'Some salutogenic words of wisdom to the conferees' address to the Nordic School of Public Health, (Gothenburg, Sweden, 1993), <<http://www.angelfire.com/ok/soc/agoteborg.html>>, [first accessed 13 June 2021].

Who cares?

The above discussion relates to the self and search for meaning, purpose and coherence. Many definitions of self are contingent upon concepts that are transient and unreliable; for those experiencing a discontinuity in their social, societal, economic, political or physical 'selves', there is a necessity for a self that exists both within and without those realms, that may be affected but not destroyed by that transience. As White says, what takes us further is the theological and moral concern for humans, not just a rational, measurable calculation of the human.³¹⁶

Taylor contends that 'who we are' and 'where we have come from' is the background against which our desires, opinions and aspirations make sense. Many of these things are only found in relation to other people, past and present and so our identity remains dialogical with others throughout our lives.³¹⁷ Furthermore, history, nature, society and the call of God are also things that bring meaning to our identity; excluding these things risks assuming an identity that is trivial.³¹⁸ This suggests that authentic identity requires something outside of the self and rebuffs the subjective turn towards the self of modern spirituality. It seems to suggest that congregational spirituality, which proposes an Other, is important and I would argue this is what chaplaincy champions: the sense of the Other and, as per *imago Dei*, recognising the Other in the PAC and bringing each self into dialogical relationship, imaging the Trinity.

Imago Dei proposes a way of introducing and ingraining in people's hearts and minds their primary, unchangeable identity, available and imparted to everyone. This self-identity is rooted in their spiritual inheritance, bequeathed to all humans under the title *imago Dei*. *Imago Dei* imparts a sense of dignity and inalienability that is a strong foundation on which to build self-esteem and esteem for others. This primary, authentic identity is robust enough to weather the tempests when a person's

³¹⁶ Vernon White, *Identity*, (London: SCM Press, 2002), pp. 141-143.

³¹⁷ Taylor, 1991, Charles Taylor, *The Ethics of Authenticity*, (London: Harvard University Press, 1991), pp. 34-35, 48.

³¹⁸ Charles Taylor, *The Ethics of Authenticity*, (London: Harvard University Press, 1991), pp. 39-41.

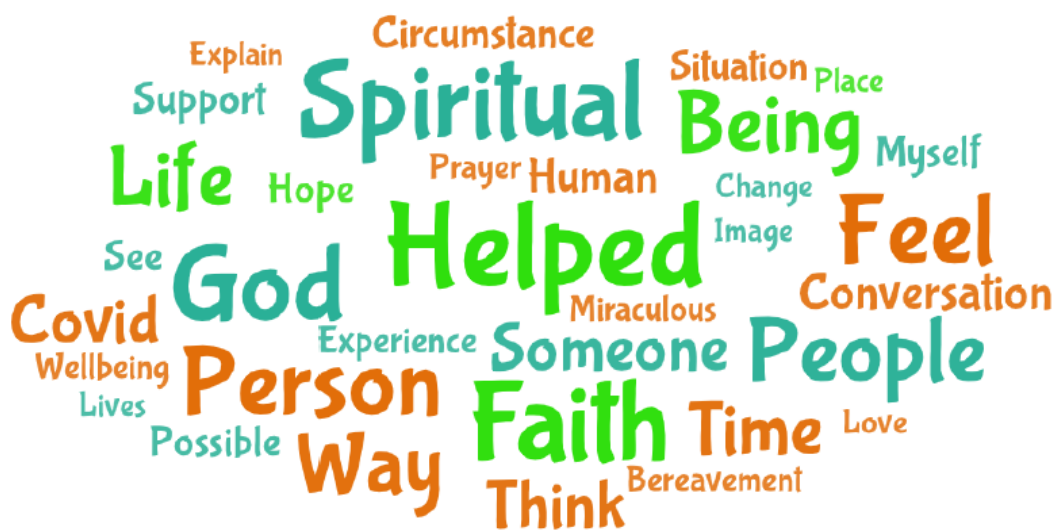
secondary identity (role, work, relationships, physical and mental health and so on) changes, as they inevitably will.

The chaplain can be 'the one who cares' as per Antonovsky³¹⁹ in the varied ways they image God to the PAC and imagine God before them. The chaplain also images the prophetic God externally, read the signs of the times and holding systems, including health, social and political, to account where they are detrimental to those they purport to serve. Finally, a chaplain with a sense of the transcendent Other compels them to consider the possibility of meaning and purpose in every event, and out of this hope may arise.

³¹⁹ Aaron Antonovsky, '*Some salutogenic words of wisdom to the conferees*' address to the Nordic School of Public Health, (Gothenburg, Sweden, 1993), <<http://www.angelfire.com/ok/soc/agoteborg.html>>, [first accessed 13 June 2021].

E...The PAC

This word cloud was elicited from the unedited transcripts of the conversations with the PACs. Some themes visually represented here will be discussed in more detail, related to some of the questions in the interview process and including verbatim PAC quotes.



(Q1) The spiritual chaplain

The majority of interviewees responded that they considered it important that the chaplain had a spiritual background:

PAC6 “when there have [been] situation when all hope is lost, especially in depression and suicidal thoughts, in bad circumstances, and then your circumstances change dramatically, you can only say this has to be a miracle. If you don’t have someone with faith they will just put it to down circumstance. We need to acknowledge that there are things we can only explain if we acknowledge God.”

This remained the case even if they did not share the same faith or were of no faith:

PAC1 "Very important, especially for people who are not very religious, like myself. Spirituality has helped me a lot more, speaking to someone who understood that was really helpful"

PAC3 "I don't particularly believe in the spiritual aspect; religion as a concept I didn't really think about it [I] just thought I'll give it a go and then with the sessions [I] felt that they were helpful and [the chaplain] was imparting some of her 'divinity' or spirituality or whatever."

The modern turn towards self has resulted in humans living according to our own wisdom and abilities.³²⁰This move away from community has caused harm to that same self as social ties and support structures have been stretched to breaking point; relationships have become impersonal and casual and are often lived through technology and bureaucracy.³²¹During the COVID19 pandemic, attempting to maintain personal and therapeutic relationships using remote consultation methods has been very difficult, with many reporting they do not feel as cared for now.

Frankl finds that ultimate meaning, often searched for during suffering, necessarily exceeds and surpasses the finite capacities of humans and their world.³²²Heschel concurs, indicating that the human consists of the self, fellow humans and the holy³²³and is fully gained not through an extension in breadth but through an ascension towards the holy, that ultimate meaning can only be grasped by the spirit,³²⁴ which is why Nolan argues that whilst spiritual care is often tendered in secular spaces, it is still best delivered by a chaplain rather than another health care professional (HCP).³²⁵These arguments help us understand why many people want and expect their chaplain to be spiritually aware.

³²⁰ Rowan Williams, *The Wound of Knowledge*, (London: Darton, Longman & Todd, 2014), pp. 5-7.

³²¹ Charles Taylor, *The Ethics of Authenticity*, (London: Harvard University Press, 1991), pp. 58-59.

³²² Victor Emil Frankl, *Man's Search for Meaning*, 4th edn (Boston: Beacon Press Books, 1959), p. 120.

³²³ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 56.

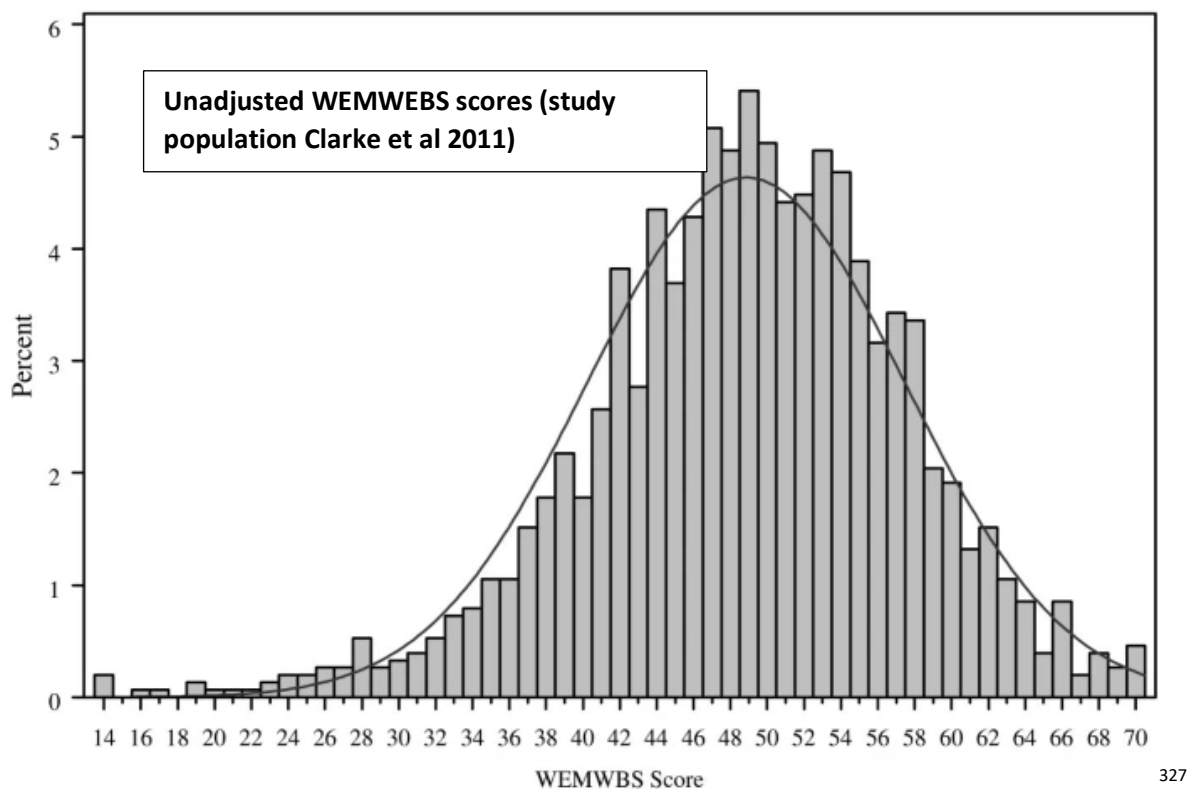
³²⁴ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 53.

³²⁵ Steve Nolan, 'Psychospiritual Care: New Content for Old Concepts - Towards a New Paradigm for Non-Religious Spiritual Care', in *Journal for the Study of Spirituality*, 1, 1 (2011), 50-64.

PAC5 *“The body can, as it were, fall back upon the support of the spirit, when it is distressed and weakened; but when the spirit itself is broken, grieved, wearied, debilitated, it has no resource, no higher faculty to which it can appeal.”*

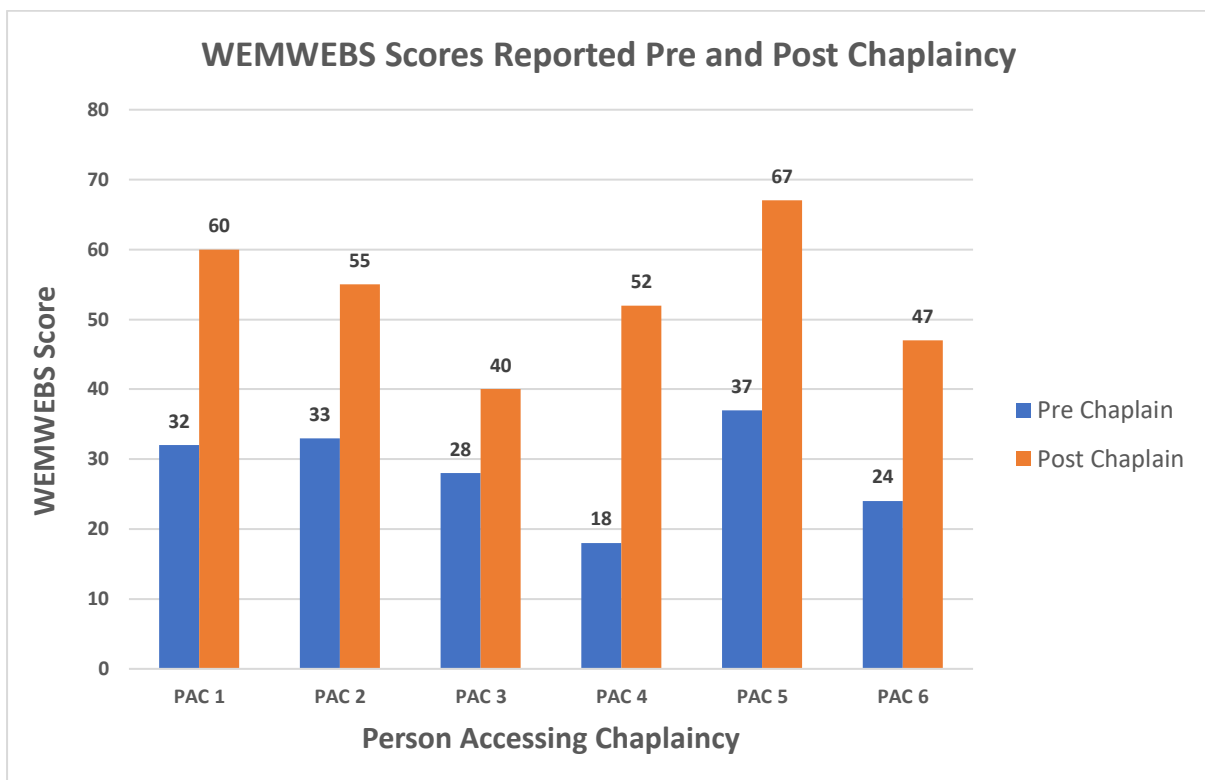
(Q3a) The Efficacy of Chaplaincy

Statistical analysis finds a WEMWBS score of 40 or less suggests probable depression and 41-44 for possible depression. Scores of 45-59 represent average mental wellbeing and scores of 60 or more represent high mental wellbeing.³²⁶The graph below depicts the unadjusted WEMWBS scores reported in a UK student population, clearly showing the wide range of scores extant.



³²⁶ Warwick Medical School, 'Collect, score, analyse and interpret WEMWBS', <[Collect, score, analyse and interpret WEMWBS \(warwick.ac.uk\)](https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto/)>, <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto/> >, [first accessed 31 July 2021]
³²⁷ A. Clarke, T. Friede and R. Putz, 'Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Validated for teenage school students in England and Scotland. A mixed methods assessment', in *BMC Public Health* 11, 487 (2011), <<https://doi.org/10.1186/1471-2458-11-487>>, [first accessed 31 July 2021].

The table below shows the pre- and post-chaplain WEMWEBS scores for the study PACs. It reveals a clear improvement in the scores after seeing the chaplain. All scored below 40 before seeing the chaplain, suggesting they were all living with depression. All but one (who moved up to 40) scored above 45 afterwards, indicating average mental wellbeing. Two scored 60 or above indicating higher than average wellbeing. Following the Warwick statistical values research, these results are highly significant and indicate the efficacy of chaplaincy and the imperative to maintain its presence in the NHS.



(Q3b) How it helped

The PACs reported that chaplaincy helped in many ways.

PAC4 "With chaplain input there was the infusion of hope, faith, encouragement... it is not just physical help, it is emotional, spiritual the whole thing- it meant a lot! It goes beyond the spiritual- you have someone who you can really openly express yourself to in any way and be acceptable; it was a great boost"

A lifeline

Many respondents reported the chaplain was a lifeline at a time of great distress. As above, all PAC pre-scores suggest they were living with varying degrees of depression. Indeed several mentioned suicidal ideation:

PAC3 “[I] was pretty low and having the odd suicidal thought.”

PAC6 “I was literally desperate- had already tried counselling, medication – [I] had even considered suicide”

PAC4 “[...]chaplaincy is] a life line- it’s that lifeline where you can go in a downward spiral and end up suicidal or doing something stupid ... or you can be reminded that are still things in life that are beautiful and worth living for...it helps you shift perspective.”

Rohr contends that secular therapy is not equipped to deal with some concerns and that religion functions as the ultimate ‘clearinghouse.’ Whilst it is possible to do both spiritual counselling and psychoanalytic counselling, Rohr finds the former clarifies and refines the latter.³²⁸

PAC3 “...it was someone to talk to and the whole range of subjects, worries and concerns and problems with the depression and so on was obviously was a lifeline...”

Hope restored

Frankl considered that a person who had lost faith in their future was doomed.³²⁹ This loss of belief in the future is the opposite of the biblical concept of hope which stresses two things, futurity and invisibility (Jeremiah 29:11). Hope deals with things humans cannot see (like the future or spirituality), have not received (like healing or restoration or resolution), or both. Frankl found that only by looking to the future were humans able to live³³⁰ and so, in order to be restored to life now, humans need to be pointed towards a future goal. A common theme in the interview responses was that of hope restored, that they now had a future whereas before they feared there was none.

³²⁸ Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), p. 32.

³²⁹ Victor Emil Frankl, *Man's Search for Meaning*, 4th edn (Boston: Beacon Press Books, 1959), p. 82.

³³⁰ Victor Emil Frankl, *Man's Search for Meaning*, 4th edn (Boston: Beacon Press Books, 1959), p. 81. ‘*sub specie aeternitatis*’

PAC6 “[chaplancy] increased my expectations of something better in the future, my hope in the future was restored –I found hope in a hopeless situation”

Rohr proposes that the failures and insufficiency of our lives are actually what lead us into larger life and love. Whilst this is counterintuitive it is also hopeful as it democratises and values each human experience.³³¹

PAC1 “dropping out of my PGCE course was a big decision but I was helped to feel the pros rather than the negative feelings of failing”

The paradox of the Christian spiritual life is the proposal that the more experiences of failure the more hope there is: these experiences act as a furnace smelting ore, removing the dross, that includes self-dependence or anything that has impeded our consciousness of God, to reveal a pure metal, the core of the self or the immortal diamond, per Rohr.³³² This core is made in, acknowledges and reflects the image of God. Hence the contradictions of human life, its sufferings and privileges, can be held within this paradox of faith, embracing rather than rejecting the ambiguities and difficulties of life.

PAC2 “I was feeling hopeless and it really helped- it gave me hope to have that person there.”

The encounter with a chaplain imaging God’s love, especially in places of hopelessness, is achieved through relationship. The combination of relationship and the incarnation is a theologically robust model of chaplaincy³³³ and is informed by *imago Dei*.

³³¹ Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, p. 180.

³³² Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, pp. 4-5.

³³³ John Caperon, Andrew Todd and James Walters, eds., 2018. *A Christian Theology of Chaplaincy*, (London: Jessica Kingsley, 2018), pp. 91-92.

Being in relationship

A common theme that arose was the importance of relationships, particularly highlighted due to the COVID lockdowns. COVID initiated a sea-change in the perception of what being in relationship actually meant and how to maintain those relationships whilst being physically separated. All PAC reported maintaining relationships as 8 or above on the Likert scale. One PAC2 reported that COVID “...was awful” due to “the reduction in relationship.” The relationships that the chaplain was able to maintain with the PAC, albeit over the phone due to pandemic restrictions, shows that being in relationship remains a vital part of being human and maintaining wellbeing, however that is realised: humans can image relationship with God as a spiritual being and a physical presence, as this PAC reported:

PAC2 “I did move into an area that wasn’t as safe as other places because I wanted to reach out to people to let people know that God loved them- sometimes as Christians we can help to make places safer just by being there”

Loneliness in retreat

The experiences of life can lead people to, and leave them in, a deeply lonely place, a place where the need to be heard, understood and cared for that evokes a sense of being loved can overtake all other needs. This is a much deeper, thicker concept of health and wellbeing. The ability to ‘care for’ people (as per Antonovsky) in this way can be difficult in the time-pressured, task-orientated NHS. For many, life in general and whilst accessing the NHS in particular, would be a very lonely, empty and thin place without the spiritual provision found in chaplaincy.³³⁴

PAC3 “what I am really saying is I’m a bit lonely on my own- where do you turn to if you really feel at rock bottom? So that’s my reason for agreeing to see the chaplain and the fact that I stuck with it shows I obviously found it useful or helpful”

³³⁴ Christopher Swift, Mark Cobb, Andrew Todd, ed., *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places*, (Farnham: Ashgate, 2015), p. 177.

(Q6) Concepts of the image of God

This was an important question given the purpose of this research and revealed some profound insights.

Multiplicity

PAC6 [I believe] all humans are made in Gods image- this impacts on so many aspects of my life and others lives..."

The above quote succinctly outlines what has been found in this study, that *imago Dei* extends into all aspects of human being. It follows that if humans image God, they must necessarily image, albeit imperfectly, the multitudinous aspects of God, which include (not exhaustively): being in relationship (Trinity), as spirit (pneumatology), as incarnational accompanist (Christology), as prophet to and faithful champion of, fallen humanity (God through the ages). This PAC found the relational model the most compelling

PAC2 "To me I definitely believe that [humans are made in the image of God]- it means that God wants to have relationship with every single person [and] he made us to be in relationship with him."

The Meaning of Awe

PAC5 "I felt that I was no longer of worth and that my life was no longer worth living. I was suffering with low self-esteem and shame as a matter of my diagnosis."

Imago Dei proposes the existence of God and the inherent dignity of humanity conferred by God, causing many more aspects of life hove into view. Heschel contends that the awe humans may sense when standing in each other's presence is found when humans intuit the likeness of God and their preciousness to God- the revelation of God in others. Something is now at stake in every encounter with another human being.³³⁵In chaplaincy, this sense of awe allows for an expansion of life's horizons and events, to sense in small things beginnings of infinite significance, to sense eternity in the present and to gift this to the PAC. This allows chaplains to refrain from perspectivism, from only

³³⁵ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), pp. 56-57.

being able to see one aspect of the person and problem. Instead, with *imago Dei*, chaplaincy can conceive other views and their possibilities, particularly the ability to look at things from God's viewpoint³³⁶ which is the beginning of wisdom. Furthermore, due to *imago Dei*, chaplains recognise and receive the PAC as though they are welcoming and standing in the presence of the divine, which will necessarily impact on their approach to each PAC, a distinction in attitude that is unique to chaplaincy.

Love and the image of God

PAC3 "*Feeling loved is very subjective- perhaps I am being loved but I am not aware of it*"

Gottlieb proposes we may love people simply because they are made in the image of God, and this is more than good enough, albeit not as simple as it sounds: *Imago Dei* invites a re-consideration of the concept of love- a love for one's self, a love for others selves and a love for God's-Self that bequeathed that same Self to all humanity, imaging God's unconditional love for all.³³⁷ Humans suffer and deserve compassion as each is working hard at life, have their own gifts, have value and meaning in their lives, no matter how restricted they are. (This last comment in itself should be recognised as a subjective, time-constrained and incomplete judgement). There is value in what is before us inasmuch as there is value in God. Only when we see the image of God in the person opposite may we begin to understand the import of the task that has been given to us (Matthew 25:35) which should propel us even more towards the author and perfecter of our faith, our image and the other's image. This spiritually orientated, *imago Dei* informed epistemology can be used to convey purpose and meaning to all those we meet.³³⁸ Put simply: I am loved, therefore I am.³³⁹

³³⁶ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 57.

³³⁷ Peter Gilbert, ed., *Spirituality and Mental Health*, (Hove: Pavilion, 2011), p. 348.

³³⁸ Roger S. Gottlieb, *Spirituality: What It Is and Why It Matters*, (Oxford: Oxford University Press, 2013), pp. 144-145.

³³⁹ John D. Zizioulas, *Communion and Otherness: Further Studies in Personhood and the Church*, (London: T&T Clark, 2006), pp. 88-89.

7: CONCLUSION

What is [humankind] that You are thoughtful of [them], human beings that You care for them?

(Psalm 8:4)

Imago Dei, in part, answers this profound question- why should anyone, let alone God, care about me and what happens to me? *Imago Dei* has been discussed as the foundation for bestowing universal and indissoluble dignity and honour on every human, regardless of other status.³⁴⁰It forms the basis of Western society's understanding of human rights and undergirds much of the British legal, health and social care system.³⁴¹A chaplain who understands and has accepted the gift of *imago Dei* is the ideal donor of that gift to others, a model of orthopraxis that is recommended to all.

PAC4 "there was someone rooting for me, willing to show me the way, coach me, willing to listen to me non judgmentally, it didn't matter if [I was] repeating [my]self or if didn't have something to say" *Imago Dei* claims that a human is individual yet relational, unitary and enduring whilst still being temporal and contemporary. This allows for change and process over time.³⁴²Cooper-White concludes that humans are 'like God' in their capacity for multiplicity, fluidity, creativity and loving relationality,³⁴³a concept echoed by this PAC:

PAC6 "There is a high probability that capabilities and qualities in humans originate from beyond this world- from God Himself. Love and creativity and compassion, mercy, wisdom, intellectual ability – these are attributes of God himself and found in humans. It is only possible for these to be from God himself for humans to have them [and] use them well"

³⁴⁰ Philip Sheldrake, *Spirituality: A Brief History*, 2nd edn (Chichester: Wiley-Blackwell, 2013), p. 215.

³⁴¹ Judith Allen Shelly and Arlene B. Miller, *Called to Care : A Christian Worldview for Nursing*, (Downers Grove: IVP Academic, 2006), p. 76.

³⁴² Vernon White, *Identity*, (London: SCM Press, 2002), pp. 55, 149-151.

³⁴³ J. Wentzel van Huyssteen and Erik P. Wiebe, eds., *In Search of Self: Interdisciplinary Perspectives on Personhood*, (Grand Rapids, MI: William B Eerdmans, 2011), p. 160.

Whilst Heschel claimed in order to know God we must sharpen our sense of the human,³⁴⁴ I conclude that *imago Dei* also supports the opposite- if you want to know and understand humans, sharpen your sense of God.

Imago Dei And Chaplaincy

As has been shown, many humans are concerned about their ontological, metaphysical and theological aspects rather than the physical aspects, the traditional fodder for diagnosis and treatment. People have deep existential needs as they strive to make their lives meaningful and to maintain hope when disaster strikes. Institutions that ignore the spiritual dimension in their regular provision of care increase the risk of becoming mere “biological garages where dysfunctional human parts are repaired or replaced.”³⁴⁵ Christian spirituality reinforces the holistic and integrative approach in contemporary healthcare.³⁴⁶ I have shown that chaplaincy provides the freedom of space and time³⁴⁷ for humans to address all aspects of themselves.³⁴⁸

A common theme found throughout this research is the importance of engaging with people in their everyday lives,³⁴⁹ and the building of relationships.

PAC6 “I realise now that human contact contributes to our wellbeing. Although I am not able to explain it explicitly, I think there is a part of the brain that thrives on human contact [and] relationships.”

Imago Dei principles expand this understanding by claiming that each human experience is a locus of God's activity in the world. (Slater, 2012)³⁵⁰

³⁴⁴ Abraham Joshua Heschel, *Abraham Joshua Heschel: Essential Writings*, (Maryknoll, NY: Orbis Books, 2011), p. 45.

³⁴⁵ J.L. Gibbons and S.L. Miller, ‘An Image of Contemporary Hospital Chaplaincy’ in *Journal of Pastoral Care and Counselling*, 43, 4 (1989), 355-361.

³⁴⁶ Philip Sheldrake, *Spirituality: A Brief History*, 2nd edn (Chichester: Wiley-Blackwell, 2013), pp. 215-216.

³⁴⁷ Victor Emil Frankl, *Man's Search for Meaning*, 4th edn (Boston: Beacon Press Books, 1959), p. 96 and Psalm 118:5

³⁴⁸ NHS Scotland Scottish Government, *Spiritual Care and Chaplaincy*, (Edinburgh, 2009), p. 16.

³⁴⁹ Marc Cortez, *Theological Anthropology: A Guide for the Perplexed*, (London: T&T Clark, 2010), pp. 9-10.

³⁵⁰ Victoria Slater, ‘Living Church in the World: Chaplaincy and the Mission of the Church’, in *Practical Theology*, 5, 3 (2012), 307-320 <<http://www.tandfonline.com/loi/vpirt20#.Vumbf1UrKM8>>, [first accessed 1 July 2020] (p. 315).

PAC6 “The master of this universe is in everything, in the way we all function.”

Chaplains As Co-Artisans: Repairing, Recognising, Representing, Remembering

Chaplains could be considered artisans, partnering with God in the repairing of selves, including their own. Chaplains re-pair the selves that have become divorced from themselves, from others or the Other. This is functional *imago Dei*.

Chaplains recognise the image of God in the PAC and may enable a re-cognition of impactful life events and understandings surrounding meaning and purpose, pointing towards new ways of being and hope. Just as Ignatius and more recently Williams³⁵¹ reported that Christians image the God of their understanding - and it is this image of God that others will use as their touchstone for who God is- so Chaplains represent the image of God to each PAC. The image projected can have a profound effect on its’ audience hence one of the primary responsibilities of a chaplain is to know God. The chaplain can also re-present the PAC’s innate *imago Dei* to them, something that might have been lost on the way. This is the essential and teleological aspects of *imago Dei* that utilises the sense of awe as per Heschel.

Chaplains play a part in remembering those on the margins; a person is never forgotten as they are always held in the memory of God.³⁵² Chaplains re-member the PAC, confirming that they are accepted and acceptable, enabling them to become part of life and community again. This is relational and Christological *imago Dei*.

The eternal quest

Humanity’s perpetual quest for meaning and purpose alongside questions about God’s presence and love, typically triggered by human suffering, natural disasters or more recently, a global pandemic, have been discussed. It has been shown, in the answers to those questions arising from the second world, that despite the darkness, sorrow and hopelessness, there was and still is an ultimate

³⁵¹ Williams, Rowan, *The Wound of Knowledge*, (Darton, Longman & Todd, London, 2014), p. 17.

³⁵² John Swinton, *Dementia: Living in the Memories of God*, (Cambridge: William B Eerdmans, 2012), p. 211.

purpose and meaning in all things.³⁵³All are rightly called humanitarian crises as the concept of humanity is called into doubt. *Imago Dei*, particularly the essentialist element of it, claims that humanity, no matter how marred it may be, is still stamped with the face value of God; human worth is not based on its denomination or numeration but on the presence and actions of God, much like a coin blank once struck in the (divine) Royal Mint gains value and meaning.

Immortal Diamonds

Expanding Rohr's immortal diamond³⁵⁴concept, I conclude that *imago Dei* and chaplaincy provision are inextricably linked. Each human is like a diamond: in the earth, before it was discovered it was still, and will always be, a diamond (essentialist); it is unearthed and cleaned and cut (teleological); how it is traded impacts communities far and wide (Christological, liberation); it is then placed in particular settings (relational) for example a gold band or a cutting saw, which effect utility and value (functional). In this way, it is seen that this diamond (or human) is multi-faceted, reflecting the image of its maker. Chaplaincy utilises *imago Dei* to offer spiritual care with integrity to all, as it is claimed all are made in the image of God.

In Conversation

A concept that has no impact is mere presumption. I hope that the PAC voice has been heard resoundingly throughout, bringing meaning, purpose and coherence to chaplaincy and the role *imago Dei* plays in its provision. Fittingly, the last words will go to those PACs:

PAC5 "Having the services of a much needed Chaplain, has worked tremendously well for me. No adverse reactions, just brilliant endorphins, boldness, greater growth in faith (daily)."

PAC2 "I think that they should have chaplaincy all over the place... especially nowadays when all sorts of crazy things are happening and people are feeling unsettled"

PAC6 "access to chaplaincy...is [a] lifeline – it is a matter of life and death."

'We are all God's patients, not yet cured'³⁵⁵

³⁵³ Victor Emil Frankl, *Man's Search for Meaning*, 4th edn (Boston: Beacon Press Books, 1959), p. 51.

³⁵⁴ Richard Rohr, *The Immortal Diamond: The Search for Our True Self*, (London: SPCK, 2013), pp. 4-5.

³⁵⁵ C. S. Lewis, *A Grief Observed*, (London: Faber & Faber, 1961), p. 35.

8: APPENDICES

APPENDIX 1: A Note on Language

In the NHS, people who attended healthcare settings used to be called patients. In postmodern culture they are also called service users, sometimes clients. The former naming has connotations of paternalism and unequal power gradients, whilst the latter suggests a business-model where the people involved are subject to being depersonalised and categorised as units of activity or money. None seem to sit comfortably with the humanity or the depth of need and personal interaction that is being brought to bear in the chaplaincy encounter. Hence I have chosen 'person accessing chaplaincy' or PAC going forward.

APPENDIX 2: Research Protocol³⁵⁶

Title: How can a theological anthropology inform our understanding of the nature and role of spiritual care in the UK General Practice setting?

Abstract/ Summary: The concept of theological anthropology, particularly the concept of God or Spirit being present and represented in all human beings is found to underpin the necessity and therefore the provision of spiritual care to all humans especially at their most pressing points of need. This need is nowhere more acute when illness or stressful life events occurs that cause a sense of dis-ease. The provision for this easement of human suffering can be found in presence of chaplaincy in the NHS, both in hospital and in the General Practice setting.

Background of the project: Chaplaincy is considered to be a sector ministry- a ministry that comes from within the church but works outside the church in various communities including occupations, health, education and leisure areas. However, it is on of the first ministries that is considered for redundancy when times and resources are constrained. In the NHS, where this is perennially the case, never more so than now, does chaplaincy add any value to the holistic care that the NHS

³⁵⁶ Judith Bell & Stephen Walters, *Doing Your Research Project: A Guide for First Time Researchers*, 7th edn (London: Open University Press, 2018), p. 66.

endeavours to provide? Furthermore, can chaplaincy make its' case to move into the General Practice arena more particularly?

Aims/ objectives: To add a patient voice to the information on chaplaincy in healthcare. To provide evidence that chaplaincy is a vital part of holistic healthcare in General Practice. To provide a rationale for the ongoing provision of spiritual healthcare to all, regardless of profession of faith.

Experimental design and methods (including statistical analysis): Qualitative and Quantitative research involving validated structured questionnaires alongside a guided interview with people who have accessed chaplaincy. Research on current and past theologies of theological anthropology, spirituality in healthcare how this impacts on the provision of chaplaincy in healthcare.

Ethical Considerations- the ethical research application form has been completed; please see attached

Benefits of the study: Robust support of the continued provision of chaplaincy in healthcare with the hope that more will be available in the GP setting. The actions and roles of the chaplain and how spiritual care can be offered to and accessed by all, with faith or none, with integrity due to the underlying concept of theological anthropology and spirituality.

Resources and Costs: No costs to the NHS or the college. Resources: One interested researcher, the people who provide and have accessed chaplaincy in GP.

APPENDIX 3 : BIBLICAL VERSES ABOUT IMAGE OF GOD (NRSV)

Genesis 1:26-28

26 Then God said, "Let us make humankind in our image, according to our likeness; and let them have dominion over the fish of the sea, and over the birds of the air, and over the cattle, and over all the wild animals of the earth, and over every creeping thing that creeps upon the earth."

27 So God created humankind in his image,
in the image of God he created them;
male and female he created them.

28 God blessed them, and God said to them, “Be fruitful and multiply, and fill the earth and subdue it; and have dominion over the fish of the sea and over the birds of the air and over every living thing that moves upon the earth.”

Genesis 5:1-5

Adam’s Descendants to Noah and His Sons

5 This is the list of the descendants of Adam. When God created humankind, he made them in the likeness of God. ² Male and female he created them, and he blessed them and named them “Humankind” when they were created.

³ When Adam had lived one hundred thirty years, he became the father of a son in his likeness, according to his image, and named him Seth. ⁴ The days of Adam after he became the father of Seth were eight hundred years; and he had other sons and daughters. ⁵ Thus all the days that Adam lived were nine hundred thirty years; and he died.

Genesis 9:1-7

The Covenant with Noah

9 God blessed Noah and his sons, and said to them, “Be fruitful and multiply, and fill the earth. ² The fear and dread of you shall rest on every animal of the earth, and on every bird of the air, on everything that creeps on the ground, and on all the fish of the sea; into your hand they are delivered. ³ Every moving thing that lives shall be food for you; and just as I gave you the green plants, I give you everything. ⁴ Only, you shall not eat flesh with its life, that is, its blood. ⁵ For your own lifeblood I will surely require a reckoning: from every animal I will require it and from human beings, each one for the blood of another, I will require a reckoning for human life.

⁶ Whoever sheds the blood of a human,

by a human shall that person’s blood be shed;

for in his own image

God made humankind.

⁷ And you, be fruitful and multiply, abound on the earth and multiply in it.”

Psalm 8:3-8

³When I look at your heavens, the work of your fingers,
the moon and the stars that you have established;

⁴what are human beings that you are mindful of them,
mortals that you care for them?

⁵Yet you have made them a little lower than God,
and crowned them with glory and honour.

⁶You have given them dominion over the works of your hands;
you have put all things under their feet,

⁷all sheep and oxen,
and also the beasts of the field,

⁸the birds of the air, and the fish of the sea,
whatever passes along the paths of the seas.

1 Corinthians 11:7

⁷For a man ought not to have his head veiled, since he is the image and reflection of God; but woman is the reflection of man.

2 Cor 3:18

¹⁸And all of us, with unveiled faces, seeing the glory of the Lord as though reflected in a mirror, are being transformed into the same image from one degree of glory to another; for this comes from the Lord, the Spirit.

2Cor 4:4

⁴In their case the god of this world has blinded the minds of the unbelievers, to keep them from seeing the light of the gospel of the glory of Christ, who is the image of God.

Eph 4:24

²⁴and to clothe yourselves with the new self, created according to the likeness of God in true righteousness and holiness.

Col 1:15

The Supremacy of Christ

¹⁵ He is the image of the invisible God, the firstborn of all creation;

James 3:9

⁹ With it we bless the Lord and Father, and with it we curse those who are made in the likeness of God.

NB Pertaining to Christ ('the image of the invisible God')

Philippians 2:6

⁶ who, though he was in the form of God,

did not regard equality with God

as something to be exploited,

⁷ but emptied himself,

taking the form of a slave,

being born in human likeness.

And being found in human form,

⁸ he humbled himself

and became obedient to the point of death—

even death on a cross.

Hebrews 1:3

³ He is the reflection of God's glory and the exact imprint of God's very being, and he sustains all things by his powerful word. When he had made purification for sins, he sat down at the right hand of the Majesty on high,

APPENDIX 4: The scope of Chaplaincy in the UK³⁵⁷

³⁵⁷ Ben Ryan, 'A Very Modern Ministry : Chaplaincy in the UK' report in *Theos*, (London: 2015) <<https://www.theosthinktank.co.uk/research/2015/03/11/a-very-modern-ministry-chaplaincy-in-the-uk>>, [first accessed 4 October 2020] pp.1-88.

Ryan’s 2014 research found chaplains ‘everywhere’ throughout British society.³⁵⁸ The table below illustrates his claim:

Broad Field	Specific Aspect	Notes/ Numbers where known
Culture	Community Art	
	Sport	Estimated at around 300 in Sports Chaplaincy UK ¹
	Theatre	
Education	School	At least 170 from the Church of England alone ²
	Further Education	
	Higher Education	8833 recorded in 2008, but suggested by others to be well over 10004
Emergency Services	Ambulance	
	Fire and Rescue Services	

³⁵⁸ Ben Ryan, ‘A Very Modern Ministry : Chaplaincy in the UK’ report in *Theos*, (London: 2015) <<https://www.theosthinktank.co.uk/research/2015/03/11/a-very-modern-ministry-chaplaincy-in-the-uk>>, [first accessed 4 October 2020] pp. 14-16.

	Police	National Association of Chaplains to the Police believe to be around 6505
	Beachy Head (suicide prevention)	
Family and Support	Elderly Residential Homes	
	Mothers' Union	
	Mums	
Healthcare	Hospital (With further subdivisions into Mental health, Acute care, Paediatric etc.)	Full time thought to be around 350, but with thousands of part-time and visitor chaplains unaccounted for in that figure.6 Others put full-time at 500 posts with as many as 3000 part time7
	Hospice	

	AIDS/HIV	2 projects known, each with 1 Chaplain
	Primary Care (working with GPs)	
Justice	Prison	Some 1000 chaplains with potentially over 7000 chaplaincy volunteers ⁸
	Community (ex-offenders)	More than 20 separate projects across the UK
	Court	
	Immigration and Removal Centres (IRCs)	
Localized/ Geographically situated	Port/Seafarer (working with seafarers within a localized port setting)	

	Waterways (working with anyone resident or working on a particular stretch of canal)	
	Town Centre	Some 50 different projects across the UK
	Street Pastors/Angels (Some studies include these as chaplains, some do not)	11,000 trained volunteers
Military and related	Army, Navy and RAF	64 regular and 7 reserves in the Navy, 152 regular and 324 total in the army, 69 in the RAF ¹⁰
	Cadets, CCF	
	Scouts, Guides etc.	
Transport	Bus	

	Train	
	Trucker	
	Taxi	
Vulnerability and minority groups	Deaf/Deaf Blind	
	National groups (particularly notable in the Catholic Church. There are chaplains to Polish communities, Congolese communities etc.)	
	Gypsy/Traveller	
	Homelessness	
	Irish Chaplaincy (including prison, and national group work, supporting Irish immigrants in the UK)	
Workplace	Media	

	Oil and Gas	
	Industrial	
	Canary Wharf	
	Construction	
	Retail	
Other	Bishops' Chaplains	
	Politics (including Council honorary chaplains and the Speaker's Chaplain in Westminster)	

APPENDIX 5 : PATIENT CONSENT FORM

Reflections around Consent:

Consent form is to be given to the interviewee ahead of time; to be able to discuss it and alter it; to keep a copy for themselves.³⁵⁹ I will also give a copy of the questionnaires ahead of time and for the interviewees to discuss and /or alter.³⁶⁰

Consent will be required from all patients who are completing the questionnaires. No further actions will be required of the researcher beyond explaining any consent statements on the questionnaires if requested to do so by patients. Patients are entitled to withdraw their consent at any point: 1. for further use of their patient data (up to the point at which their data have been pseudonymised and processed or published) 2. for their identifiable data to be shared with the clinical teams that treat(ed) them.³⁶¹

Notice of withdrawal of patient's consent may be given in writing to the researcher or via the practice (telephone or email). The researcher is responsible for ensuring that: • the withdrawal of consent is noted and flagged in the dataset to prevent further processing of that patient's data up to the point at which the data has been pseudonymised, processed or published, • there is no further use of the patient's data that would be inconsistent with their withdrawal of their consent.³⁶²

The researcher shall delete records where consent has been withdrawn unless otherwise required by law and be able to demonstrate that these records have been securely deleted. This process should be consistent with the Information Governance requirements and the requirements of the Data Protection Act³⁶³

³⁵⁹ Judith Bell & Stephen Walters, *Doing Your Research Project: A Guide for First Time Researchers*, 7th edn (London: Open University Press, 2018), pp. 66-67.

³⁶⁰ Ian Brace, *Questionnaire Design: How to Plan, Structure and Write Survey Material for Effective Market Research*, 2nd edn (London: Kogan Page, 2004), pp. 193-194.

³⁶¹ NHS England, 'Guidance on Consent' (2017), <<https://www.england.nhs.uk/wp-content/uploads/2017/09/proms-programme-guidance.pdf>>, [first accessed 15 January 2020].

³⁶² NHS England, 'Guidance on Consent' (2017), <<https://www.england.nhs.uk/wp-content/uploads/2017/09/proms-programme-guidance.pdf>>, [first accessed 15 January 2020].

³⁶³ NHS England, 'Guidance on Consent' (2017), <<https://www.england.nhs.uk/wp-content/uploads/2017/09/proms-programme-guidance.pdf>>, [first accessed 15 January 2020].

The researcher shall create and maintain a process for tracking responses to enable notification of withdrawal of consent³⁶⁴

The researcher shall operate an effective withdrawal of consent process to ensure appropriate parties are contacted and any data is handled appropriately.³⁶⁵

EXAMPLE OF CONSENT

I (PAC name and EMIS number) consent to an interview with Nikki Martin for the purposes of understanding the role and work of the chaplain in general practice.

I understand that all my details and responses will be anonymised and that the information will be stored securely for up to 2 years and then will be destroyed securely. I understand that I will be given a copy of my interview and a copy of the research resulting from it, should I request it. I understand that the information will be used to form part of a research project on chaplaincy at Queens Foundation, Edgbaston.

I understand that this research will be read by the Queen's staff for the purposes of assessment and may be disseminated to other interested parties should the need arise.

I understand that I can withdraw my consent to participate in this research at any time and that, up until the research is published, all my information will be removed from record and destroyed.

I understand that the interview will take up to 30 minutes (Brace, 2004)³⁶⁶ but may take longer if I have more to say about my experience with the chaplain. I understand that I do need to answer a question and also that I may stop the interview at any point (Brace, 2004)³⁶⁷ for any reason which does not need to be disclosed.

³⁶⁴ NHS England, 'Guidance on Consent' (2017), <<https://www.england.nhs.uk/wp-content/uploads/2017/09/proms-programme-guidance.pdf>>, [first accessed 15 January 2020].

³⁶⁵ NHS England, 'Guidance on Consent' (2017), <<https://www.england.nhs.uk/wp-content/uploads/2017/09/proms-programme-guidance.pdf>>, [first accessed 15 January 2020].

³⁶⁶ Ian Brace, *Questionnaire Design: How to Plan, Structure and Write Survey Material for Effective Market Research*, 2nd edn (London: Kogan Page, 2004), pp. 190-191.

³⁶⁷ Ian Brace, *Questionnaire Design: How to Plan, Structure and Write Survey Material for Effective Market Research*, 2nd edn (London: Kogan Page, 2004), pp. 192-193.

I understand that if I disclose information that may cause myself or another person to come to harm, the researcher has a legal duty to inform the relevant professionals as soon as possible. Otherwise, my confidentiality is maintained throughout and into the future.

Signed.....Date.....

Signed (researcher).....Date.....

APPENDIX 6: Reflections on the Interview

I intend to do a semi-structured interview which will involve using the WEMWBS tool (see below) followed by a guided interview. The rationale behind this is that this should allow for some baseline quantitative details that are comparable whilst the guided interview section allows the respondent a significant degree of latitude within the framework. The hope is that this will open up a rich vein of information and details that might be missed in the more structured, quantitative interviews that are usually carried out in the healthcare setting. It also means that recording and analysis are simplified, particularly as this is a limited time study.³⁶⁸As I spoke with PAC's, I found that the questions needed to be made more accessible (for example into large font with coloured background) and to have more clarity in purpose, whilst explicitly relating the PAC demographics and context- hence the process was improved over time.

³⁶⁸ Judith Bell & Stephen Walters, *Doing Your Research Project: A Guide for First Time Researchers*, 7th edn (London: Open University Press, 2018), pp. 213-214.

APPENDIX 7: The Warwick-Edinburgh Mental Wellbeing Scores (WEMWEBS)

The WEMWBS tool has 2 scales: the original 14-item scale and the short 7-item scale. The scales have been validated for use in a wide variety of different geographical locations, languages and cultural contexts and in many different settings including the workplace, schools, health services and community wellbeing projects.³⁶⁹

The development of WEMWBS arose out of the need to improve mental health and well-being in Scotland in 2005. This involved a review of concepts of mental wellbeing, existing scales to quantify this as well as a discussion with a panel of experts. Following a literature review, the Affectometer 2 was identified as the most promising measure of mental wellbeing but it was felt that it could be improved upon. Hence, taking the scale as a starting point, new items were developed until the 14-item WEMWBS scale was resolved for testing on a large representative sample of the general population in Scotland as well as students in England and Scotland.³⁷⁰

There are two versions of the Warwick-Edinburgh Mental Wellbeing Scale.

14-item scale WEMWBS

This is the original WEMWBS and provides a fuller picture of mental wellbeing with a better balance of feeling and functioning items than the 7-item scale WEMWBS. It is preferred in situations where it is valuable to give study participants a picture of their mental wellbeing. The majority of validation studies and translations have been carried out using the full scale. Particularly pertinent to this study, WEMWBS has been shown to be 'responsive to change' (meaning: it can detect improvement or deterioration in many different situations) at both group and individual level. Individually a 'minimum detectable change' or a 'meaningful change' has been defined as a change of 3 or more points between the results of WEMWBS over time.³⁷¹

³⁶⁹ Warwick University, WEMWEBS, < <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs>, > [first accessed 15 January 2020].

³⁷⁰ Warwick University, WEMWEBS, < <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs>, > [first accessed 15 January 2020].

³⁷¹ Warwick University, WEMWEBS, < <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs>, > [first accessed 15 January 2020].

7-item scale WEMWBS

This is shorter than the 14-item scale WEMWBS and so can save valuable space and time in evaluations. It has more items inquiring as to function. It is also ‘responsive to change’ and minimal detectable change is classed as 1 or 3 points.

Each of the WEMWBS questionnaires employ a form of Likert Scale, frequently known as a ‘agree-disagree’ scale, and allows respondents to match their response to the scale provided. Responses can be given a score for each statement (as in WEMWBS) which provides interval data, which in turn allows for mean and standard deviations to be calculated for each statement.³⁷² Given that the initial intention due to time constraints is only to interview a small number of people, it is unlikely that this statistical analysis will be valid.

For all the above reasons I have chosen to use the 14-item WEMWBS tool. An example is included below:

INTERVIEW COMPONENTS (2) WEMWBS

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
1. I've been feeling optimistic about the future	1	2	3	4	5
2. I've been feeling useful	1	2	3	4	5
3. I've been feeling relaxed	1	2	3	4	5
4. I've been feeling interested in other people	1	2	3	4	5
5. I've had energy to spare	1	2	3	4	5
6. I've been dealing with problems well	1	2	3	4	5
7. I've been thinking clearly	1	2	3	4	5
8. I've been feeling good about myself	1	2	3	4	5
9. I've been feeling close to other people	1	2	3	4	5
10. I've been feeling confident	1	2	3	4	5
11. I've been able to make up my own mind about things	1	2	3	4	5
12. I've been feeling loved	1	2	3	4	5
13. I've been interested in new things	1	2	3	4	5
14. I've been feeling cheerful	1	2	3	4	5

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

"Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). ©NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved."

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³⁷² Ian Brace, *Questionnaire Design: How to Plan, Structure and Write Survey Material for Effective Market Research*, 2nd edn (London: Kogan Page, 2004), pp. 73-76.

³⁷³ Warwick University, WEMWBS, < <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs>, > [first accessed 15 January 2020].

My intention would be to use the WEMWBS scale twice, one asking the person to recall how they felt before they met the chaplain and then the second to recall how they felt after seeing the chaplain. This is open to recall bias but I think is a worthwhile starting place and will help focus the interview on concepts of chaplaincy, the patient- chaplain interactions, the self and spirituality which is the particular inquiry of this work. I also understand that the practice chaplain uses WEMWBS when seeing patients and if these results are accessible I will use this instead (to avoid the recall bias)

INTERVIEW COMPONENTS (1 & 3) Demographics and Open Questions part of the interview:

After reflection and talking with patients the interview was modified from its original form. Firstly, due to a recent national census and the varied backgrounds of the PAC it seemed that gaining the basic demographics of the PAC, based on the Office of National Statistics (ONS) census questions, would enrich the findings further. Secondly, due to COVID19 it was thought appropriate to add in a question about this to update and fully contextualise current experience of chaplaincy in primary care. The more open questions in part 3 were to allow free reign and more profound insights from the PAC, increasing the qualitative richness of the data.

The Final Format :

EMIS: Date of Interview:

First contact with Chaplain:

First a little about you: (if you feel able to complete)

AGE

Age			
Under 18		55 to 59	
18 to 24		60 to 64	
25 to 29		65 to 69	

30 to 34		70 to 74	
35 to 39		75 to 79	
40 to 44		80 to 84	
45 to 49		85 and over	
50 to 54		Prefer not to say	

ETHNICITY

White	
English, Welsh, Scottish, Northern Irish or British	
Irish	
Gypsy or Irish Traveller	
Any other White background	
Mixed or Multiple ethnic groups	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other Mixed or Multiple ethnic background	
Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Any other Asian background	
Black, African, Caribbean or Black British	
African	

Caribbean	
Any other Black, African or Caribbean background	
Other ethnic group	
Arab	
Any other ethnic group (please elaborate)	
Prefer not to say	

GENDER

Female	
Male	
Other	
Prefer not to say	

FAITH BACKGROUND (feel free to add more detail if you like e.g. Sunni/ Shia Muslim etc)

Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
Sikh	
None	
Other (please add opposite)	
Prefer not to say	

Part 2 of Interview: The WEMWEBS questionnaires

PRE-CHAPLAIN – tick which statements were true before you had chaplaincy input:

	STATEMENTS	NONE OF THE TIME	RARELY	SOME OF THE TIME	OFTEN	ALL OF THE TIME
1	I've been feeling optimistic about the future	1	2	3	4	5
2	I've been feeling useful	1	2	3	4	5
3	I've been feeling relaxed	1	2	3	4	5
4	I've been feeling interested in other people	1	2	3	4	5
5	I've had energy to spare	1	2	3	4	5
6	I've been dealing with problems well	1	2	3	4	5
7	I've been thinking clearly	1	2	3	4	5
8	I've been feeling good about myself	1	2	3	4	5
9	I've been feeling close to other people	1	2	3	4	5
10	I've been feeling confident	1	2	3	4	5
11	I've been able to make up my own mind about things	1	2	3	4	5
12	I've been feeling loved	1	2	3	4	5
13	I've been interested in new things	1	2	3	4	5
14	I've been feeling cheerful	1	2	3	4	5
<p>These are statements about feelings and thoughts-please tick the boxes that best describe your experience in the 2 weeks before your first chaplaincy input. Warwick-Edinburgh Mental</p>						

Wellbeing Scale (WEMWBS) NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved

POST-CHAPLAIN: tick which statements were true after you have had chaplaincy input:

	STATEMENTS	NONE OF THE TIME	RARELY	SOME OF THE TIME	OFTEN	ALL OF THE TIME
1	I've been feeling optimistic about the future	1	2	3	4	5
2	I've been feeling useful	1	2	3	4	5
3	I've been feeling relaxed	1	2	3	4	5
4	I've been feeling interested in other people	1	2	3	4	5
5	I've had energy to spare	1	2	3	4	5
6	I've been dealing with problems well	1	2	3	4	5
7	I've been thinking clearly	1	2	3	4	5
8	I've been feeling good about myself	1	2	3	4	5
9	I've been feeling close to other people	1	2	3	4	5
10	I've been feeling confident	1	2	3	4	5
11	I've been able to make up my own mind about things	1	2	3	4	5
12	I've been feeling loved	1	2	3	4	5
13	I've been interested in new things	1	2	3	4	5
14	I've been feeling cheerful	1	2	3	4	5

These are statements about feelings and thoughts-please tick the boxes that best describe your experience after you had chaplaincy input. Warwick-Edinburgh Mental Wellbeing Scale

(WEMWBS) NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved

Part 3 of Interview: OPEN QUESTIONS

Question 1: How important is it to you that the chaplain has a spiritual outlook? Could you explain more?

Question 2: What drew you to chaplaincy rather than counselling?

Question 3: If it helped, how did it help?

Question 4: Were there any problems encountered? If so, and if you feel able to, please would you say more?

Question 5: Would you recommend chaplaincy to other people? Please explain your answer more...

Question 6: Some people think that humans are made in the image of God. Have you any comments or thoughts on this or what it might mean?

Question 7: Due to COVID many people have revised what is most important to their health and wellbeing. In your experience what is most important to you? (use Likert Scale in the space below, where 0 (not at all) up to 10 (most important))

Physical health for example:

Keeping active	
Eating well	
Sleeping well	
Healthy Lifestyle choices	
Living in a safe place	
Continuing medical treatments	
Other?	

Emotional health for example:

Meeting up with friends/ family	
Laughing, crying- being able to express emotions	
Talking/ communicating with others	
Being able to continue occupation/ education/ training	
Financial health	
Finding new occupations/ vocations/ hobbies/ things to do	
Involvement in the arts (creative arts/ music etc)	
Learning new things e.g a language	
Being outside in nature/ gardening...	
Pets/ animals	
Other?	

Spiritual Health for example:

Going to / meeting with a faith based community	
Maintaining relationships with others	
Personal prayer or meditation	
Reading scriptures or spiritual works	
Listening to music, singing	
Engaging in creativity	
Being outside in nature	
Other?	

Question 8:

Student ID: 233976

Have the COVID lockdowns and the reduction in contact and relationships with others affected your wellbeing? In what way?

Question 9: Have you any other comments you would like to make?

THANK YOU VERY MUCH FOR YOUR TIME AND THOUGHTS – THEY ARE MUCH VALUED AND APPRECIATED

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