Emerging Socialities in 21st Century Healthcare

Harden, Anita, Hadolt, Bernhard

Published by Amsterdam University Press

Harden, Anita and Bernhard Hadolt.
Amsterdam University Press, 2017.
Project MUSE.  muse.jhu.edu/book/66499.

For additional information about this book
https://muse.jhu.edu/book/66499

For content related to this chapter
https://muse.jhu.edu/related_content?type=book&id=2359813
8 ‘I am here not to repair but see the person as a whole’

Pastoral care work in German hospitals

*Julia Thiesbonenkamp-Maag*

**Research methods**

This contribution is based on research conducted on chaplains doing pastoral care in different hospitals all over Germany. The research team consists of two theologians (Fabian Kliesch, Thorsten Moos); one biologist, specializing in medical ethics (Simone Ehms); and one medical anthropologist (Julia Thiesbonenkamp-Maag). The study is part of an ongoing research project of the Protestant Institute for Interdisciplinary Research in Heidelberg that involves conducting expert interviews with hospital chaplains and carrying out participant observation in different hospitals. The names of the hospital chaplains as well as the hospital names used here are pseudonyms. As the community of hospital chaplains in Germany is tightly knit, this is one of way of ensuring anonymity for our interlocutors. The data presented here pertains to Protestant hospital chaplains if not stated otherwise. Before detailing the work of the hospital chaplains in this study, I will provide a brief overview of the historical background of pastoral care in Germany.

**Pastoral care in Germany**

Both the Protestant and the Catholic Church employ hospital chaplains in German hospitals. In general, they are carrying on a clerical tradition dating back to the Middle Ages, when poor people in the Western hemisphere sought (medical) care from monasteries. Medical care as well as moral and spiritual guidance were intertwined (Zaman, 2005, p. 6). Until the eighteenth century, hospitals ‘were institutions of charity and welfare, and warehouses for the poor’ (Van der Geest and Finkler, 2004, p. 1996). The modern hospital as we know it today was shaped by progress in the medical sciences, such as the development and provision of antiseptics (Van der Geest and Finkler, 2004, p. 1996). Part of this process was the continuing elaboration and differentiation of the medical sciences into
different fields of speciality. During the twentieth century, knowledge about the psychological and psychosomatic contexts of diseases increased and new specialities evolved. One part of this evolution is the increasing professionalization of pastoral care over the last 35 years. The pastoral curriculum is based on theoretical and methodological concepts adopted from psychotherapy as well as clerical concepts from the guidelines of the Evangelical Church in Germany (EKD, 2004, p. 12).

Caring as an attitude

Although in the hospital today the focus is on medical objectives and the treatment of diseases and injuries (Norwood, 2006, p. 6), people in the hospital ‘are more than their sicknesses’, as one pastoral care worker stated. The pastoral care worker maintains relationships with patients, their relatives, and medical and administrative staff, but they often occupy a position at the fringe, so much so that one pastoral care worker used the metaphor of being ‘an alien’ as a description. The caring attitude adopted by chaplains is furthered by the fact that they try to hold themselves back (Norwood, 2006, pp. 19–20). One pastoral care worker said: ‘I try to see the other. I try to see his or her hardship. Especially when I have a different point of view, I have to restrain myself. I have to be non-judgemental. Then we can have an open conversation.’ This chaplain’s words show that respect and mindfulness are two important aspects of care, values echoed again in the following statement:

Some years ago I verbalized something like a guideline for my work. I think it is still true in a certain way. It is: ‘Love is more important than truth’. This might sound very provocative. But I think, when you confront the patient with the truth, you can destroy him. If someone does not want to listen to certain things, you should not shout them at him. I see myself as a companion. I try to encourage and console them. I try to unburden them. A few weeks ago there was a woman who was supposed to get a new lung. But her condition dramatically deteriorated, so it was not possible to transplant the lung anymore. This patient said she wished she had made more journeys to foreign countries. She felt that she had missed out on something. But during our conversation she told me of one journey to Venice and Lake Garda. Her eyes lit up. It unburdened her and she recognized that she had not missed out on so much in her life. I think this made the process of dying easier for her. I understand myself as a birth attendant. To bring hidden things into the light.
The statements above illustrate that care is a complex concept interweaving different kinds of practices, emotions, and thoughts. Caring does not take place without power disparities. But, as seen in the statement above, care can empower, especially when the uniqueness of each person is recognized (Conradi, 2001, pp. 45–60). The theological approach to care, which focuses on the integration of the person, is similar to other psychological or philosophical traditions. Additionally, the theological approach includes spiritual or metaphysical dimensions of life (Yeates, 2009, p. 180; EKD, 2004). Generally, hospital chaplains try to strengthen the afflicted person, caring for the sick by listening and talking to them. Depending on the patient, they may also offer to pray and sing with them as a kind of spiritual care. The ministering of normal and special kinds of services is also part of their work. The aim is to enable patients to integrate their suffering into their lives (EKD, 2004, pp. 17–18).

Care as a practice

Norwood (2006, p. 3) states that chaplains’ work ‘includes a range of activities from the sacred to the profane’. The following vignettes serve to illustrate the point.

‘Letter paper’

One day I was accompanying a chaplain named Ms. Christlieb during her daily rounds in the hospital. Ms. Christlieb works in a geriatric hospital, and about 80% of her time is spent caring for palliative patients. During our rounds, Ms. Christlieb told me that she had to remember to fetch some letter paper, explaining that it was for an old lady who was about to die. The patient wanted to write a letter to her little grandchildren so that they could read it when they were old enough, and remember their grandmother.

‘Opening a sacred room’

‘Opening a sacred room’: these are the words of a Catholic pastoral care worker who had spent time with grieving parents in the hospital chapel, after they had lost their twins just after birth. She told me that it was very important to create a place where the parents could feel secure and peaceful—to not replicate the frantic behaviour of the medical staff, but to be calm and stable and ‘project an engaged and available persona’ (Norwood, 2006, p. 90). The chaplain offered the parents her time, giving them a chance
to talk about their experiences with the twins. During that time the pastoral care worker had the feeling that time slowed down and the earth stood still. When they were unsure if the twins’ older sibling should come to the hospital in order to say goodbye, she encouraged the parents to bring the sibling to the hospital. The chaplain stated that in times of crisis it is important that there is someone present who endures the pain with the people suffering, someone who offers to take the next few steps together with them.

Although these two examples are quite different—one act is rather profane while the other belongs to the sacred realm—they share some features. Both are ways of caring. Both hospital chaplains recognized needs. They did not reduce the patients to their symptoms but saw them as whole persons embedded in different kinds of social networks. Especially in the case of the deceased twins, the pastoral care worker bore witness, recognizing the twins as persons and acknowledging the metaphysical dimension.

Caring as witnessing

Pastoral care workers are not only witnesses for patients and their kin. They also bear witness to the work of doctors. For example, one day a chaplain named Ms. Fürst was asked to baptize and bless twins. One twin, Sophia, was severely impaired, while the other, Lisa, was smaller but healthy. Sophia’s electroencephalogram (EEG) did not show any brain activity; she barely moved and was attached to a life support machine. The parents and the medical staff decided to remove Sophia from the life support machine and let her die. The day when Sophia was taken from the life support machine Ms. Fürst was there to bless her. Then something interesting happened, as this excerpt from an interview with her shows:

The doctor entered the room. I was closer to the door than the parents. First the doctor turned towards me, but he did not look at me, which I found rather peculiar. Then he explained the medical condition of Sophia. He stated that the parents knew it and understood it. He also mentioned that the parents had agreed with his decision to take Sophia off the life support machine. I approved of this as I had asked the parents if it was OK for them to let their child die. Then the doctor said that the criterion of brain death does not work in the case of newborns. But the EEG that was run twice did show that the brain was severely damaged. He concluded that it was indicated to switch off the machine. Then he and a nurse took Sophia off the life support machine. The doctor waited until Sophia was dead.
Afterwards I understood that in my role as a hospital chaplain I was a kind of witness for the doctor. I think the doctor noticed that there was an ethical conflict. It was important for him to explain and justify his decision. It was also important for him that he could make sure that the parents understood what kind of decision they had taken.

This extract shows that care-as-witnessing is an attitude and a practice in which the hospital chaplain meets the person where she is (Norwood, 2006, pp. 19–20). It also exemplifies that hospital chaplains enter into relationships with patients and their kin, as well as medical staff.

Summary

Hospital chaplains relate to patients, their kin, and hospital staff in a manner that is informed by an ethos of care. Caring entails the dimension of practice as well as the emotional and spiritual level (Brückner and Thiersch, 2005, p. 138): chaplains recognize both the spiritual needs of people and the necessity of care as witnessing. Finally, their ethos of care is informed by understanding health in a holistic manner—as one said, ‘not to repair, but to see the person as a whole’.

References


