

# Chaplains and Personal Growth.

European Network of Health Care Chaplaincy  
16<sup>th</sup> – 19<sup>th</sup> September 2010.

Kathleen O'Connor  
Ireland.

# Irish Context

- A Culture in transition- moving from a Christian to a more secularised society.
- Recession.
- Moratorium
- Institutional Church in crisis. Loss of credibility because of abuse issue.
- People of God left hurt, disillusioned, feeling lost.
- Marginalisation of chaplaincy/pastoral care and church.
- Quality Standards for End-of-Life Care in Hospitals

# Structure of Chaplaincy

*Guidelines for Best Practice in Healthcare Facilities*  
developed in 2006 by NAHC.

---

- Ad hoc.
- Dioceses appoint priests. In some situation no interview.
- Some hospitals slow to take responsibility for chaplaincy service. Still sees sacraments as primary.
- Generally R.C.Priest is head chaplain.
- In general other denominations visit – some are part of team, others have no connection with chaplaincy team.
- In two hospitals COI chaplains are full time and are part of team. In one hospital Methodist is also part of team.

# Effects on Chaplains.

- Fewer on the ground.
- Stress on staff in general leading to more demands on chaplains.
- Chaplains especially priests and members of religious orders encountering hostility from some patients.
- Chaplains hear from patients their disillusionment and hurt because of what is happening in our church, which touches into our own sense of been let down.
- Gender Issues.
- Tensions between ordained and non-ordained.
- Bullying

# In the Shadow of the Cross

---

- Chaplains witness to the pain and suffering of patients and families.
- The challenge is to stay with the pain.
- Holding the tension within families.
- Holding the tension between different systems: between church and healthcare facility.
- Holding the tension between staff and administration; remaining neutral.

# To Remain Human

## ■ On-going support:

- Within team.
- De-briefing
- Supervision/ reflective practice.
- Spiritual companionship.
- Psychotherapy.
  - (Burnout comes from a sense of futility)

## ■ Balanced life style

- Prayer – need to feel loved by God.
- Physical exercise – means of getting rid of stress.
- Friendships.

## ■ Having fun

# Theological Reflection

- Doing theology starts with the encounter with the “living human documents”.
- Reflecting on the experience of the pastoral encounter leads us to greater insight:
  - into who we are as persons –self awareness.
  - Who the other person is – his/her resources both spiritual and religious.
  - The meaning of the encounter.
  - What does the encounter tell us of the nature of God?
  - How does this encounter lead us to faithful discipleship?

# Incarnating the love and Compassion of God

---

- To accept our own brokenness.
- We can only become 'Wounded Healers' if we continue to own and accept our own poverty and powerlessness.
- Incarnating God is witnessing to a God that is a community of love and so the challenge is to create communities of love where we can share our own vulnerabilities.
- It is in relationship that we grow and instill hope.

# To retain the Vision

## ■ Individual Vision

- Prayer
- Meditation
- Mindfulness

## ■ Team Vision

- Renewal regularly especially when a new member joins the team

## ■ How to retain one's vision and be prophetic and maintain good connections with the hospital system? – living the tension.

- *“Without a vision the people die”*