Explorations in Practical, Pastoral and Empirical Theology

THE LIVED EXPERIENCE OF PALLIATIVE CHAPLAINS

PRACTISING HOSPITALITY IN AN INHOSPITABLE LAND

Caroline Yih

The Lived Experience of Palliative Chaplains

This book explores the unique challenges of disenfranchisement faced by Christian chaplains working within the secular and pluralistic context of contemporary healthcare. The case study focuses on practitioners in Hong Kong and showcases the utilisation of interpretative phenomenological analysis (IPA) as a fruitful basis for practical theological endeavours. The role and perspective of the palliative chaplain as spiritual care specialist is examined, along with the tension that exists with the cultural and organisational context in which they operate. The chapters examine how end of life care practitioners can often face marginalisation, oppression, vulnerability, and disorientation among other difficult experiences that the author unites under a general theme of "homelessness". The book contributes to discussions regarding fuller integration of the spiritual dimension within a holistic vision of end of life care provision. It will be of particular interest to scholars of practical theology and chaplaincy, as well as palliative medicine.

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Introduction

> "So we look not at the things which are seen, but at the things which are unseen; for the things which are visible are temporal [just brief and fleeting], but the things which are invisible are everlasting *and* imperishable".
>
> 2 Corinthians 4:18.

> "…. we might think of spirituality as functioning like a string or a rope placed around a space in which real absences in health care are acknowledged in order to provide the opportunity for the quests for making good these absences to be undertaken. We might use the image of putting a rope around an area of deserted land in order to allow wildlife to develop and flourish…"
>
> John Swinton, "Moving Beyond Clarity: Towards a Thin, Vague, and Useful Understanding of Spirituality in Nursing care" (2010)[1]

My passion to pursue the topic of end of life care started decades before I had the knowledge, training, or vocabulary to name the complex and unavoidable human experience in dying. But, as a young teenager volunteering at a hospice in Sydney, I was introduced to the holistic vision in an enduring and transformative way.

A few months before I started volunteering after school each Wednesday afternoon at Sydney's Sacred Heart Hospice, my beloved grandaunt had spent the last two weeks of her life in that same institution, having been transferred from one of the largest acute care hospitals across the street. In the hospital, I had spent most of my free time with her and was captivated by the fast-paced, efficiency-driven clinical setting during the many hours I sat by her bedside. Within the large clinical ward, I pondered the coming and going of what seemed like another world. When she was transferred to the hospice, just a stone-throw away, I did not realise nor do I remember being told that it was a sign of her failing conditions or her imminent death. When I visited my grandaunt at the hospice for the first time, I found myself struck and mesmerised by the new experience of the atmosphere in the hospice: it was so completely different from that of the hospital. As I mentioned, I could not locate or articulate the bewilderment and fascination I felt then, but I

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was deeply drawn to it and wanted somehow to be a part of that way in thinking, treating, and caring for those in need. I remember how struck I was by the difference from the hospital setting: the hospice had a much slower, more intentional pace. Instinctively, I slowed down as I walked towards my grandaunt's new room and curiously took in the setting of the facilities. The sitting area looked inviting and reminded me of a home instead of a hospital. And much to my irrepressible delight, I discovered there was a Labrador Retriever, Crystal, who was the in-house therapy dog! I would often linger after visiting with my grandaunt at the lounge area so I could spend time with Crystal, and it was there, in the many conversations I had with staff passing by, that I was introduced to the practical issues of caring for the individual needs of each patient at the end of life.

The most pivotal experience that cemented my desire to pursue end of life care came in the first few weeks of becoming a volunteer at the hospice. At the time, in the late 1980s, the hospice took care of many young men dying from AIDS. My job as a volunteer entailed gowning a yellow-checked apron with a large pocket in the front, where a small bottle of Johnson & Johnson's baby oil was placed. I would then go from room to room knocking on the doors and asking if I may visit and sit with them. For those patients who felt like it, I would rub baby oil on their feet. During one of those visits, I encountered a young man alone in his room. I remembered his large eyes peering from his gaunt face when I peeked in and asked if I could sit with him. He welcomed me in with a nod. He was too tired to talk much, yet he made me feel welcomed to come and dwell with him in the space. We sat in silence for most of the time while I rubbed oil on his feet. These happened years before my seminary training or Clinical Pastoral Education, so there was no expectation or pressure to perform a spiritual care assessment or life reviews. Still, it felt to me that care, comfort, and support were offered and received within that encounter. It was only years later in seminary that I realised I was the recipient of the gift of hospitality by that patient. The impact from my experience stayed with me and has nudged and motivated me onto a trajectory to explore and be a part of the holistic vision in end of life care.

Since then, I became a hospital pharmacist with a goal to become a hospice pharmacist. However, my entrance into end of life care wasn't through the pharmacological route, but the spiritual one. I became a hospital chaplain, and I now hold the position of an honorary palliative chaplain at an acute care government hospital in Hong Kong. While currently my main focus at work is being a researcher, I still treasure my ministry at the hospital bedsides when I am called. My duties to spiritual care for those at the final margins of life continue to inform my desire to improve the delivery of this care, and my actual experience as a chaplain motivates my efforts to explore the practice of chaplaincy from the perspective of its practitioners, whom I know to be invisible and not understood by the institutions and the end of life care community at large. The general lack of understanding of and disinterest in spiritual care is mirrored in the scholarly dialogue, especially from

the theological perspective, as I discuss in Chapter 2. There is a clear need for new research to give a voice to the Christian practice of chaplaincy in Hong Kong's public hospitals.

What is this book about?

This book focuses and critically reflects on the lived experience of Hong Kong palliative chaplains in their practice of end of life spiritual care within the public hospital setting.[2] This investigation of their practice is undertaken from a practical theology disciplinary perspective. As a practical theologian, with this book I aim to enable Christian practitioners to practice more faithfully. I will do so through my critical theological reflection on the Christian practice of chaplaincy as it interacts "with the practices of the world"—with the contextual and experienced reality of the hospital setting—"with a view to ensuring and enabling faithful participation in God's redemptive practices in, to and for the world".[3]

To attain my goals, I employ a qualitative research methodology as a critical dialogue partner to unearth and explicate new insights on the chaplains' practice and experience. In the following chapters, these insights are organised, represented, and reflected on using the theological resources of Christian tradition and Scriptures in order to elucidate the embedded theological dimensions.

I hope that the deepened appreciation of the chaplains' distinctive practice generated from this research will provide a more comprehensive framework to understand the unique challenges which the chaplains face and cope with in their ministry. This expanded knowledge of the chaplains' idiosyncratic practice will not only contribute to filling the gap in the existing corpus of research knowledge but also offer pertinent theological insights for the universal church in enabling a re-imagination and proposal of a fresh approach to better support and equip the chaplains to navigate the secular and secularising context of the public hospital more faithfully. Finally, my hope is to raise concern and awareness of the pressing needs in the current implementation of end of life care provision in Hong Kong. This book provides the possibility of new discussion grounds in which the end of life care stakeholders—including the chaplains, the Church, and the hospital authorities—could come together to develop fresh ways, guided by informed knowledge, for a fuller integration of chaplaincy into end of life care in Hong Kong and other contexts where similar challenges and needs are experienced. I have chosen to make Hong Kong the focus of this book for three main reasons. First of all, it has been my home for over three decades since I moved from Sydney, and it is thus a familiar context where I have lived, worked, and one that I have grown to love. Secondly, Hong Kong is a fascinating site as a case study for exploring phenomena which take place at critical junctures due to its unique features as a cultural melting point of diversity and heterogeneity. Case studies as an empirical inquiry have long been recognised in social science research to be a

valuable way in investigating a contemporary phenomenon, including chaplaincy practice, within its real-life context which is not attainable with other approaches.[4] The distinctive characteristics of Hong Kong, explicated in the next chapter, serve to intensify and bring to sharper focus the many colliding points of tension in navigating the rapidly evolving needs shared by different milieus within other modern, globalised societies. While the specificity faced by the chaplains in Hong Kong may not be identical to those in other parts of the world, I am confident that the nuanced experiences and challenges embedded within the multifaceted dimension uncovered by the book will find resonance for others in their roles navigating similarly pluralistic and culturally diverse settings. Thirdly, despite recent burgeoning efforts in turning towards understanding chaplaincy practice in non-Western locations, related existing literature remain anglophonic and the focus Eurocentric. The voices from other parts of the world, such as south-east Asia, are contrastingly severely under-represented and inaccessible by this apparent imbalance. This book, which showcases the idiosyncratic experiences of chaplaincy practices within the context of Hong Kong, is my effort to contribute and remedy this identified lacuna, while still commenting on points of comparison with Western chaplaincy contexts.

Methodological considerations and steps

Four core questions as guideposts

As I was thinking through and deciding on how and where to begin this ambitious enterprise, I was eager to search for a form of charter to help me stay on course guided towards the focus stated above. In my exploration for this steering framework, I was particularly drawn to Richard Osmer's "Four Tasks of Practical Theology"[5] which appeared to be clearcut and approachable as a methodological framework and finally became the anchoring guideposts as I proceeded with the endeavour.

In his book *Practical Theology: An Introduction*, Osmer sought to equip clergy with the indispensable skills and knowledge to competently meet the myriad of complex situations that may be encountered in a congregational setting. He argued that these essential abilities can be developed by following a framework of four fundamental steps for better practical theological interpretation. Osmer claimed that the applicability of this structure of interpretation, consisting of four undertakings, is not confined to the congregational setting but includes pastoral care, evangelism, spirituality, and other ministerial practices. These four principal tasks are: the descriptive-empirical task of gathering information on the situation under exploration with the aim to answer the core guiding question of "What is going on?"; the interpretive task, which draws on theories from related disciplines to clarify the collected information to address the second question of "Why is this going on?"; the normative task, which seeks to answer the question of "What ought to be going on?" with the knowledge and framework of theological traditions;

and, finally, the pragmatic task directed by the question of "How might we respond?", concluding the research undertaking with a proposal for a strategic and faithful response to the issue of focus.[6] These four tasks proposed by Osmer and the related driving questions helpfully provided me with the desired structure and became reliable signposts as I proceeded step by step with the undertaking to critically and theologically reflect on the lived experiences of Hong Kong palliative chaplaincy.

The chosen methodology: IPA

As I moved to respond to the first two guiding questions of "What is going on?" before progressing onto "Why is this going on?" in the complex and multifaceted context of end of life spiritual care, it was essential for me to search for a suitable dialogue partner to uncover and clarify new insights on the chaplains' practice and experience. This critical channel of collaborative device was found in employing an appropriate research methodology which was used to gather, describe, and clarify related information as first steps to understand how chaplains make sense of their experience in delivering end of life spiritual care. In the consideration and selection of the most fitting research methodology for this detailed investigation, I have meticulously considered a number of approaches before finally deciding on one qualitative research methodology—Interpretative Phenomenological Analysis (IPA)—for this endeavour. I have found IPA to be a reliable and flexible tool for the rigorous exploration and evocation of the textured meanings and subjective interpretation of the fluid and complex world comprising the lived experience of the chaplains, while possessing a well-defined, structured work process. In fact, the positive experience from using IPA for the first time in this book has subsequently led me to utilise this methodological framework for the investigations of other potentially complex, messy, and ambiguous lived experiences with comparable success.[7]

While IPA has had a relatively short history from its appearance in the mid-1990s,[8] the philosophical conceptions and theories underpinning the approach have a much lengthier historical presence. IPA's theoretical foundations stem from three key areas of philosophical knowledge: phenomenology, hermeneutics, and idiography.[9]

IPA's first touchstone of having a reflective focus on the subjective accounts of personal experience is reinforced by the phenomenological motivation which steers IPA in its commitment to elucidate a person's experience through a thorough examination of the "texture and qualities of an experience that is lived by an experiencing subject".[10] Whereas the phenomenological groundwork seeks to uncover meaning from enabling a return to the experience itself, or "the essence of the phenomenon"[11] and to encounter afresh "the things themselves"[12], IPA's second fundamental theoretical underpinning in hermeneutics allows for those parts of human experience which are not visible or easily knowable to be brought to light.[13] The primary

aim of this theory of hermeneutics in IPA is "to make meaning intelligible" and "to interpret".[14] To put it in another way, while phenomenology seeks to reveal meanings, hermeneutics interprets meaning.[15]

One noteworthy figure among other leading scholars in shaping the grounds for hermeneutics pivotally impacting IPA was Heidegger. A significant focus of Heigeggar's research revolved around understanding "the meaning of Being"[16] which takes place in the day-to-day living and meaning-making from their experience in the world.[17] He asserted that the importance of such meaning is frequently concealed and is required to be "brought close" to uncover those significance which is not presently available, irrespective of the physical distance.[18] A prominent component in Heideggerian phenomenology is the concept of the hermeneutic circle from which all interpretive tasks are performed,[19] and which profoundly affects IPA. This concept is concerned with the dynamic relationship between the part and the whole: understanding of any given part arises from the detailed examination of the whole and, at the same time, the reverse is true in that we need to look at the whole to more fully understand the individual part constitutive of the whole. This dynamic, iterant, non-linear process of interpretation and analysis is a key tenet of IPA and of entry to meaning. The emergence of meaning at different levels is understood to be a cumulative product of a detailed interpretative analysis of the various perspectives gained from "the part-whole coherence of the text".[20] Despite the fact that IPA endeavours to gain an insider perspective on the interpretive knowledge of the person, it acknowledges that it is also an unachievable aspiration given the social and situational construction of reality and knowledge.[21] To overcome this, IPA adopts a double hermeneutic, further discussed below, in which the researcher seeks to make sense of the participant's making sense of his or her personal and social world in the interpretation process.[22]

A third prominent feature of IPA is idiography, which is concerned with highlighting the particular, detail, context and texture of lived experience.[23] The idiographic commitment in IPA is practised on two levels. Firstly, the focal point is placed on the depth and detail of the analysis undertaken by the researcher in their thorough and systematic efforts within the interpretive process. Secondly, the commitment to the particular is expressed through approaching the individual perspective of particular people, in a particular context. This approach, which concentrates on the particular, is concerned with the detailed analytical undertaking of each case with the subsequent search for patterns of convergence and divergence across the cases within the sample. In so doing, IPA is able to maintain a balance of not only focusing on shared themes but also allowing for attention to be granted to the particular way in which these themes are manifested for each individual.[24]

The three philosophical underpinnings which inform IPA's methodological approach offer a distinctive lens to elicit helpful knowledge to inform and to elucidate on a chosen situation with its multifaceted lived experiences. It

has proven to be a useful collaborative device facilitating me to explore the complex and nuanced landscape of chaplaincy practice in Hong Kong.

IPA and chaplains' experience of end of life care

IPA is therefore selected as the most suitable methodology to explore the lived experience of the Hong Kong palliative chaplains. As a methodological framework, it synthesises the philosophical concepts from phenomenology and hermeneutics, resulting in an approach which is both descriptive of how things appear (letting things speak for themselves) and interpretive in its recognition of the impossibility of an uninterpreted phenomenon. It produces a fitting level of complex analysis to help capture the rich, multi-layered nature of chaplains' experience. Furthermore, the idiographic commitment within this syncretic approach enables the necessary in-depth analysis and attentive attunement afforded to the individual perspectives of the chaplains in their unique experiences. This idiographic aspect of IPA distinguishes it among other qualitative methodologies[25] and is a valued feature for the present detailed study of the under-researched, elusive, culturally laden, and not immediately transparent practice of the chaplains in end of life spiritual care.

IPA's strength and concern with generating rich and comprehensive descriptions of how individuals are experiencing the phenomenon under investigation can also be utilised for an emic elicitation of the perspectives[26] of the chaplains as they navigate the challenges encountered in the work setting. The encouragement of a slow and close reading of the transcript in the analytical process emphasised by IPA allows for the thorough dwelling within the vital procedure of the hermeneutic circle discussed earlier, in which the part is interpreted in relation to the whole and the whole is interpreted in relation to the part. This cyclical dialectical movement, guided by the hermeneutic circle, further complements the dual interpretation process of IPA's distinctive double hermeneutics, enabling me to decode the participants' making meaning of their world and to deepen my understanding of the experience from their perspective to develop insights which "[are] culturally relevant and respectful of the social realities of those living within the situation".[27] Within these recurring and ever-deepening cyclical movements of dual interpretation, I have been enabled, with time, to arrive at the superordinate and subordinate themes which have been presented in Chapter 3. These resulting meanings ascribed by my interpretation are understood as a blend of interpretations by both the chaplain participants and myself as the researcher.

The dialectical process involved within the interpretive examination of the data has been further experienced by me to be deeply resonating with Linda Finlay's description of the simultaneous movements through the shared intersubjective space of the research encounter. Undertaking double hermeneutics within the hermeneutic circle like a movement possessing "dance-like qualities" allows for layered understandings to emerge and be captured through

the complex process of experiencing and reflection engaged in by both the researcher and the participant.[28] I progress from initiating the dance at the start of the encounter, leading and ushering the participant into the dance floor of intersubjective space created by the developing connection with the participant from the interview process, moving in and out of experience and reflection. This is then followed by the "solo waltz" of the researcher alone, I proceed with the repetitive movements "in and out of (pre-reflective) experience and reflection as s/he engages multiple meanings emerging from the data".[29]

IPA is also embraced as beneficial for researching the book's focus on Hong Kong palliative chaplains, about which so little research has been undertaken previously. IPA has been deemed particularly helpful for investigating topics where little information is currently available.[30] The value of IPA in its applicability to the exploration of under-researched matters, as well as its capacity to examine topics which are "complex, ambiguous and emotionally laden",[31] further enriches the appeal of IPA as an appropriate methodology for this book in contributing to the existing research gap regarding chaplaincy practice in end of life spiritual care in Hong Kong. The elusive nature of end of life care, spiritual needs, and the complexity of ministering in the palliative context, in which the chaplains encounter and experience their practice, together with the intimate relationship of their personal faith, are all key components of the "hidden, transcendental dimension", which may not be immediately transparent but may require the mode of enquiry facilitated by IPA.[32]

Apart from the benefits of IPA as an ideal approach to the research question, as described, this method is also deemed advantageous for a practical, developmental reason which may be of particular beneficial appeal to students or pastoral practitioners new to research. Unlike other phenomenological approaches, IPA presents guidelines and a set of directions to guide the process of sampling, to gather data, and finally to analyse these data.[33] It is my hope that this book would serve to be a form of roadmap for upcoming Practical Theologians and research practitioners who are seeking for a more structured approach to help them set out on their own journeys of exploration. I hope that they would also find IPA's well-thought-through methodological process helpful in easing their steps into qualitative research while meeting their needs and research goals.

Methodological steps

As explained earlier, this book is guided by four core leading questions as a helpful framework guiding me with each stage in exploring the complex and multifaceted landscape of the chaplains' practice of end of life spiritual care. The first stage of my research endeavour is concerned with gathering information on the situation in question and is fulfilled by an in-depth review

of available literature on the topics of end of life care, particularly those concerning spiritual care and palliative care needs within the context of Hong Kong. Driven by the aim to address the core question of "What is going on?", this review enables me to have a more comprehensive grasp of the current knowledge and perspectives on end of life spiritual care in Hong Kong. Additionally, the process allows for the identification of current gaps in research, especially pointing to the imperative need for fresh theological research on the topic. Having clarified and confirmed the existing gap in the body of knowledge, my research aim, as expressed above, is optimal to target such a gap.

In this phase of the project, the contextual information needed to better approach my research question is compiled. This context includes the history and current state of the institutional structure of public hospital end of life care in Hong Kong and the status quo of chaplaincy within this system. This contextual information and the relevant insights drawn from a review of existing literature are presented in the following chapter.

Once the contextual information is collated, I moved on to address the question "What is going on?" from the chaplains' viewpoint and to then interpret this data to attend to the question of "Why is this going on?" by picking up the carefully selected tool of IPA for these two steps in the process.

Although there is no strict constraint for IPA to use interviews, I have decided to opt for semi-structured interviews, as they offer greater flexibility to facilitate elicitation of the sharing of the participants' lived experience in "real-time interaction".[34] As a basis for my analysis with IPA, I utilise the raw data obtained from a process of interviews with 11 chaplains recruited from eight public hospitals in Hong Kong,[35] which are subsequently transcribed into verbatim texts. This small and homogenous sampling is purposively aligned with IPA's distinctive idiographic commitment to generate a fine-grained interpretive account by the elicitation of the richness and depth of the individual person's experiences while enhancing detection of patterns of convergence and divergence in the phenomenon.[36] Looking back now, perhaps even more challenging than devising a structured approach to proceed in this project, was the delicate but critically essential need for me especially at this phase of the project, to be attentive to my position, not as a chaplain, but as a researcher. I endeavoured to continually return to and embrace the stance throughout the process as receptive, curious, and humble and have found a metaphor I came across helpful in grounding me and guiding me back to my role. The image distilled from this metaphor described a person conducting the interview as a traveller who "wanders along with local inhabitants, asks questions that lead the subjects to tell their own stories of their lived world, and converses with them in the original Latin meaning of conversation as 'wandering together with'".[37] This image repeatedly drew me back to remind me that each participant was "the experiential expert" and I was an "enabler"[38] in eliciting their "insider perspective"[39] through the guided conversation in the dynamic process of the interview.[40]

In other words, to put it in more academic expression, I was attentive to engage in epoche,[41] a concept grounded in Husserl's philosophy that involves "setting aside our prejudgments, biases, and preconceived ideas about things to maintain rigor in research".[42] The conscious employment of epoche allows me to approach the data gathering and initial stages of the analysis having "bracketed",[43] that is, having set aside "the taken for granted world"[44] of my own assumptions and preconceptions to focus on the perception of the participants with as much objectivity as possible. I embraced epoche through routine reflexive journaling to bracket my habitual mode of seeing and to expose and suspend any "vested interests, personal experience, cultural factors, assumptions and hunches".[45] Intentional journaling allows me to see "with fresh eyes",[46] and to better identify, explicate, and to set aside any presumptions and biases which may interfere with going beyond the confines of my established knowledge and professional experience.

Following the collection and transcription of the data from the interviews into the form of the verbatim transcripts, I commenced the analytical task by further immersing my attention into the experiential claims of each participant by building a collection of descriptive comments on the interview transcripts. This extended period of reflective engagement with the original data extracts involves reading and re-reading the detailed commentary with the participant as the focus of understanding before arriving at identifying developing emergent themes and patterns across the cases depicting the essence of the chaplains' overarching experiences which have emerged from the data.[47] These collated themes are reflected upon in relation to my central research question and are further categorised into the identified superordinate (higher level) themes labelled "homelessness" and "homefulness", and the associated subordinate (lower level) minor themes.[48]

The two superordinate themes detected—"homelessness" and "homefulness"—become the central pillars upon which my narrative account of the themes and the experience behind developed. This narrative account produces a comprehensive and informative description of what has been learnt from the chaplains' lived experience of their practice. The fresh insights generated are presented and supported by ample quotes from the data. This narrative account of the organised themes is the core of Chapter 3.

Having generated and collated those freshly unearthed insights from the second step of the interpretive task with the tool of IPA, I then move on to the normative task that answers the question of "What ought to be going on?" This third task is the real core of this project, as it is then that theological interpretation and reflection occurs. The aim of this theological reflection is to evoke and elucidate the embedded theological dimensions from the chaplains' lived experiences as they practice in the secular and secularising hospital setting. To fulfil this task, I turn to Scriptures and Christian tradition to overtly bear upon the newly transpired insights and questions uncovered from IPA. In this section of the book, comprised of Chapter 4, I define the chaplains' practice of end of life spiritual care as comparable to an exilic journey between

the two polarising conditions represented by the two pillars (which are the previously analysed superordinate themes) of "homelessness" and "homefulness". I demonstrate that the contemporary chaplains and the ancient exiles of the Old Testament share many prominent features in their experiences such as the trauma of displacement, the vulnerability provoked by enduring prolonged alienation, and the imperative need to search for a renewed response for hope and identity. Focusing on this fertile juncture of overlap in theological interrogation enables me to draw attention to some of the inherent theological challenges placing the chaplains at risk of veering from a faithful trajectory in their practice. Furthermore, Chapter 4 expands on the understanding of the idiosyncratic nature of chaplaincy by examining the chaplains' vocational identity and reveals fresh concerns with respect to the tensions experienced in chaplaincy.

Having attained a more comprehensive appreciation of the idiosyncratic challenges in the chaplains' practice, in Chapter 5, titled: "Coping with homelessness: responding to the nature of the practice", I proceed to analyse how chaplains respond to the realities and difficulties of their exilic experience of delivering end of life spiritual care, where they are continually exposed to and immersed in the hostile and alienating work setting of the public hospital. Four distinctive responses are identified in this chapter: assimilation, despair, defying existing boundaries and waiting. I argue that some of these responses discernible in the chaplains' practice, though understandable or necessary, when left unexamined, could deviate from a faithful trajectory through the erosion of their vocational identity. I therefore propose that careful efforts and vigilance are called for to continually reflect on and examine the chaplains' practice in an ongoing and structured manner.

The findings in Chapters 4 and 5 are key to the development of the concluding chapter, Chapter 6, "Practising in homelessness: a re-imagined approach". As directed by Osmer's fourth and final research step of the pragmatic task, and informed and motivated by the findings generated from the previous theological interpretive tasks, I propose in this closing chapter a re-imagination of a transformed chaplaincy practice. The aim of this proposition of a renewed practice is to support and equip the chaplains in their ongoing quest to live out their vocational identity at work through amplifying the currently engaged faithful responses and to recognise and steer away from the less favourable tactics. The goal for this renewal, as driven by the Practical Theological undertaking, is for the "ensuring and enabling faithful participation in God's redemptive practices in, to and for the world"[49] embodied by the chaplains in their delivery of end of life spiritual care. Towards this aim, I have argued that the Christian practice of pastoral supervision is able to fulfil this critical need of empowering chaplains' faithful practices on an ongoing basis.

Notes

1 J. Swinton and S. Pattison, "Moving Beyond Clarity: Towards a Thin, Vague, and Useful Understanding of Spirituality in Nursing Care," *Nursing Philosophy* 11, no. 1 (2010): 226–37, 234.

2 The present work is continuously guided by the research question "How do chaplains experience their practice in Hong Kong?"
3 Swinton's definition of practical theology guides the theological approach of this book. J. Swinton and H. Mowat, *Practical Theology and Qualitative Research* (London: SCM Press, 2006), 7.
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1 What do we know about chaplaincy practice in Hong Kong?

The public hospital setting: understanding EOLC provisions in Hong Kong

In order to better comprehend the context in which Hong Kong chaplains practice, it is fundamental to understand the public provision of end of life care (EOLC) in Hong Kong, which mostly occurs in public hospitals. Hong Kong's public health provision has come a long way from the absence of a healthcare system or health policy in the initial colonial period, with the subsequent "laissez-faire" administrative approach in social policies including medical services,[1] to its evolvement into the present public health system. Currently, in Hong Kong, the healthcare services are primarily operated under the Government's Hospital Authority (HA), which manages all the public hospital facilities. These are organised into seven clusters that serve the entire population of the Special Administrative Region[2] with a heftily funded public fee structure.[3] As an example of the predominance of public healthcare over other systems, 90 percent of bed days are provided by the public hospital system with the rest covered by the private hospitals and practitioners.[4]

Major developments for Hong Kong's healthcare system have taken place after 1991, when HA became established and formally took over the management of the 15 government and 23 "subvented" hospitals to provide an integrated public hospital service consisting of the current 43 public hospitals and institutes.[5] Since then, the provision of healthcare has been driven by a deeply rooted notion of duty of care to society, by which the healthcare system endeavours to ensure the safeguarding and provision of medical services to all in need.[6] The consensus and commitment of the system to provide equal access to all is captured by the enduring guiding principle that "no one is denied adequate medical treatment through lack of means".[7] This has developed over time into the current model of a care-based approach that prioritises the value of care.[8] Such a strong ethos of care[9] and strong equity in access[10] distinguish the Hong Kong healthcare system from other perspectives on healthcare which are guided by the ethical framework of "right" and "autonomy".[11] Instead, the Hong Kong healthcare system is one which

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places an emphasis on the value of collective social responsibility to care over the focus on individual rights as a recipient of care provision.

The public healthcare system faces tremendous pressure to serve the growing and ageing population of Hong Kong, resulting in an overextended public hospital system with its associated challenges: long waiting times for non-emergency procedures and excessive workloads for the healthcare professionals.[12] The overextension of the public hospital system has been commented to be "a weakness of the healthcare system"[13] which constantly struggles with issues related to staff retention and other challenges associated with the increasing demands imposed by the ageing demographic.[14] These characteristics of public hospitals with the heavy workload, shortage of time, lack of knowledge, and insufficient resources acutely impact the implementation[15] and prioritisation of spiritual care over other more curative and life-saving methods.[16] This pressure is furthered because end of life care provision within the public hospital context is the preferred location of deaths for most patients and families in Hong Kong, who prefer to live their final days away from home and to die in an institution or a hospital.[17] A study of Hong Kong elderly patients with terminal cancers who are recipients of end of life care showed that close to all of them die in a hospital setting.[18] This is in contrast to the trends in most foreign countries, for instance in the United Kingdom and the Netherlands, where patients prefer to remain at home during the final stage of their life surrounded by loved ones.[19] This may be a reflection of the comparatively higher level of specialised social and medical support in home palliative care available in these countries compared to Hong Kong.[20] A survey conducted to explore Hong Kong Chinese people's perception related to good death revealed that the category of "dying at home" scored the lowest among all, with a mean score of 2.72 out of 10.[21] Potential barriers preventing the Hong Kong patients from dying in their own homes include the crowded living environment, the perceived negative impact on the property value of their home associated with a death having taken place,[22] the lack of integration in accessible transportation services between the community and the hospitals,[23] and the heightened complication in attaining death certification for home deaths.[24]

These insights into the provision of care in the public hospital system with the associated pressures impact the lived experience of chaplains who must work within the reality of this system. The over-demand and strained resources of public end of life care provisions described above contribute to the homelessness conditions for chaplains' practice described in Chapter 2.

End of life care

End of life care refers specifically to the final segment of the specialised discipline of palliative care, which offers focused treatment to people with non-curable illnesses. The World Health Organization (WHO) defines palliative care as "an approach that improves the quality of life of patients and their

families facing life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial or spiritual".[25] The philosophy underpinning palliative care is guided by a holistic vision, paying attention to the multidimensional aspects of the whole person. Holistic end of life care values the fact that each patient is an integrated whole, extending beyond the sum of the individual "parts"[26] and further acknowledges the growing awareness of the subtle yet crucial "difference between technically competent symptom management versus… an approach that encompasses the psychosocial, existential, and spiritual aspects of the patient's experience".[27]

The historical development of end of life care can be traced back to Dame Cicely Saunders' pioneering work in the 1950s, which highlighted the diverse and complex needs of patients with advanced malignant disease, successfully moving its management "from the margins of oncological practice to the very centre of modern cancer care".[28] Through Saunders' instrumental endeavours in the modern hospice care movement as a research fellow at St. Christopher's Hospice in the UK, the specialised care for those at the end of life became understood to be one and the same with the multidisciplinary team efforts, addressing the physical, social, psychological, and spiritual support of patients with life-limiting illness.[29] An enduring and prominent feature of Saunders' ground-breaking contribution on the care of terminal illness was her idea of "total pain", which was taken to constitute physical, psychological, social, emotional, and spiritual elements.[30] This multifaceted understanding of pain played a part in the development of the term "palliative care", which Balfour Mount coined in 1974 with the hope to bypass the negative connotations of the concept of hospice in French culture while incorporating Saunders' innovations into the Canadian healthcare practice.[31] Saunders' concept of total pain comprises a distinctive emphasis on managing the distress of the patient beyond the medical framework of dispensing pain medication but to include the willingness to engage with understanding the meaning behind the mental distress. This willingness to attend to the total pain of the patient entails particular skills beyond clinical procedures so that "listening has to develop into real hearing".[32] The holistic approach initiated by Saunders continued to develop globally and, in the 1960s, Elisabeth Kübler-Ross, a psychiatrist in the United States, published her seminal book, *On Death and Dying*.[33] In this book, Kübler-Ross further transformed and revolutionised the approach for caring for dying patients: she set forth a stage-based model for understanding coping with dying, drawing the attention of professional caregivers and the general public to the complex needs of those navigating the experience of dying.[34] However, the full complexity of the dying experience is often neglected in EOLC. Recent studies assessing quality of EOLC have revealed the concerning observation that living in a country with high-functioning healthcare systems including advanced specialised palliative care provisions is no guarantee for patients accessing

quality EOLC.[35]In fact, contemporary medicine, with its curative focus, has failed to address the patient as a whole human person and prefers to limit its attention to the finitude of the physical body,[36] as suggested by Daniel Sulmasy, who argued that only a biopsychosocial-spiritual model can provide a foundation for treating patients holistically.[37]

These developments in the understanding of palliative care also had an effect in Hong Kong, which modelled its approach on Saunders' vision. In Hong Kong, palliative care service has been in development since Hong Kong's earliest efforts to implement palliative care in 1982.[38] In this year, the first hospice care team and home care programme were piloted at Our Lady of Maryknoll Hospital at a time when the notion of end of life care was still an emerging and foreign idea in Hong Kong.[39] Following on from this initial venture, various efforts began to take place to establish provisions towards addressing the diverse needs of those facing terminal illnesses, including the establishment of the Society for the Promotion of Hospice Care (SPHC) in 1986 and the Bradbury Hospice in 1992.[40] Palliative care finally became centrally funded and overseen under the management umbrella of the Hong Kong Hospital Authority in 1994. Since then, strategies aimed at the provision of holistic, patient-centred, and culturally sensitive end of life care have been given more precedence in Hong Kong. The pressing need for the Hospital Authority to manage all the local public hospitals, the location where over 90 percent of the annual 50,000 deaths occur,[41] has led to an increase in attention granted to palliative care development locally. For instance, this shift towards prioritising the care for those in the final margins of the healthcare continuum can be seen from the Hospital Authority's 2016 Annual Convention, where palliative care was featured as the main theme of its opening address.[42]

However, the provision of palliative care within the public hospital setting in Hong Kong remains insufficient and possesses abundant room for improvement.[43] Being a highly developed metropolitan city, Hong Kong lags in its care for those most vulnerable patients at the end of life. This lag in Hong Kong's overall provision of end of life care was highlighted in a report conducted by the Economist Intelligence Unit in 2015 which examined and compared the quality of death in forty selected locations globally.[44] Within this report, where the United Kingdom held the top position, Hong Kong was ranked 22nd in place, revealing a significant disparity in its current provision from the standard proposed by WHO. One discernible feature among the multitude of factors substantiating this gap between Hong Kong and other locations occupying higher positions in the report can be detected in the observed discrepancies between Hong Kong healthcare providers as "not schooled or conditioned in the patient-centred participatory tradition of care, which per se has been a fairly recent development in the West".[45] This comparative lack of training and related incapacity of Hong Kong healthcare practitioners to involve patients' participation in crafting their personal care plan significantly impacts the overall assessment of its attainment in good

death, which critically hinges on valuing dignity and shared decision-making.[46] Hong Kong's relatively low ranking points specifically to the quality of end of life care services at primary care settings, including end of life care environment, availability of end of life care, and cost of end of life care.[47] To better illustrate these deficiencies underscored by the report, at present there is an estimation of 40 palliative care beds per every million people in Hong Kong,[48] showing low availability of end of life care. This lack in adequate provision is made more evident when the hospice-palliative care service to population ratio is placed in comparison with other south-eastern locations such Singapore and Macau, with far more satisfactory provisions.[49]

Within the obvious insufficiencies of end of life care, including the need for the healthcare system to more fully embrace palliative work towards integrated person-centred care, the assumedly integrated component of spiritual care remains Hong Kong's least consolidated practice in public hospitals.[50] An example of how unhomogenised spiritual care is as part of a public hospital's provision for EOLC can be found in how the practice of chaplaincy is funded. Unlike some Western healthcare contexts such as the United Kingdom, North America, and Australia, Hong Kong chaplains are not directly employed by the hospitals but are financially supported by local parishes and other Christian organisations. The chaplains are not categorised nor treated in the same manner as their multidisciplinary colleagues who have been granted an institutional status as legitimate employed members of the hospital among the 60,000 staff hired by the HA.[51] Instead, Hong Kong chaplains have been excluded from being a part of the employment scheme and their position within the institution comes instead from an assigned honorary title. This institutional decision to not extend equal employment status to the chaplains has a critical impact on the chaplains' lived experience in their practice within the hospital setting, especially in relation to the challenges with the relational dynamics in the palliative team.

As suggested by Saunders, spiritual care is an integral part of end of life care and, in such a context as described in this section, one with obvious problems that needs to be addressed for Hong Kong's provisions to match the ideals pursued by the HA. In spite of the government's aspiration to enhance holistic palliative care in the clinical setting, most palliative interventions in Asia, including Hong Kong, focus primarily on the physical dimension of pain and symptom management without attending to the psychosocial and spiritual issues.[52] These issues in the current provision of EOLC act as a challenging backdrop for the spiritual care which the chaplains are called to deliver.

Chaplaincy in the holistic EOLC model

Spiritual care is an important part of the provision of quality care for those approaching death, as the end of life process involves physiological changes[53] and spiritual transformations.[54] Studies on end of life care needs have confirmed that attention to the spiritual dimension is helpful in addressing

distress and improving quality of life.[55] Failure to attend to the multifaceted and individual spiritual needs of the patients at this critical juncture is associated with lower ratings of quality and satisfaction of care,[56] poorer quality of life,[57] and end of life despair.[58] Within the holistic vision, chaplains are seen to be the hospital's spiritual care specialists[59] responsible for addressing the diverse end of life issues whether religious, spiritual, or existential in nature.[60] Within the inclusive and holistic framework supported by Hong Kong, hospital chaplains are, in principle, an integral part of the hospital multidisciplinary palliative care team.[61] Chaplains are seen to have a key role as interprofessional collaborators in the holistic approach to care provision through their integration of the physical, psychological, and social aspects of needs in their focus on spiritual care delivery in the end of life context.[62]

However, despite these claims of the importance of holistic care and of spiritual concerns as a core dimension of palliative care,[63] the role of the chaplains in the healthcare process within the practical reality of the public domain in the hospital setting remains unclear.[64] This is closely associated with the poorly understood concept and delivery of end of life spiritual care despite efforts in promotion given by various international organisations such as the Institute of Medicine,[65] the National Hospice and Palliative Care Organization,[66] and the World Health Organization.[67] Some reasons for the healthcare professionals' uncertainty in understanding the chaplains' role include the lack of sufficient interactions between them or the commonly held opinion that chaplains are only there for the provision of religious services.[68] As an example to illustrate this unclarity, the discrepancy between chaplains' understanding of their role and the perception by other members of the hospital interdisciplinary team was highlighted by a study conducted by sociologist Wendy Cadge in 2012.[69] The results from Cadge's research showed that chaplains described their work in terms of attentive presence and meaningful relationship building, while healthcare professionals understand the chaplains' work as involving primarily religious-related rituals.[70] Regardless of the emerging evidence and the status as an integral component of palliative care, "spiritual care remains the least developed and most neglected dimension of palliative care"[71] and has been dubbed the "ignored dimension".[72] There exists a dislocation between the acknowledged need for spiritual care and on-the-ground implementation and arrangement within healthcare organisations.[73]

This diverging understanding of what the role of a chaplain is, together with the substantial disparity between theoretical concepts and implemented practice and between acknowledged need and delivered care, has a very significant influence on the relationship between chaplains and other members of the healthcare team and will severely impact the experience of chaplains' practice as will be seen in Chapter 3 when I expand on the concept of role ambiguity.

Understanding the practice of chaplaincy in the Hong Kong context: the impact of formation and local culture

Unlike some other global contexts such as the United Kingdom where there has been formal employment of non-religious pastoral carers in hospital settings with the Humanist chaplains since 2017,[74] chaplains in Hong Kong are predominately "devout practitioners from conservative Christian traditions".[75] Furthermore, all the chaplains have been formally authorised to work in their role within the hospital settings by their respective churches. This custom of requiring official approval from faith communities in the certification of chaplains in Hong Kong differs from their global counterparts, such as the case in Australia, the United States, and the Netherlands, where endorsement from belief communities is becoming non-essential for certification.[76] These "Christian faith-based clergy"[77] which constitute Hong Kong chaplaincy have undergone two formative stages: one of theological instruction in seminary and another stage undertaking practical training in a clinical setting for spiritual care delivery through Clinical Pastoral Education (CPE). This twofold pathway of professional training aims to prepare the chaplains to work effectively and to enable a fuller integration within the acute medical care context of the pluralistic secular hospital setting. However, it is imperative to note that this model of dual-track formation of chaplaincy, with the Christian theological education on the one hand and the "non-sectarian, interfaith model of chaplaincy"[78] taught in CPE on the other, presents various inherent complications for the Hong Kong chaplains in the reality of their practice.

One of the inherent challenges experienced by the chaplains comes from the impact of this dual formation on the chaplaincy practice. As I will show in Chapter 4, chaplains are shaped not only by their personal calling to be a representative Christian presence outside of the church but also by the subsequent training and development in seminary and the process of CPE. The negative impact of these two modes of formation on chaplaincy is due to the fact that they do not wholly supplement one another. The two pathways in training individually embrace a divergent understanding of and approach to spiritual care and its delivery. The dual professional instruction shaping the chaplains' practice contains two non-converging orientations, each with its distinctive underpinning appreciation and insights on clinical spiritual care. These conflictual fundamental underpinnings, which may not be clearly visible in the training process, become exposed and are laid bare in the practice.

CPE is principally a generic and humanistic approach of "interfaith professional education for ministry"[79] designed for the delivery of spiritual care in a non-denominational, non-religious public healthcare system. The chaplains' foundational religious identity and roots are purposefully underplayed in CPE to accentuate the religiously neutral forms of "spiritual services that do not discriminate based on ethnicity, gender, sexual orientation, or religion".[80] Seminary training, conversely, prepares the chaplains to be

theologically grounded and to nurture a firm commitment to faith guided by the Christian tradition and Scriptures. This process of theological education develops a distinctive understanding towards concepts regarding salvation, health, dying, and suffering which are crucial for the end of life context. These two fundamentally conflictual modes of training processes with their divergent focuses and aims will therefore be significant in shaping the lived experience of the Hong Kong chaplains in their practice.

Another equally notable factor generated from the chaplaincy formational procedures and which has contributed to the complications encountered by the Hong Kong chaplains is specifically related to CPE. This CPE-specific factor is related to the suitability of its direct, un-audited application of the training programme onto the unique cultural context of Hong Kong. The framework of CPE was originally designed with practitioners from the United States, Canada, Australia, and New Zealand in mind.[81] These countries have significantly dissimilar religious demographics to the local context in Hong Kong, thus making the direct translation of the Western framework problematic. Furthermore, the chaplains are called to practice in a religiously diverse city of Hong Kong where many residents claim to be irreligious.[82] However, in spite of this denial of a particular religious tradition,[83] uncategorised and popular beliefs and practices remain significantly influential in Hong Kong.[84] These unofficial local religions comprise an integral component in the practitioner's everyday living and is expressed in various forms, including ancestor worship, participating in different deities' festivals, and seeking directions according to principles of geomancy or fengshui.[85] The Chinese religion in Hong Kong constitutes a combination of Daoism and Buddhism together with the other previously mentioned popular folk religious traditions such as ancestor worship.[86] The syncretic, heterogeneous nature of Chinese religion[87] of Hong Kong which primarily "encompasses three distinctive levels or facets: (1) the sacred presence, (2) the Confucian ethical imperatives, and (3) the pragmatic, instrumental outlook"[88] stands in contrast with the religious demographics of other earlier mentioned countries for which CPE is designed. These other locations are constitutive of distinct monotheistic traditions such as Jewish, Christian, or Muslim, which make the assessments embraced by CPE relatively simpler to be implemented.[89] Consequently, when this framework is applied, in its entirety, onto the pluralistic and religiously diffuse context of Hong Kong, unexpected challenges unforeseen in the original CPE design will inevitably emerge. The pastoral assumptions underpinning principles and approaches at the foundation of interfaith spiritual care discourse which CPE is an example have been critiqued to be Eurocentric and dominated by a Western Christian agenda. This Western framework of CPE takes as normative, or even universal, that the addressing context is one where Christianity is uncritically assumed to be one of the prevailing influences.[90] Put in this light, it is not difficult to see how an indiscriminate translation of such an approach informing CPE in the

non-White, non-Christian Asian contexts, including Hong Kong, could be gravely problematic.

The distinctiveness of the local context, with its unique history, culture, and needs, significantly shapes the myriads of concerns surrounding end of life care, creating a set of considerations in the implementation of timely care. For instance, only a minority of Chinese people would choose to openly talk about or even think about issues concerning topics of death as it is widely considered to be ominous.[91] In traditional Chinese culture, the taboo of death remains prevalent, and discussions on death can be considered "sacrilegious, blasphemous, and disrespectful".[92] Studies have revealed that, compared with Western countries such as Australia, where a more direct communicative approach is preferred, members from locations with a distinctive blend of Eastern and Western cultures are more prone to communicate using more indirect methods including non-verbal cues.[93] Specifically to Hong Kong and Taiwan and in the context of end of life discussions, this cultural inclination to rely on indirect and subtler approaches is seen in their preference to wait for specific occasions to initiate these conversations. Examples of these tentative and circuitous approaches commonly utilised in Hong Kong include broaching the topic of death during family gatherings through "reflection or hinting" of a recent television programme or news of a friend facing death.[94] This entrenched cultural avoidance to address death and dying inevitably impacts the chaplains at the outset in their efforts to deliver end of life care, acting as a barrier for their practice.

Hong Kong chaplains encounter further challenges related to the culturally specific avoidance of the topic of death, and this avoidance has not been sufficiently accounted for in CPE formation. An example to illustrate this potential complication corresponds to the cultural-incongruent assumptions and expectations developed during chaplaincy formation. The chaplains are taught in their CPE training period to effectively provide end of life spiritual care by being equipped with a variety of skillsets including the physical proximity and intentionality of active listening and presence, helping the care recipients to deepen and reconcile important relationships, and to enhance a sense of purpose and meaning through cocreating[95] and life reviews. However, when these expectations are placed into practice within the Hong Kong setting, unforeseen resistance and difficulties emerge which are closely associated with the cultural backdrop of Chinese culture. For instance, chaplains' delivery of spiritual care frequently includes end of life communication, which takes place in a context which is highly emotional, uncertainty-inducing, and intimate.[96] Chaplains are taught in CPE to understand that such communication is invaluable to the provision of quality care towards a "good death" as it provides the opportunity for closure, connection, meaning-making, and understanding about self, loved ones, and death itself.[97] A primary aspect of such communicative needs lies in bridging the absence of a developed language, lay or professional, for spirituality, which when unaddressed may result in spiritual pain.[98] The constraints of language

and the lack of narrative templates available for the experience of illness and dying impede authentic communication within the triadic process of negotiation between patients, their family members, and clinicians.[99] This becomes even more apparent in the Chinese cultural contexts of Hong Kong, which tends to suppress "talk that meddles with death"[100] for fear of its association with bad luck and its potential disruption of the harmonious familial relationships.[101] This background of the taboo of death and other cultural concerns surrounding the navigation of this sensitive and difficult experience create and sustain the distinct lack of a linguistic framework that could be used to articulate death-related spiritual needs.

This obstacle is furthered by the linguistic limitations of the Chinese vocabulary, a language which lacks a sufficient lexical pool to verbalise strong sentiments. There is an added absence in the cultural expectation from institutional care to involve expressing emotions. According to Ge Gao and Stella Ting-Toomey, for the Chinese, "[f]eelings are not to be spoken but to be sensed and discerned".[102] This line of thinking may be a reflection of the traditional Chinese perspective that discourages and regards extreme emotions as pathogenic and destructive to the normal functioning of the body.[103] Emotional suppression, rumination, and expression in the Chinese context have distinctive cultural characteristics.[104] In Chinese culture, the preservation of harmonious and balanced relational dynamics in social interactions is paramount,[105] which leads to the prioritisation of keeping a sense of emotional stability in any social situation. Individuals thus avoid disrupting the harmony of relationships regardless of their desire to express their emotions, making open communication of their needs and preferences for difficult end of life care decisions even more challenging. There is a great emphasis to set aside personal autonomy and self-agency and a heavy deference on group decision-making by the family and the healthcare professionals.[106] This linguistic limitation to the expression of emotion and the cultural constraints discouraging extreme sentiments are both problematic in the emotionally turbulent end of life experience. In dying, anger, anxieties, and depression are commonly encountered, and the inability to express these emotions poses an extra challenge for chaplains who strive to facilitate this expression as part of effective spiritual care.[107]

The challenges brought forth by the culturally engrained inhibition to disclose emotions and the linguistic constraint to verbalise extreme sentiment and to talk about death impact chaplaincy practice severely and have, so far, not been taken into account. Even though the spiritual dimension has been established as a universal human need transcending cultural divides, the delivery of care to address this need must be done from a culturally sensitive perspective. Since cultures differ in their ways of explaining and giving meaning to death,[108] Western death orientations and expectations, which inform and underpin CPE, cannot be simply translated onto Hong Kong chaplains. Timely and effective facilitation towards the exploration and articulation of the complex experiences of illness, suffering and dying for Hong Kong

Chinese patients is needed to fulfil the need for holistic end of life care and has become a major component of the Hong Kong chaplains' lived experience.

These complications, which have transpired in the chaplains' lived experience as a result of the direct translation of the CPE model onto the culturally and religiously dissimilar context of Hong Kong, require the chaplains to develop new coping strategies for which they were not prepared in the professional training processes. In order for chaplains to navigate these newly encountered challenges once they begin practising in a Hong Kong hospital, they are compelled to integrate, reconcile, and hold in tension three different forces at play in their practice: their theologically informed understanding of end of life care, the more generic and humanistic approach from CPE formation, and their need to establish deep, meaningful relationships with care-recipients who are unfamiliar with their role and are reluctant to engage in death-related, high-emotion encounters. The effect of these challenges will be expounded in Chapter 4, where I address their bearing on chaplains' vocational identity as they practice within the context of the public hospital.

Chaplaincy practice as an object of study

In the past three decades, Hong Kong has been steadily working towards the ideal of a holistic and compassionate end of life care environment guided by HA's core principles: being patient-centred, family-oriented, dignity-conserving, and culturally competent.[109] This strategic vision of the HA is seen as a means to address the Special Administrative Region's ageing and growing population and its demands on the already oversubscribed and strained healthcare system. Notwithstanding such advancements in moving beyond the biomedical model of care, the development towards holism and the integration of the four dimensions within such a model still present much room for further work. In particular, a review of the existing body of literature reveals the disconcerting absence of research attention towards spiritual care and its role in end of life care. Research on spirituality has been limited within the Hong Kong context, especially when compared with the attention towards the other dimensions of the holistic model of care. Most significantly, there is an obvious dearth of literature dealing with the practice of chaplaincy in China and in Hong Kong in particular. This general lack may explain and contribute to the poor integration of the spiritual dimension within the interdisciplinary end of life team.

Spiritual care at the end of life in Hong Kong has seen some recent attention from scholars and practitioners from a variety of disciplines in efforts to expand on the current "paucity of data"[110] and insights on the topic of end of life care for the local context and to address inadequacies in Hong Kong government policies in this area.[111] Out of these research endeavours, there is a general consensus to recognise the significance of religious and spiritual comfort for Chinese patients[112] and the necessity of spiritual care at the end of life.[113] Worth noting is the work of Esther Mok *et al.*, whose work focused

on the Hong Kong healthcare professionals' understanding concerning the meaning of spirituality and end of life spiritual care needs for terminal care patients in Hong Kong.[114]

This interest in enhancing the knowledge in spirituality and end of life care has been echoed by other similar research efforts from medical cohorts including nurses[115] and physicians[116] as well as social workers.[117] The nurses' perspective reveals a gap in their awareness of the importance of spiritual care as an integral part of holistic provision,[118] furthermore showing a tendency for Hong Kong nurses to perceive spirituality as associated with religiosity.[119]

Invaluably, the literature generated from the medical and social-work perspectives contributed to the elucidation of the concept of spirituality for the Hong Kong context. Spirituality is interpreted quite similarly to the Western understandings of the concept, which relate spirituality to the relationship and connectedness with others, sense of faith, and living with meaning and hope.[120] However, two additional facets of end of life spirituality specific to the cultural and social context of Hong Kong can also be discerned in this set of literature: the fulfilment of personal responsibilities and the acceptance of death as a life process.[121] These facets reflect the cultural impact of the Confucian background, which places immense value on the social quest to be responsible for the collective good of others.[122] The Eastern spirituality embraced by Hong Kong reflects a "secular orientation"[123] rooted in Confucianism, Daoism, and Buddhism, which underscores the value of self-knowledge and sustaining harmonious interpersonal relationships as core concepts. This complex understanding of spirituality, with the related implementation and expectations of spiritual care, deepens the chaplains' difficulty in reconciling their CPE formation by practising in the local context.

Research concerning end of life care from a social-work perspective has also seen a healthy trajectory, and has focused on promoting different types of end of life decision-making, including Advance Care Plan (ACP).[124] ACP is seen as a core aspect of palliative care from this perspective and has been defined as "a package of care involving communication interventions to facilitate decision making, symptom management and comfort measures, and psychosocial support".[125] Increasing awareness and implementation of ACP in Hong Kong was a response made to address the unsatisfactory ranking of Hong Kong compared to other Asian countries including Taiwan and Singapore.[126] ACP was thought to be an effective way by the Hong Kong government to bridge the gap of poor access by the local population to palliative care through the facilitation of the different end of life services contained within ACP provision.[127] As ACP is not part of the chaplaincy training in seminary or CPE, chaplains are not involved or included in the conversations at the basis of much of the published research on the topic. The emphasis on ACP as a measurable metric for holistic end of life care provision further marginalises chaplains from the multidisciplinary team as it creates a false impression that the spiritual dimension in end of life care is sufficiently addressed by this care package.

Besides ACP, other research exploring end of life spiritual care from the social work viewpoint is primarily concerned with dignity and the exploration of a "Dignity Model" suitable for Hong Kong.[128] Under this guiding aim to construct a prescriptive framework that encompasses the psycho-spiritual aspects of patient care for the multidisciplinary team,[129] Ho *et al*. suggest that the concepts of spirituality and dignity are inextricably intertwined and are imperative in the holistic provision of palliative care especially for Chinese patients.[130] The desire to develop a culturally sensitive approach to end of life care has led to valuing and prioritising the conservation of dignity as fundamental.[131] In the case of Hong Kong, these research efforts in end of life care reveal a distinct turn from spirituality itself to the notion of dignity as a broader and more culturally pertinent framework.

The increasing amount of research generated from medical or social work perspectives in Hong Kong is in direct contraposition to the almost non-existent theological research produced regarding end of life care in Hong Kong. Within the scanty corpus of theological research on the topic at hand, valuable analysis has been published by Peter Ward Youngblood that uses the case of Hong Kong chaplaincy as a case study for interfaith theology.[132] Youngblood highlighted the need for Hong Kong chaplains to reconcile their deeply rooted theological stance with the generic approaches to interfaith chaplaincy in their practice without risking "imposing a reductive or false consensus" on both the chaplains and their care recipients.[133] Simon Kwan has also highlighted the incongruity in the contemporary interfaith spiritual care discourse embraced by Hong Kong pastoral care givers where Christianity is mistakenly regarded as the dominant religion. Instead, Kwan drew attention to the contrasting status Christianity holds in the reality of the non-Western context of Hong Kong where it is at best "the guest/ stranger/ other, begging for non-Christian host's acceptance".[134] Closely related to and instigated by the research behind this book, I have also written on the phenomenon of "disenfranchised grief" which is one specific challenge faced by Hong Kong chaplains in their practice from their disempowered position within the secular medical hierarchy,[135] as well as the impact of culture on end of life spiritual care.[136] The working conditions of chaplains in Hong Kong, especially with regard to stress levels, have also received some attention. Interestingly, and much in line with my proposals in Chapter 6, research on chaplaincy and stress recommends that "mentoring and support" are needed for younger hospital chaplains.[137] While these efforts are highly valuable, they are not sufficient to present a comprehensive picture of the practice of spiritual care in the Hong Kong palliative scene. The chaplain, the figure at the centre of end of life spiritual care, remains under-comprehended, and their practice undervalued.

Notwithstanding the ongoing invaluable research efforts by the medical and social-work cohorts in Hong Kong, there is a need for the Christian theological perspective to join in the scholarly dialogical exchange in order to generate a more comprehensive framework for the holistic vision in end

of life care provision locally. The paucity of research towards end of life care generally, and specifically the lack of a Christian theological perspective, contributes to the dissatisfactory understanding of end of life care and the needs of those who practice such a service in Hong Kong, and does a disservice to the integration of spirituality in the professed holistic vision of EOLC. For what is ultimately a Christian practice in Hong Kong, research contribution from a Christian perspective is, with the exception of the two strands of research presented above, so far lacking.

As stated in the introduction, this book aims to provide a new and more comprehensive understanding of Hong Kong end of life spiritual care from the perspective of chaplains. In the hope of contributing to a better understanding of how the delivery of spiritual care at the end of life is experienced in Hong Kong by its practitioners, this book will provide a detailed analysis of such experiences, thus filling a gap in the existing corpus of research and contributing to a better appreciation of their practice. The research has a secondary aim to improve this practice and allow for conversations about the actual integration of spiritual care to be guided by an informed knowledge of the practice itself.

Notes

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2 The landscape of chaplaincy practice
A phenomenological interpretation

In the last chapter, an in-depth review of the current knowledge and perspectives on the conditions of end of life chaplaincy practice in Hong Kong was presented as guided by the first steering question of "What is going on?" The review quickly identified an existing gap within the research corpus, particularly from the theological perspective. In this chapter, I will present to you what has been uncovered from using Interpretative Phenomenological Analysis (IPA) as a critical dialogue partner in exploring the chaplains' lived experience in their unique role within the secular and pluralistic setting of Hong Kong public hospitals. Through the process of analysis as detailed in the Introduction, two overarching themes—homelessness and homefulness—became discernible and are the focus of this current chapter. I will be guiding you through the different constitutive aspects of the experiences which had been interpreted, distilled, and organised in a way which will hopefully paint a vivid picture of two different sides of chaplaincy in Hong Kong evidenced from the chaplains' sharing.

Facet 1—homelessness

Practising hospitality in an inhospitable land

Two observations were made by the researcher at the beginning of the interview process before analysis had begun in the formal sense of the word. One of these is the chaplains' eagerness to take part and view the interview as a gift. The interview was welcomed by them, not only as an offer to help the researcher, but it was seen as a gift to themselves. They were keen to reflect, share openly in a safe space, to "consolidate" (Larry) and "re-evaluate" (Moira) their experiences. A common remark in responding to the first interview question of "Would you tell me why you have agreed to take part in this study?" was "It's about time!" This sentiment is shared by me but in a slightly different way. The researcher is motivated to initiate research from the perspective of spiritual care specialists. The chaplains, on the other hand, express the necessity and the timeliness of allowing others to know about their professional role and their experiences within it. This warm-up question would lead the participants to reveal their most acutely felt struggle very early on in

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the interview, much to the researcher's surprise. The first question ("Would you tell me why you have agreed to take part in this study?") was initially designed to help the participant (and researcher) feel more at ease and to build the rapport needed for eliciting more sensitive sharing demanding trust. However, as it was practised out, the question was repeatedly received as an invitation to share their woundedness and challenges which had previously found no place or given no time to be addressed or, more importantly, heard.

The challenges which were readily awaiting to be shared presented themselves initially as remarks directed frequently at the chaplains when in a shared space with other team members.

> When I got the email, I thought to myself "yeah it's about time!". So that's why I feel, um, since we have such a good colleague amongst us who would, in such a systematic manner, you know. Actually in the recent years. Um, Christian spirituality within this hospital is really not something which many know about. Hospitals, no matter HA [public] or private, their understanding of chaplains' work and spiritual care. We would often hear comments such as "Get out of the way! You are in our way and obstructing our work." Or "don't get in the healthcare professionals' way." Or another common remark is "all you guys do is chat with the patients. That's all you guys do."
>
> (Brenda, line 6)

These careless and derogatory remarks, like arrows flung at them at work, have remained with the chaplains in their experience of practising spiritual care in their professional setting. The theme of homelessness was beginning to take shape from the varied individual experiences emerging from the participants.

The concept of homelessness adopted here draws from and extends beyond the common understanding of describing individuals who have lost their physical homes and are left to survive on a day-to-day basis without guarantees of safety or basic provisions from a permanent base. A broader sociological definition[1] with its inclusion of "the quality of the interactions and of material and social supports a person has" is chosen for this study's purposes. Homelessness is stigmatised, and the affected individuals are often viewed by the wider society as a burden and not granted active attention.[2] This understanding serves to highlight the emotional aspects of homelessness where a lack of worth, purpose, and belonging is caused by the absence of a protective environment where nurturing relationships may be found. Furthermore, I am drawn to Walter Brueggemann's illustration of the homeless experience of an orphan in biblical times as "always, and everywhere at risk and in jeopardy".[3] Together, these understandings of homelessness serve to elucidate the deeper, implicit lived experience of the chaplains in their practice. Such experiences when viewed with the lens of this broadened framework bring into sharper focus the destabilising and demoralising feelings of homelessness emerging from the chaplains' shared experiences.

Role ambiguity

Before presenting the features of the homeless experiences of the participants, a closer examination of the chaplain's professional identity in the work setting is crucial.

A profound lack of clarity in the chaplains' role has been revealed from the data. This confusion is shared among the healthcare professionals, supportive staff, the patients, the hospital institution, and the chaplains themselves. The role ambiguity of the participant is a major contributing factor to and the background from which the overall experience of homelessness is found.

Part of the problem with the ambiguity in the understanding of the chaplains' role is the fact that the nature of chaplaincy interventions is carried through conversation, which is not as measurable or concrete as the tasks of the other non-chaplain colleagues.

The practice of conversation

All the participants initiate their delivery of care through conversations with the patients. Since the professional role of a chaplain is alien to most patients and referrals are rare, an introduction is required by the chaplain in each initial encounter. The hoped-for outcome would be a further conversation to build rapport and a relationship. A relational base is vital for spiritual care where the chaplain facilitates the exploration of the unique spiritual needs of each patient. Conversations play a key part in the nature of chaplain interventions.

> So as a chaplain, we need to accompany, we need to enter into their, umm, I mean we need to face these things with them. You need to be able to enter, into their spiritual dimension. And go from there… There is fear and there are knots in their hearts. So what you do is you try to, you would use conversations. We usually use conversations. To explore his spiritual need at that moment… I asked him what he needed most then… you need to have an open heart. Not to be presumptuous. Try to talk to them freely.
>
> (Paula, lines 63–65, 80)

> it's about the physical, psychological, social and spiritual dimensions of their needs. And how things are presented in their ventilation [sharing]. Often the patients need to ventilate. And as they do that, they become aware of their needs. But if you ask me where to start in the care? I think it all depends on the individual case… what he tells me… So I need to find the best time, quality time. To speak with her. To listen to her as she ventilates. And we would explore with her… Of course, there would be a lot of questions. A lot of blaming, all these are what they need ventilation for?
>
> (Jessica, lines 21, 43–45)

Even though conversations may not seem like a vital mode of care, especially situated in a medicalised setting, emerging evidence is demonstrating otherwise. Initiating a conversation and creating the conditions for patients to be able to talk freely, or to "ventilate" (Jessica), is emerging as a unique function of healthcare chaplaincy. Despite the fact that "conversations are inherently sloppy… unpredictable",[4] the use of conversation has always been a key tool in facilitating valuable spiritual care delivery, including grief support, rapport-building, and crisis-management.[5] A survey[6] to investigate those aspects of the chaplain/patient relationship most important to patients in Australia and Scotland showed that "being able to talk about what is on my mind" proved more important than "being listened to", "having faith/beliefs valued", or "being understood". This survey concludes that facilitating the conditions for patients to share freely is an end in itself for chaplains, differing from other healthcare professions which see talking as a means to an end for ascertaining an outcome such as a diagnosis.

The practice of conversations has a vital role in the nature of spiritual care delivery. The lack of knowledge of the nature of chaplaincy interventions may hinder non-chaplain health colleagues to recognise the chaplain's contribution and serves to perpetuate the invisibility of chaplains' work,[7] the non-homogeneity of the holistic vision in care provision, as well as the inhospitable homelessness experience of the chaplains in their practice.

Healthcare professionals

A common perception healthcare colleagues have of the chaplain's role has been introduced in the quotation by Brenda (line 6), "all you guys do is chat with the patients. That's all you guys do". The disparaging attitude of a chaplain's role as merely having a casual chat with patients is experienced by the participants.

> we are still viewed and treated as people who chat casually with others. We have very little value to contribute in our work.
>
> (Brenda, line 308)

In a way, the healthcare professional is correct in that observation. Chaplains do engage in and rely on conversations in their delivery of spiritual care. However, it may not be the case that a casual chat is irrelevant and dismissible but a necessary "entry point" (Paul, line 88) to the delivery of an important aspect of care. The lack of understanding of the nature of spiritual care and the role of healthcare chaplaincy leads to and sustains this minimising attitude. The contours of homelessness for the participants in their practice are shaped against this background of obscurity of their professional role.

As alluded to by the earlier sharing from Brenda, the relationship of the participants within the healthcare professionals is often strained and

alienating. The chaplain's role is narrowly or negatively understood by the medical colleagues.

> I think within the hospital setting, within the team how they look at chaplains, it is all about rituals. For example, each time a patient is admitted formality dictates that he (patient) is asked if he has any religious affiliations and if you are a Christian they would ask if you would like a chaplain to come and visit you. But their understanding of Christian spirituality or spiritual care is not very comprehensive… they would also come and look for us for baptism, or help with funerals… So anything that has to do with Christian rituals, they will call the chaplains. That is how I think they understand spiritual care.
>
> (Larry, line 77)

> But for those non-Christian colleagues, or those with other religious beliefs, (sighs) they think we are proselytizing. That's how they perceive us.
>
> (Annie, lines 624–26)

> they sometimes also see us as partners. Collaborating partners even? Especially when there are complaints filed against them by patients. They would always look for us and try to get us to soften the situation. So what is spiritual care? It is for handling complaints. (smiles). Be the middleman for this.
>
> (Larry, line 81)

Healthcare professionals perceive the role of the chaplains either narrowly, limited to the provision of religious rituals and mediating "tricky" (June, line 171) situations when complaints were filed, or negatively in proselytising with their care.

This misconception may be perpetuated by the chaplains in their keen desire to make their contribution visible to the medical colleagues:

> We have rituals. [speaking softly and almost inaudibly]. We would tell the other staff when we have performed rituals such as baptism, or funerals? Just so they would know what we do when we offer spiritual support and care?
>
> (Imogen, line 154)

The institution

The confusion and misconception are further sustained and reinforced by the hospital institution in which the participants are embedded and required to work. The data reveals a gap in the professed vision of the hospital from the lived experience of the chaplain participants.

> Umm, I am not sure… the spiritual care in Hong Kong. The way HA [Hospital Authority] does things. I feel that, they are trying to tell the global world that we have this service... but in reality, there is so little resources given to it…. I feel that with medicine, they are not doing enough. At least we [Hong Kong] are definitely worse than how Taiwan is doing in this aspect… They are seventh? And we are twenty-second. (laughs) [referring to the 2015 Quality of Death Index]… Yeah they are doing such a great job. And Hong Kong on the other hand is falling behind more and more. Over a decade ago, we were not doing that bad, you know? The holistic approach? It is almost like the spiritual dimension is just there by name?
>
> (Paula, lines 267–77)

The sentiment highlights the gap between the experience of the participants and the espoused vision of the Hospital Authority, which states: "All patients facing life-threatening and life-limiting conditions and their families/carers receive timely, coordinated and holistic palliative care to address their physical, psychosocial and spiritual needs, and are given the opportunities to participate in the planning of their care, so as to improve their quality of life till the end of patients' life journey".[8]

The ambiguous identity of the chaplain is further reinforced in its marginalised position from the rest of the hospital by the institutional decision to not include chaplains in the employment plan. The presence of the chaplain is permitted by a nominal title of an honorary post. This nominal title grants the chaplains a place, albeit limited, to be in the hospital yet it attests unambiguously to the insignificance granted to the spiritual care specialist's role and their contribution. A sharp dissonance between the hospital vision and the institutional decision to isolate the spiritual care specialists is identified. This dissonance resonates with Paula's perception of spiritual care as "just there by name" (line 277).

It is therefore not surprising that the participants have experienced being treated as "non-professional volunteers"[9] within the multidisciplinary team.

> The fact that we are not part of the staff of the HA [Hospital Authority], what does that say about the acceptance of chaplains and our role in the hospital? We are treated as volunteers.
>
> (Jessica, line 307)

The patients

The participants assume that the patients will find the chaplains' title foreign. Hong Kong chaplains are in a similar quandary with their Western counterparts in facing increasing pressure to champion their value as spiritual care specialists within the healthcare system. However, the predicament of these Chinese chaplains is made that much more complicated as they strive to do

this in context where Christianity remains a foreign and "numerically minority religion" and where their care recipients are primarily non-Christians and with minimal Western education or exposure.[10] The foreignness of the chaplains' perceived role by Hong Kong Chinese patients is evidenced by the chaplain's creative efforts in their self-introduction with care recipients. One participant (Stephen) employed the roles of a "homeroom teacher", "secretary", "blindman's stick", and "tour guide" in his first encounter with a newly admitted patient. The primary motivation for painting a broad and encompassing role for the patient may be due to the avoidance of negative religious transference and to ensure engagement. However, the reality of the unfamiliarity of the role is undeniably present.

Another participant further illustrates this oddity and unfamiliarity of the chaplain's role this way:

> So, I would ask them what brought them to the hospital… I would introduce myself as the chaplain. And some patients would ask if my name is "chaplain" (laughs). Or some would ask if I was the social worker.
>
> (Annie, line 377)

The namelessness experience reflects the unfamiliarity with the concept of spiritual care in the wider society. The participants tackle this first hurdle in care encounters either by the creative and purposeful ways illustrated by Stephen or to simply describe their role as offering care. However, as we shall see, the ambiguity inherent in the chaplains' role and identity is not easily addressed in spite of the chaplains' resourceful attempts to minimise and offset the understandable religious differences by taking on more familiar titles suggestive of their availability to help and support the patients.

The chaplains

The lack of clarity in the chaplain's professional role does not only affect other disciplines and the patients, but the same confusion is found to plague the chaplains themselves in their practice. This confusion about their role happens when chaplains are working alongside non-chaplain colleagues.

One manifestation of the participant's role ambiguity within the wider care team is found in the chaplain's expressed need to demonstrate results. The chaplains feel pressure to make their contribution visible as a way to clarify their role and to create more space for themselves in acceptance and inclusion within the multidisciplinary team.

> We need to keep demonstrating to them [healthcare professionals] our value and contribution here… The others can see that more now and we are in a comparatively more valued place… (laughs after pausing for a few seconds) Yeah, at least there is some room to exist sometimes… So

> I think educating others about chaplains and advertising for chaplains is important. Otherwise we will remain as an irrelevant post.
>
> (Brenda, line 458)

> They [healthcare professionals] will begin to see that… you actually have worth here. You have value. Especially the professionals, like the nurses. If they see that you are not responsible, lazy or rigid as a person? They will feel that you are irrelevant and taking up room here.
>
> (Stephen, line 156)

Even though hospital chaplains in the Western context are also under increasing pressure and keen to be "jack of all trades" as one way to demonstrate their contribution serving outside their official work tasks including their involvement with welfare services or mediating in problematic circumstances within their institutions,[11] Hong Kong chaplains' desire to demonstrate their contribution seems to carry additional potential risks. In fact, the keen impulse to make their value visible and to have more created space in the process may, in fact, enhance the existing role ambiguity. Instead of the hoped-for outcome of clarifying the distinctive role of the chaplain and generating due acknowledgement in the team, the opposite effect may result. The impression that a chaplain is willing and available to meet an array of undefined needs may generate for themselves a "vacuum identity".[12] This term refers to the acceptance of a role that fills the voids left behind by the jobs of other healthcare professionals. The creation of an image of being a jack of all trades and the keen willingness to take on any requests may work against the intention to clarify the distinctive role of a chaplain.

Besides further enhancing the chaplain's role ambiguity, another outcome revealed from the data is suggestive of potential harm to both the participant and patient.

> You know what? I was asked by one of the nurses to help hold him [the patient the participant was visiting] down to vacuum out the phlegm once. It was so hard. I had to let go at the end. I just couldn't do it. Can you imagine my role? Too hard… I finally told the nurse to stop. Wow. It was so hard for him. I felt, why do we chaplains have to do this? It was all because the nurse called me and I wanted to help… when I have these experiences, when I feel very traumatized or unsettled, we really need to take time to reflect on our role here.
>
> (Grace, line 321)

The participant expressed feeling traumatised in taking part in a task which she was not trained to do in her role as a chaplain. Not only could this be potentially harmful to the chaplain, but more importantly, the patient would be placed at risk. The lack of clarity of the professional capacity of a chaplain was revealed to be experienced not only by the medical professional,

but surprisingly, also by the chaplain herself. This ambiguity of professional boundaries coupled with the "vacuum identity" is problematic in practice demanding further attention.

Distinctive features of homelessness

Constrictiveness

One distinctive feature within the emerging sentiment of homelessness is identified to revolve around the image of being confined to a constrictive space.

No place to dwell

One chaplain encapsulates a distinctive dimension of homelessness as not possessing or being granted a place to be accommodated in his practice of spiritual care delivery in a hospital setting:

> R: So how would you explain to a person with no chaplaincy knowledge what you do when you offer spiritual care at work here?
>
> P: It depends on the background of this person asking… If the person is a believer, I would say I am this hospital's minister. I am here to pastor people…. I would emphasise this one thing especially with believers. Hospital is not, um a chaplain is not, a hospital evangelist. He is not a person whose job is to lead people to Christ…. and the other thing is… I will bring this up with parish minister colleagues. The church is the ministers' main platform or stage? But the hospital is not. Um, it is kind of a secondary setting. Yeah, maybe not even that. I mean, we don't have much of a place here to stand really… perhaps due to historical or political reasons, somehow you are allowed to work here. Somehow though, you have very little space here.
>
> (Stephen, lines 23–29)

The immediate response when invited to reflect on his role in spiritual care delivery was the focus on the experience of the work setting, specifically its lack of "a place to stand". This feeling of constrictiveness is accentuated when contrasted with the perceived experience of a parish minister in his setting of the church. The image of the minister as possessing the spaciousness of the "stage or platform" to work from denotes a freedom lacking from the participant's experience in the hospital. The practice of Christian spiritual care is expressed as being situated within a setting with little room to accommodate its presence. The diminishing space for a chaplain is understood to be a reflection of the lack of acceptance of their role in the hospital. The chaplains' presence in the healthcare institution was historically created in colonial times, but it is experienced by the participant as irrelevant and reluctantly tolerated in the present days.

The experience of the lack of a welcoming space to dwell for the chaplain is illustrated by another chaplain's longing for the basic provision of a chair and the permission to sit in one during care encounters contrasting with her lived experience in practice.

> It's not like Baptist here [referring to a private Christian hospital]. They [chaplains] get a chair to sit in, right? (looking at me with wide eyes) Yeah. And they can even write in the charts! We can't do that here.
>
> (June, line 5)

Constrictiveness is experienced by the weight of oppressive unwelcome saturating the work environment for the chaplains. The absence of a tolerating space for the chaplain is experienced through the caustic remarks and the lack of basic provisions such as a chair in their practice. The shared space of the clinical ward is not a place in which the chaplains are able to find acceptance to dwell with a sense of ease or safety. This sentiment of constrictiveness which comes from the availability, or lack thereof, in the physical space of the hospitals for the basic provision to support or ease the chaplains as they come to work is seen to be shared by chaplains in some other parts of the world. For example, chaplains in the Czech Republic are found to be parallel predicament where they report experiencing similar woundedness to their self-esteem by their institutions' unwillingness to provide a designated space for them to store their personal belongings and are made to ask for a place to hang their coats each day.[13]

These various forms of unwelcoming gestures within the work settings, albeit neutral at first glance, are experienced to be daily reminders for the chaplains of their precarious position within the purported "team" in their embedded institutions. In effect, I would argue that these normalised behaviours and standards may be in actuality tacit expressions of rejection of the chaplains, together with or because of the foreignness of the religion their role represents. This quiet, covert, and non-confrontational communication of alterity resembles a mode of "everyday resistance" which Kwan has used to describe the "communicative short-circuit" experienced by Chinese Christian chaplains in their work from cross-cultural understanding of religious differences spirituality.[14] As highlighted in the previous chapter, and where I have written in more detail elsewhere,[15] the chaplains' dual-track formation from Western-rooted Christianity and the generic and secular instructions from CPE, when directly applied without careful considerations of cultural incongruencies, can arouse different challenges, becoming visible only in practice. Some of these resistance may be more passive, dispersed, and disguised, as in the persistent negligence of a chair or a locker, while other resistance may be expressed in a more overt and confrontational manner such as being told to "get out of the way" (Brenda, line 6). In essence, the chaplains are immersed in a work context which is experienced to be deeply constrictive in their role where the sentiment of homelessness pervades their practice.

An outsider

The constrictiveness and absence of acceptance were already alluded to at the beginning of the chapter by Brenda's reaction to this study. The shared eagerness for this research is partly motivated by the felt needs to have the chaplains' role explicated and their voices, which have remained silent or have been silenced, heard. The hostility in the negative remarks such as "get out of the way" (Brenda, line 6) signifies the alienation of the participants' relationship with the multidisciplinary team. Not only is there little evidence of a collaborative working dynamics, the presence of the chaplain is often treated as an intrusion and disruption to the team. Upon examination of the data, an emerging identity of being an outsider in the chaplain's experience in the ward comes into focus. This new identity brings to light an additional sense of vulnerability in the constant risk of exposure to hostility exemplified by the alienating remarks reported to be experienced.

> When I first arrived here, I always thought God if you are not the one who placed me here, I may not, I mean, be able to withstand their looks or words. Yes. Really. They come and bring fresh water? And they would say, "get out of the way! You are in the way!" Yes. Nurses. The support staff too… sometimes we feel so disrespected… I feel that in the hospital setting, they feel that they are more important… when they need to do their job, you chaplains had better get out of their way.
>
> (Annie, lines 626–32)

> Under such a setting which has no authority, no status, um, and even misunderstood. Or you are simply not understood. Under these conditions, your job is to explore what you can do to witness your faith.
>
> (Stephen, line 35)

Another chaplain expands on the identity of an outsider by sharing how he navigates the homeless terrain of the ward. The lack of "authority and status" (Stephen) within the identity is lived out by the learnt role to get out of the way and to remain small. The sporadic gesture of acceptance in being allowed to remain in the shared space was viewed as charitable. Additionally, the experience of being unseen and misunderstood is shared by this participant.

> I always get out of the way when I see the doctors coming. But sometimes they are nice too and would say things like "no worries, you guys keep talking". You see? That's what they think we do. Just talking. Having a chat with the patients. Yeah, just talk.
>
> (Larry, line 79)

The location of the hospital wards reveals itself to be a homeless environment for the participants. The atmosphere of the work setting creates and sustains an invisible yet clear barrier leaving little room for the participants in their acquired identity of an outsider. A primary constituent of this powerfully isolating barrier is the role ambiguity of the chaplain. Contrasting to some Western contexts where chaplains may face similar issues with the lack of clarity in their role as religious professionals serving as "lone workers"[16] in the secular world of the hospital team, challenges with role ambiguity in the occupational space "between two worlds"[17] experienced by Hong Kong chaplains seem to be intensified in comparison. As an example, even though chaplains in more Western contexts have reported to experience as being concurrently "insiders" and "outsiders" in different instances of their work life,[18] the "insider" experience with a sense of belonging, inclusion, and validity has not been correspondingly observed in this study. What's more, the vulnerable outsider identity of Hong Kong chaplains is continually reinforced in the homelessness terrain of their host institutions exemplified by a multitude of marginalising treatments and inhospitable attitudes embedded within their precarious position.[19]

Loitering

While one of the established classic trademarks of chaplaincy practice is to "loiter with intent" in anticipation of engaging with their care recipients,[20] the form of "loitering" described by Hong Kong chaplains diverges from the hopeful ambling in waiting implied by the hallmark mentioned. Instead, it is more akin to a necessity forced upon the chaplains resulting from the constrictive and inhospitable hospital setting.

> We are in a partnership with the hospital. We are not part of the hospital as such. Say, we don't have staff discount buying roast duck here (laughs). But it is good already that they have given us a space here [referring to the office were we were]… Yeah. And they can even write in the charts! We can't do that here. In fact, we won't even get to see patients… we need referrals… We can only wait in the corridor when they happen to come out or if I get to approach them. I think I have become specialized in loitering by now. (laughs)
>
> (June, lines 3–9)

The image of having "no place to stand" (Stephen) and having to resort to "loitering" in the corridor shines additional light on this facet of homelessness. Denial of access is an effective way of drawing marked boundaries between insiders and outsiders without equal rights or welcome. Such denial can be more subtly seen when staff discounts are not granted at the canteen and lacking equal access or welcome in the wards. The presence of these

demarcations further diminishes the space available for the presence of the chaplains and intensifies the experience of an outsider.

Another boundary set in place by the setting is the institutional decision to not have chaplaincy as part of the hospital's hiring and employment plan mentioned earlier. Chaplains are only permitted to have a space, albeit limited, in the hospital setting. The assigned space is granted by the honorary title. The participants' status of an outsider being tolerated is reinforced by this arrangement and is perhaps a good reflection of the role it holds in the overall vision of end of life care delivery within the context.

The image of loitering in the corridor helpfully serves to highlight another constituting element within this facet of homelessness. Chaplains, lacking the "space to stand" (Stephen) and acceptance in the wards, have found a temporary home in the corridor. The loitering described humorously by the chaplain succinctly captures the lived experience. The participants have often found themselves loitering in the homelessness work setting as they wait to deliver care to the patients.

Longing for inclusion

This waiting dimension in the image of loitering seems to evoke an additional sense of longing.

> I had a patient who was a devout Buddhist with all the beads? She said I have my faith and you have yours. And we would just respect each other, okay? And each time I passed her, I might catch her through a slightly opened partition and we would greet each other with the prayer hands gesture and smile at each other. But one day, she was in a poor condition and was not even able to sit up. She waved me over.
>
> (June, line 58)

The chaplains loiter, because of their limited access, in the hope and expectation to practice spiritual care with potential patients. Yet, the practice of waiting extends not only to the care recipients but might include the palliative colleagues in the wards. This is demonstrated in the shared expressed needs of the chaplains to demonstrate their contribution to the non-chaplain colleagues.

> The main thing is to be able to be seen as good in your job. I always tell people, to be acknowledged, you must be good at your job. When patients are in distress you can help them. They are uncooperative, you somehow made them cooperative. Then of course you are welcomed by the staff here… this is how it works.
>
> (Paul, line 260)

> We need to let the healthcare professionals know and the other departments, that we are also working on one dimension of the physical,

> psychological, social and spiritual dimension. We are working on a quarter of that care. I mean, we need to let them know that we are not irrelevant. This is exactly what I mean, um, we are not inferior to them… I feel that I am involved in a quarter of care and it is really important. This is important work. We need to let others see that.
>
> (Annie, lines 673–75)

The professional identity of the chaplain is formed, to a large extent, dialogically with their non-chaplain colleagues. The dialogical relationships revealed from the data have been unambivalently strained and isolating, penetrating with unkindness and causticity at times. The participant's identity shaped by the constant exposure to such an inhospitable work culture erodes their sense of worth and belonging, heightening the longing for validation and inclusion.

> I mean, when we approach the bedside, I mean, when the OT [occupational therapist] comes, she has a job to do. But we chaplains are also doing a job in spiritual care? But sometimes we feel so disrespected. We can be in the middle of a conversation with patients and they [non-chaplain colleagues] would ask to leave and come back. Like that. (snickers). Yes. So in reality, I feel that in the hospital setting, they feel that they are more important. They, their time, when they need to do their job, you chaplains had better get out of their way…. I mean we need to let them know that we are not irrelevant… we are not inferior to them. My predecessor referred to himself as inferior (making sure I heard her) (laughs) I don't think like that. I feel that I am involved in a quarter of care and it is really important. We need to let others see that.
>
> (Annie, lines 652–59, 667–69)

> I think the identity of the chaplain is important. To know what her position is? To have a clear self, a professional identity. As I said before, I am not a doctor or nurse but I have my own contribution here. I am not higher than them but nor am I below them. I have my reason to be here. This is important. Yes.
>
> (Paula, line 287)

Orphaned

The experience of homelessness which accompanies the struggle of being a permanent outsider in the hospital is further reinforced by the relationship of the participants with the wider church. The tension in the dynamics of the chaplains' relationship with the church was already hinted at by Stephen in the contrast between his experience of constrictiveness and lack of authority and the parish minister's perceived freedom and full command of his "main stage or platform" (line 27). The chaplain further expands on the relationship with the wider church this way:

> Hong Kong churches have a lot of misunderstanding towards us [chaplains]. Or maybe they just don't understand us. To some extent, I would even say they discriminate against us. Or they look down on us. Yes. They perceive us as umm what are chaplains? (they may ask) They are those ministers who had failed in a church setting. So that's why you would then go and be a chaplain. How hard is it to be one? Even our church volunteers can do what you do, to come and visit the sick in hospital. All you do is go from bed to bed inviting them to believe in Jesus. That's how they look at chaplains.
>
> (Stephen, lines 106–110)

The chaplains do not only experience the struggles of an outsider in the secular workspace of the hospital but also in their relationship with the parish church. The minimisation of the chaplain's unique contribution in their role and a discriminatory tenor are seen to be shared by both settings. The sentiment of destabilisation and vulnerability lacking protection and nurture pervades the data evoking the image of an orphan. Walter Brueggemann describes the homelessness of an orphan in ancient times this way: "The problem about being an orphan is not that you grieve over your dead daddy. It is rather that you lose your place. If your daddy died, you do not belong, you are without name, genealogy, pedigree, patrimony, defense, rescue, advocate, avenger. You are always, everywhere at risk and in jeopardy".[21]

One chaplain captures the namelessness of an orphan experience in describing the challenges she encountered by the foreignness of her role mentioned previously in role ambiguity:

> I would introduce myself as the chaplain. And some patients would ask if my name is chaplain. (laughs)…. Or some would ask if I was the social worker.
>
> (Annie, line 337)

The experience of delivering spiritual care in the hospital setting revolves around similar sentiment of "always, everywhere at risk and in jeopardy" as described earlier. Chaplains, in their estranged relationship with the wider church, are in a way genuine orphans in their lack of a protective tribe. The experience of "no room to stand" (Stephen, line 27), which has thus far symbolised a lack of acceptance and welcome in the hospital setting, is now further revealed to include the state of defencelessness similar to an orphan in biblical times.

Courage

Expressions of courage

In spite of the bleak image of the terrain of homelessness, saturated by an atmosphere of oppressiveness, indifference, hostility, and isolation, flickers

of glimmering light have caught the attention of the researcher in the data. These occasional flickers are not long-lasting nor piercing in intensity, yet their contrasting presence is not dismissible.

These flashes of light are revealed by the participant's courage in response to the lived experience of homelessness in their practice. For example, one chaplain resisted by pushing against the imposed boundaries by her proactive and courageous stance to create more space for her role.

> And when I came here [hospital]… I noticed after a while that the colleagues in our next office seemed to always get to go to these meetings… these weekly interdisciplinary lunch meetings where team members take turns presenting case sharing or research findings. So I decided to ask the nursing consultant… So I asked her "Hey I also visit the palliative care wards and I know there are meetings every Wednesday, so how come I, (laughs) I don't get to go to these meetings?" (laughs again) And the nursing consultant said, "Oh, it's nothing really." So I asked her. I took the initiative you know. I asked if we could start going now.
>
> (Annie, lines 12–14)

The chaplain demonstrated courage in confronting the constrictiveness from the exclusion of the chaplain in the multidisciplinary team. In addition, courage was also expressed in challenging the implicit work culture which has allowed for the chaplains to be overlooked. The participant, in her decision to seek out the nursing consultant and to invite herself to the meeting, stepped out of the prescribed and enforced space for an outsider. In so doing, the chaplain was creating a new space with newly marked boundaries for her role.

Another example of courage in resisting the homelessness experience, generating new and expanded space, was found where existing boundaries were creatively challenged and crossed.

> Doctors, nurses, the heads of departments, they all have a role to train up new nurses? And you know our IC [chaplain in charge]? She is so proactive. (laughs). She would call them up and offer to show up during their training for even five minutes. At least to show her face and to let them know of such a post and introduce what we do briefly. So at least when we get to the wards, and see them they may no longer say that we are only there to chat with patients and we are like volunteers and only get in their way.
>
> (Brenda, line 328)

The chaplain's courage empowered her to resist the assigned role and space of an outsider and to creatively seek out new ways of being in the terrain. These episodic efforts of courage may not generate a spacious paved path

for the chaplains immediately, yet its efforts and intentions were undeniably courageous and needed for the creation of new possibilities.

Other than these few examples of visible courage mentioned, the data has also revealed an ongoing expression of courage in the participants. The lived experience of delivering end of life spiritual care in the acute hospital setting has been shown to be one of homelessness. The participants in their practice are required to endure the harsh work environment of homelessness while engaging the demanding task of caring for patients at their most vulnerable. Taking into view the explicated homelessness experience of the participants in this chapter, I would argue that remaining in their role is an ongoing expression of courage.

The following narrative helps capture a glimpse of the inherent toll of the chaplain's role in their practice of end of life spiritual care to those in the depths of suffering and loss.

> In my many years of working as a chaplain, I have constantly thought about what is suffering and what is death? It made me re-think these things. Many people may not agree, But I personally think that, besides salvation, death is the biggest blessing to mankind. Death is not frightening. Not dying would be frightening… Nowadays with medical advancement… so that's why I sometimes feel that death is not something to be feared… If you can't die? That would be more frightening… the passion to want to accompany the patients to walk the last mile. Because you face death each and every day. To face sorrow… I would be lying to tell you it doesn't affect you emotionally.
>
> (Paula, lines 135–41, 267–69)

Being in close proximity to suffering and facing the complex existential needs of the care recipients on a daily basis is "harsh and taxing work" (Paula, line 295). Having this responsibility in addition to the need to navigate the homeless terrain at work is a herculean task requiring courage.

Sustaining the courage

Courage is not only required by the participants to challenge the imposed boundaries and to generate more room for the chaplain's role, it is also needed for the continuous choice to remain in the inhospitable working environment. The constant exposure to suffering, pain, and death in end-of-life spiritual care is demanding and costly on its own without the additional challenges of the homelessness experience. Courage is needed in order to fuel the participants' daily commitment to remain in their professional role within this inhospitable terrain. This courage required by the chaplains is specifically located and sustained by two practices revealed from this study.

PERSONAL FAITH

The chaplains' personal faith and pursuit of God is the primary sustaining practice.

> I would like a magic wand to allow the chaplains themselves to have a renewal of their own spiritual lives. Not only for myself but for the whole, all my colleagues. To have a renewed spirit and heart… it's because the chaplain's individual life is so important. His own spiritual health? That's important. You need to, if you want to enter into someone else's heart, your own heart has to be in a clear and calm state? (pauses) to humble yourself and then to enter into the world. From my experience… unless you humble yourself, you won't be able to do it. Even if you are super capable and smart. Perhaps you are gifted and would shine in certain aspects. But the work of the Holy Spirit? That is what counts as important here? Maybe I should say, the Holy Spirit is the One who is at work here. A chaplain is an instrument. So that's why the spirituality of the chaplain is vital. Um, to be a vessel. Yeah.
>
> (Stephen, lines 76–80)

> If you ask me, it is about every day, how I interact with, how I encounter Jesus. That's important. I need to do this daily. I need some time each day to do this. To quiet down, to read the Scriptures, to pray, so that, I feel that I need to first address my own relationship with Jesus before I can express this love I have of Christ out in my life.
>
> (Jessica, line 239)

Particularly, the chaplain's faith reconciles their disappointments and despair from the challenges in practice. The belief that the ultimate outcome is in the control of God and that the active agent is the Holy Spirit with whom they participate sustains the chaplains in their ongoing work despite challenges of homelessness.

> God will harvest himself. Um, no matter, whether he [patient] has wandered off for years, God himself will leave the ninety-nine to look for the one… Yes, God has promised this. But what God has entrusted to me [Jesus] I will not leave one behind. No matter what. God will himself be responsible. Umm, it's just that he chose to use us that's all… To acknowledge our own limits. Don't make life hard for yourself. Forgive yourself more. Sometimes, not all cases are perfect. Sometimes we miss things? We feel guilty. Yeah. Why was I in such a hurry to leave yesterday? Why did I miss that step? You need to forgive yourself. I am not saying to get out of responsibilities. But we need to accept we have limits. I am not the saviour… My role is small. Maybe I am only here to offer a glass of cool water. Or to do just one thing. Just that simple.

> Don't think you are here for some lofty goals. Be clear about your role here.
>
> (Paula, lines 168–70, 292–95)

The experience of participating with the Holy Spirit and witnessing the inexplicable outcome from a spiritual care encounter is also identified as another source of sustaining courage from the data.

> The feeling I have never had in so many years of doing this job. I can't quite describe it. It is so heart-warming. Yes. God's presence was very tangible and real? Like wow God is indeed so powerful! He is so mighty! He can shift from such immense feeling of helplessness [patient]… after he has accepted Christ, he was so steady and calm… The feeling, I think, wow I can be used by God? I can be a channel of his work? Yes. Of course I am not doing a perfect job. But at that very moment, I felt so happy. So thankful… That picture stayed with me. It is so beautiful still.
>
> (Brenda, lines 142–48)

Another way the chaplains sustain their hope and remain courageous in their practice within the homelessness terrain stems from the agricultural metaphor employed. The transformative outcome of spiritual care is often not visible, measurable, or predictable, unlike medical interventions. The chaplains surrender the need to control the outcome of their efforts by trusting that "harvest" and its timing are in the care of their God.

> So how I can in this imperfect place, using accompanying, listening… to bless the patient… I think… it is what we call… what is it… (trying to recall something) Loosening the soil. The spiritual aspect, or even watering the soil. So I have no idea when the watered soil will sprout. Maybe it will take many times of watering. So these visits are doing something already? It is just that it is preparation work. And not quite the time for harvesting.
>
> (Brenda, lines 232–34)

The practice of lament

One form of practice which is implicit in the data but identified to be a source of sustenance for the chaplains in remaining courageously in their role has been the practice of lament.

> Um, I went through a period I was so angry with myself. I am not a doctor, I can't cure him. I am not a nurse, I can't care for him. I am not a medical social worker, I can't deal with his financial issues…. So I was asking myself what I was doing? I am just (emphasis) a chaplain.

> We are facing suffering and we are crying with them? They are crying and you are crying. Um. How are you a chaplain? What are you doing here? You are useless! Like a lump of crap. Unable to cure and unable to help him. So I was struggling. Yeah… but then I remembered a verse. Gold or silver I have not. I only give you all I have. That's what I have. I mean, the doctors give these and the nurses give these and I give what I have and that is God's Presence. God's love. This is what I have. So I am not trying to, um, I mean when we are at the end of life, there is no magic wand. The only thing you can do or offer is your presence.
>
> (Paula, line 189–92)

In her despair and struggles with self-doubt and lack of worth in her role, the chaplain chose to wrestle honestly with God and found renewed hope and comfort from her faith.

Conclusion

While chaplains as a cohort of religious professionals who are embedded in mostly secular contexts are known to be "multiply marginals",[22] chaplains who are situated in a non-Western, non-Christian context such as Hong Kong face a unique set of challenges in addition to their Western counterparts. Thus far in this book, I have presented the findings from examining Hong Kong palliative chaplaincy at centre stage and have shown that the chaplain's practice of end of life spiritual care can be described as an experience of homelessness. The oppressive and alienating experience of the chaplains in their work stems from and is fuelled by their role ambiguity shared by non-chaplain colleagues as well as the chaplains themselves. The homelessness experience is intensified by the chaplains' estranged relationship with the wider church. The sentiment of "always, and everywhere at risk and in jeopardy" permeates the experience of the acquired status of an outsider displaced within and outwith the hospital setting. The constant exposure to suffering in addition to the inhospitable work environment is demoralising. In spite of the destabilising homelessness experience, the chaplains are able to not only persist in their role but resist the forces of oppression in their practice through their personal faith and the practice of lament.

Facet 2—homefulness

In sharp contrast to the first facet of homelessness—where a deep sense of alienation, a lack of belonging, and place to dwell permeates the experience of the participants—another prominent facet which has emerged from the data is one of homefulness.

I am using a stipulative definition of the term "'homefulness", combining the common usage connoting a sense of security, nurture, and belonging, as

well as the theological understanding of the experience of God's presence and the sacredness, mystery, and transformative power from such experiences. Walter Brueggemann describes the theme of homefulness to stress "both being with and belonging with God and being with and belonging with the neighbor in community".[23] This understanding resonates with the "ultimate goal" (Paul) to enable the patients to know God. The chaplain participants have expressed this hoped-for outcome as their priority given the urgency of time and other constraints in practice:

> The most important thing, the ultimate goal, of course is their relationship with God, that eternal relationship I always say this… we can solve all their problems but they don't come to Christ versus being able to come to Christ but none of their other problems having been solved. Which is more important. If I only have a little time left and I can use that time to address my relationship with God and receive eternal life, I am sure he will think it is worth the time when he is in heaven.
>
> (Paul, line 30)

> So I personally think that at the end of life, if you don't have the opportunity to hear the Gospel, it is hopeless.
>
> (Annie, line 262)

Regarding the concept of spiritual care, the data refers to different aspects of this concept, some visible and practical and others less measurable such as attentive presence and active listening. Yet they all come together as a mode of care addressing the unique needs of each patient reconciling key relationships and highlighting meaning and purposes. Such understanding of spiritual needs, when placed alongside the broadly accepted definition of spirituality in the end oflife context,[24] reveals a remarkably significant overlap in the emphasis on the relational web between the person, his community, and a transcendent Being.

The consensus understanding of spirituality and the related spiritual needs as finding meaning and purpose within significant relationships can be observed to be adopted by the Hong Kong chaplains. The chaplains' encounters with their patients are homeful in their reconciliation of important relationships including loved ones and a transcendent Being. Many of the practical and concrete tasks within spiritual care are orientated towards revisiting and reviewing one's life and to "disentangle" (Moira) places of unresolved regrets to attain "peace and eternal hope" (Annie).

However, one dimension of the participants' understanding of spiritual care has been observed to stand out when placed alongside the consensus definition. The emphasis on the reconciliation with the transcendent Being, specifically the Christian God, is shown to be shared by all the participants in the study. The "ultimate goal" (Paul) in enabling the patient to receive the Christian faith is one which is prioritised by every chaplain. One chaplain

captures this distinctive understanding by describing her role as helping patients to find the "way out":

> From the perspective of the doctor, there is nothing else to be done. But from a spiritual point of view, we can attain, um, allow them to have a sense of where they are going next. So in the meantime, we visited her [patient], prayed for her, read the Bible with her. She seemed to have found the way out through that. So in the ward, she received Christ.
>
> (Annie, line 74)

The "way out" in the practice of spiritual care is closely related to the "ultimate goal" (Paul) in helping the patient to know God. Additionally, the Christian faith is understood in the data to be the only way out:

> I remember this old lady. She worshipped many gods from the Chinese tradition. And she loved worshipping all the different gods. So I simply asked her a question. I said you worship a lot of gods. You are very devoted. But are your gods able to give you peace? She didn't reply. And I asked if you have worshipped the wrong gods? She was devoted but maybe, um, she did not have the right, um, peace. And we chaplains were able to introduce her. Ah, our God is really able to give you a way out… There is a God who loves us so much… He is willing to give us peace. The real deal. The real salvation.
>
> (Annie, lines 91–92)

This targeted orientation towards the Christian faith in the practice of chaplains in this study stands out from the broader and more inclusive understanding of spirituality and spiritual care. Another chaplain captures this distinctive understanding of spiritual care by describing the work setting as a mission field.

> Because I believe that the hospital setting is a mission field. And, I feel that, it is so unusual that this setting has a chaplaincy role. A space here for a chaplain. And I really wanted to work out how to share the gospel in this unique setting. How to witness my faith in this place.
>
> (Stephen, lines 12–14)

The practice of spiritual care for the participants is understood as a mission to rescue souls to attain "the real salvation" (Annie, line 192) from the Christian faith, resonating with the contextual overview in Chapter 2 where I noted that Hong Kong chaplains are predominately constitutive of devout Christian practitioners from conservative backgrounds. While the chaplains' priority in their role was indisputably set on successful conversion from the interactions with their care recipients, their approach is not entirely aligned

with the harmful indoctrinating practices of proselytisation. Admittedly, there is a fine line between intrusive uninvited proselytising and zealous spiritual guidance. Yet, the data from this study has revealed that the chaplains' zeal in sharing their faith, or their "ultimate goal" (Paul), is practised out more as compassionate support. The chaplains' cherished encounters with their care recipients resemble a form of "dialogical evangelism" where the chaplains are committed to place the patient's freedom and agency at the centre of the dialogue as they respectfully communicate and invite enquiry on their mutual beliefs and values.[25]

Homeful encounters

Relational encounters between the chaplain and the patient are shown to be the location to generate the possibility of "being with and belonging with" God and a community of neighbours. The outworking of such a possibility will be further examined in the rest of this chapter. Additionally, another dimension of homefulness is observed in the shift from homelessness in the chaplain's experience with his work. The experience of working from a place lacking in acceptance and welcome with "no place to stand" (Stephen) and the constant pressure to remain small and "out of the way" (Brenda) in homelessness are no longer seen in these homeful encounters. Instead, the chaplains are observed to experience an ease and confidence in their role. No longer shrouded with the heavy and suffocating fear of being at risk and in jeopardy, the chaplains are fully in their element, able to stand securely from a place of safety, nurture and belonging.

This raises the question of how this surprising and remarkable shift came to be. How did the chaplains find themselves to be in a completely different terrain when the exterior conditions remain identical? From the data, we know the physical location has not been altered in the slightest. Encounters where homefulness was found took place in the same physical space where homelessness was previously described. The physical condition of the busy acute care ward remains inhospitable in its design and function for the privacy and the quietness ideally available for the sensitive and time-consuming work homefulness calls for.

> We have one room called the comfort room and if the patient is, is like gasping for air, we will try and move him into this room so there is also more room for the family to gather around. And also it will minimise the disturbance for others. But there is only one such room so it is usually not available for each patient. Yeah. We try to pull the partition curtains around the bed and move the beds further apart?
>
> (Moira, line 73)

Yet, within the physical location bounded by identical constraints in the same setting, new possibilities, emerging hope, unforeseen freedom, and a

new lease of life are found. And to make it even more remarkable, this experience of homefulness and the transformation within are seen to be equally shared by the chaplain and their care recipient. Both emerged from the homeful encounter indelibly transformed.

Before we search for an explanation of how this is possible, a closer examination of the terrain of homefulness is a good starting point for spotting distinctive features which may lead us to our hoped-for answer.

Distinctive features of homefulness

Spaciousness

This facet of homefulness is observed to shine most brightly within spiritual care encounters. The chaplain sees himself as the facilitator (Stephen, line 68) participating with the work of the Holy Spirit (Stephen, line 80) in enabling the care recipient to experience God (Stephen, line 62).

In contrast to the constrictive and inhospitable place of homelessness mentioned in the earlier section, where no room was found to accommodate the chaplain in his role, a very different experience of space is observed here. The suffocating constriction of unwelcome expressed as having "no place to stand" (Stephen) is replaced by a sense of spaciousness, possibilities, and freedom. Within these homeful encounters, the chaplains are confident and at ease in their role to offer spiritual care. The powerlessness and the lack of acceptance, "authority and status" (Paul, line 34), are no longer found to be hindering the chaplains from their participation. Instead, the chaplains, fully embracing and owning their role, are seen to creatively and intuitively offer spiritual care to their patients. Or, to put it in another way, spaciousness is manifested when the chaplains are fully at home in their role in these encounters. Such a shift creates room for new possibilities and hope. God's presence and attributes are mediated in and through these homeful relationships. No longer is the experience of "always and everywhere at risk and in jeopardy"[26] like an orphan in homelessness. Rather, belonging, nurture, and safety of homefulness emerge from the experience, creating surprising and unexpected outcomes.

Such experience of emancipation in spaciousness is the location where Christian spirituality has been reported in the data. Within this newfound space, other aspects of homefulness are reported to develop, i.e. mystery, surprise, ambiguity, and unexpected outcomes.

Ambiguity

Interestingly, the chaplains are seen to rely less on the clarity of their professional identity in this space of homefulness. Instead, the data reveals a freedom in the participants from their need for clearly defined boundaries. The

ambiguity of their role is embraced as helpful for the purpose of connecting and engaging with their patients.

> I would say to the newly admitted patients, I am the chaplain here and a chaplain is kind of like the homeroom teacher at school. Yeah, whoever has any needs or issues can come and let me know. We can talk about it and see what we can do. My job is to care for and to be with you. Yeah… I have to admit it is a little unclear and blurry. I know that. But in reality, for the patients and the families here, what they need and want are very practical. They are not looking for a systematic, um, a job description. They need to be able to experience (emphasized) that relationship with you. They need to know you as a person. Not to get to know your title.
>
> (Stephen, lines 37–39)

The ambiguity is understood to improve engagement with the patients within this particular space. The chaplain tries to bring out his primary role as someone to support and care for the patient by introducing himself additionally as a "secretary" (line 132), a "tour guide" (line 68), and a "blindman stick" (line 130). This elaborate effort purposes to neutralise his religious identity, avoid potential confusion with the unfamiliar title, and to steer away from negative projections. The primary goal in the initial contact phase in the newfound space is to connect with the patient and not allow the professional title, which is commonly unheard of, be a source of hinderance.

Instead, the participant offers up the option of many familiar roles to emphasize their willingness and desire to be a source of support and care to the patient. It struck me that such an understanding and intentional presentation of their role in a strategically vague frame immediately positions the chaplain in a different sphere from the medical structure. The social scaffolding of the medical system is one which places high value on the delineation of titles. Yet the participants are seen to intentionally let the clarity of role go for the sake of creating this unique space whereby homefulness may be experienced.

Surprise and amazement

> Yeah, you know most things can't be planned or explained. There is nothing to plan. It's just the moving of the Holy Spirit. Suddenly you ask the right question. And then you facilitate, you know, you do your thing. Yeah. I am so excited I don't even know what I am doing sometimes.
>
> (June, line 54)

The experience of Christian spirituality within these homeful encounters is not prescriptive nor possible to be planned out in advance. Being surprised

with the process or outcome of these encounters often results in expressions of amazement by the participants.

> After she [patient who had been distressed with disturbing dreams and expressed fear of death] was baptized by the minister, wow, I mean she was all different. She was more energetic for one thing. Her eyes sparkled and she would be able to look at us with focus. And when I asked whether she was still having those dreams she said no more. She was able to sleep again. And she was able to answer questions. Before this, she was so tired and all she could do was nod or shake her head. She mostly just cried… the doctors and nurses were also curious. "Wow. What happened that she would be so different? What brought this sudden surge of energy, this "force"? And also she looked so much more cheerful."
>
> (Moira, line 52)

The element of surprise is not only confined to the unexpected outcome but extends often to a deeper and lasting sense of amazement for the chaplains.

> That feeling of partnering with God to complete this task. Three parties all involved… That feeling of partnering is a feeling of amazement. What? You would actually use me? That is an amazing feeling. Yeah. That was one of my most special experiences in all my years of chaplaincy.
>
> (Brenda, lines 172, 177–79)

The surprise and amazement settle into a sense of awe brought forth from the awareness of the presence of God and from the feeling of inclusion of having participated with God in the process.

Mystery and sacredness

> I think within the ministry of chaplaincy, we are able to see, to witness the work of God. Through people, I mean, God really doesn't need to use us, right? Yet, He would be willing to. To use us, through us, to allow us to see that the way God works is so um, amazing and mysterious.
>
> (Paul, line 216)

> Spiritual care, being with patients who are dying, is so sacred I think. It is not only in Baptism or the Communion that it's sacred. These moments are sacred too. I have experienced this in palliative care. No matter what her choice at the end was. That was not for me to know. No matter what, God will Himself be responsible. Um, it's just that He chose to use me that's all.
>
> (Paula, line 232)

Such experiences of Christian spirituality marked by the awed awareness of the reality and presence of God make these homeful encounters sacred and the experience's inexplicable quality a mystery.

Transformation

The sense of surprise and awe mentioned earlier culminates in the inexplicable yet undeniable transformation brought about from the homeful encounters. These outcomes cannot be planned for or orchestrated, and the end results and timing are never predictable. However, these transformations share a commonality between them, and that is they all exhibit qualities of homefulness as understood and defined earlier. In other words, the transformation is always orientated towards the further enablement of the person's connectedness and belonging to God and community. Relationships between self, loved ones, and God are brought from a place of homelessness to homefulness.

> And that transformation from a helpless state to a state of deep peace, deep stability. That transformation? You can really experience the presence of the Spirit's working within it.
>
> (Brenda, line 183)

When tracing this movement of transformation from homelessness to homefulness in the data, amidst the myriads of practices employed by the chaplains, one key ingredient emerging most sharply immediately is the power of the experience of love.

Love

The second distinctive feature of homefulness is the presence of love. The data has shown that the participants understand the experience of love as pivotal in homeful transformation. One participant (Larry) described this particular quality of love and its power as "a switch".

> I believe the presence of a chaplain signifies the presence of Christ's love. Within this love it is not just about sharing the Gospel and things like that. Within this love, it is about being able to attend to the needs of his life and needs as it is now, especially in the case of a patient at end of life… We are able to use spiritual care to awaken or highlight meaning or essence of life… This love is precisely, um, it is like a switch!... So I am not saying every encounter is a perfect one which ends in conversion or baptism. No. But in every encounter, we can express this love on the patient. To allow him to experience this love.
>
> (Larry, line 67)

Love is, at the same time, both an odd and an obvious concept when revealed as a key in the transformative end of life spiritual care encounters. While it

is not a commonly used term in the technologically driven and scientifically orientated setting of a hospital, it is obvious that love plays a central role in the foundational vision of compassionate medical care. Nevertheless, it is indeed odd that love should have a key part, especially since we cannot see it, quantify it, or examine it, unlike other determining factors deemed important in the medical setting. Yet love is repeatedly identified as the source of the surprising and oft inexplainable transformations within encounters of a homeful nature.

A chaplain's love

Love is a key component in spiritual care. Different qualities of this widely used and broad-ranging term have been identified, each suggestive of a subtle yet distinctive difference. One of which has been introduced in the previous quote in the chaplain's love signifying God's love (Larry, line 67).

Another participant explains a chaplain's love this way:

> Actually, I think it is about, um, it is about, presence. God's love has to be embodied. It's so hard for them [patients] to see it. God's love? Actually chaplains are the presence. Your presence is already, I mean, it can change so much already… I give what I have and that's God's presence. God's love. (Paula, lines 188, 192)

> Maybe they [patients] would show and respond differently when they are shown love. (Jessica, line 261)

LOVE IN ACTION

In the pursuit of the "ultimate goal" (Paul), to enable care recipients to experience the transformative love of God, a chaplain conveys love through a variety of practices within the encounter. Such practices may include conversation, sitting in silence, committed presence, reverential attentiveness, active listening, or practical tasks such as writing a letter, reuniting loved ones, or being the patient's advocate. Whatever combination or variety of spiritual care practices is employed, there is a consensus in the data that love needs to be felt. Love is not preached so much with words as it needs to be experienced by the recipient. A chaplain's most effective form of evangelism, the expressed "ultimate goal", is achieved without any religious rituals or mention of the Gospel at times.

> Christian spirituality is never just when we are praying or when there are some religious rituals being carried out that Christian spirituality is then present. Because if you look at Jesus, um how we care, why we would devote so much time on them [patients]. It's all because of God's Love? It's His love which gives me the energy to do what I do. And it's

> not because some benefits behind the motivation and they [patients] know it.
>
> (Jessica lines 89–91)

The participants understand God's love as the motivation and the model for spiritual care. The conveyance of this love is not confined to religious activities. The importance of the expression of love needing to be seen and felt by the recipients is emphasised with the embodied actions carried out. This common reference made by Hong Kong chaplains expressing their God's love through their embodied actions reflects the findings from existing literature on chaplaincy theology which show that the notions of the "ministry of presence" and "incarnational ministry" are often cited as reasons behind chaplains' commitment to pastoral care.[27]

> And I think that, it is like Jesus, this Christian faith, this Christian spirituality? It is incarnational. It is through our daily living and being. In all the many things we do? Um, it is because we need to think through what Jesus wants us to do in each case? Like What would Jesus do? WWJD, you know?
>
> (Jessica, line 235)

The embodied action of love is not prescriptive but requires thoughtful consideration of the presented needs in each encounter. Not only is the ministry of presence understood simply as physically "being there",[28] but homeful encounters observed in the data entail the chaplains' ministry of presence as one which enables transformative change towards the experience of "being with and belonging with God… and neighbours and community".[29] The scope of considerations is wide and fluid, requiring the chaplains to be "alert and agile" (Paula line 243) in their creativity and intuition to identify needs and to offer a timely and appropriate response with each patient.

> I feel that, maybe ever since I started working in the hospital. I increasingly feel that this Christian spirituality is about the way it is expressed and manifested in our daily living. I mean, it is not only cognitively understood? But how it is lived out?
>
> (Jessica, line 242)

A common example of love in action is the chaplains' role as mediators between the patients and their loved ones. This mediation extends beyond reconciliation of broken relationships to include facilitating expressions of love and forgiveness on behalf of the patient and their loved ones. This is necessary because verbal expressions of affection are culturally uncommon, especially with the older generations. Other areas where the chaplains are called to be cultural mediators are around topics of death and final wishes.

> for the elderly, sometimes they want to talk but the family don't want to listen. And sometimes, the family want to know how their loved ones want things done [at the funerals] but are worried that they would frighten them…. So I sometimes, I would explore their voices.
>
> (Annie, lines 303–05)

> Yeah let's not waste time… the patient would speak to her mom through speaking with me. Her mom was actually behind me just listening and crying. But she was not able to directly talk to her. Slowly, slowly, I would make room (motioning with her body in leaning back and creating more space in front of her) for them to speak. So I feel that I have done a lot of this work…Reconciliation. To be a mediator.
>
> (June, lines 37–39)

> Sometimes I would stay back late at work to meet the husband?... It's not easy to say I love you. Probably harder for the Chinese culture?... Dads! Especially dads. I just had a patient who was baptized and it was such a happy occasion but no one congratulated him. So I asked the children what kind of a dad he was and the answer was a strict one… He had end-stage lung cancer and unable to speak but could write. I was thinking of the four roads and I asked if he loved them? And he wrote I love you very much and I quickly showed the family and they immediately resounded with I love you so much too.
>
> (June, lines 49–52)

> So often what is lacking is the open communication. Often the family wants to know too. They would ask me how their loved ones want to have things done but they never tell them in the face. So we as chaplains, we have this role to be a bridge. To facilitate these topics.
>
> (Imogen, line 125)

A chaplain loves in varied ways in their practice to facilitate homeful encounters. These different expressions and embodiments of love are required to be lived out in actions. Love understood by the participants is similar to a gift being offered to the patient. The gift is wrapped with different packaging of tasks or specific care according to the perceived needs of the recipient in mind. The chaplain offers this gift to the patient in the hope that the patient will receive it. In the process, the chaplain places himself in a position of vulnerability. The chaplains will not know when they extend themselves whether the gift will be received in due time. The uncertainty extends to the hoped-for effect the gift may generate. The transformational orientation of a chaplain's love further distinguishes spiritual care from transactional medical encounters.

GENTLENESS

Another feature of a chaplain's love is the way care is practised. The emphasis is not on the content of what is offered but how it is done. Gentleness is identified to be crucial for the chaplain in their practice of love and the experience of transformative homefulness.

> I would like to use the magic wand to make the medical team, for every member to know their role and to care with the heart… I want everyone around them [patients] to be gentle, no rushing (laughs) Yeah. Wow. If I could use the magic wand to bring this to the ward. Wow. That would be amazing. Yes.
>
> (Grace, line 441)

The chaplains hope for gentleness to be experienced throughout the entire spectrum of care delivery and not only within spiritual care. This chaplain further describes the practice of gentleness as cherishing.

> So that's why when I work in the PC [palliative care] wards, each life I encounter, um, the more I realize this. Um, one minute the patient has energy to engage with me, but the next moment his condition can turn bad very quickly. He can leave [die] very quickly. I have learnt to cherish. Yeah, to cherish the relationships and encounters I get with people around me… Cherish, cherish life being fragile. And also, um, I realised that I need to cherish… each person whom I get to encounter and know. Those whom we have the opportunity to spend time with. Yeah.
>
> (Grace, lines 192–98)

Cherishing gives accent to a specific quality of gentleness in spiritual care delivery. A renewed gratitude and deepened appreciation of the fragility and sanctity of human life from working in the end of life context was observed to lead to this cherishing posture. To cherish immediately signifies that the object cherished is treated with care and tenderness. To cherish would also imply the presence of patience and a slower pace in engagement. Such an approach plays a significant role in shaping the participants' delivery of gentle spiritual care.

Barriers to gentleness in practice may be related to the expectations of others:

> We need to make sure we are not pressuring the patients because of the demands or expectations from the church or family or anyone else… we need to really see where the patient is at the time… I told her not to rush and to take her time to think it through, if she really wanted to accept this gift [faith].
>
> (Grace, lines 266–68)

The chaplains are required to resist the pressure from the expectations of others in their commitment to practise with gentleness. The commitment to offer gentle care to the patient is prioritised over fulfilling the demands of others and even their "ultimate goal" of having the patient receive the Gospel. The chaplain is patient and respectful, allowing the care recipient to have the freedom and space to consider the gift of love and not be rushed.

The focus on such an understanding of gentleness reveals a specific relationship of the chaplains with the idea of time. In order to express care in a gentle, "no rushing" pace, time in abundance is required. The availability of time and the ability to adopt a gentle pace are intimately connected. The challenges the chaplains face are not only confined to the fast-paced, efficiency-driven setting of an acute public hospital but also the urgency inherent in the context of end-of life care. This tension of time is made even more critical when taking into view the barriers chaplains face in accessing the wards, as was mentioned earlier in the section dealing with homelessness.

The participants can be seen to have safeguarded the priority of gentleness in different ways. One chaplain decided to give up her full-time position as a chaplain and to take up a part-time role in order to create more time devoted to be with the patients.

> Let me backtrack for a bit about my background. I started off as a full-time chaplain but then switched to part-time… The reason why I switched to be in a part-time post is because I wanted to focus more on palliative care. I realised that if I really wanted to accompany the families, it will take a lot of time. But a chaplain's life is so busy already. We need to train volunteers, staffing, referrals and many other things… I thought it is better for me to allocate my time better if I switched.
>
> (Jessica, lines 31–33)

The value of gentle and patient practice of care further complements the previously described feature of love in action. Love is a gift which needs to be experienced by the person it is offered to. The transformative power of love is required to be lived out and noticed by the recipient. Spiritual care delivery with its emphasis on gentleness and slowness causes patients to take notice.

> They [patients] might not be able to accept what you say. But instead, they might notice something different about you. Someone who would be willing to slow down and accompany me for a while… That's how Jesus can be lived out… It might be the case that the other person does not even realise that you are a Christian. But that doesn't matter. As long as she noticed that you had done something for her differently. Differently than expected…
>
> (Jessica, line 248)

COSTLY LOVE

A chaplain is shown to convey love through some of the decisions they are called to make within their practice of spiritual care. The locations where transformations took place within the data converge on certain choice points for the chaplain. The transformative power previously mentioned in section "Transformation" is seen to be most evident when the chaplains choose to creatively and intuitively seize the opportunity to love in action. These decisions, though at first glance, they appear simple, do carry an important quality to them. These decisions are costly to the chaplain. The costliness is not in monetary or other material forms but rather in the cost of causing them to do more or practise in ways which deviate from standard contemporary medical care delivery. Paula alluded to this quality this way:

> I feel that we as chaplains actually, we need to do a little more. We need to be willing to do more than expected. You know, to show love. Do more than expected?
>
> (line 92)

This "more" is not referring to a measurable output of effort, but the emphasis is on the willingness to take an extra step and the willingness to risk for the sake of enabling love to be conveyed. Going off script and relying on intuition and creatively providing various modes of care according to the presented needs of the patient can be risky. It is especially risky for a chaplain whose role and place in the team are precarious to start with. The natural temptation to be self-protective and to not draw unnecessary attention to themselves in the inhospitable work environment is resisted by the chaplains. A closer examination of the oft-circuitous paths leading up to such transformation seems to converge on such a decision. The implicit considerations pertaining to these "simple" decisions cannot be ignored in thinking through how chaplains love. It seems that an element of a chaplain's love which is key to homefulness may be courage.

> I was referred to a patient because the staff just could not manage her. She refused to wash, to eat, to take medications, or to receive any care. Her hair was all matted and she was very angry… So slowly I tried to understand her... So one day I asked her if her condition becomes critical, um, who do you want to be around you? She said she did not want to see anyone. "I just want you chaplain next to me when I die." I told her that I am not here 24/7 but I promised her that I would write in the charts to notify me even if it is the middle of the night. I will come back and be with you. And then she asked if I could hug her. I think she was very lonely and she was afraid.
>
> (Paula, lines 92–111)

WAITING AS LOVE

Waiting is a universal day-to-day human experience, but it becomes ever more vivid at the end of life and is intimately intertwined with the expression of love.

The concept of waiting is a prominent feature throughout the data and holds a particular poignancy within the lived experience of the participants' practice of love. One chaplain began the description of his practice this way:

> Basically, within the hospital there is a large team which tackles different needs, providing different needs accordingly… Everyone has their own role. Within the hospital, the most common thing one will hear is "Wait. You need to wait in line for your turn. Would you wait." In this circumstance, when a patient becomes ill, basic care involves a lot of "would you wait, we are waiting in line." Healthcare professionals really don't have the time to ask and care about other things… The chaplain's role here is to give them some encouragement, listening, empathy, so that, through faith, they can be helped.
>
> (Paul, lines 8–12)

The data consistently reveals the location whereby a chaplain encounters a patient is in the midst of waiting. Furthermore, the participants understand this common and unavoidable experience as a potential entry point into a relationship of care. The various dimensions of a chaplain's love are revealed with greater clarity by the experience of the participants waiting in practice. The participants express love which is embodied, gentle, and costly in their waiting. Two postures of waiting are broadly identified in the data, both are helpful in elucidating the chaplain's love in greater depths: waiting for and waiting with.

Waiting for

The decision to love begins before a chaplain engages with a potential care recipient. As mentioned in the section on homelessness, the chaplain does not commonly have direct access to the patient. Spiritual care begins in waiting for such an opportunity. One participant humorously described this common practice of waiting as qualifying her to be a specialist in loitering (June, line 9).

In addition to the need to wait for the opportunity to access a patient, the wait for a chaplain may likely continue even after gaining access. The commitment to convey love with gentleness is revealed further as the chaplains attend and attune to the patient's receptivity for further engagement.

> So when I approached this case, I needed to know that time frame she [patient's mother] is back here. And also, the fact that she was back did not mean she was free? Maybe she just wanted to be with the patient,

> or maybe she wanted to bath the child and things like that? So I needed to find the best (emphasis) time, quality time to speak with her. To listen to her as she ventilates.
>
> (Jessica, line 43)

WAITING WITH

Having waited for access to the patient and for the opportune time to enter into a relational encounter, another dimension of the practice of love is the act of waiting with the patient. Love is expressed through the embodied action of physical and emotional presence and the willingness to "slow down and accompany them for a little while" (Jessica, line 248).

The chaplain's expression of love in their waiting for and with the patient further highlights the previously identified dimensions of gentleness and costliness in the embodied actions of love throughout homeful encounters.

A mother's love

Another metaphor and understanding of love which has been found in the data within homeful care encounters has been a mother's love. This has been referred to as remembering and re-experiencing the security and depth of the cherishing love of a mother.

> I discovered that when I go further in our conversation and exploration, um I, discovered that when patients get to this stage [end of life] they all become like a child again. Um, what I mean is that they long for their mother's love. That security. That safety. They long to return to God's embrace. They long to… just like when we have left home for a long time and suddenly being able to taste food from home? That experience and feeling? Being able to access that feeling. That's exactly what spiritual care is and works.
>
> (Paula, lines 142–143)

Returning home

The transformation resulting from the experience of the deep and familiar love of a mother is understood to cause the care recipients to long for and to turn to God. The remembering of the mother's love is also identified to be presented as the longing for home. The sense of longing for something which had been absent and missed for a long time brings into sharper focus a sense of wholeness and relief of being home again. Tasting a familiar dish from home evokes the memories and experience of nurture, comfort, and care. Food and the act of cooking are culturally significant in the experience

of love. Preparing a favourite dish for someone is widely understood as an expression of care in Chinese culture. By evoking that memory of home, the chaplain was directing and inviting the patient to re-experience love. In so doing, the patient may be led to opening up to the possibility of experiencing God.

> And then you tell them there is a God who loves you just as much. Just like a mother. He has loved you since the beginning and has never left you. He will be soften. He will be touched. I mean, um, look, if you are able to, through your encounter with them, just one tiny point. Of love, of knowing God will be with me. It's often through connecting with that memory of being loved by their mother?... I remember one patient, he had left church for many years and every time he had asked me to pray for him instead of praying also. So one time, I asked him to pray out loud also. This was a male patient. In his 60s. I didn't expect this but when he started praying out loud he said this, "Daddy, I have come home." I mean this is the prodigal son? [stopping to look at me to make sure I understand]. He felt that he was the prodigal son. He simply said that, "Daddy, I have come home." He then looked at me and he was crying and I was crying.
>
> (Paula, lines 163, 170)

The transformation of experiencing and belonging to God is illustrated by the image of the prodigal son returning home by Paula. Another chaplain describes this experience as a return to the place of origin where God is found:

> I always like to use the analogy of the train to talk about life? Our life is like a train. We cannot bring a lot of things from this world with us. So, um, and there are people getting on and off… But when we return to your place of origin, um. So what happens to this shell. We won't bring with us when we die. We have a spirit. A soul. This soul will return to the original place and will exist in another form, to live. So this boy [patient] will return to this original place, return to God.
>
> (Brenda, lines 187–191)

"Return" in the context of end-of-life spiritual care is understood by the participants to be centred on the matters of heaven. Death is understood as the final destination of the journey of life (Brenda) and the decisions the patients are led to possess eternal consequences. The participants' goal is to lead the patients to a destination which is portrayed as home-like, similar to a mother's protection, familiarity, comfort, and nurture.

God's love

God's love is shown to be the genesis, the goal and the sustaining force of the participants' practice of end of life spiritual care in the data. The chaplain loves in order to enable the care recipient to experience God and for the homeful transformation, which comes from being with the belonging to God.

As mentioned previously in section "Love in action", the chaplains' love stems from the love of God. Such love not only motivates but continuously sustains the chaplains. The homeful spiritual encounter which guides the practice is embraced by the chaplains in their personal faith. This pursuit of ongoing homeful experiences of God sustains them in their practice of spiritual care.

> I need to do this daily. I need some time each day to do this. To quiet down, to read the Scriptures, to pray, so that, I feel that I need to first address my own relationship with Jesus before I can express this love I have of Christ out in my life.
>
> (Jessica, line 239)

The love of God, central to the Christian faith, is the model from which they practise end of life spiritual care.

> Jesus sees each life as valuable and meaningful. And the patients can experience and give love… Maybe they [patients] would show and respond differently when they are shown love.
>
> (Jessica, line 261)

Moreover, specific aspects of God's love are revealed from a closer examination of the chaplains' personal homeful encounters. These individual experiences of intimate encounters with God's love not only motivate and sustain the chaplains in their work, but aspects of this love are reflected out from their practice towards homefulness.

Each chaplain encounters God's love in their unique and personal way, but a few prominent aspects of God's love can be identified from the data as follows.

Omnipresence

As previously mentioned in section "Surprise and amazement", the awareness of God's reality and presence is a cause for awe and transformation. The chaplains shared their sense of wonder in the experience of the ever-present reality of God and the awe of being included and to witness God at work in close proximity.

> I believe that God was already present in the midst and He was able to use people around Him like us to cause a chemical reaction (laughs).
> (Grace, line 357)

In addition to these experiences of God's presence in their role, the chaplain's personal homeful encounters with God are infused with an awed realisation of God's presence throughout their life. God's fingerprints were spotted in abundance by the participants in retrospect, especially when they were reflecting on their experiences of Christian spirituality.

> But God never let go of me… But God, um, He never gave up on me. I feel that His love never abandoned me. I felt at that time [during hospitalisation], first of all He saved my life. Secondly, I didn't expect that, the way I prayed to him. I didn't all of a sudden was cured in a certain way, but um strangely, my heart began to… it, um, there was a sense of, it felt like as if He was able to… If there was a bigger, stronger power there and I was able to surrender and cast worries and cares onto Him… so my heart. I remember distinctly the time I prayed. I used to be one of those who would seek God only when I had lost something. (laughs) But that time, I experienced. And I knew. That God had heard my prayers. So then God led me, step by step. Amazing. He prepared… I know that You are real. I know that in my life, I believe in You. I know You are real and You love me. What I mean is, I know my life belongs to Him.
> (Grace, lines 115–17, 129–59)

This experience of God's patience in His unrelenting pursuit causes this chaplain to not only turn to Him but shape her practice of love in ways which reflect this quality. It is not coincidental that this chaplain, in her practice, emphasises the qualities of gentleness and patience as mentioned in section "Gentleness". The spaciousness within this facet of homefulness is further illuminated here by the freedom from the constraint of time or the lack of access to pursue the "ultimate goal". The chaplain is able to practise homeful encounters with patience and gentleness because of her personal experience of God's love in similar ways.

Omnipotence

Another aspect of God's love identified in the practice of homeful spiritual care is God's nature of omnipotence. God's love has been demonstrated in this section to be the powerful transformative cause in homefulness.

> Yes. Tangible and real. Like wow God is indeed here and so powerful. He is so mighty! He can shift such immense feeling of helplessness…

> after he [patient] has received Christ, he was so steady and calm. The feeling, I think wow I can be used by God? I can be a channel of His work? … God, You heard my prayers in the ward and my worry about what to do next? … That feeling of partnering is a feeling of amazement. What? You would actually use me? That's an amazing feeling.
>
> (Brenda, lines 144, 177)

This aspect of God's all-powerful and ever-present love is also emerging as a sustaining force for the chaplain participants in their commitment to remain in their role.

> God will harvest Himself. um, no matter, whether he [patient] has wandered off for years, God Himself will leave the ninety-nine to look for the one. Perhaps at this stage, the body is wasted to the point of not being recognisable, or only has one breath left in him. Yes, but God has promised this. What God has entrusted to me [Jesus] I will not leave one behind. No matter what. God will Himself be responsible. Um, it's just that He chose to use us that's all.
>
> (Paula, line 168–70)

The homeful experience of God as one who is all powerful and ever-present enables the chaplains to be emboldened in their practice. The chaplains are able to withstand the many challenges of homelessness mentioned before in this chapter as well as the inherent nature of uncertainty in spiritual care. The emancipating power of homefulness enabling the newfound freedom in the ease and confidence mentioned in section "Spaciousness" again comes into view here.

Omniscience

The understanding of God as all-knowing permeates the data. This particular understanding of God as having full knowledge and control over all circumstances is intimated most clearly when chaplains need to reconcile their homeless experiences in their role.

> Sometimes I feel quite sour, you know. Disappointed and bitter that I am not able to do what I want to do. (trails off) That happens too of course. But the reason why I persevere, I would keep going, is because, um that sense of, patients have the right to be receptive or not, right? So when I approach them, even if I can only be present and accompany them for a bit… It is what we call, what is it? (thinking) loosening the soil, or even watering the soil. So I have no idea when the watered soil will sprout… So these visits [without religious elements present] are doing something already? It is just preparation work. And not quite

> time for harvesting… You can only keep going. Keep visiting. No matter whether they are receptive or not initially.
>
> (Brenda, line 220)

> Um, I went through a period I was so angry with myself. I am not a doctor, I can't cure him. I am not a nurse, I can't care for him. I am not a medical social worker, I can't deal with his financial issues… So I was asking myself what I was doing? I am just (emphasis) a chaplain. We are facing suffering and we are crying with them? They are crying and you are crying. Um. How are you a chaplain? What are you doing here? You are useless! Like a lump of crap. Unable to cure and unable to help him. So I was struggling. Yeah… but then I remembered a verse. Gold or silver I have not. I only give you all I have. That's what I have. I mean, the doctors give these and the nurses give these and I give what I have and that is God' presence. God's love… No matter what her choice at the end was [faith]. That is not for me to know.
>
> (Paula, lines 189, 212)

The chaplains' understanding and experiences of God's love as omniscient, omnipresent, and omnipotent help them to reconcile the challenges of working in the uncertainties inherent in their practice. God's love is the foundation for homeful spiritual care. Different aspects of God's love which have been revealed in the individual chaplain's personal experience continue to sustain and are reflected in the ongoing practice of spiritual care delivery.

The "way out"

> There are so many ways to talk about the Gospel. But here, they are at the end, so we need to make them think if they have a way out.
>
> (Annie, line 354)

Love of God is also observed to be inextricably tied with the chaplains' understanding of the afterlife. The explicit "ultimate goal" (Paul) to bring the Christian faith to the patient is shown by the data to be primarily orientated towards the assurance of eternal hope in heaven (Annie). This distinctive aspect of end of life spiritual care was succinctly captured by the description of "way out" as previously mentioned at the beginning of the section.

> Do you know what happens after this life? The direction of that? Do you know that you have a way out? And this way out depends on how you choose now… I would say, um, like, sometimes we fall sick, and that is out of our control. The medicine we are given, we have no choice over that. The treatment is hard, and we need to accept. But here is one thing we can choose in this moment. And that is, in this moment, do you wish to be able to choose. One day we will reach the end of this

> life. This journey. We get to choose. I mean would you want to have somewhere nice to go to next?
>
> (Annie, lines 311–17)

The value of end-of-life spiritual care is understood by the participants to be a time to help the patients prepare well for death. The goal of this preparation within spiritual care hinges on the choice to accept the Christian faith.

> Actually, after having been a chaplain for so many years, it is unavoidable to be confronted with issues of life and death. I remember an experience when I first started out as a chaplain. It was a very memorable experience… I had a deep realization at the time, that at the time of death, if we have not been given an opportunity to say goodbye. To prepare? it is very sad and full of regrets.
>
> (Annie, line 2)

> …yes actually. There is a God who loves us so much. He is the creator God of the universe. He is so willing to give us peace. The real deal. The real salvation.
>
> (Annie, line 192)

This chaplain understands that the reconciliation of the relationship with the Christian God is the only way out to reach this goal of attaining eternal hope and peace. The practice of spiritual care aims to enable the experience of God's transformative love so that such reconciliation may be possible.

Heaven is frequently mentioned by the participants in their care encounters. The topic of the afterlife is seen as "the doorway of talking about the Gospel" (Brenda, line 294). The participants understand the "ultimate goal" (Paul) of end-of-life spiritual care as revolving around the acceptance of the Christian faith in order to have the assurance of eternal hope and peace. Heaven is described with different images such as "a beautiful garden" (Annie, line 267), "returning to the place of origin" (Brenda, line 492), "returning to God" (Jessica, line 95), or a "nice destination" (Annie, line 323). Interestingly, the understanding of the afterlife deviates from the traditional Christian understanding in the absence of mentioning bodily resurrection.

> I also talked about the destination of our soul. What will happen to his son, and things like that in the future (after death)… and also I explained clearly about our soul… So what happens to this physical shell of ours, we call this "smelly old shell" in Chinese? That's how we refer to our body. What happens to this shell. We won't bring with us (when we die). We have a spirit. This soul will return to the original place and will exist in another form, to live. So this boy [dying patient] will go to this original place, return to God, and at that time, he will be changed back to his handsome self. He really is handsome already.

> So he will return. But he will no longer be enduring his issues with his colon, autism, he will be able to communicate properly. So that's what it will be like. The boy's mother is still unable to understand this. She is trapped by the older beliefs of going to hell? But I told her, since you love your son so much, I am sure you don't want him to go to hell? He will now go to this calm, safe place.
>
> (Brenda, 329, 495–510)

Differing from the traditional Christian understanding of death as centred on the death and resurrection of Jesus Christ and the teaching of bodily resurrection, the chaplains seem to have a more Neoplatonic understanding of the soul as having a superior and eternal value compared with the physical body.[30] I would argue that this deviation of the Hong Kong Chinese chaplains' understanding of spirituality from the Abrahamic tradition of their religious training is a small glimpse of the cultural incongruencies of interfaith spiritual care in a non-Christian world. Not only are the care recipients in these contexts predominately non-Christian and non-Western as earlier mentioned, the Chinese chaplains themselves face similar challenges in having to integrate their individual Asian religio-cultural worlds with their faith and their vocational role. For these chaplains, the ingrained cultural understanding of post-death existence is likely to be one shaped in concert by the traditional religious and philosophical "scriptures" from Taoism, Confucianism, and Buddhism as well as Christianity.[31] In sharp contrast to the Christian religion which believes that every person has only one soul that is inextricably bound to the body, and emphasis placed on bodily resurrection, Chinese cultural understanding of the soul is less well-defined.[32] In fact, there is no unified belief system on afterlife or post-death existence from the syncretic blending of indigenous religious traditions and beliefs.[33] It is not surprising, therefore, that the Chinese Christian chaplains have been observed to express a view of afterlife which diverges from Christian doctrinal teachings and are seen to attempt to find meaning in the face of finitude with blurred boundaries with Chinese indigenous religious and philosophical traditions. In this case, the mismatch in the lack of integration surfaced in relation to the cultural understanding of spirituality as it is applied to afterlife.

> Like when an elderly lady dies, when she gets to heaven, she will become beautiful again. We will be existing in another form. You will no longer have arms and legs I think… we will have a different mode of being. We will be restored to our most beautiful version of self.
>
> (Brenda, line 539)

Friendship as a mode of care

The third distinctive feature of homefulness observed from the data is friendship. When asked about their practice of spiritual care, offering care was

the most commonly used description by the participants. However, a few chaplains went a step further to qualify this care as an offer of friendship. There seems to be something unique within the dynamics of the relational movement and structure in friendship which plays a significant role in these encounters where homefulness is found.

Friendship is not a common description, and even less so, an expectation in encounters within the medical setting. It stands in a sphere of its own in the corner, much like the image of the earlier facet of homelessness when placed alongside more accepted terms such as efficacies, outcome measures, demonstrable impact, schedules, and charts. Wouldn't this strategy further cement the observed perception of their role as "just chatting" and further alienate chaplains from the team and the institution? What is it about seeing the other as a friend which allows for this experience of homefulness to manifest in these encounters?

Horizontal movement of relational dynamics

> What they need is not a professional. What they need is a person. Um, I can't exactly be like them. I have my own background, life history, but at least, let's not enter an encounter like the great high priest. (laughs)… Yeah. Just be friends.
>
> (Stephen, lines 92–94)

The first characteristic of friendship emerging is the care to not approach the other as someone from the position of authority or possessing more power. This attitude observed in Hong Kong chaplains' practice diverges somewhat from Western research findings, which concur with the majority of the literature on chaplaincy theologies as one which is described as "top-down" in their approach.[34] Contrasting with chaplains practising in Western contexts who have been observed to presume their role as the authoritative theological voice in the otherwise secular context of the hospitals and relate to care recipients in ways which are more monological in nature, Chinese chaplains conceive of their theological task differently. Instead, Hong Kong chaplains steer away from the assumption of possessing any authority and actively seek to engage with and consider patients as pertinent theological partners and each dialogical exchange as a locus of theological production where homeful encounters may emerge.

The participant humorously captured it as not entering like "the great high priest". In other words, there is an intention and attitude which aim to flatten any existing power derivative between him and the care recipient. The title or role ambiguity is intentionally set aside for the sake of the patient's perceived needs, as seen in section "Ambiguity". Seeing the other as an equal, like a friend, seems to be foundational in this encounter where homefulness is experienced.

Another participant further championed this radically different stance this way:

> but my approach is this. I see her just as a person. This [my visit] is merely an encounter between two human beings… So I first build up a friendship. A relationship with her over time. So over time, this lady accepted my ministry of care for her.
>
> (Imogen, line 30)

Again, the equality between the chaplain and the patient is noticeable. There are no transactional expectations or other agendas in this posture of a friend-in-waiting. On further thought, this encounter "between two human beings", when taking in the precariousness of the position described previously, seems to be a radically courageous move. Instead of grasping onto the illusion of status and authority from the position of power engendered from the job title, however ambiguous it might be, this power was intentionally let go.

Imago Dei

Approaching and understanding the care recipient as an equal is not merely a strategy to access engagement but is a fundamental underpinning of the spiritual practices employed in homeful care encounters such as reverent attentiveness, presence, and love. Such an understanding of equality and shared humanity is informed and sustained by the chaplains' theological formation, specifically the doctrine of imago Dei.

> Not only those with faith in Jesus would have this need. We know that God created each of us according to His image and He made us so that we have this spiritual dimension which needs to be fulfilled and attended to. So it means we all have this need, irrespective of faith.
>
> (Grace, line 12)

The theological doctrine of imago Dei is at the basis of the radically different starting points between medical encounters and homeful spiritual care. Instead of treating the patient as in need of a mode of treatment which the caregiver is in the power to dispense, the chaplain sees a fellow creature made in the image of God. This theological understanding of relating to others and to God is foundational to the distinctiveness of the experience of Christian spirituality and a core element to this facet of homefulness.

This third identified feature of homefulness not only appears odd and out of place in the context of the medical setting, but it is also markedly different from the contemporary understanding of friendship outwith the hospitals. Friendship is contemporarily patterned according to the social conventions of mutual benefits. Similarities of interests and potential gains from what the

other has to offer are commonly the foundation of such a relationship. Yet, the care described by the participants in homeful encounters deviates determinedly from such a mode of relating. The earlier observation of "spaciousness" comes into sharper focus here contrasting the more myopic narrowness of searching for potential gains with the radical embracing of acceptance and welcome of homeful friendship.

Radical acceptance

> Well what we do is we first accept them. Accept them as whole person. We care for them and we do not only visit those with Christian belief.
> (Imogen, line 18)

Spiritual care framed in terms of an invitation of friendship from the chaplain to the patient radically overturns the wider social dynamics in the medical structure. As earlier highlighted, the power differential between medical encounters is intentionally flattened, creating an equal, horizontal plane of relating. The chaplain practises hospitality in his identity of a friend. Instead of a top-down relational dynamics of dispensation of treatment from someone in power, friendship overthrows this norm. This invitation may be confusing and disruptive to the expectations of the status quo but in the midst of the confusion opens up a space that was not there before. It is also within these newly created spaces from radical acceptance where possibilities and new experiences may be discovered and homefulness revealed.

Conclusion

Homefulness is a prominent facet of the chaplains' lived experience of delivering end of life spiritual care in Hong Kong public hospitals. The features distinctive to the landscape of homeful spiritual encounters examined in this section sharply contrast with the facet of homelessness. The oppressive constriction of the orphan identity in the homelessness experience of the work setting is replaced by a spaciousness of ease and new possibilities within homeful spiritual care encounters. In this new terrain of homefulness, the participants are no longer seen to be hindered by the persisting limitations of the work setting but are emancipated to discover emerging hope and unforeseen freedom to practise courageously. The chaplains practise love in action by relating to the patient as equals, relinquishing any "authority and status" (Paul, line 34). Both the chaplains and the patients emerge from the experience of "being with and belonging with"[35] God and the community of neighbours indelibly transformed.

In summary, the chaplains' practice of end of life spiritual care can be understood to take place within a landscape marked by these two distinctive pillars of homelessness and homefulness. The terrain where lived experiences of spiritual care are located is not a static condition, but represents

a continuum where movements occur in the delivery of end of life spiritual care: the chaplains' practice is a purposeful movement through the homelessness conditions orientated towards the destination of homefulness. The purposeful movement along the continuum of the chaplain's practice, always directed towards homeful encounters, can be seen as a form of journeying. The notion of journeying to describe the lived experiences of the chaplain's practice of end of life spiritual care and the perceived experiences of the patients will be further reflected upon in the next chapter.

Notes

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3 Practising in homelessness

Understanding the nature of chaplaincy practice in end of life care

Introduction

As stated in the general introduction to this book, my aim is to critically reflect on the experience of Hong Kong palliative chaplains in their practice in the delivery of end of life care within the public hospital setting. In Chapter 2, I employed qualitative research methodology, concretely IPA, as a critical dialogue partner to examine the aforementioned situation. Processing the data extracted from interviews with IPA allowed me to generate new insights on the chaplain's experience of end of life care. These insights were organised into two key themes: homelessness and homefulness. These two superordinate themes represent the two opposite pillars around which chaplains' experience can be interpreted, and they are fundamental for the development of the present chapter.

My book is an endeavour of Practical Theology[1] entailing a critical, theological reflection of Hong Kong chaplains' practice of end of life spiritual care as it interacts with the world represented by the pluralistic, secular hospital setting. This chapter contributes to a deeper understanding of that interaction between end of life spiritual care and the homelessness setting in which the practice exists. In this chapter, the exploratory task begun in previous chapters continues with an intentional turn towards using Scriptures and Christian tradition to overtly bear upon the freshly emerged insights and questions from qualitative research analysis. Through the process of theological reflection in this chapter, I aim to draw out and elucidate theological dimensions embedded within the qualitative data presented in the previous chapter, particularly the movement between the two pillars of homelessness and homefulness which has been observed to take place in the practice of end of life spiritual care. In order to better comprehend the chaplains' experience of delivering end of life spiritual care within these identified conditions of homelessness and homefulness, I will first explicate the idiosyncratic challenges inherent within the homelessness circumstances specific to the chaplains' role. Having a more comprehensive appreciation of the various impacting influences to which the chaplains are relentlessly being subjected and which deeply shape them in their practice will elucidate further insights into the chaplains' corresponding motivations and needs to seek out new

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strategies to persevere in their practice and retain their vocational calling and identity, as well as the threats behind some of these. The nature of this vocational identity will be explored in detail with the employment of the theological notion of dual citizenship with the aim to underscore the tension embedded in the chaplains' practice to live out their heavenly citizenship in the earthly kingdom of the secular and homelessness hospital setting.

In this chapter, theological knowledge will further challenge and clarify the insights emerged from the data examined in Chapter 2 in order to seek out God's revelation within the context of end of life spiritual care delivery in Hong Kong.

EOLC as a journey

In order to begin this task of theological reflection, I will approach the image of the landscape marked by the two pillars, or collating themes, of homelessness and homefulness revealed from the analysis in the previous chapter. I have proposed that end of life spiritual care takes place along a dynamic continuum located between the two contrasting conditions of homelessness and homefulness and that this dynamism is generated by the chaplains' purposeful movements towards homefulness. Therefore, the two distinctive conditions are not static. Rather, there is a constant effort from the chaplains to move from homelessness to homefulness. Furthermore, the chaplains' experience of this terrain between the two pillars can be multiple: aspects of homelessness and homefulness may be present at the same time for both the chaplains and their care recipients in end of life spiritual care experiences.

This movement within the boundaries of homelessness and homefulness closely resonates with the image of a purposeful journey which the chaplain embarks on in their practice of end of life spiritual care. A journey entails more than a movement but includes a starting point of departure, a middle where efforts are made to progress towards an end point, and the eventual arrival at the hoped-for destination. The chaplain's purposeful journey in spiritual care delivery has its beginning point located in the homelessness condition of being displaced and marginalised in their role within the secular hospital setting. The movement from the starting point of homelessness marked by the chaplain's work experiences is orientated towards their ultimate goal of facilitating the patient to know God. This homefulness experience of the presence of and belonging to God marks the arrival of the chaplain's journey in spiritual care delivery. The space between the two pillars of homelessness and homefulness is the location where the chaplain's delivery of spiritual care takes place and represents the purposeful movement enabling the progression and the significant transformation of end of life experiences through spiritual care.

EOLC journey as an exilic journey

This fluidity of the conditions of spiritual care experience highlights the possibility of the direction and the outcome of care, creating the imagery of the

chaplain's spiritual care practice as a form of journeying with the patient at the end of life. The double journey experienced by the chaplains, that of themselves and the one they perceive as undertaken by their patients, can be further characterised as a particular kind of journeying, that of an exile. The journey shares many prominent features with the exilic experiences of the Old Testament, such as displacement, helplessness, alienation, and the need for a renewed response from discerning and re-discovering new resources for hope and identity. When comparing the Old Testament exile with the contemporary situation of the chaplains, various convergences will allow me to further understand and evoke the theological dimensions of the contemporary experiences of end of life spiritual care. More importantly, the Old Testament experience of and reflection of the exile provides a fertile scriptural resource for the discernment of a practice of resistance to move through the exilic journey for the chaplains.

Homelessness and exile

The chaplain's lived experience in their practice of end of life spiritual care has been shown to often take place within a homelessness condition. The starting point of the chaplains' exilic journey is marked by the pillar of homelessness where the chaplains experience deep alienation, disorientation, helplessness, and displacement in the work setting of the hospital, especially in the multidisciplinary team. These feelings of displacement and alienation were clearly visible in the data, as exemplified in the healthcare professional's caustic remarks directed at the chaplains in the wards suggesting that the chaplain's work is unimportant and their presence obstructive (Chapter 2). These more extreme expressions of marginalisation saturating the homelessness conditions of the chaplains' work environment are among other more subtle, yet equally alienating behaviours, such as the hospital policy that excludes the chaplains from employment schemes that other hospital employees are entitled to, such as having salaried employee status or having access to the cafeteria discounts.

Another layer of the chaplain's experience of displacement is their longing for "home", namely the safety and the familiarity of the church, this longing being triggered by the homelessness experience. As Robert B. Reeves, Jr. noted, "the hospital is the doctor's world as the church is the pastor's".[2] That comparison directly corresponds to how Hong Kong chaplains' interpret their relationship with the church. As could be seen in section "Constrictiveness" in Chapter 2—Facet 1, the chaplain's yearning for a protective and predictable environment in the midst of homelessness is expressed as a comparison with a parish minister, contrasting their constrictive experiences of lacking in authority and acceptance with the minister's spaciousness in their church setting.[3] The chaplains are acutely aware of the reality that they are away from "home", embedded and called to serve in a world belonging to others, and their "work is always to some extent peripheral to the medical effort".[4] The

chaplain's exposure and vulnerability from their marginal position displaced from the parish home can be further illuminated by Reeves' observation, "[t]he hospital chapel is not a church. He has no session, vestry, consistory, or council to back him up. He is officially no one's pastor. Thus, the chaplains have neither the professional status of the doctor nor the pastoral status of the parish minister. To both staff and patient he is in some degree an outsider".[5] In the absence of the predictability and stability of the parish setting, coupled with the need to serve a new and vastly different hospital population which is relatively more transient and diverse than the parish, the chaplain is required to navigate the foreign world of the hospital as "a sojourner in a foreign land".[6]

These distinctive aspects of the chaplains' homelessness experience of spiritual care delivery, when viewed through a simile of a journey, share many converging points of contact with the concept of exile as presented in the Old Testament. From a biblical perspective, God's people have been portrayed to be exilic by nature and have perceived themselves to be a threatened minority, striving to preserve and live out their identity and beliefs in an inhospitable land with conflicting value systems. Beginning at the original exile from the Garden, to the nomadic journeys of the patriarchs, to the slavery in Egypt, through the conquests of the eighth and sixth centuries, exile is a familiar motif for the biblical people of God. The people of ancient Israel, Second Temple Jews, and first-century Christians "were plunged into cultural situations where *who* they were and what they were called to be was at odds, sometimes drastically so, with *where* they found themselves".[7] The biblical exiles and the chaplains represent a people who are displaced from a place of safety and familiarity and are moving towards an uncertain destination with no guarantees of protection or sufficient provision to last the journey. The chaplains on their journey through homelessness in end of life spiritual care delivery, similar to the ancient exiles, are a people who have made their current "home" on the margins of a foreign dominant culture of the public hospital and are deeply at risk, without safety, possession of land, and moving in trust to a new place driven and sustained by faith in God. Viewed in this light, the chaplains share a theological kinship with the ancient exiles in the experience of being situated in "the perilous territory of not belonging".[8] Moreover, both exilic journeys of Israel and the contemporary hospital chaplains are called to be a time for discernment and reorientation in order to preserve and live out their identity as a people of God in their current "home" on the margins.

In order to more comprehensively understand the chaplains' struggle in their exilic journey, I will examine this theological kinship by comparing the contemporary chaplains' unique challenges with those of the ancient exiles. Walter Brueggemann, in his reflection on the exiled Jews of the Old Testament, notes that the trauma of displacement from exile is not limited to the more obvious geographical dislocation, but extends to include the impact on the social, moral, and cultural aspects resulting from the loss of a familiar

and trustworthy system in generating meaning in the hostile host land.[9] In the case related directly to the chaplains' exilic experience of their practice, I will explore how different aspects of displacement affect chaplains' practice and vocational identity.

Exilic displacement

DISPLACEMENT IN THE HOSPITAL ENVIRONMENT

As mentioned, exile is a theme that occurs throughout the Old Testament, beginning with the Genesis account of the expulsion of Adam and Eve from the Garden of Eden,[10] Abraham's exile from his home and kin[11] and through to the exile of the Southern Kingdom of Judah in 586 B.C.E to Babylon.[12] One of the prominent features of the disruption in exiles is the trauma of the profound loss resulting in the physical dislocation of the forced migration. The exiles have no choice but to leave behind the familiarity and safety of their homeland and to embark on a journey with no assured destination. The geographical displacement in exiles strips the people of the means to navigate life as previously known, leaving them vulnerable to feeling disorientated in the absence of a consistent and trustworthy system to generate meaning and coherence on their journey. Exile in essence is an experience of being and living away from home,[13] acutely knowing of one's alien's status, and aware that one is situated in a hostile environment where the dominant values run counter to one's own.[14] The new reality of being on an exilic journey without a system to sustain meaning and coherence is further described by Walter Brueggemann as a "context where their most treasured and trusted symbols of faith were mocked and trivialized, or dismissed".[15]

These overpowering feelings of loss and disorientation caused by a sense of displacement in exile are comparable with the chaplains' marginalising experiences at work. In addition to the physical displacement experienced in the hospital, the chaplains constantly find themselves in need of generating new ways to establish their value and worth in their role. This sense of displacement from exile of the chaplains' sentiment of alienation, "cast adrift or marginalized by their inability or unwillingness to conform to the tyranny of majority opinion",[16] has been shown to infuse the homelessness condition of the chaplains' relationship with their new home in the public hospital. The chaplains, in their struggle to live in accordance with their faith claims which are at odds with the dominant culture of the medical context, generated the need for a new evaluation of their work. The dissonance in the alignment of the chaplains' values and beliefs with the secular medical vision, coupled with frequent negative and devaluing encounters with the wider hospital care team, further intensifies the chaplains' expressed desire and perceived need to re-evaluate their role and relevance on their exilic journey in the hospital setting. As we will see later in this chapter, this desire and the subsequent efforts to create a relevant perception of their role in the healthcare team

come with a certain danger of compromising their vocational calling and identity as chaplains.

A dominant feature of the homelessness conditions of the chaplains stems from their acute awareness of having to practise end of life spiritual care from a secular setting which is inhospitable and at odds with their core faith claims. The effects of the physical dislocation of the chaplains' practice of Christian spiritual care in the hospital are encapsulated in the constrictive homelessness experiences as illustrated in Chapter 2. The alienation caused by the exilic displacement is experienced in the diminished authority and lack of acceptance in the chaplain's role, concretely expressed by one chaplain as "not having a place to stand" (Stephen, line 27). The chaplain's perceived identity of an outsider at work is constantly reinforced by other boundary-setting policies such as not being granted a staff discount at the hospital canteen and the exclusion of chaplains in attending the multidisciplinary team meetings. These marginalising encounters in the chaplains' practice serve to deepen their sense of not belonging and their isolation as aliens in their role within the host institution. Because of this physical dislocation the chaplains are rendered vulnerable and powerless in their practice of end of life spiritual care in the public hospital setting, resonating with the status of being "resident aliens".[17] This concept was used by Brueggemann to refer to the observed change in the social realities of contemporary Christians from the position of being with power to currently being "outsiders to the flow of power" due to the marginalisation of faith especially among young people.[18] I have borrowed the notion of resident alien here to reflect and illuminate one of the displacement outcomes of the institutional acceptance of the marginalisation of chaplains and the devaluation of their contribution as irrelevant or even inferior compared with healthcare professionals. The chaplains' presence as spiritual care specialists and their position in the multidisciplinary hospital team are not experienced to be included or welcomed by their host institution but merely tolerated. The chaplains are granted a place to remain in the hospital, yet the reception and treatment of their presence are more aligned with a stranger, or a permanent outsider resembling the status of resident aliens, "outsiders to the flow of power". This stranger experience and status of the chaplain as a resident alien in the hospital can be further illuminated by Patrick D. Miller, Jr.'s description of the unique Judeo-Christian understanding of and commitment to the stranger.[19] The chaplain's deep sense of alienation and not finding belonging in the homelessness condition of the hospital can be likened to Miller's description of the stranger as "the outsider who comes into the midst of the community without the network of relationships that can be counted upon to insure care, protection, and acceptance, the one belongs to another group but now resides in the midst of the Israelite community".[20] Miller further examined the English words "strangers" or "sojourners" based on their Hebrew root word *ger* or *germ* and have grouped these terms under the "resident alien(s)" to mean a people who "dwell for a (definite or indefinite) time, dwell as a new-comer without

original rights".[21] These expanded illustrations of the identity of an outsider in the resident alien's experience are helpful to deepen our understanding of the radical otherness and vulnerability of the chaplain in their marginal status in their new home within the host institution brought by the displacement from their exilic journey in end of life care.

DISPLACEMENT FROM THE CHURCH

The alienation endured by the chaplains in their practice within a hostile and isolating work setting from exilic displacement is further compounded by the chaplains' estranged relationship with the church. Not only do the chaplains experience marginalisation in the secular hospital, but the data interpreted in the previous chapter shows a parallel lack of belonging, detachment, and sense of abandonment in the chaplain's relationship with the church. The chaplains have expressed this feeling of rootlessness, not belonging anywhere, by comparing their role with a parish minister's, contrasting and highlighting the feeling of exposure and diminished power in their work environment to the perceived stability and security possessed by the minister's position. One chaplain (Stephen, line 27) describes the apparent freedom, power, and authority which the parish setting offers to ministers as having the spaciousness of the centre stage and contrasted that with the constrictive feeling of lacking a place to stand for the chaplains in the hospital context. Furthermore, the chaplains believe that the church holds a devalued impression of the chaplains' role, which deepens the aloneness and neglect experienced by the chaplains. The chaplain's exilic experience of not belonging anywhere and of abandonment resonates with the sentiments in the Old Testament's exilic expressions of being "forgotten, forsaken".[22] The chaplains in their displacement on their exilic journey share the sentiments of having been forgotten and forsaken in their distanced relationship with the church. The church, representing the birthplace and home of the chaplain's faith and formation, is now no longer experienced to be a place of nurture and sheltering. The destabilising experience of the loss of their spiritual home of the church as a stable and reliable base to return to for spiritual and emotional nourishment for their role is likened to the sixth-century exiles in their devastating loss of the Jerusalem temple. The grief and devastation in the absence of a spiritual and identity-forming temple are recorded in the Book of Lamentations. The imagery of the destabilising sadness and disorientation of the chaplains' rootlessness are reflected within the texts where emphasis was on "no resting place" (1:3), "no pastures" (1:6), "no one to help" (1:7), "none to comfort" (1:9, 16, 17, 21; 2:13); "no rest" (2:18).[23] Brueggemann suggests that "the exiles are like 'a motherless child', that is, an abandoned, vulnerable orphan".[24] Analogous to the vulnerability experienced by the Judahite exiles which followed the destruction of Jerusalem with its temple and the subsequent loss of coherence caused by the collapse of the tradition which helped to form their community identity, the chaplains are similarly subjected to

the vulnerable position of working from within a system at odds with their religious identity. The chaplain's position of vulnerability in the hospital is made more acute by the perceived lack of support from and attachment with the church. Like the deserted orphan described in the Old Testament exile, the chaplains are equally exposed, without the security of shelter on their exilic journey in delivering spiritual care in the inhospitable environment of the secular hospital. The chaplains are compelled to discover new strategies to navigate and endure the journey as well as having to discern new resources to sustain their faith. Without the persistent efforts to uncover and create fresh approaches for the exilic journey, the chaplains will likely face similar risks and be in peril of despair and hopelessness like the Judahite exiles. This risk of despair and its related consequences will be further examined below. Moreover, practices to resist despair and to sustain faithful responses which the chaplains have been employing, as well as new approaches based on the scriptural resources generated from the Old Testament's reflections of exiles, will be examined and proposed in Chapter 5.

THE IMPACT OF DISPLACEMENT ON IDENTITY

Such a sense of dislocation brings with it an assortment of collateral experiences, among which the most discernible one with chaplains is the experience of struggles with identity. Concretely, the lack of firm belonging leads to a risk of the chaplains losing their pre-exilic vocational identity, which is firmly rooted in Christian tradition. This section will explore this vocational identity and the identity crisis inherent to the practice of chaplaincy.

This crisis is also another point of convergence in the exilic experiences of ancient Israel and the contemporary chaplains in their practice of spiritual care. Both groups of exiles are faced with the pressing need to preserve their homeland identity as they navigate and settle in their host land as alien residents. The challenges of holding onto their identities and the distinctive cultural values and practices of their natal homeland are made more acute by the inhospitable, destabilising, and isolating environment of the host land that results from the displacement illustrated in the previous sections. The ancient exiles and the hospital chaplains, both vulnerable on their exilic journeys, are at risk of surrendering or compromising their unique pre-exilic identities as they strive to survive and thrive in their new home with conflicting value systems and socio-political norms. In the midst of the disorientation of exile, both groups are compelled to find parallel vocational dimensions in the demanding circumstances as they journey towards a not-yet-constituted destination.

UNDERSTANDING VOCATIONAL IDENTITY

The vocational identity of the chaplain is an evolving concept constantly being shaped and formed by a multitude of forces. First and fundamental

to the chaplain's identity formation is the personal calling of the chaplain, which begins the movement of the individual into the vocation of chaplaincy. Etymologically, the word "calling" originates from the Latin word *vocare,* closely linking the concepts of calling and vocation.[25] A calling in the Christian context has been defined by J. P. Powell as "the summons by the living God to a particular vocation—namely, a consecrated life of pastoral care, congregational leadership, and ministry of Word and sacrament".[26] In this case, the call to chaplaincy is for the individual to be the representative of the Christian faith in ministry outside of the traditional religious setting of the church and be embedded in the clinical context of the interdisciplinary, intercultural, and multi-faith hospital institution. This calling is at the base of the chaplain's identity, which, at the same time, stems from the pastoral identity of a minister described by John Patton as having "an inner awareness of being a duly authorized representative of a Christian community of faith".[27] Following their calling, the hospital chaplains are urged to be a reminder of the presence of God in the midst of suffering and follow Christian faith values to guide the understanding of healing and care within the institution, empowering the care recipients' own spiritual and religious coping strategies through their presence and involvement in care encounters.

In order to fulfil their vocation and in commitment to their identity, divinely inspired by God's personal summoning to be a representative presence outside of the church to serve the public world of the hospital, the chaplains end up developing two perpendicular senses of vocation. Samuel Park captured the chaplains' distinctive perception of having two senses of their vocational identity, and he describes these two senses as being arranged in two dimensions: a vertical and a horizontal one. The vertical dimension of pastoral identity refers to the call from God, while the horizontal aspects are related to the call of the care recipients, which may also act as a confirmation of the vertical divine call in shaping the pastoral identity.[28] This dual vocational awareness is also explored by John Swinton. In the case of Swinton, he focuses on the chaplain's dual role as a "healing conduit" within the healthcare system and in a prophetic capacity shaping the church's view and practice of ministry.[29] The tension of this duality, the pull between the two aspects of their vocational senses or the duality of their identity in relation to their roles, is reflected in the data gathered from my interviews, showing a perception of themselves as participating with God as His vessels in spiritual care practice while compelled to demonstrate their relevance and the need for inclusion in the interdisciplinary team of the hospital (Paul, lines 260, 266; Brenda, lines 440–45, 814–25).

Chaplains' vocational identities are shaped not only by their calling but also by the subsequent training and development in theological training at seminary and the process of Clinical Pastoral Education (CPE).[30] Currently, in Hong Kong, hospital chaplains are required to be both seminary graduates and have undergone CPE. These two modes of formation are essential for chaplains to have the theological knowledge and training for the ministerial

role as well as the practical skillsets for practising in the specific context of the medical setting. A significant part of the CPE paradigm is the chaplains' growth in self-awareness and enhanced clarity in their calling as well as the development of their pastoral identity.[31] However, the two means of the chaplains' formation are inherently different and have contradictory orientations. CPE has been described as an "interfaith professional education for ministry"[32] which trains theological students and ministers in skills for interpersonal and inter-professional relationship encounters, undertaken under supervision, with patients in crisis. It is principally a generic and humanistic approach to recast theological language and religious knowledge into the less-threatening form of spiritual care services suitable for the non-denominational, non-religious patient care strategy of the public healthcare system. Seminary, in contradistinction, has Christian tradition as a foundation to prepare the individual theologically for their ministerial role. Thus, the focus of their seminary education is theologically orientated while their CPE stresses the generic spirituality of care with a focus on presence, listening, meaning-making, life reviews, and empathy.

While the latter skills are necessary for the chaplain's contribution to and negotiation in the secular realm of biomedicine and the pluralistic setting of contemporary healthcare, there is a risk that this mode of chaplaincy training will secularise the theological practice of chaplaincy. The hope and attempts to legitimise the role of chaplaincy in the public hospital setting and for chaplains to be integrated more fully into the interdisciplinary team have led to efforts to rebrand the ministry of chaplaincy into a more generic and religiously neutral description, cloaked as "spiritual care services", in order to appear less threatening and more palatable to the institutional vision of healthcare. The term "spiritual" has been utilised intentionally in CPE to extend chaplaincy's relevance to all care recipients in the diverse hospital populations regardless of religious affiliations. This is an attempt to develop chaplaincy from being a peripheral and optional service valid to only those with Christian faith into being a vital member of the overall patient care team. In addition to and as a result of the deployment of the terms "spiritual" or "spirituality" to neutralise the religious identity of chaplaincy and to legitimise the chaplains' presence and relevance in the hospital, theological languages are recast and relegated as a potential tool to conceptualise the spiritual lens in the process.[33] While this intention to improve the relevance of chaplaincy is desirable and crucial, there nevertheless exists a risk that this movement away from viewing chaplaincy as a specialised form of Christian ministry to another form of healthcare services—similar to social work or counselling—will augment the risk of further marginalising the chaplaincy's relevance and presence. The strategy to defuse the tension created by the faith orientation of chaplaincy places the ministry in peril of losing its identity and implicit values (both intrinsic and instrumental) and may generate the negative outcome of being a source of confusion for both "its own parents and to cognate helping services".[34] While I agree in part with Simon J.

Craddock Lee's assessment that CPE is a means to establish chaplaincy as a codified method of patient care and aid in legitimising chaplain's presence in the secular strategic efforts,[35] his assessment that this legitimising strategy is able to retain a religious perspective in the secular healthcare system does raise questions. Contrary to his evaluation, I would argue that the efforts to neutralise the unique Christian contribution and subsequently the theological languages of chaplaincy not only further alienate the distinctive relevance of Christian spiritual care from the wider healthcare community but also critically erode the Christian vocational identity of the chaplains. The replacement of theology with spirituality and the re-formation of the pastoral ministry of chaplaincy to spiritual care services extend the impact of displacement. In fact, it alienates the chaplains from the rich foundational resource of the Christian faith and theological principles to undergird their practice, while they are left to face and navigate the unrelenting challenges of a secular and secularising context.

The third shaping influence on the chaplains' vocational identity involves an expanded understanding of pastoral identity to extend beyond the established view focusing on the subjective and experiential dimension of identity formation as consisting of the individual's theological ability or personal awareness of their calling. Samuel Park proposes an alternate and complimentary paradigm to the conventional understanding of pastoral identity, suggesting that the pastoral relational context is another significant influence on pastoral identity formation. Rather than viewing identity as an insulated and relatively steady concept, Park sees identity as an evolving notion constantly being constructed and re-constructed through interactions between the care-giver, care-recipient, and God.[36] This broadened understanding of pastoral identity, not as a stable and enduring concept, but rather contingent to the myriad of relational dynamics at play in the professional relational context, including interactions with the patients and non-chaplain colleagues, is particularly helpful in the reflection on how the chaplains interpret and practise from their vocational identity.

LOSING VOCATIONAL IDENTITY

Given the entrenched and unrelenting challenges presented in the hospital work setting for the chaplains, the intactness of the chaplains' vocational identity is continuously being impacted by the professional context, causing this identity to undergo a process of constant re-evaluation and reconstruction. The alienation and vulnerability which come from the chaplains' displacement experiences intensify the quest for chaplains to establish an enduring identity for themselves in the healthcare system in which they are called to practice. Such a quest may take different forms, but they share a common hope to demonstrate the chaplains' unique contribution in overall patient care so as to create a status of recognition similar to other healthcare professionals. One mode of this pursuit to legitimise chaplaincy as a valuable

dimension of healthcare practice is embedded in the training of chaplains within the CPE programme mentioned earlier in the previous section. As an effort to shift the chaplains' peripheral role in the healthcare team as applicable only to Christian patients to be serviceable to all, CPE strategically neutralises the religious elements of chaplaincy care by replacing theological discourse with non-specific expressions such as spiritual care.

Another mode of the chaplains' quest to establish a credible position in the evidence-based culture of the healthcare context is the shift in focus and endeavouring towards professionalisation. A primary challenge for the chaplains' role in being recognised and for collaboration to occur more frequently with other non-chaplain colleagues in the interdisciplinary care team is caused by the difficulties in conveying chaplains' distinctive value and content of care in a quantifiable and comparable manner with the rest of the hospital staff members. The common description of a chaplain's skills and nature of work constitutes depictions such as attentive presence, listening, empathy, support, and acceptance, all of which are deemed too vague and imprecise to be captured and effectively translated into assessable and appreciable information in the healthcare context. With the aim to enhance their assimilation and relevance with the rest of the patient care team, chaplains seek to achieve more demonstrable and tangible professional recognition through attaining various board-certified accreditations.

This movement of the chaplains to acquire standards of comparison and credentials similar to and recognisable by their healthcare professional colleagues in order to secure a professional identity akin to theirs is understandable in view of the marginalising tensions experienced at work. However, without critical and careful reflection on the process of professionalisation, the determined shift in chaplains' focus in becoming like their peer healthcare colleagues raises important theological questions. One concern relates to the risk of the chaplains losing vocational calling, leaving behind their foremost identity as representative of the Christian faith and being alienated from the theological values underpinning their ministry in patient care. The loss of the distinctiveness of the chaplain's vocational identity is subtle and insidious, making it difficult to detect. The tension to become an integral part of the healthcare team and preserving the essence of ministry in their first calling demands to be examined and reflected upon so as to safeguard the process of professionalisation from deflecting the chaplain's ministry with its ultimate point of reference in God and theological knowledge to accommodate the secular biomedical world. The questions raised by Swinton on the shifting landscape of healthcare chaplaincy and the impact on the chaplains' identity in their movement towards becoming a healthcare professional are a helpful example of such a task in the essential critical theological examination.[37] Swinton highlights the difference between professionalism, the importance of having a set of standards which caregivers are required to adhere to and meet in their work, and the professionalisation which chaplains are motivated to undertake in order

to be aligned with other healthcare professions. Swinton further questions the viability of forcing the specialised skills and faith-driven ministry of chaplaincy to be gauged with the same measuring standards as medical interventions, but "squeeze the uniqueness of chaplaincy into a mould in which it simply will not fit".[38] More importantly, Swinton calls attention to the risk of professionalisation in distancing the chaplains' practice from having theology and the resources of the faith tradition as their body of knowledge and consequently losing their prophetic identity in challenging the healthcare institution to see beyond the existing understanding and provision of healthcare.

The chaplains' motivation to secure long-term survival in the scientifically driven culture of the hospital setting by aligning their vocational identity with their healthcare professional counterparts in the movement towards professionalisation can also be seen in the chaplains' increasing interest in scientific research methods and reliance on spiritual assessment tools[39] in their practice. While it is essential for chaplains to continually seek out creative and appropriate ways to evolve and thrive in their ministry, and having a standard of professional ethics and the ability to demonstrate their value to peer health professionals are vital at work, the questions which have been raised concern the suitability of the hurried assumption that becoming more scientific is indeed better[40] as well as the potential losses this exchange may cost the chaplains' vocational identity.

Closely related to the chaplains' pursuit of professionalisation and the related risk of losing their distinctive vocational identity is the growing pressure for the chaplains to become skilled in communicating in both theological and medical discourse at work. This need for double lexical-semantic competency turns the chaplains into the only bilingual members of the care team. This bilingualism is an important skillset to be nurtured in chaplains[41] as their role requires them to understand the languages of different groups of care recipients such as the medical team, administrative staff, other faith groups, patients, and their families. Chaplains are frequently called to communicate important information affecting patient care to these groups. For instance, they often need to explain the technical language of pathology and medical jargon between the medical team and the patients or to translate the patient's spiritual pain in a way that can be useful to the healthcare professionals and other caregivers. Perhaps more importantly, the chaplains' bilingualism consists of more than their knowledge of the specialised languages of medicine and theology, but rather hinges on their ability to grasp and to effectively communicate hidden, underlying issues which are often difficult for the care recipients to verbalise or share without the skilled support and translation of the chaplains. This is especially the case with confronting yet vital discussions such as those concerning end of life. The vocational formation of the chaplains in the Christian tradition, including being trained in hermeneutics, and their fluency in theological languages is all conducive to

the chaplains' bilingual ability to mediate the essential interpretation and communication around distressing end of life issues in patient care.

The chaplains' ability for this important mediatory role within the healthcare system is unquestionably an asset for the chaplains as they work towards the fuller integration of the role in the interdisciplinary hospital team. However, this possibility brings with it potential dangers of further eroding the chaplains' distinctive vocational identity. These dangers are similar to the risks inherent to professionalisation and CPE described above; with bilingualism as a tool for integration and mediation, the chaplains may be enticed to rely on and develop fluency in the medical languages over their formational language in theology. Without parallel determined efforts by the chaplains to seek out and develop an equally creative and appropriate mode of resistance to preserve their unique identity, the chaplains may inadvertently place themselves in the precarious position of surrendering their distinctive vocational identity and distancing themselves from their theological roots for the sake of assimilation.

This prospect of further isolating chaplaincy from their Christian tradition in the homelessness experience of their work setting echoes Brueggemann's notion of the ancient exile's forgetting the cadences of their "mother tongue".[42] Akin to the ancient Judahite exilic experiences in search of ways to survive and thrive in their host land of Babylon, contemporary chaplains are on a similar quest in their role within the secular hospital setting. Both exilic groups are compelled to engage in constant negotiation between their faith of the homeland and the pressures of "reality"[43] and are mutually subjected to similar destabilising and unrelenting forces of erosion against their identity as people of God in the process. The chaplains' bilingualism facilitates their negotiation of securing a role in the healthcare team, a negotiation which resembles Israel's efforts and willingness to learn and speak the new language of the empire of Babylon. In the same vein, the chaplains are in danger of gradually losing their pre-exilic identity as a representative of the Christian faith when their eagerness to assimilate leads to another form of neutralising the religious elements of their identity. Under the pressure of fitting in with the rest of the professional healthcare team, the chaplains may increasingly prefer to rely on the use of the more widely accepted "professional" languages in favour of theology.

These movements of erosion are subtle and not easily detectable, but the cumulative impact over time, compounded with the other processes of professionalisation mentioned above, may be problematic for the preservation of the intactness of the chaplains' vocational identity. Brueggemann raises an analogous warning concerning the condition of the contemporary church and its loss of "mother speech" through similar subtle movements of "epistemological erosion".[44] Brueggemann further underscores the intimate link between speech and the maintenance of identity using the Old Testament exiles as an example.[45] He understands speech as possessing creative power to generate imagination, inviting new possibilities and embodying "a first

gesture of transformed circumstance".[46] In other words, "speech leads reality"[47] and is a crucial strategy of resistance defying the dominant definitions of reality, able to elicit new definitions of said reality similar to the "'rescriptive' powers of worship with regard to doxology, songs, lament, dance and prayer".[48] Contemporary chaplains are facing similar challenges to those experienced by the institutional church and the Judahite exiles: to preserve their identity of faith by treasuring the resources of their mother tongue of theological languages in countering the temptation to conform to the prevalent culture and the hegemonic "national" language of biomedicine of their host and to move towards a re-imagination of an appropriate practice of resistance aligned with their Christian calling to stand firm in faith in navigation between the evolving identities.[49]

This practice of resistance that allows chaplains to stand firm and resolved in facing the constant undermining of their spiritual identity corresponds to the biblical exhortations for believers throughout history in their warfare against the world's opposing values and undercurrents. Paul forewarned believers of the world's unrelenting onslaught in their new Christian identity and the need for them to adopt the posture of battle to defend and uphold their faith. These practices to preserve their identity include images of resistance such as to "put on the full armour of God"[50] in "their striving together for the faith of the gospel".[51] These postures that allow chaplains to "stand firm" are the core of a series of resistance practices that will be explored below.

Dual citizenship and vocational identity

The tensions of evolving vocational identities in the healthcare context are further complexified by certain aspects of the inherent dual nature of the chaplains' identity. This duality has been explored through their dual education in seminary and CPE, with the conflicting values of theological and secularising formation, and their bilingualism, with their competency in theological and biomedical discourses. The challenges brought by these competing fulcrum points of identity formation draw our attention to the intrinsic dual status of chaplains' vocation. This duality of status of the chaplain, with its split allegiance to the Christian faith and the host institution in which they practise, has at its base the underlying dual nature of Christians, who belong in both the heavenly and worldly realms. This binary membership is defined by the theological concept of dual citizenship. The apostle Paul states in the Epistle of Philippians that Christians are not only citizens of this world but have a "citizenship in heaven".[52] This concept of citizenship has been interpreted in different ways by a variety of scholars. Ralph P. Martin, for instance, understood the term as "colony", referring to Christians as constituting a colony of heaven on earth.[53] Others have chosen "homeland"[54] to emphasise the requirement for Christians to live out the values of heaven as their dominant culture. Still others have described citizenship as "commonwealth"[55] pointing

to the idea of a kingdom's reign. The hortatory intention of the verse is echoed throughout the letter to the Philippians, addressing the ethnically and socially diverse church in the Roman colony of Philippi as new believers there were faced with the negative circumstances of living in a culture at odds with their faith.[56] Paul's purpose was to encourage and to remind the Philippian believers of their dual identities, belonging to both the present kingdom of earth and the heavenly kingdom to come. Both kingdoms belong to and are ruled by God as their common foundation with the heavenly kingdom and citizenship having priority and demanding allegiance to a different set of laws and granting a greater set of privileges with eternal values.[57] Martin Luther's "two kingdom theory"[58] developed this concept of the two kingdoms. For him, the kingdom of the world is governed by secular authority, constituting of law and lawmakers, while the kingdom of God is guided by the gospel and ruled by a heavenly constitutive government, which is Christ himself.[59] Yet, despite being differently ruled, he understood both realms or reigns as interdependently related.

This belonging to two kingdoms, the heavenly realm reigned over by Christ and the governance of the gospel, and the earthly realm under the domination of secular law, is as part of the chaplains' nature and identity as that of all Christians. The dual citizenship is visible in the data in how the chaplains approach their delivery of end of life spiritual care with an explicit "ultimate goal" (Paul, line 30). This ultimate goal was orientated towards facilitating the knowledge of and the experience of God through practices such as sharing the gospel and prayers in homeful care encounters. The chaplains are acutely aware of and experience their role as taking place in the intersection between the two competing realms of the sacred and the secular. Their vocational calling to represent, amplify, and address the spiritual dimensions of end of life care intersects sharply with the secular, scientifically-dominated biomedical world of the healthcare system. Moreover, the chaplains' effectiveness in their role needs their full immersion and belonging to both worlds.

The chaplains' unique role as practitioners in the intersection between the two different systems, each informed by and orientated towards a divergent set of values and vision, demands they have an equally unique relationship to both worlds. Once again, there is a resemblance and shared kinship of the chaplains in their practice with the ancient exiles, where both groups are compelled to make their new "home" on the margins of the host land with a foreign dominant culture and moving to a new place driven and sustained by God. Not only do the chaplains need to belong to and have access to both systems, they must also be willing and equipped to cross the boundaries from one world to the other in their practice while retaining their unique identity and clarity in vocational purpose.

Additionally, the chaplains are called to not only practise at the intersection of the two worlds but also to be able to cross the boundaries to be fully participating members of both worlds. Furthermore, chaplains, in their prophetic role, are also required to complexify the dualistic logic or binarity of

these worlds by calling attention areas which are considered unimportant or become discarded in the earthly kingdom of the hospital system but that are indeed important and are in fact characteristic of the heavenly kingdom. The chaplain must disrupt the seeming imperviousness of the divide and make the porosity of the boundaries of the two worlds visible by living out their vocational identity, thus allowing aspects of the heavenly kingdom to be visible in the hospital setting. By following their vocational calling, chaplains thus work in the liminality between both kingdoms. The chaplains' unusual location of ministry thus compels them to navigate the contrasting worlds to which they belong. The prophetic function of the chaplains involves movements of resistance that complexify these binaries and recast the juncture of these two conflictual worlds, and further possibilities of transformation and re-imagination of a renewal in practice that would fully allow for living out this prophetic role will be explored in Chapter 5.

My theological reflection on the data derived from my interviews with chaplains shows a clear manifestation of the chaplains' dual citizenship in their identity. This duality is discernible from their account of the co-existence of the two contrasting conditions of homelessness and homefulness in their practice as illustrated in Chapter 2. The chaplains understand Christian spirituality to be evidently revealed in spiritual care encounters where the facilitation of homefulness experiences of the presence of and belonging to God is experienced. Yet, these homeful spiritual care encounters are reported to take place at the same time within homelessness conditions of the inhospitable work dynamics and constraints. Their homelessness experience describes the earthly kingdom in which the chaplains practise in the fallen world constituted by secular understanding and prioritisation of values, significance, and power structures. On the other hand, in homeful encounters with patients, chaplains experience a glimpse of the future city of God, the heavenly kingdom, constituted by Christ's reign and subjected to God's love.

Paul introduced a further quality to the Christian dual experience in Philippians 3:12: the "already-not yet".[60] On the one hand, Christians are *already* a part of the kingdom of Jesus Christ (Colossians 1:13), but, on the other hand, the believers have not yet arrived at the homeland of their citizenship. This "relocating" of the believers will take place at the return of Christ and the resurrection of the dead.[61] The apostle understands the Christian experience to be constitutive of Christ's present reign from heaven and the eschatological expectancy of a future culmination of salvation with the resurrection of believers. The tension exists between the believers' present participation in Christ and the anticipation of Christ's coming return. Paul appeals Christians to live in ways transcending the expectations of this worldly kingdom and their earthly minded "enemies of the cross"[62] which are destined for destruction. This tension of the already-not yet quality of dual citizenship is reflected in the chaplains' practice. The chaplains experience and participate with Christ in the present reign of the heavenly kingdom in their vocational role of spiritual care delivery, concretely in the facilitation of homeful

encounters. In these, the patients are transformed into their new identity as heavenly citizens and ushered into the present reign of Christ through their conversions by God's redemptive work in spiritual care. As co-heirs with Christ in the heavenly citizenship, the patients have acquired the assurance of eternal life by faith in Christ as a present reality. Yet the patients, as with all believers, are still awaiting the final consummative salvation in Christ's return. For the chaplains, the co-existence of homelessness and homefulness in the experience of spiritual care encounters is another manifestation of the chaplains' "already-not-yet" quality of their dual citizenship. The elements characteristic of the kingdom of heaven such as reconciliation, forgiveness, redemption, expressions of agape love, peace, and joy distinctly evident in homefulness spiritual encounters exist against the constant backdrop of the present reality of this fallen world embodied in the homelessness conditions of alienation, sorrow, suffering, and death as we wait in eager anticipation of Christ's return. The feature of the Christian reality of dual citizenship opposes the dualistic logic of either-or prevalent in the present world but serves to manifest the paradoxical tension of the "already-not-yet" feature of the kingdom of God.

A theological understanding of the believers' status of dual citizenship and its significance in the chaplain's experience of duality invites us to re-assess their vocational identity. Regarding the movement in chaplaincy towards assimilation in the team and professionalisation, the perimeter from which creative endeavours to assimilate in practice may develop is set by the foundational spiritual identity of the chaplains to live in the status of their dual citizenship. The inherent risks brought by professionalisation, when viewed through the theological lens of citizenship, extend beyond compromising the distinctive vocational identity of the chaplains. Rather, the issues of assimilation, integration, linguistic relations, and the potential compromise with identity formation call our attention to a different set of questions and responses to the challenges of living out the fundamental Christian identity as citizens of God's Kingdom on earth. Vocational practice and identity in dual citizenship should shift its focus to constantly examine the intentions and responses to the tensions and pressures of the secular and secularising context, to be mindful of the erosion of their distinctive spiritual identity. The vocational identity will remain under constant evolvement even with the renewed shift in focus aligned with the enduring heavenly citizenship. Similar to the Philippians converts who, in their striving to live out their heavenly citizenship, were called to stand in opposition to earthly social and political structures, the contemporary chaplains are faced with similar challenges in their vocational role within the secular healthcare system and in the efforts to overcome the discussed challenges they become a prophetic voice to call attention to practices which are not aligned with the values of the heavenly kingdom.

Dual citizenship comes with a set of obligations and privileges. The Philippian audience was exhorted by Paul to live uncompromisingly in their

new identity "as citizens worthy of the Gospel of Christ" (Philippians 1:27) by conducting their lives in accordance with the obligations and the privileges of their dual citizenship.[63] Some of the privileges of being part of the heavenly commonwealth include the new standing as a member of this heavenly community by virtue of the transition brought from the new birth (John 3:3-5), becoming a new creature (Col 3:10), a part of Christ's body (1 Cor 12:13) and a child of God (Rom 8:16-17), and having been granted a place in the heavenly kingdom (Eph 2:1-6). The accompanying ethical obligations of Christian citizenship involve living as responsible heirs according to the rule of heaven (Phil 3:16).[64] Precisely because of the obligations of heavenly citizenship, Christians have some guidelines for earthly citizenship.[65] In relation to the Christians' living with their dual citizenship, Paul's reference in Philippians 1:27 to "live your life in a manner worthy of the gospel of Christ"[66] was interpretated by Brian K. Peterson to mean "live out your citizenship".[67] This way of living out the heavenly citizenship was further expanded by Peterson to be an imitation of Roman citizenship. Just as the residents in the colony of Philippi were living out their Roman citizenship as "the embodiment and the means of that Roman dominion", so Peterson interpreted Paul to mean that the Christian community were to live out their heavenly citizenship as "the embodiment and the means of the dominion of Jesus Christ".[68] The task of living out the citizenship of heaven as a colony reigned by Christ is to embody being "a pocket of God's new creation".[69] The implications of the obligation to live out this embodiment of dual citizenship in the present world were also examined by Sophie Cartwright in her work on Athanasius' *Vita Antonii*[70] where the Church Father explored citizenship in relation to allegiance to earthly authority and the heavenly kingdom and how this double allegiance impacts the Christian identity. Cartwright understands Athanasius to suggest that the spiritual obligation of our heavenly citizenship is to live in a Christ-like way but that to do so in the fallen world is fundamentally problematic.[71] Athanasius used the metaphor of the Roman Empire in a different way, interpreting citizenship to mean a way of life and depicting this living to be diametrically opposed to the life of the Roman Empire represented as the earthly kingdom juxtaposed with the kingdom of heaven. The interpretations of the embodiment of heavenly citizenship in the earthly kingdom by both Peterson and Athanasius highlight how living out the heavenly citizenship is critically hinged on decisions, specifically decisions which have been reflected on using the standards of the kingdom of God as an interpretative framework. Even though the believers as dual citizens are called to participate fully in the earthly kingdom as well as the heavenly kingdom, there is an unquestionable obligation to proactively choose their fidelity to Christ over the world. The many choice points from which daily living is constituted become critical reflective junctures of such decisions, whether to be governed by the heavenly kingdom's guidelines as citizens of heaven or to go along with the steering principles and course of actions of the earthly kingdom. Correspondingly in the specific case of the

chaplains, their vocational identity necessitates them to be fully participating members of both worlds, yet the chaplains are presented with an abundance of decisions in their daily practice which are related to and continually shape their ultimate allegiance to one world and its vision over the other. In other words, each decision being faced is a critical point to clarify and recommit to one's allegiance and to follow the course of actions of that world. In order for the chaplains to stand firm and live out their citizenship in their practice, reflective practices to resist the opposing shaping impacts of the earthly kingdom, including the examination for potential structures of idolatry, may be helpful for the chaplains' earthly pilgrimage in the earthly world of the public hospital.

Conclusion

This chapter is a continuation of the endeavour in Practical Theology which aims to reflect on the practices of Christian chaplains as they interact with the secular, pluralistic public healthcare setting in Hong Kong. In the previous chapter, the grounded experience of Hong Kong palliative chaplains in their delivery of end of life care in public hospitals was demonstrated to take place around the two contrasting conditions of homelessness and homefulness. In this chapter, I reflect on the practice of chaplaincy as a constant movement between these two polarising conditions. I have focused on understanding the idiosyncratic nature of chaplaincy in end of life care. Using a theological and interpretative lens, I have defined the practice of end of life spiritual care as one comparable to a journey and have linked this practice to exilic experience. The chaplains' practice as a journey is characterised by its persistent efforts to leave the departure point marked by homelessness through a terrain of deeply marginalising, isolating, and inhospitable work setting. The chaplains' journey is orientated towards the destination of their "ultimate goal": helping the care recipient to know God. The experience of this connection with the patient and God—the success in their ultimate goal—represents the homefulness state that drives and motivates the journey.

This journey has an exilic quality, as the homelessness conditions, from which the chaplains practice relentlessly while striving to preserve their identity, present them with challenges of a specific nature, such as displacement, alienation, and helplessness that are closely akin to those difficulties of an exilic journey. In this chapter, I have demonstrated that the journeys undertaken by the contemporary chaplains and the ancient exiles share many prominent features, namely the exposure to the disorientating trauma of displacement, the vulnerability provoked from enduring persistent alienation, and the imperative need to seek out new ways to survive and thrive in the unyielding challenging circumstances. This overlap in their journeys has cast light upon some inherent theological challenges and potential dangers threatening the chaplains' ongoing faithful practices and their vocational identity.

In order to better understand the idiosyncrasies of chaplaincy in end of life care in Hong Kong, I have analysed the chaplains' unique vocational identity as an evolving concept constantly under re-evaluation and re-construction, but fundamentally one grounded upon the initial response of the chaplains to the personal call from God to be representatives of the Christian faith outside of the ecclesiastical setting to serve in the healthcare system. I have shown that being away from the traditional church setting has created a dual sense of vocation for chaplains: one that responds to God's personal summoning but also responds to the multitude of demands from the healthcare system. The tension inherent within this duality of conflicting forces is further intensified by the chaplains' formational development in CPE, which focuses on training the chaplains to be effective interfaith practitioners specialising in generic spirituality, so as to be integrated within the multidisciplinary hospital system. This subtle shift away from the theological focus of seminary training in CPE deepens the evolving binary split in the chaplains' vocational identity. This split is further shaped by the relational dynamics occurring in the professional context between the chaplains and their patients and also with their non-chaplain colleagues. To further complexify this dual nature of chaplaincy, I have assessed the chaplains' engagement in their vocational role through the theological notion of dual citizenship. This examination of the chaplains' vocational practice and identity from the theological interpretive lens of dual citizenship reveals fresh concerns with respect to the tensions generated from the chaplains' calling to live out their heavenly citizenship within the earthly kingdom of the secular and secularising context of their practice.

Notes

1 For the full provisional definition by John Swinton and Harriet Mowat, see Swinton and Mowat, *Practical Theology*, 6.
2 R. B. Reeves, "Pastoral Care in the General Hospital Chaplaincy," *Pastoral Psychology* 17, no. 5 (1966): 14.
3 This feeling of dislocation from the church will be elaborated upon with the context of exilic identity and exilic displacement.
4 Reeves, "Pastoral Care," 14.
5 Reeves, "Pastoral Care."
6 R. G. Foulkes, "The Hospital Chaplain and the Pastor," *Pastoral Psychology* 17, no. 5 (1966): 8–13.
7 L. Beach, *The Church in Exile: Living in Hope after Christendom* (Downers Grove: InterVarsity Press, 2015), 24.
8 E. W. Said, *Reflections on Exile: And Other Literary and Cultural Essays* (London, United Kingdom: Granta Books, 2013), 177.
9 W. Brueggemann, *Cadences of Home: Preaching among Exiles* (Louisville: Westminster John Knox Press, 1997), 2.
10 Genesis 3:23-24 NIV "So the Lord God banished him from the Garden of Eden to work the ground from which he had been taken. After he drove the man out, he placed on the east side[a] of the Garden of Eden cherubim and a flaming sword flashing back and forth to guard the way to the tree of life."

11 Genesis 12:1-2. NIV "The Lord had said to Abram, 'Go from your country, your people and your father's household to the land I will show you.[2] I will make you into a great nation, and I will bless you I will make your name great, and you will be a blessing.'"[a]
12 2 Kings 24-25.
13 S. R. Suleiman, ed., *Exile and Creativity: Signposts, Travelers, Outsiders, Backward Glances* (Durham: Duke University Press, 1998), 1.
14 Beach, *The Church in Exile*, 21.
15 Brueggemann, *Cadences of Home*, 2.
16 Beach, *The Church in Exile*, 21.
17 Brueggemann, *Cadences of Home*, 2.
18 Brueggemann, *Cadences of Home*, 2.
19 P. D. Miller, *Israelite Religion and Biblical Theology: Collected Essays* (London: A&C Black, 2000), 548–71.
20 Miller, *Israelite Religion*, 522.
21 Miller, *Israelite Religion*, 522.
22 Lamentations 5:20 NIV "Why do you always forget us? Why do you forsake us so long?"; Isaiah 49:14 "But Zion said, 'The Lord has forsaken me, the Lord has forgotten me.'"
23 Brueggemann, *Cadences of Home*, 4.
24 Brueggemann, *Cadences of Home*, 5.
25 P. G. W. Glare, 'uocō,' *Oxford Latin Dictionary*, 2nd ed. (Oxford University Press, 2012), 2311.
26 J. P. Powell, "Call to Ministry," in *Dictionary of Christian spirituality*, eds. G. G. Scorgie et al. (Zondervan Academic, 2016), 325–26.
27 J. Patton, *Pastoral Care in Context* (Louisville: Westminster, 1993), 75.
28 S. Park, "Pastoral Identity Constructed in Care-Giving Relationships," *Journal of Pastoral Care & Counseling* 66, no. 2 (2012): 6.
29 J. Swinton, "A Question of Identity: What Does It Mean for Chaplains To Become Health Care Professionals?," *Scottish Journal of Healthcare Chaplaincy* 6, no. 2 (2003): 2.
30 W. Cadge et al., "Training Chaplains and Spiritual Caregivers: The Emergence and Growth of Chaplaincy Programs in Theological Education," *Pastoral Psychology* 69, no.3 (2020): 187–208.
31 Lee, "In a Secular Spirit," 352.
32 Lee, "In a Secular Spirit," 347. Quoting ACPE brochure, "Professional Education for Ministry: A Guide for Students Interested in CPE."
33 Lee, "In a Secular Spirit," 353.
34 G. E. Jackson, "The Pastoral Counselor: His Identity and Work," *Journal of Religion and Health* 3, no. 3 (1964): 250.
35 Lee, "In a secular spirit."
36 Park, "Pastoral Identity," 1.
37 Swinton, "A Question of Identity," 2.
38 Swinton, "A Question of Identity," 5.
39 G. Fitchett et al., "Evidence-Based Chaplaincy Care: Attitudes and Practices in Diverse Healthcare Chaplain Samples," *Journal of Health Care Chaplaincy* 20 (2014): 144–60.
40 M. L. Morin, "Respecting the Dual Sided Identity of Clinical Pastoral Education and Professional Chaplaincy: The Phenomenological Research Model," *Journal of Health Care Chaplaincy* 13, no. 1 (2002): 172.
41 J. Walters, "Twenty-First Century Chaplaincy: Finding the Church in the Post-Secular," in *A Christian Theology of Chaplaincy*, eds. J. Caperon, A. Todd and J. Walters (London: Jessica Kingsley Publishers, 2018), 82.

42 Brueggemann, *Cadences of Home*, 11.
43 Brueggemann, *Cadences of Home*, 10. Informed by D. L. Smith-Christopher, *Religion of the Landless: the Social Context of the Babylonian Exile* (Eugene: Wipf and Stock Publishers, 2015), 153–78.
44 Brueggemann, *Cadences of Home*, 23.
45 Brueggemann, *Cadences of Home*.
46 W. Brueggemann, *Praying the Psalms: Engaging Scripture and the Life of the Spirit* (Eugene, Oregan: Saint Mary's Press, 1993), 40.
47 W. Brueggemann, *Theology of the Old Testament: Testimony, Dispute, Advocacy* (Philadelphia: Fortress Press, 2005), 65.
48 L. Stone, "Word and Sacrament as Paradigmatic for Pastoral Theology: In Search of a Definition via Brueggemann, Hauerwas and Ricoeur," *Scottish Journal of Theology* 56, no. 4 (2003): 452.
49 A. Lee-Smith, *Ordinary Theology as 'Mother Tongue'. Exploring Ordinary Theology: Everyday Christian Believing and the Church, Explorations in Practical, Pastoral and Empirical Theology* (London: Ashgate Press, 2013), 26.
50 "Put on the full armour of God, so that you will be able to stand firm against the schemes of the devil." Ephesians 6:11; "Therefore put on the full armour of God, so that when the day of evil comes, you may be able to stand your ground, and after you have done everything, to stand." Ephesians 6:13.
51 "Conduct yourselves in a manner worthy of the gospel of Christ, so that whether I come and see you or remain absent, I will hear of you that you are standing firm in one spirit, with one mind striving together for the faith of the gospel." Philippians 1:27.
52 "But our citizenship is in heaven, and from it we await a Saviour, the Lord Jesus Christ, who will transform our lowly bodies to be like his glorious body, by the power that enables him even to subject all things to himself." Philippians 3:20—21 ESV.
53 R. P. Martin, *Philippians: New Century Bible Commentary*, ed. Matthew Black (Grand Rapids: Eerdmans, 1980), 147; J. Moffatt, trans., *The Bible: James Moffatt Translation* (San Francisco: Kregel Publications, 2004), 249.
54 G. W. Hansen, *The Letter to the Philippians* (Grand Rapids: Eerdmans, 2009), 268–77; F. W. Beare, *A Commentary on the Epistle to the Philippians* (London: Black, 1976), 136.
55 R. Brumback, "Living As a Citizen of Heaven Sermon," *The Joys of Christianity* (2008): 11, accessed May 25, 2021, http://www.pblcoc.org/media/Lectureships/2008/Living-As-a-Citizen-of-Heaven.pdf; A. T. Lincoln, *Paradise Now and Not Yet: Studies in the Role of the Heavenly Dimension in Paul's Thought with Special Reference to his Eschatology* (Cambridge: Cambridge University Press, 2004), 97–100, 107; G. D. Fee, *Philippians* (Westmont, Illinois: InterVarsity Press, 1999), 378–79.
56 Fee, *Philippians*, 26.
57 G. R. Osborne, *Ephesians Verse by Verse: Osborne New Testament Commentaries* (Bellingham: Lexham Press, 2017), 92.
58 M. Luther, "Secular Authority: To What Extent It Should Be Obeyed," *Martin Luther: Selections from His Writings*, ed. John Dillenberger (Chicago: Quadrangle Books, 1961), 363–402.
59 W. Deifelt, "Advocacy, Political Participation, and Citizenship: Lutheran Contributions to Public Theology 1," *Dialog* 49, no. 2 (2010): 110.
60 For full explication, see J. D. Dunn, *The Theology of Paul the Apostle* (Grand Rapids: Eerdmans, 1988), 461–72.
61 Brumback, "Living As a Citizen of Heaven," 14.

62 "For, as I have often told you before and now tell you again even with tears, many live as enemies of the cross of Christ. Their destiny is destruction, their god is their stomach, and their glory is in their shame. Their mind is set on earthly things. But our citizenship is in heaven. And we eagerly await a Savior from there, the Lord Jesus Christ." Philippians 3:18-20 NIV.
63 G. L. Nebeker, "Christ as Somatic Transformer (Phil 3: 20-21): Christology in an Eschatological Perspective," *Trinity Journal* 21, no. 2 (2000): 167; W. Bauer, *A Greek-English Lexicon of the New Testament and Other Early Christian Literature* (Chicago: University of Chicago Press, 2010), 846.
64 W. Weaver, *Truth Commentaries: Philippians* (Bowling Green: Guardian of Truth Foundation, 1996), 200.
65 K. Starkenburg, "Inheriting the World: Heavenly Citizenship and Place," *Review & Expositor* 112, no. 3 (2015): 392.
66 Philippians 1:27. NRSV. According to Fee, *Philippians*, 161–62; B. Witherington, *Paul's Letters to the Philippians: A Socio-Rhetorical Commentary* (Michigan: Wm. B. Eerdmans, 2011), 183.; J. P. Ware, *The Mission of the Church in Paul's Letter to the Philippians in the Context of Ancient Judaism* (Leiden: Brill, 2005), 232. The verb in this verse shares the same root as the word for citizenship in Philippians 3 which referred to the church's heavenly citizenship.
67 B. Peterson, "Being the Church in Philippi," *Horizons in Biblical Theology* 30, no. 2 (2008): 176.
68 Peterson, "Being the Church," 173.
69 Peterson, "Being the Church," 177.
70 S. Cartwright, "Athanasius' 'Vita Antonii' as Political Theology: The Call of Heavenly Citizenship," *The Journal of Ecclesiastical History* 67, no. 2 (2016): 241–64.
71 Cartwright, "Athanasius' 'Vita Antonii,'" 243.

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4 Coping with homelessness

Responding to the nature of the practice

In the last chapter, I defined the chaplain's practice of end of life spiritual care as an exilic journey, sharing many prominent points of convergence with the biblical exiles. These similarities were most obvious in that both groups navigate through homelessness conditions marked by the trauma of physical and theological displacement, the vulnerability of persistent isolation and alienation, as well as the pressing need to find new ways to survive and thrive in their new home on the margins of their host land. I focused on understanding the idiosyncratic nature of chaplaincy, specifically the distinctive challenges which the chaplains are required to face and cope with, and the influences these challenges have on the chaplains' evolving vocational identity. This reflection on the chaplains' vocational identity further intensified the duality of tensions bearing on their practice as they seek to live out their heavenly citizenship faithfully within the earthly kingdom of the secular healthcare system.

While I have acknowledged that it is understandable and appropriate for the chaplains to seek out new ways to endure practising in the inhospitable conditions of the hospital, it is imperative to also recognise the inherent theological dangers within some of these approaches. In order to safeguard the chaplains' ongoing responses from eroding their unique vocational identity, and to veer from their "ultimate goal" orientated towards God, I have proposed that vigilance and care are called for to examine for potential structures of idolatry. Unless the theological veneer of the current practice is probed and examined by the task of critical theological reflection to reveal, name, and acknowledge the pressure points and emerging cracks in the existing approach of chaplaincy, subsequent steps of devising specific practices to resist the current opposing forces would be less fruitful. Furthermore, these specific practices to resist may even be counter-effective and divert the chaplains' focus from embracing this as an opportunity to re-align and re-commit in safeguarding and participating with God's call to His ongoing redemptive purposes.

In this chapter, I will analyse how chaplains respond to the realities and tensions presented in the previous chapter to further examine the contemporary chaplains' exilic experience in end of life spiritual care.[1] In light of the identified shaping forces impacting the chaplains in their practice, it is

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evident that the chaplains are obligated to seek out new ways in order to survive and live out their calling as "a pocket of God's new creation"[2] in the dominatingly oppressive terrain in their role at the hospital. The chaplains' ongoing search for innovative and appropriate responses to homelessness is desirable and essential, yet equal efforts and vigilance are likewise called for to evaluate if these ongoing endeavours are securely orientated towards God and not unawares deviate from a faithful trajectory.

Responses to practising in a homeless terrain

A comparative look into chaplains' practice and exilic conditions has proved useful in the previous chapter to better understand homelessness in chaplaincy. As this chapter will focus on contemporary chaplains' responses to practising in a homeless setting, a useful framework to begin this analysis can be based on exilic responses to a homelessness terrain. This comparative look allows me to deeply understand the chaplains' struggles and the external forces that are constantly impacting their journey which, in turn, allows me to reflect on their responses more comprehensively. A good framework from which to begin this comparison can be found in Brueggemann's work, according to which there are three lines of possible responses as God's people journey through the hostile and alien environment. The first identified response is "assimilation",[3] which Brueggemann understands to be a likely result of the predominant temptation faced by ancient Israel: being culturally absorbed into Babylonian values. The exiles feeling fatigued, lonely, and powerless may choose to conform to the dominant values of their host and shift their efforts to blend into their new home. Apart from the response in actively seeking new ways to be incorporated into the new system, another likely response observed by Brueggemann is expressed by the contrasting inactive response of "despair".[4] Rather than yielding to the temptation to accept and to adapt to the values of the ruling power, despair relinquishes the hope to even try for an improved outcome as the people succumb to the overpowering sense of hopelessness and helplessness. Brueggemann's framework proposes a third type of exilic response, which constitutes "six such disciplines of readiness",[5] which entails a committed refusal to both of these mentioned responses and instead, it depicts a determined movement towards a fresh theological approach specific to the current challenges brought by the exilic experience. These disciplines actively prepare the people of God to seek new ways to respond to God's leading and be capable of "converting exile into homecoming".[6] This third response not only resists the temptations of assimilation and despair but additionally chooses to determinedly embrace and confront the exilic experience by recovering and recasting the theological resources to address the difficulties encountered. This response also requires a vigilant approach in our attentiveness to God's prompting to act and to respond—both to God and the homelessness condition—so as to achieve the state of readiness described by Brueggemann.

The first two typologies of Brueggemann's framework are productively transferable into the chaplains' experience because, as has been developed throughout the previous pages, there is a strong resonance in several aspects between the nature of chaplaincy and ancient exile. In the sections below, I will use these two typologies to theologically reflect upon the chaplains' experience of their practice in a homeless terrain. Brueggemann's third line of response, which can also be applied to the complexities being faced by contemporary chaplains in end of life spiritual care, will be examined in the next chapter, where I will propose how this discipline of readiness can be applied in the context of chaplaincy.

In spite of how pertinent Brueggeman's categorisation of exilic responses is when analysing chaplains' experiences, the two categories proposed do not collect chaplains' responses comprehensively. While assimilation and despair do account for much of what can be gathered from the interpreted data in the previous chapter, a closer examination of the data with the interpretive lens adopted from Brueggemann's framework has revealed that the chaplains have exhibited other forms of responding to the homelessness exilic experience. I will henceforth propose two other modes of response that are discernible in the interviews. These two added responses, namely "defying existing boundaries" and "waiting", are intimately ligated to how chaplains manifest the tensions of living their dual citizenship while attempting to follow their vocational calling in the homeless, exilic context.

Assimilation and further dangers

Thus far, we have illustrated that chaplains are called to practice in the homelessness conditions of the earthly kingdom and are required to adapt and respond in creative and appropriate ways in order to participate fully while retaining their distinctive vocational identity as they navigate conflicting values and guidelines belonging to another allegiance. With the quiet pressure of constant marginalisation resulting from the diminishing perceived relevance of the chaplains in the secular, pluralistic context of the healthcare system and the alienating experiences from the church, chaplains displaced as "outsiders to the flow of power",[7] vulnerable and rootless at work, have been forced to seek out new approaches to survive and thrive in their practice. Such efforts to "negotiate knowingly between faith and the pressures of reality"[8] include movements towards gaining institutional assimilation, peer recognition, and vocational authority through various means of professionalisation and the shifted focus in CPE training of chaplains.

This process of professionalisation and institutional assimilation is at the base of Brueggemann's framework, in which assimilation is a key response to the homelessness condition of exiles in Babylon. This response is reflected by chaplains in the hospital context, but deeper theological concerns underlie these assimilation tactics. While Brueggemann paints a useful picture of a slippery slope of the dangers of assimilation and the feature of assimilation as

an exilic response is a useful framework to understand chaplains' experience, I see a further dimension of theological concern related to this assimilation response. By shifting their focus and efforts to gaining acceptance and recognition within the healthcare team, the chaplains are at risk of participating in idolatrous practices. The shift of their priority towards assimilation carries a risk of compromising their distinctive vocational calling and losing the commitment and determined focus on pursuing their ultimate goal of facilitating homeful encounters, thus making a god of the goal of assimilation. This is a danger of which Athanasius also warned when dealing with the conflicting allegiance related to dual citizenship. Athanasius sees allegiance to the earthly world, concretely depicted by the Roman Empire, to involve adopting its values in favour of those of the heavenly kingdom as a form of idolatry. Specifically, Athanasius correlated the issue of idolatry with the concerns for earthly power and suggested the use of the heavenly kingdom as the interpretive framework to be grounded firmly in the present and emphasised the avoidance of the temptation of idolatry.[9]

Identifying potential structures of idolatry in chaplaincy practice should be part and parcel of the chaplains' obligation to stand firm in the inhospitable work setting of the hospital and to live out their citizenships. Without a thorough reflective examination of the current practices and the acknowledgement of the reality of the opposing shaping forces at play in which chaplains are compelled to face, cope with, and respond in a timely manner, the task of developing a set of practices to equip the chaplains in their ongoing ministry would be made more difficult and unattainable. In order to examine the potential structures of idolatry in which the chaplain may unknowingly engage, Athanasius' correlation of idolatry with the allegiance to power structures may be a helpful interpretive lens.

It is in this position outside of the flow of power that chaplains are most at risk of straying too closely to idolatry in their eager efforts to respond to and negotiate with the dominant hospital culture, which holds not only an inhospitable or at least indifferent view towards the chaplains but also possesses socioeconomic hegemony. Akin to the sixth-century Jewish exiles in their challenges to create new ways to survive as a vulnerable minority in a diasporic community and under pressure to find new sources of power and leverage while among the dominant culture, contemporary chaplains may be facing similar pressure to navigate the dominant system of the medical milieu.[10] Furthermore, the risks of idolatry are intensified by both exiles and chaplains being situated in a "context where their most treasured and trusted symbols of faith were mocked and trivialized, or dismissed".[11] It is important to recognise that the chaplains' experience of being acutely disenfranchised from their lack of power within the healthcare system is a primary trigger and driving force for the efforts to transform and improve their current subjugated position in their practice. Behind this endeavour lies the keen aspiration to move chaplaincy from its current position outside the flow of power to a place of improved recognition within their embedded healthcare system,

including access to more power and privileges. Through the process of assimilation and professionalisation described above, chaplains strive to find entry points to gain access across the entrenched boundaries present in the hospital culture that mark chaplains as outsiders in the healthcare system. This form of marginalising boundary setting revealed in the data has been illustrated in Chapter 2 of Facet 1. In order to create new possibilities to move across the well-established dividing borders and away from a position of powerlessness, vulnerability, and rootlessness, the chaplains seek in a variety of ways to build a coalition with their host institution. Efforts to neutralise their theological language, which chaplains perceive as problematic in the secular and secularising context, and to become more fluent in the hegemonic national language of biomedicine, together with the strive to gain certified credentials, are examples of ways the chaplains seek to build an alliance and gain access to join the hegemonic structures.

These contemporary efforts of assimilation are reminiscent of the temptations faced by the ancient exiles, due to which they underwent a process of cultural syncretism that resulted in the acute disappearance of distinct identity.[12] Brueggemann warned against such modes of assimilation and cautioned, using a quote by Michael Frost to not "grow too cosy with his host empire".[13] By means of creating and expanding on an area of overlap with the dominant power structure, contemporary chaplains seek to achieve some power for themselves in the system of the hospital. However, from examining this endeavour of assimilation, and bearing in mind Athanasius' correlation of idolatry and earthly power, together with Brueggemann's cautioning, a new set of questions emerges. The interpretative lens provided by Athanasius brings an additional awareness of the delicate relationship between power and idolatry, and in turn draws out questions that go beyond evaluating how efficacious these assimilative and professionalising strategies are to reach the goal of fuller integration and recognition. Instead, the focus is on theological interrogation with a specific concern about whether the pursuit of commonalities with the earthly power structure embodied by the healthcare system may become a masked form of idolatry. Can such an overlap between the two contrasting worlds be truly possible and achieved without one party making significant compromises in its core values? If so, how might boundaries be drawn to prevent one set of values collapsing and disappearing into another? How might symptoms of idolatry which are often subtle and undetected be more easily recognised? How might current approaches be converted and reformed in more faithful ways? After all, the chaplains, in their dual citizenship, are called to be marked and guided by a distinguishing set of aims which are not shared by the healthcare system. For example, the chaplains' orientation is towards the spiritual and eternal, setting them apart from their host institution with its primary focus on medical care in the physical and temporal. This is not to say that the chaplains should withdraw to be asocial or apolitical in their role, refusing flexibility and receptivity to search for appropriate ways to counter the ever-changing demands at work, nor

that integration and creatively enhancing the understanding of chaplaincy contribution is not important. Yet, as Athanasius pointed out, deference to and involvement in earthly power can be idolatrous: caution is called for to exercise care, and discipline is needed to examine the intentions and the possible costs of such an alliance.

To safeguard the heavenly nature of chaplains' identity and their distinctive vocational calling, care is needed in their eagerness to form an allegiance with earthly power structures and not have their distinctive heavenly identity surrendered by unknowingly assuming the values and worldview of the earthly kingdom. From this evaluative and vigilant perspective, professionalisation and the strategic integrative movements of CPE can be problematic both theologically and pragmatically, as the focus on creating commonalities with the dominant power structure situates the chaplains in the precarious position where compromises are made to take on values other than those of the heavenly kingdom, subtly participating in the practice of idolatry.

The inherent idolatrous possibilities hidden in the strategies to develop commonalities with the secular healthcare institution are not only confined to the concession of theological values but extend to the implication of a shift in allegiance. The transferred focus of the chaplains' endeavours tacitly endorses the ostensibly shared values of the earthly world, correspondingly displacing the heavenly values from the centre to the margin. The eager efforts to develop shared commonality not only serve to uphold the epistemological, ontological, and methodological assumptions of the biomedical world but also affirm and legitimise the dominant culture and cement their power dynamics in the relationship.

The direction of these strategies pushes the sought-after area of overlap to the centre of ministry for the purpose of transforming chaplaincy to a more integrated position in the team. However, such an approach is potentially idolatrous when the chaplains unconsciously elevate their commitments to professionalisation and turn assimilation into their ultimate goal. Ongoing careful and disciplined theological reflection to unearth, examine, and revise assumptions and practices is required to expose any practices of idolatry masked under the commitment to fully integrate their ministry. Chaplains are required to keep a critical distance from their context so as to allow them to "practice *dangerous criticism* to keep visible the destructive seduction of the empire that is too often covered over by euphemism".[14] Merle Jordan refers to this process of critical theological examination of practices as "taking on the gods"[15] where the "gods" are judgements and beliefs which have been elevated and falsely treated as ultimates. Relatedly, chaplains' practices of resistance will need to include the means to uncover and challenge any unexamined commitments such as the aspirations to develop and expand on the shared principles with their host institution as idols. While it is essential for the chaplains to respond to the evolving landscapes and demands of their vocation, and to find ways to better traverse both worlds, it is paramount to ensure these endeavours are aligned with the heavenly kingdom's rule.

Despair

In their reaction to the homelessness condition, the chaplains are required to hold onto an identity and vocation which are largely at odds with the dominant healthcare system. As we have seen, these efforts have a direction towards assimilation with this system. However, assimilation is not the only possible response to the conditions of practising in this system. Chaplains experience a series of emotional states in their practice that can be described as despair: an understandable response to their homeless environment.

The constant requirement to navigate the unceasing antagonism at work, coupled with the perceived detachment and lack of support from the church, has intensified the chaplains' vulnerability to feeling fatigued and hopeless as they are left to face the countless challenges along the homelessness terrain alone, with no foreseeable promises of change. Similar to the ancient exiles in facing comparable marginality, alienation, and displacement, the chaplains find themselves feeling overpowered and defenceless as strangers in a strange land having to continually resist and respond to these feelings with fresh and imaginative ways to "sing a new song" (Psalm 137:4). But what song will they sing? How are they to keep learning a new song when their voices are muted or rendered as background noises to be tolerated by the larger multidisciplinary healthcare team? Who will the songs be directed to? These questions weighted with theological implications intimately shape and direct the responses of the chaplains in their ongoing practice.

Despair at first glance may look very similar to the commonly observed phenomenon of burnout or compassionate fatigue prevalent in caregiving professionals. It is recognised that chaplains, much like other pastoral workers, are especially prone to the negative effects from the nature and demands of their practice, which depletes their emotional, cognitive, spiritual, and physical energy reserve and impacts their overall effectiveness.[16] While there is a high degree of overlap between the two concepts, the chaplains' experience of despair can be differentiated from the event of burnout as being a distinctly theological phenomenon. Burnout is generally conceptualised as a process originating from excessive and prolonged levels of job stress.[17] The health problem of burnout[18] has been further described by Christina Maslach[19] and Herbert Freudenberger[20] as rooted in caregiving service, of which chaplaincy is part, as centred on relational transactions in the workplace[21] and "defined by the three dimensions of exhaustion, cynicism, and inefficiency".[22] Even though chaplains are subjected to and shaped by the "relational transactions in the workplace" and liable to burnout, the incident of despair which relates to the unique experience of the chaplains in their practice is not identical to the burnout phenomenon. To begin with, differing from the defining symptom of burnout, the chaplains do not exhibit a reduced capacity to care and do not lack empathy; nor are they observed to be indifferent and detached from their care recipients in their despair.[23] The chaplains' expressions of despair do not lead them away from their hope and

desire to be present and able to attend to their care recipients. On the contrary, the distress and anguish were caused in part by the chaplains' perceived inability and powerlessness to be as effective in bringing relief to the patients, especially when compared with the medical interventions of their healthcare professional colleagues. The chaplains' angst and helplessness manifested as despair are not suggestive of being overextended by prolonged work demands which can be reversed and remedied by ensuring rest and enhancing support. Instead, the chaplains' despair is symptomatic of the costly toll of having to daily bear up and overcome the entrenched and prevalent marginalising and dismissive sentiment and behaviours of the dominant healthcare institution. The aspect of overextension encompassed in the chaplains' despair differs from burnout in that the chaplains are not being crushed under excessive work demands but are rather at risk of being crushed in their work by having to endure ceaselessly the pervasive message, carried within the cultural oxygen of the hospital setting, that they are irrelevant. The chaplains' experience of despair has been revealed in the data most expressively by one chaplain (Paula), who showed anger and self-doubt when comparing herself and her contribution to the wider healthcare team.[24] Her despairing evaluation of her worth not only offers a glimpse of the experience of many helping professionals and the inevitable cost to caring[25] but specifically draws attention to the distinctive challenges of the chaplains in the homelessness conditions of the hospital. Moreover, there are various prominent layers of the constitutive forces uniquely impacting the chaplains in terms of their vocational and professional identities, sense of relevance, and the theological framework sustaining their ministry which are distinguishable from the other factors associated with excessive and prolonged levels of job stress. The chaplains' display of despair echoes deeply with issues primarily related to their role and relevance. Being *just* a chaplain was experienced as "useless" and discardable like "a lump of rubbish" in the chaplain's experience of despair, especially when comparisons were made with the non-chaplain colleagues. More importantly, a distinctive pattern can be detected from the chaplains' encounter with despair which progresses from utter hopelessness in the initial self-perception as "useless" and "like a lump of rubbish" to discovering a new way forward and recovering a sense of worth, empowered to contribute to the ongoing care of their patients. The pivot point was not obvious but seems to be hinged on the moment of "but then I remembered a verse". From that point of recalling, there was an abrupt reversal in the chaplain's experience with a sharp turn towards hope, encouragement, and comfort. This pattern of despair observed in the chaplains proceeds from a place immersed in self-doubt, sadness, anger, frustration, and meaninglessness to arrive at a wholly different understanding and perception of the existing challenges.

More importantly, a significant feature in the chaplains' experience of despair which also differentiates it from common burnout and adds weight to the meaninglessness of the self-doubting despair expressed above is their prominent and consistent reference to God in their verbalisations of despair.

There is an added and substantial element of distress caused by the chaplains' experience of dissonance between their belief in God and their experience, leading to a form of theological crisis. The chaplains' faith is anchored on the Christian faith, which proclaims a powerful Creator God who is loving and has promised believers His abiding presence and help. Yet, the homelessness conditions of the chaplains' practice have repeatedly been experienced to be incongruent with this image and experience of God for the chaplains. The kingdom of God, instead of being a domain of matchless power, has been experienced as one "in which weakness reigns"[26] and which is seemingly overcome by the dominant secular governing powers and values of the healthcare system. Furthermore, God has not only been experienced as powerless but also divergent from the chaplains' understanding of His always being present. We can safely assume that, at times, they experience God as distant and silent in their plight. The exilic experience of displacement, alienation, and loneliness of the chaplains' role in the secular hospital sometimes may lead them to experience God as distant or as having abandoned them, and unaware of their challenges and daily needs.

There is an enticing analogy between responses of despair from the ancient exiles and the situation of the chaplains. Both of them have felt the despair of feared divine abandonment and both have undergone the emotionally draining task of surviving in a homeless terrain. These struggles compelled both to cry out "How can we sing the songs of the Lord while in a foreign land?" (Psalm 137:4) and "How long, Lord? Will you forget me forever?" (Psalm 13:1). The situation of the exile had depleted their physical, emotional, and spiritual reserves to the point of despair and the assumption that God no longer cared about His people, "My way is hidden from the Lord, and my right is disregarded by my God" (Isaiah 40:27). The exiles, in their spiritual exhaustion, had concluded that the Babylonian powers had seemingly succeeded over Yahweh, evidenced from either the perceived weakness or indifference.[27] Brueggemann has observed that these despairing lines of response are expressed as lamentation and complaint in the ancient exiles within the Old Testament literature, specifically in the five extended poems of grief over the destruction of Jerusalem in the book of Lamentations,[28] but also in the Psalms.

In his book *The Spirituality of the Psalms*,[29] Brueggemann expanded on Paul Ricoeur's typology of the dynamic efforts of human existence to remain balanced in spite of disequilibrating circumstances.[30] Brueggemann drew attention to the three stages of lament present in psalms to help people of God find new ways to perceive and understand the difficulties being faced, and, in order to do so, he adopted Ricoeur's typologies. He observed the progression of these three stages to run from the initial stage of "orientation" characterised by the homefulness conditions of "being with and belonging with God and being with and belonging with the neighbour in community".[31] This initial stage of orientation represents the state of equilibrium for individuals that is characterised by "orderliness, goodness and

reliability".[32] Michael Paterson exemplified Brueggemann's typology by presenting chaplains new to the profession, who have not joined spiritual care from ministerial practice, as those most likely to be in the state of orientation.[33] Contrasting with Paterson's observation, this orientation stage is most evidently experienced by the chaplains in homeful encounters during end of life spiritual care irrespective of where they are in their professional trajectory. When this sense of safety and wellbeing in relations with God and others is disrupted and subsequently lost, it leads to an experience similar to those contained in the psalms of lament and which Brueggemann has categorised as the second stage, "disorientation". The chaplains' onset of despair stems from the loss of and departure from a place of stability and safety in their assumptions and experience of God matching their proclamation declaring God as good and His Presence and blessings are visible and unquestioned, such as those contained in the royal psalms (Psalms 2;18;21;45). The "radical dissonance"[34] experienced by the chaplains in their homelessness encounters at work fits the description of this stage of disorientation marked by the chaplains' bewilderment, disappointment, dismay, and surprise resulting from the disruption and loss in the former safety and assumptions that came with the previous state of orientation. Paterson locates this state of disorientation in the experience of chaplains, specifically in their protests and resistance of "the perceived threat to their vocational identity".[35] The third and final stage, "reorientation", is where the sentiment of the psalms takes a surprising turn resulting in the person's seismic shift in their understanding and experience of the same set of circumstances: from hopelessness and loneliness to hope and a renewed recognition of the presence of God as never having left them. This final stage describes a recovery of a new equilibrium in which the chaplain, having lost the "pre-critical naivete",[36] has reversed from a stage of disorientation back to one of orientation, and this reversal must be celebrated.[37] Thus, in the reorientation stage, the chaplains, rather than feeling alone, defenceless, and self-pitying in their struggles, have been brought to a new experience of their situation, leaving them renewed with hope and strength to persist on their journey.

Defying existing boundaries

In the paragraphs above, it was possible to see that one of the common responses to that lack of a welcoming space in the interdisciplinary team was assimilation. However, that same problem of practising from within the too-constrictive boundaries imposed by the host institution develops a different form of response for some chaplains. Not all chaplains respond to the suffocating and marginalising boundaries and the weight of the oppressive unwelcome of constrictiveness in either quiet resignation, resorting to focusing part of their efforts towards assimilation, or falling into despair.

As already explicated in the previous chapter, chaplains are called to practice at the intersection of the two contrasting worlds of the heavenly and the

earthly kingdoms, thus existing as dual citizens. In addition to this aspect of their nature, the chaplains' vocational calling brings another significant type of dual habitation that further exaggerates the challenges of dual citizenship: the chaplains' vocation requires them to practise simultaneously within the healthcare system and in the heavenly kingdom to which their "ultimate goal" is orientated. Thus, as referred to above, the chaplain has a dual role: she/he is a "healing conduit" that must work within the healthcare system but also has a fundamental prophetic role.[38] This assumes another kind of intersection, a boundary between the two systems their role must navigate, which is in fact superimposable to that of the heavenly and earthly kingdoms. As dual citizens, but even more so within the tensions to exercise their complex role, the chaplains are compelled to challenge the seemingly impenetrable boundaries of these overlapping intersections as they strive to participate fully in both worlds while retaining their distinctive vocational identity. One of the chaplains' approaches to challenging these boundaries has been illustrated in the first response of assimilation, where chaplains focus on expanding the shared commonalities with the dominant medical system in order to enhance their "space" through the hoped-for acceptance and recognition by other healthcare team members. When responding to the struggles of their work context with assimilation, these seemingly impervious boundaries which chaplains strive to challenge and penetrate point specifically to the divide between the opposing values and vision of the two contrasting worlds and the tension resulting from the chaplains' need to relate equally to both worlds in their practice. The goal of assimilation tactics is therefore meant to soften this division by diffusing the tension through enhancing commonalities, with the hope of allowing the chaplains to gain access and navigate both worlds.

However, this process of assimilation is not the only way chaplains challenge the boundaries. Chaplains attempt different ways to create or expand the "space" for their role, which is experienced as lacking in the constrictive conditions caused and perpetuated by the entrenched boundary-setting behaviours of the hospital. In some cases, efforts were made by chaplains to take initiatives to disrupt these established boundaries, which have kept and continue to mark the chaplains as outsiders. One such example of these attempts by the chaplains to challenge the status quo with the hope of creating and expanding on the "space" available for them is reflected by a chaplain's initiative to confront the existing hospital policy. This policy has traditionally excluded the chaplains from the weekly palliative team meetings:

> And when I came here [hospital]… I noticed after a while that the colleagues in our next office seemed to always get to go to these meetings… These weekly interdisciplinary lunch meetings where team members take turns presenting case sharing or research findings. So I decided to ask the nursing consultant… I asked her "Hey I also visit the palliative care wards and I know there are meetings every Wednesday, so how

> come I (laughs) don't get to go to these meetings?"… I asked her. I took the initiative you know. I asked if we could start going now.
>
> (Annie, lines 12–14)

Rather than becoming resigned to accepting the existing constrictiveness set in place by ongoing administrative guidelines, the chaplains respond proactively, seeking ways to question, push against, and destabilise the existing constrictive boundary markers, making new room for their role in gaining a place at the multidisciplinary table. The access acquired from this disruption of the established boundary granted closer proximity to the rest of the healthcare team, allowing chaplains to better contribute to patient care and to have their voices, which have been muted as outsiders, become more audible in the wider hospital setting.

This chaplain's response by challenging the current restrictions imposed on their role is among other ways in which chaplains respond by expanding the space available for their practice. Other initiatives that can be categorised as boundary-defying are: their persistent offering of their services to hospitals which did not have a chaplaincy department, even in spite of multiple initial rejections (Annie, line 78); drawing attention to the omission of chaplains in taking part in the annual palliative care team dinners (Annie, line 204); and requesting the opportunity to introduce themselves on orientation day for new hospital recruitments (Annie, line 844). In all these cases, chaplains responded not by assimilation tactics or withdrawing into despair but by their refusal to be defined and to remain limited in the marginalising constraints imposed by the hospital. Instead, they sought to seek out and create opportunities for themselves that allow them to contribute to and collaborate with other healthcare team members in patient care more fully. Similar responses have been adopted by other chaplains outside of Hong Kong where chaplains are compelled to respond to their varying experiences of constrictiveness in their unique contexts. For instance, Caroline Mcafee's reflection and exploration of how best to concentrate her efforts to respond to the experience of having been "rendered voiceless" in her role within the Irish setting led her to comparable responses of "fighting for their corner" to "keep spiritual care and the unique work of chaplains on the agenda".[39] Specifically, one of Mcafee's approaches to "create a proactive, competent chaplaincy service that has a relevant voice"[40] in the evolving world of healthcare echoes the corresponding response by Hong Kong chaplains to expand their space through building relationships with hospital staff. These chaplains have sought to enhance their place, power, and voice in the work setting through the focus on "extending spiritual care to the staff" (Annie, lines 849, 851–53). In supporting the hospital staff through spiritual care, the chaplains are able to further destabilise the boundaries keeping chaplains marginalised and marked as outsiders through relationships fostered and trust built between them and "the gatekeepers of the patient populations".[41] Examples of such an approach to focus on staff support in the data include

organising talks addressing the accumulative impact of end of life care on the healthcare colleagues' emotional health (Annie, lines 849, 851–53); offering to be available to talk about personal concerns and Bible study (Stephen line 136); and prayers at the beginning of shift rotation in the afternoon (Stephen, line 142). The resourcefulness and persistence of these chaplains to break new ground, challenging the entrenched indifferent or excluding institutional attitudes and behaviours towards them, initiates a process of calling attention to and questioning the tacit viewpoints sustained by the hospital system, thus allowing for future development and improvement of their conditions to be a possibility.

The efforts of the chaplains in their prophetic role to resist the status quo by defying the established suffocating limitations in their work setting require the chaplains to be willing to persevere in the face of constant rejections and even ridicule from their non-chaplain colleagues. They do so with no guarantees of a successful outcome in securing a more welcoming place for their role, showing great tenacity and resilience. The tenacity of some chaplains allows them to cope with and carry on practising in the inhospitable conditions of the hospital and also to have the desire, willingness, and resolution to face further challenges in seeking out new possibilities with great determination. This courageous response is undergirded by and an expression of these chaplains' unswerving conviction that they are not alone in facing these challenges and their efforts are not solo endeavours. Instead, the chaplains are aided by their understanding that they are, in their endeavours, "partnering" with God (Brenda, line 442). One chaplain explains it this way:

> Because we have this faith and this belief that God works or partners with us. Rather, I should say it is more like we witness how God works in this job and not how I (emphasis) work and God partners with us.
>
> (Paul, line 61)

The chaplains habitually acknowledge understanding of their participation in spiritual care as being a "vessel" or "instrument" (Stephen, line 80) of God and constantly convey being awed by the privilege of having been granted close proximity to witness God at work. This firm belief in the abiding presence of God enables the chaplains to approach each challenge with boldness, not having their sense of self-worth hinge on the outcome of their effort but trusting that God will ultimately be responsible (Paula, line 170).

While all the interviewed chaplains have communicated this mutual conviction of the presence of God in their ministry, almost half the chaplains revealed engaging in a specific form of verbalised repetition which they consistently revisit in their practice, especially when they are facing challenging predicaments. This pattern of approaching work-related dilemmas and frustrations was described explicitly by one chaplain as a "mantra" (Paul, line 203):

> I always ask myself this… It's sort of a mantra really. I can try to solve all their problems for them but they don't come to Christ, or I am able to bring them to Christ but none of their other problems have been solved, which is better?

These mantras can be guiding question such as the above example from Paul, a verse from scripture[42] or metaphors alluding to God's nature. An example of the latter is the reassurance of God's faithful and trustworthy temperament depicted in John 6:39, where Jesus uttered these words of promise, "And this is the will of him who sent me, that I shall lose none of all those he has given me, but raise them up at the last day" (Paula, line 168). In all occurrences, these mantras, like familiar and reliable tools to the chaplains, are consistently held at the forefront of their minds and accessed routinely for the purposes of discernment and sustenance in their practice. The chaplains thus rely on a personal meaningful statement to ground and guide them through the myriad of decisions and to nourish them through the strenuous and wearing challenges at work. These grounding statements can also take other forms such as quotations from hospice pioneers or letters from the relatives of a patient which they have supported.[43] In each case, these mantras are closely related to the chaplains' faith and their vocational calling and serve to affirm the prevenient reality of *missio Dei*, which sees all we do as participation in "the movement of God's love towards God's people".[44]

Employing these mantras allow the chaplains consistently to respond to the difficulties at work and to remember God's faithful nature and the prevenient reality that they are "not in the futile business of attempting to bring an absent Christ to an abandoned world. God is already ahead of us in mission".[45] The chaplains are thus spiritually nourished,[46] which helps them develop tenacity in the prophetic task of responding to the existing homelessness conditions by defiantly questioning and challenging the existing constraints so as to participate more fully with God's ongoing redemptive work in the hospital setting.

The response of "defying existing boundaries" and choosing not to simply accept the current limiting circumstances but to courageously question and defy the prevailing dominant power structure is a display of the chaplains' prophetic role. In their efforts to create more space for themselves within the suffocating constrictiveness, they persistently challenge, destabilise, and push back on the established boundary markers, progressively complexifying these demarcations and recasting the juncture of the two conflictual worlds of the heavenly and earthly kingdoms. In order to engage in this demanding response, the chaplains need to show constant tenacity and courage, which are in turn sustained by the habitual utilisation of tools such as mantras. But mantras alone are not the resources that fuel defying behaviours in the chaplains. In order to defy the boundaries of the worldly context in which they practise, chaplains ultimately depend on a deep conviction of God's guidance. This trust in God's guidance that sustains the tenacity allowing for

defying of existing boundaries is directly visible in how chaplains verbalise acknowledgement and gratitude to God's abiding presence. Annie showcases this deep trust most clearly by utilising the phrases "Thank God" or "Praise God" when presented with opportunities to engage in defying actions.

By defying the existing boundaries, the chaplains attempt to broker a renewed relationship between two kingdoms and "to integrate sacred and secular, eternal and temporal, Church and world".[47] In so doing, the chaplains, in their prophetic function, are creating fresh possibilities of transformation and re-imagination of a renewal in practice, allowing for aspects of the heavenly kingdom to be visible and experienced in the present world outside of the life of the gathered Church as a living witness to the gospel among people of diverse faiths and beliefs[48] through their facilitation of homefulness encounters in the practice.

Waiting

So far, assimilation, despair, and defying existing boundaries have shown the different ways in which chaplains respond to the homelessness conditions of their practice. However, chaplains engage in a fourth type of response that is highly discernible in several participants' description of how they carry out their vocational calling: waiting.

Waiting is a universal day-to-day human experience, but it becomes ever more vivid at the end of life for terminal patients, as well as for the chaplains who are delivering end of life spiritual care. The reality of the approaching death changes the quality of the experience of waiting to one which sharpens the contrast between the vastness of time experienced on the one hand and the scarcity of time remaining on the other. Even though the concept of waiting has been directly alluded to by some of the chaplains, the fact that chaplains have to wait in some way is a reality for all of them, as it is an integral part of their role.

The notion of waiting has been presented in the data in three ways that reflect the three different ways in which waiting is a reality for chaplains. A first modality of waiting is identified in how the chaplains approach their daily work in response to the circumstantial context of homelessness. As illustrated in Chapter 2, the constraining and oppressive boundaries established and sustained by the institutional policies and attitudes towards the chaplains, together with the foreignness of the chaplain's role to the patients, have made access to the care recipients extremely difficult. These innate limiting dynamisms embedded in the chaplains' work context have driven the chaplains to the practice of waiting as an unavoidable and involuntary component of their work. Chaplains are required to linger, wait, and anticipate windows of opportunities in which to gain access to patients and perform their role of spiritual care delivery. Examples of such a mode of waiting can be found in the chaplains' dependence on referrals and their routine of loitering in the corridors waiting for the occasional entry points to meet and access

patients in the wards.[49] This form of waiting has been described in various ways such as "walking around",[50] "being around",[51] or having the "posture of lurking availability",[52] but they all signify the chaplain's "dependence and vulnerability"[53] in having to make themselves available to potential care recipients by waiting even when there are no overt requests for their presence. This need of the chaplains to have to wait for access to patients before they can practise marks them as different from other healthcare professionals such as the physicians who hold a position of relative power and independence in their role. This first mode of waiting cannot be categorised as a response from the chaplains to their homelessness conditions in the same way as assimilation, despair, and defying boundaries. It is just an aspect of their functional role which has been provoked by the constrictiveness and alienation of the hospital.

Likewise, the second modality of waiting identified in the data cannot be deemed a response which can be correspondingly compared and categorised with the chaplains' other responses in assimilation, despair, or the defiance of existing boundaries. In this second modality, waiting takes place after the chaplains have successfully gained access to care recipients, either fortuitously from loitering or by referrals, and are now in the position to enter formally into a spiritual care encounter. But, in order to enter into such an encounter, the chaplains are required to first foster a relationship of trust crucial for the offer of spiritual care during a period in which the patient is in a process of constant waiting. For this essential relational foundation to be cultivated, the chaplain accompanies the patient in this period of waiting. One chaplain illuminated the importance of this mode of waiting in his role in spiritual care this way:

> R: How would you explain to someone without any knowledge of hospital chaplaincy what spiritual care is?
>
> P: Ok. Basically, within the hospital there is a large team which tackles different needs providing different needs accordingly. According to the illness, the doctor will diagnose and then provide treatment... Everyone has their own roles. Within the hospital, the most common thing one hears is wait, you need to wait for your turn. "Would you wait." In this circumstance, when a patient becomes ill, basic care involves a lot of "would you wait" or "we are waiting in line." Healthcare professionals really don't have the time to ask and care about other things. Sickness can affect so much… The chaplain's role here is to give them some encouragement, listening, empathy, so that through faith, they can be helped.
>
> (Paul, lines 8–12)

As exemplified in this instance, chaplains use the waiting time inherent to the illness experience to foster a relationship with the patient, mindfully joining

the patients in their experience of waiting as a means to accompany, support, and explore their individual spiritual needs in the process orientated towards homefulness. This second modality of waiting is differentiated from the first kind of waiting mentioned above in two ways. Firstly, the chaplains voluntarily and purposefully enter into waiting so that spiritual care may be offered, contrasting with the enforced passive act of waiting resulting from institutional homelessness. Secondly, in this latter modality, the chaplains in spiritual care delivery are no longer waiting *for* the patient, but it describes a form of waiting *with* their care recipients as a key component of spiritual care delivery.

My interviews with chaplains provide some insights on this aspect of waiting *with* the patient in spiritual care as they show an emphasis on the essential component of time, specifically opportune time. Even with access to patients, chaplains are required to wait with and attune to the patient's receptivity before homeful spiritual encounters may be possible. In order to do so, the chaplains wait with the patients as an accompanier who is not just physically present but also emotionally available, able to intuitively attend to the patient in their time together. Steve Nolan expresses this way of being with the patient as an aspect of the chaplain's "accompanying presence".[54] Nolan portrays the chaplains' accompanying presence as one that does not engage in any manipulation of the patient and one without any desires for therapeutic intervention on the patient.[55] This form of waiting with the patient, to give of oneself in time and attention as an element of spiritual care, has a strong resonance with the state of active passivity referred to by Julie Lunn in her reflection on spiritual direction.[56] Lunn draws attention to the intentionality of the person who waits with the other and highlights the value of the action of waiting with and the inherent willingness to be attuned to the pace of the other in the process of waiting and attending.

This approach of the chaplains to deliver spiritual care by their accompanying presence requires an abundance of time. In order to have ample time to wait with the patients, which the chaplain understands to be key to her role in spiritual care delivery, one chaplain in the study opted to give up her full-time position so as to become released from parts of the role which did not imply direct patient contact. She became a part-time chaplain so she could have more opportunity to be with and wait with patients.

> I realised that if I really wanted to accompany the families, it will take a lot of time. But a chaplain's life is so busy already… So I thought it is better for me to allocate my time better if I switched… (…) my job in approaching them, it's through an extended period of time. We accompany them, we get to know them, to build rapport… in the process of accompanying, why I mentioned it takes a lot of time, when we accompany… So I need to find the best time, quality time. To speak with her.

> To listen to her she ventilates. (…) …so I needed to find the best time, quality time to speak with her. To listen to her as she shares.
>
> (Jessica, line 43)

Even though these two previous modalities of waiting allow us to better understand how chaplains experience and perceive their role in spiritual care, these are aspects of their role and not a response to the homeless conditions of their practice as those proposed in the previous three sections. However, there is a third modality of waiting that can be recognised within the chaplains' lived experience in spiritual care delivery from the inhospitable hospital setting and which is a theologically significant response to practising in a homeless terrain. In this last type of waiting, chaplains understand and identify waiting specifically as a means to participate with God and His ongoing redemptive work within homeful spiritual encounters.[57]

Spiritual care provision within the context of end of life is understood by the chaplains as constitutive of different forms of the practice of waiting. Other than the imposed passivity in waiting for access to care recipients as well as the voluntary and purposeful waiting with the patients in attuning to their receptivity for spiritual care delivery, this third mode of waiting denotes a different orientation towards waiting for God and His transformative presence and can be recognised as a faithful response. The chaplains who engage in this type of response in their practice understand waiting is a means and constituent of participating with God, who is the primary agent in homeful spiritual encounters. The chaplains frequently adopt bucolic metaphors correlating the need to wait for God with the natural waiting involved in agricultural work such as describing their participation in spiritual care delivery as "preparation work", their efforts as "loosening the soil" or "planting seeds" in priming for "time for harvesting" (Brenda, lines 232–234). The time of waiting for God is likened to the natural process of planting and toiling before the arrival of the due time of harvest. Both times of waiting are not idle times; nature's processes of transformation and God's redemptive work are happening however invisible they may feel synchronically. The time-lag and the need to wait are recognised to be part of the necessary process in spiritual care, and it is a time of active work in spite of not being able to see a tangible outcome immediately. This perception of waiting as an active movement grounded on God's presence and promises resonates strongly with Henri Nouwen's interpretation of waiting.[58] Nouwen understood waiting to be a faithful act that is foundational of the spiritual life. Not only is waiting not perceived as idle or passive, but it is understood to be an active, courageous, and radical stance sustained by the conviction of "trust that something will happen to us that is far beyond our own imaginings" and by the willingness and patience to remain with the present circumstance not discouraged but in eager anticipation of the fulfilment of the promises received in faith.[59] This perception of waiting as useful and active is visible in chaplains' reflections on this period:

> Yes… (laughs) so how can I in this imperfect place, using accompanying, listening and even benediction to bless the patients. I think for the patient, for her spiritual needs, it is what we call… umm, what is it… loosening the soil. Umm, the spiritual aspect or even watering the soil?... So I have no idea when the watered soil will sprout. Maybe it will take many times of watering. So these visits are doing something already? It is just that it is preparation work. And not quite the time for harvesting.
>
> (Brenda, lines 232–34)

Waiting, when accepted and understood as a means to participate with God, is undertaken by the chaplains as a faithful response to the unpredictable and hostile conditions in which they practise. This response is faithful because it stems from the chaplains' living out their professed trust in God who is present and at work. In operating from and being invigorated by this deep confidence in and dependence on God, these chaplains are enabled to face and counter the challenging homelessness conditions in their work setting with this distinctive response of adopting a posture of waiting for God. Their refusal to accept the homeless conditions as permanent and their awareness and trust in the possibility of homefulness is comparable to how exiles in the Old Testament related to the homeless circumstances of their exile. As Brueggemann points out, by the act of waiting and hoping for "homecoming to the kingdom of God", exiles are renouncing both discouragement and alliances with the present earthly realities.[60] This faithful response by the chaplains is characterised by two overarching pillars of faith: trust and hope.

The chaplains' response to the unpredictable outcomes of their efforts in spiritual care and the harshness of their work setting reveal a deep trust in God's active and ongoing transformative presence as well as God's perfect timing. The chaplains' confident expectations of God's abiding and active presence as well as their conviction of God's timing in bringing out the perfect outcome enables them to be protected from prolonged feelings of discouragement and helplessness in spite of the elusiveness of spiritual care and the enduring hostility of their work conditions. The chaplains' posture of waiting for God from their trust in Him not only shields them from falling into despair but also safeguards them from the response of assimilation and its inherent idolatrous behaviours. This last modality of waiting and its inherent trust in God buffers them from the anxiety to demonstrate results to their non-chaplain colleagues and to constantly strive for recognition and acceptance. Furthermore, the chaplains' trust in God not only acts to armour them to stand firm to carry out their role but also generates the key element of hope enabling the chaplains to persevere to rely and wait on God with unswerving confidence and carry out their prophetic role such as defying existing boundaries identified in the earlier section.

As the author of Hebrews reminds us, it is through hope that faith becomes concrete.[61] The chaplains' faith enables them to wait in trust and confident

reliance on God and His promises and to not be resigned to the confinements of the status quo. Instead, the chaplains, driven by their trust in a faithful God, are spurred to respond to the homelessness circumstances by embracing "hopeful imagination"[62] for a vision of an earthly kingdom more fully aligned with the kingdom of God. The chaplains continue to strive for the realisation of such a vision in their prophetic role, enacted in their defiance of the existing homelessness boundaries, thus creating new opportunities for their participation with God's redemptive work. Moreover, such hope generated from the chaplains' embodied faith in trusting God is inherently an antithesis to the responses of assimilation and despair. The missiological hope embedded in the chaplains' trust in God's active presence and perfect timing potently resists against the "inner sins of bitterness, cynicism, violence, self-negation, self-pity and the like",[63] thereby transcending defeatism in despair and the dangers of compromising their core steering values in assimilation. As such, the key pillars of trust and hope embedded in the chaplains' faithful response of waiting for God is modelled after Christ's example of turning from activity, achievements (a subject of initiation and control) to passivity and waiting (an object of what is done to him by others).[64] These "mindsets of preparing" (Brenda, line 629) fuel the chaplains' tenacity to keep going as well as to have the courage to take on the prophetic role in challenging and calling to attention areas of the current practice which are not aligned with God's vision for the world.

Conclusion

As the chaplains are immersed in and compelled to navigate the difficult homelessness conditions of the hospital, and taking into account the dual aspects of their identity, they are exposed to a range of prevailing forces which subsequently compel them to seek out ways to creatively cope with this context and to persevere in their ministry. These tools that allow them to find their way to homeful encounters in the journey through homelessness are the focus of this chapter. Four comprehensive, different responses have been identified as present in the chaplains' practice in Hong Kong public hospitals: assimilation, despair, defying existing boundaries, and waiting. These four responses are not exclusive of each other and can co-exist, but they sum up the different ways in which chaplains engage with the worldly kingdom while still trying to accomplish the ultimate goal that guides their entire calling. I have argued that some of these responses and associated behaviours, though understandable or necessary, when left unexamined, could impinge on the preservation of their distinctive vocational identity. Such is the case, for instance, of the response of assimilation and its focus on professionalisation. Other responses examined, namely despair (in the form of lament), defying existing boundaries, and waiting, allow chaplains to recommit to their vocational calling and create opportunities for engagement and participation with God's ongoing redemptive work, thus more fully living out their vocational calling.

Notes

1 In this chapter I use excerpts from the interviews analysed in Chapter 3 to illustrate certain points of reflection.
2 Peterson, "Being the Church," 177.
3 Brueggemann, *Cadences of Home*, 116.
4 Brueggemann, *Cadences of Home*, 116.
5 Brueggemann, *Cadences of Home*, 118.
6 Brueggemann, *Cadences of Home*.
7 Brueggemann, *Cadences of Home*, 2.
8 Brueggemann, *Cadences of Home*, 10.
9 Cartwright, "Athanasius' 'Vita Antonii,'" 250–51.
10 Beach, *The Church in Exile*, 21.
11 Brueggemann, *Cadences of Home*, 2.
12 Brueggemann, *Cadences of Home*, 104.
13 Brueggemann, *Cadences of Home*, 121; M. Frost, *Exiles: Living Missionally in a Post-Christian Culture* (Grand Rapids, Michigan: Bakers Books, 2006).
14 Brueggemann, *Cadences of Home*, 121. Found the quote in something Brueggemann presented as part of the Symposium at the Dedication of the Presbyterian Center in 1988 called "Occasional Paper No.1 Theology and Worship Unit Presbyterian Church (U.S.A) on p.12.
15 M. R. Jordan, *Taking on the Gods: The Task of the Pastoral Counselor* (Eugene: Wipf & Stock Publishers, 2001).
16 D. J. Chandler, "Pastoral Burnout and the Impact of Personal Spiritual Renewal, Rest-Taking, and Support System Practices," *Pastoral Psychology* 58, no. 3 (2009): 273–87.
17 H. J. Freudenberger, "The Issues of Staff Burnout in Therapeutic Communities," *Journal of Psychoactive Drugs* 18, no.3 (1986): 247; C. Maslach, "The Client Role in Staff Burn-Out," *Journal of Social Issues* 34, no. 4 (1978): 111–24.
18 World Health Organization, *Burn-Out an "Occupational Phenomenon": International Classification of Diseases* (Geneva: World Health Organization, 2019).
19 Maslach, "The Client Role," 111–24.
20 H. J. Freudenberger, "Staff Burnout," *Journal of Social Issues* 30, no. 1 (1974): 150–65.
21 C. Maslach and M. P. Leiter, "Early Predictors of Job Burnout and Engagement," *Journal of Applied Psychology* 93, no. 3 (2008): 498; J. Montero-Marín et al., "A New Definition of Burnout Syndrome Based on Farber's Proposal," *Journal of Occupational Medicine and Toxicology* 4, no. 31 (2009), 31.
22 C. Maslach, W. B. Schaufeli and M. P. Leiter, "Job Burnout," *Annual Review of Psychology* 52, no. 1 (2001): 397.
23 S. Dunbar et al., "Calling, Caring, and Connecting: Burnout in Christian Ministry," *Mental Health, Religion & Culture* 23, no. 2 (2020): 182.
24 For the full excerpt of the interview with Paula referred to here, please see chapter 2, section "The practice of lament".
25 D. Louw, "Compassion Fatigue: Spiritual Exhaustion and the Cost of Caring in the Pastoral Ministry. Towards a 'Pastoral Diagnosis' in Caregiving," *HTS Theological Studies* 71, no. 2 (2015): 1.
26 J. D. Caputo, *The Weakness of God: A Theology of the Event* (Bloomington: Indiana University Press, 2006), 14.
27 Brueggemann, *Cadences of Home*, 20.
28 Brueggemann, *Cadences of Home*, 16.
29 W. Brueggemann, *Spirituality of the Psalms* (Philadelphia: Fortress Press, 2002).

30 Ricoeur describes human existence as a constant search for equilibrium (orientation) through the various threats to stability such as the breakdown of relationships or health (disorientation) back to a new way to see the world with time (reorientation). P. Ricoeur, J. D. Crossan and L. Dornisch, *Semeia 4: Paul Ricoeur in Biblical Hermeneutics* (Missoula: Society of Biblical Literature, 1975).
31 Brueggemann and Hanson, *The Practice of Homefulness*, ix.
32 W. Brueggemann, *The Psalms and the Life of Faith*, ed. Patrick D. Miller (Minneapolis: Augsburg Fortress, 1995), 10.
33 M. Paterson, "Emerging Paradigms in Scottish Healthcare Chaplaincy: Disorientation or Re-orientation?," *Health and Social Care Chaplaincy* 2, no. 1 (2014): 52.
34 While John Swinton utilises the term "radical dissonance" to refer to the use of lament by psalmists when dealing with the experience of death and suffering, I have adopted this term to describe the discrepancy between the chaplains' experiences of homefulness and homelessness. See J. Swinton and R. Payne, eds., *Living Well and Dying Faithfully: Christian Practices for End-of-Life Care* (Grand Rapids: William B. Eerdmans Publishing Company, 2009), 131.
35 Paterson, "Emerging Paradigms," 55.
36 Paterson, "Emerging Paradigms," 56.
37 Brueggemann, "The Psalms," 14.
38 Swinton, "A Question of Identity," 2.
39 C. McAfee, R. White and D. Buck, "Do We Have a Voice?," in *Chaplaincy in Hospice and Palliative Care*, eds. K. Murphy and B. Whorton (London: Jessica Kingsley Publishers, 2017), 110.
40 McAfee, White and Buck, "Do We Have a Voice?," 113.
41 F. Norwood, "The Ambivalent Chaplain: Negotiating Structural and Ideological Difference on the Margins of Modern-Day Hospital Medicine," *Medical Anthropology* 25, no. 1 (2006): 19.
42 An example of Bible verses which have been used as grounding reminders by the chaplains in the data is the reference to Luke 15:4 "God will harvest himself. Umm, no matter. Whether he has wandered off for years, God himself will leave the ninety and look for the one" (Paula, line 68).
43 M. Hagan and D. M. Allan, "Our Own Nourishment," in *Chaplaincy in Hospice and Palliative Care*, eds. K. Murphy and B. Whorton (London: Jessica Kingsley Publishers, 2017), 156.
44 D. J. Chandler, "Godly Love: The Primary Missional Virtue," in *Spirituality for the Sent: Casting a New Vision for the Missional Church,* eds. N. A. Finn and K. S. Whitfield (Downers Grove, Illinois: Intervarsity Press, 2017), 169.
45 P. D. Avis, *A Ministry Shaped by Mission* (London: T &T Clark, 2005), 7.
46 Hagan and Allan, "Our Own Nourishment," 156.
47 Walters, "Twenty-First Century Chaplaincy," 45.
48 A. Todd, "A Theology of the World," in *A Christian Theology of Chaplaincy*, eds. J. Caperon, A. Todd and J. Walters (London: Jessica Kingsley Publishers, 2018), 21.
49 Ppt#8 describes her routine in spiritual care practice requiring her to "have specialized in loitering" (line 9). She adds, "Yes, We are not allowed to knock on their doors here. You can only wait in the corridors, when they happen to come out or if I get to approach them. I have specialized in loitering really. (laughs)"
50 G. Michelson, "The Role of Workplace Chaplains in Industrial Relations: Evidence from Australia," *British Journal of Industrial Relations* 44, no. 4 (2006): 684.
51 H. Mowat and J. Swinton, *What Do Chaplains Do? The Role of the Chaplain in Meeting the Spiritual Needs of Patients*, Report No. CSHD/MR001 (Aberdeen: Mowat Research Limited, 2007), 37.

52 C. Swift, "Being There, Virtually Being There, Being Absent: Chaplaincy in Social Care During the COVID-19 Pandemic," *Health and Social Care Chaplaincy* 8, no. 2 (2020): 156.
53 Mowat and Swinton, "What Do Chaplains Do?," 46.
54 S. Nolan, *Spiritual Care at the End of Life: The Chaplain as a 'Hopeful Presence'* (London: Jessica Kingsley Publishers, 2012), 57.
55 Nolan expands on Heidegger's concept of dwelling when developing his thoughts on this accompanying presence. For more, see Nolan, *Spiritual Care*, 16.
56 J. Lunn, "Paying Attention: The Task of Attending in Spiritual Direction and Practical Theology," *Practical Theology* 2, no. 2 (2009): 225.
57 This participation with God and His redemptive work is referred to directly by some of the chaplains. Concretely, ppt#2 (lines 441–57) explains her role in spiritual care as having God as the third agent and considers it a privilege to be included by God in the process. "that feeling of working, partnering with God to complete this task. Three parties all involved… yes. I think it is the feeling, the experiencing of partnering with God, that feeling. That feeling of partnering is a feeling of amazement. What? You would actually use me? That is an amazing feeling."
58 H. Nouwen, "A Spirituality of Waiting," 1987, accessed 28 May 2021, http://www.ciu.edu/sites/default/files/Article/2010/10/A%20Spirituality%20of%20Waiting/article25_henrinouwen_pdf_18629.pdf.
59 Nouwen, "A Spirituality of Waiting."
60 W. Brueggeman, *The Word Militant: Preaching a Decentering Word* (Minneapolis: First Fortress Press, 2010), 146.
61 Hebrews 11:1 "Now faith is confidence in what we hope for and assurance about what we do not see."
62 W. Brueggemann, *Hopeful Imagination: Prophetic Voices in Exile* (Philadelphia: Fortress Press, 1986), 83.
63 C. J. Kaunda, "Sharing a Journey, Sharing a Story: The Missiological Hope," *The Expository Times* 131, no. 1 (2019): 5.
64 W. H. Vanstone, *The Stature of Waiting* (New York: Morehouse, 2006), 20.

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5 Practising in homelessness
A re-imagined approach

Having attained a more comprehensive appreciation of chaplains' needs and efforts to endure and thrive in their inhospitable work setting, explicated in the previous chapters, and having analysed the distinctive typologies of response to such a setting, it can be stated with confidence that the practice of chaplaincy can still be enhanced. The responses which the chaplains have been observed to make in their efforts to navigate their homelessness terrain, categorised in Chapter 4, have revealed that certain tactics adopted by the chaplains are more aligned with the values and orientation of the kingdom of God than others.

A response analysed in the previous chapter which is less firmly orientated towards the Kingdom values is the chaplains' assimilative efforts to gain institutional authority and peer acceptance through a shift in focus towards professionalisation. This assimilation is furthered by CPE's neutralisation of the theological distinctiveness of the practice. These responses have been demonstrated to be pragmatically and theologically problematic as they contribute to further marginalise the chaplains' role in the wider care team as well as to increase the risk of eroding the chaplain's vocational identity. These less desirable and potentially idolatrous tactics are found to take place parallelly to other responses which are grounded and fuelled by the Kingdom's values. These faithful responses were described in the previous chapter: lament, the courageous defiance of existing boundaries and expressions of trust in God through the posture of waiting.

A re-imagining of a transformed approach to better enable chaplains to fulfil their vocational calling, and to amplify the faithful responses to the homeless context, is therefore needed. This renewal in practice will be the focus of this chapter. Continuing with the perspective of practical theology to reimagine a transformed and more faithful practice, I will make proposals for refining chaplains' approaches to practising in homelessness. The aim of these proposals is to support and assist the chaplains in their ongoing quest to preserve and live out their vocational identity in their practice of delivering end of life spiritual care. The propositions offered in this chapter seek out ways where the faithful responses which chaplains are currently engaged in may be further encouraged and enhanced, and the less favourable tactics may be recognised and consciously moved away from. The goal is to re-orientate

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and re-commit towards a fuller alignment with God's ongoing redemptive work conceived from the renewed and clarified awareness and appreciation of the inherent theological dangers within the chaplaincy practice.

Pastoral supervision

One of the distinctive features of the chaplains' homelessness experience in their role is the profound distress from their defencelessness and aloneness as resident aliens. The orphan-like experience of rootlessness, not being able to find a sense of belonging in their host institution, is intensified by the estranged relationship of the chaplains with the Church. The chaplains' vulnerability and the related woundedness from enduring homelessness are further exacerbated by the absence of a safe and reliable haven where they may find refuge, share their experiences, have their voices heard, and be supported and spiritually replenished. This gap in the lack of a stable and familiar "home" accessible to the chaplains to attain shelter, nourishment, and respite for their ongoing exilic journey intensifies their vocational woundedness[1] and further impairs their ability for vocational regeneration and renewal.

The need for the chaplains to have a consistent and coherent means to intentionally reflect on the content and processes of their work is particularly indispensable, and it is, in fact, a means the chaplains crave. The acuteness of the chaplains' desire for a safe, boundaried space to explore, examine, and assign coherence to their experiences in their practice was first observed at the interview process as mentioned in the introduction of Chapter 2. The chaplains expressed a shared receptivity, eagerness, and gratitude to participate in the research and seized the interview as a longed-for opportunity to share their woundedness and challenges, which had previously found no place or given no time to be addressed or heard.

This gap can be bridged by the formal establishment of an intentional, safe space where chaplains can share experiences, reflect on their practice, and realign their identity and calling. Within the confines of the hospital setting, I propose that the practice of pastoral supervision can fill this gap and has the transformative potential needed to help chaplains endure the hardship of their environment. Pastoral supervision can be a means to empower chaplains to more faithfully navigate the homelessness terrain in their role.[2] The term "pastoral supervision"[3] was coined by Kenneth Pohly in 1977, who articulated a theology of supervision for the first time and presented "supervision as a pastoral art"[4] which equipped persons for ministry. Jane Leach and Michael Paterson furthered the concept to describe pastoral supervision as a relationship of collegial accountability between two believers who come together in an intentional and structured way to "give an account of their work, to explore their responses, review their aims and develop strategies and skills".[5]

In *A Practical Christology for Pastoral Supervision*,[6] Geoff Broughton divides the framework of pastoral supervision into four categories, which

mirror the different facets of the act of reflection that occurs during a pastoral supervision engagement. He observes that, in the existing practice of pastoral supervision, supervisory encounters proceed in a sequential manner. Firstly, the supervisee engages in an "ethical reflection", which is guided by the question "what should I do?" This initial consideration is followed by a "reflection on effectiveness", guided by the question "what enables me to do it well?" The first two steering questions concerning ethics and effectiveness are followed by a third prompting question to elicit an "existential reflection" in asking "what do I really want to do?" Broughton further observes that the current approach to pastoral supervision primarily focuses on these three sequential points of reflection "concerning ethics, effectiveness and existential desires".[7] Broughton claims that another type of focused reflection has been so far overlooked. This fourth type, "eschatological reflection", is steered by an eschatological concern and the question of "what is worth doing?" In order to deepen the existing theological reflection within the practice and to make supervision "truly pastoral where faith (and faithfulness) transforms compliance, hope triumphs over goals, and love transcends empathy",[8] Broughton argues that the fourth type of reflection should be included in the existing approaches so that the present focus on competence can be expanded "to become faith (specifically, faithful practice)".[9]

In this chapter, I will develop pastoral supervision as a key framework towards enhanced practice in chaplaincy with a potentiating effect in faithful responses to homelessness at work observed in the Hong Kong context. Despite the focus on Hong Kong, I am confident that these proposals for a renewed practice will find comparable resonance and transferability in other global milieus where sentiments of homelessness depicted in this book are similarly found. I will focus on four aspects of pastoral supervision that best reflect its potential impact in chaplaincy as a practice. Firstly, I will talk about the relational aspect of pastoral supervision, understanding the relationship between supervisor and supervisee as covenantal. This relationship forms the ground in which Broughton's sequential facets can occur. I will describe this relationship as one based on trustworthiness and mutual accountability grounded on the theological context of the Body of Christ. Secondly, I will present pastoral supervision as an act of oversight that allows for alignment of the chaplains' espoused theology with their operant theology, thus clarifying their vocational identity. I will then move to present a third aspect of pastoral supervision, this time as a vital Christian practice that fosters holiness in believers. In light of the distinctive challenges which chaplains are compelled to endure and cope with in their work context, as revealed from previous chapters, and in the process of the re-imagination to foster their endurance in faithful practice, I will develop a fourth aspect of pastoral supervision particularly pertinent and valuable to the chaplains' homeless ministerial conditions: pastoral supervision as healing. This additional property of pastoral supervision, which was not considered in Broughton's categorisation, is related to the healing potential within the supervisory process

which is acutely necessary to address the vocational injuries sustained in the homelessness encounters by the chaplains.

Pastoral supervision as a covenantal relationship

Pastoral supervision can have a profound effect on chaplains' resilience and fulfilment at work while also potentiate more faithful responses in their practice.[10] These effects, however, depend on the quality of the supervisory relationship which is the locus of needed growth and revelations. In order to cultivate and ensure the willingness and openness necessary for such transformative possibilities, the relational space shared between the supervisor and the supervisee needs to be characterised and experienced as safe, transparent, and mutually enriching. Jane Leach interprets Frances Ward's focus on the generous and kenotic aspects of pastoral supervision as related to H. Richard Niebuhr's covenantal relationship: a relationship depending on the "covenant love of God".[11] The covenantal relationship of God with humankind is featured frequently in the Old and New Testaments beginning with Adam (Genesis 3:14-19), followed by Noah (Genesis 6:17, 8:20-22, 9:1-7, 9:8-17), extending from the subsequent covenantal promises with Abraham, Isaac, and Jacob (Genesis 15, Genesis 26:4-5, and Genesis 35:9-15, respectively) to His final and complete fulfilment of all covenant promises in Christ (Matthew 5:17, Luke 22:20). In explicating the covenantal characteristic of pastoral supervision, Kenneth Pohly suggests that this characteristic is closely related to a New Testament understanding of the covenant, whereby the "covenant [is] committed to life rather than law".[12] He draws attention to the regenerative potential of this divine-initiated pledge, specifically to the difference of the new covenant established by Christ in the New Testament and its superiority over the old legalistic covenant. The "law-centred"[13] old covenant was inadequate in its ineffectiveness to bring about genuine transformation unlike the "life-centred"[14] new covenant which invites participants to take an active role in their participation with the Spirit of God. Pastoral supervision as covenant, therefore, refers to "the supervisory commitment to life and growth"[15] of the mutually dependent process between the supervisor and supervisee underpinning their unique relationship.

The crucial elements of safety and mutuality in pastoral relationships, which distinguish them from other engagements such as consultancy or counselling, are grounded on the theological context of the body of Christ. The hierarchical relational dynamics of "technical rationality"[16] in other contexts of supervision, where one party passively receives knowledge from another with presumed authority, are countered by the covenantal understanding of pastoral relationship. In this relationship, both the supervisor and supervisee stand before the same God within the body of Christ, and this shared understanding allows for the mutuality, humility, and trust vital for the success of pastoral supervision to be cultivated as the participants are reminded of their common humanity and their discipleship before their

other roles in the relationship. The equality and mutual dependence in the relationship allow for the safety and trust needed for collegial oversight and the discernment of God's leading and active presence with the chaplains as they engage with the harsh conditions of the complex context of homelessness. This mutuality and interdependence free the supervisor from falling into the temptation and pressure to be solution-focused. Rather, the role of the supervisor under the covenantal relationship attends to the supervisee and their struggle in ministry not through the dispensation of techniques or knowledge, but through the depth of their relationship and the atmosphere of hospitality where "every stranger and every strange utterance is met with welcome"[17] inviting the other to engage in "courageous conversation"[18] to go beyond the professional façade and to bring into the open deeper issues relating to their hopes and tensions, visions and fears encountered in the reality of their practice. The supervisor does this through attentive listening, stimulating reflection and discernment, striving to verbalise and portray the mystery and uncertainty which permeate the practice. They offer no neat and tidy solution or advice but, similar to Brueggemann's descriptions of the prophet Jeremiah, they "only try to stimulate, surprise, hint and give nuance, not more"[19] so that they may "leave many things open, ambiguous, still to be discerned after more reflection".[20]

For a successful, effective encounter of pastoral supervision, the supervisory relationship must be one of "trust, fidelity and emotional connection".[21] This collaborative relationship, a "working alliance",[22] is the basis on which "ethical reflection", "reflection on effectiveness", "existential reflection", "eschatological reflection", and healing can happen.

Supervising vision and vocation

A primary outcome of pastoral supervision is to facilitate the supervisee to see their practice within a broader perspective[23] and to attend to their vocational identity, which Leach and Paterson refer to as "vision".[24] The chaplains' vocational calling is a vision of the kingdom of God embodied by living out their dual citizenship in a setting that holds dissonant values to those of the chaplains. The alignment of the chaplains' professional role and vocational calling is constantly challenged in the homelessness reality of work, which affects the clarity in focus and direction of their practice. Pastoral supervision can be a proactive means to recover clarity in vision by reflecting "on the past in the present in order to improve the future".[25] The engagement of a structured ongoing reflection provided by supervision helps the chaplains face the continual fragmentary impacts of homelessness and to process the residual reverberations in their practice by promoting their development of practical wisdom, or *phronesis*. Ewan Kelly defines *phronesis* as "being the creative and discerning use of knowledge (including awareness of self) in the moment, acquired through ongoing reflective practice and engagement with a relevant evidence base informing practice".[26] Such an intentional turn

to examine and reflect on the reality of their ministry enhances the practical wisdom and re-connects and re-aligns the chaplains' vocational vision of the kingdom of God. It also holds the possibility of uncovering the more subtle, yet theologically significant, disconnect between the chaplains' espoused theology and their practice.

This detection of fracture between the chaplains' advocated theology and their working theologies is crucial for exposing any undetected and unaware modes of idolatry in their responses. As David Lyall points out, theological reflection is an exercise in personal integration of the emerging theological questions created by the complex reality at work.[27] He further observes that "the actual working theologies which drive our actions are shaped not by creedal statements (certainly not by creedal statements alone) but by our experience of life. Within each of us there is a continuous internal dialogue taking place as we seek to relate present beliefs to fresh experience, allowing the emergence of a developing theology".[28] The pertinence of unmasking inherent idolatrous responses through reflecting on the chaplains' operative theologies was also advocated by Lynch, who was concerned with the examination of the gap between the practitioners' verbalised theology expressed in their formal religious role such as preaching and their innate commitments and ideologies.[29] Jane Leach commented on Frances Ward's observation that responses generated in the messy reality of pastoral situations "shaped by our own fears and disappointments and drivenness, rather than from the redeemed place… [are] able to promote redemptive outcomes for others".[30]

In order to be able to distil, identify, and articulate the chaplains' vision and the disparities in their theologies, which underpin their responses at work, pastoral supervision facilitates the supervisees' ability to develop three kinds of seeing of an occurrence: noticing, wondering, and realising.[31] The skill to view an event with these three levels of seeing enables the person to discern the presence and guidance of God in their midst, promotes the development of *phronesis* in their current practice, and helps integrate the contradictions between the chaplains' self-interpretation of their explicit theology and their implicit meanings enfleshed in their practice. This framework of the three ways of seeing or witnessing an event is reflected in the three different usages of the Greek word for "seeing" in the gospel account of the discovery of the empty tomb (John 20:1-9). The first level of seeing is "noticing", which is reflected by the Greek word *blepo*, which was used to define Mary Magdalene's and John's attentive observation, without interruption, of the details in their discovery. Mary noticed the stone had been rolled away while John's attention was drawn to the linen wrappings on the ground. The second level of seeing is denominated "wondering" (Greek verb is *theoreo*) and is represented by Simon Peter's reaction to the same discovery in which he not only took note of the details at the scene but interpreted the event by constructing explanations following from his observation. The third level of seeing is "realising" where a deeper understanding of the theological truth has been arrived at. The Greek verb used in the narrative was *horao*, used

when describing John in verse 9, who "saw (*horao*) and believed". Leach and Paterson understood this attainment of realisation as "seeing in kingdom perspective".[32]

This renewed understanding gained by these fresh spiritual insights is the result of co-interpreting the supervisee's narratives of their experience within the broader horizon of the Christian story. Leach and Paterson understand this transformative process within supervision as generated by the supervisor's "threefold listening".[33] This distinctive task of the supervisor involves intently attending to the embedded, non-verbalised message and meaning held by the stories shared, and placing it in light of God's salvation story in order to elucidate God's intent in the supervisees' experience. Charles Gerkin proposed that for sincere transformation to take place in the complex and polyvalent dynamics of the "living human documents",[34] "the story behind the stories" identified through listening must be brought into dialogue with the gospel story of creation, incarnation, and redemption.[35] Gerkin argued that only when the chaplain's personal experience and the Christian story are truly connected could the chaplains be enabled to respond with transformed vision and freedom.[36] This new ability made available by the enriched perspective from the act of deep listening, discernment, and co-interpretation in pastoral supervision would enable the chaplain to integrate the unsettling incongruity sensed in their "script"[37] of their professed theology and the implicit meanings communicated in their responses.

Furthermore, the restorative potency which comes from such a mode of attending in pastoral supervision was further illuminated by Leach and Paterson[38] with the explicitly graphic image of restoration portrayed by the prophetic vision in Ezekiel 37:1-6.[39] Just as the life-giving message from God communicated by the prophet was able to breathe God's *ruach* and resurrect the dry bones of hopelessness and despair in ancient exile, so too can the same Spirit of God be invoked today, bringing new life into the homelessness experience of contemporary chaplains through the interpretative framework of the Christian narrative. Echoing the expression of Ezekiel, the ministry of co-interpretation in pastoral supervision is able to facilitate the restorative and redemptive transformation of the chaplains by enfleshing their individual experiences with the gospel story. This enables them to be receptive to being guided by God's enlivening call and to embody God's story more closely in their responses. This incarnate aspect of the chaplains' transformation from the disciplined and mutual patterns of relating in supervision is particularly helpful in the consideration of fresh ways to assist chaplains to identify and respond faithfully in the challenging circumstance of their practice.

In spite of the discernible needs and benefits of the implementation of the structured establishment of pastoral supervision to support and enhance ministers' practice, the discipline remains an emerging development[40] with limited bibliography[41] and is not firmly established as a sustained and familiar ministry. For example, despite the increasing recognition by a number of Christian denominations in the UK of the value in pastoral supervision for

supporting the wellbeing of their clergy, and the subsequent establishment of the Association for Pastoral Supervision and Education (APSE) in 2008, sustained efforts to foster this practice and research efforts on the topic remain lacking.[42] This is even more the case with chaplaincy, with a notable absence in the literature of specific attention to a need for pastoral supervision for chaplains. There are many possible reasons for this persistent absence in provision and one of the most commonly observed suggestions links this gap to the negative connotation of the involuntary nature of supervisory engagement in linemanagement: there, the supervisory relationship becomes perfunctory, the goal corrective, and the delivery prescriptive.[43] Other reasons for reluctance or suspicion which have hindered the development of the discipline revolve around the sensitivity to pastoral supervision to correlate with ecclesial oversight—with an authoritative figure such as the bishop overlooking, managing, and controlling one's ministry—or around the concern that the practice has been tainted by secular models of psychology or social work.[44] A further impediment to pastoral supervision advancement may be due to the lack of availability of trained individuals to capably take on this role. In fact, the distinctive skillsets and understanding of the purpose and nature of pastoral supervision critical to the effectiveness of the discipline are observed "as missing from the repertoire of many clergy".[45]

Pastoral supervision as a Christian practice

Pastoral supervision is not only a discipline pressingly needed by chaplains to navigate and cope with the challenges of homelessness at work, it is fundamentally a Christian practice which believers "need to do together over time to address fundamental human needs in response to the light of God's active presence for the life of the world".[46] The understanding of pastoral supervision as a Christian practice means that the discipline is no different from other treasured Christian practices such as the Eucharist, prayer and baptism, which are valued as gifts of the Church in "their propensity for fostering holiness",[47] enhancing Christians' intimacy with God and promoting the sanctification of believers to grow in Christlikeness.

The practice of pastoral supervision has long been recorded as a mode of enhancing faithful living in Scriptures, as can be observed in the biblical accounts of supervision based on God's covenantal relationship with His people. Throughout the Old Testament's history, judges, priests, prophets, and kings were assigned to oversee Israel and their responses to be faithful to the covenantal promises of God. The covenant is understood to be held in place by God's promises and the people's responses under the condition of accountability.[48] The biblical community of God, embodied by the people of Israel, lived in a pattern oscillating between faithful and unfaithful responses, cycling between brokenness and renewal in their relationship with God and was episodically brought to a realignment in their living by the accountability brought by the supervisory role of the prophets.[49] Similarly, in the New Testament, the

ministry of pastoral supervision, as related to Christ's example in oversight and shepherding of the apostles, can be exemplified in the Gospel of Mark 6,[50] where Jesus attended to the apostles' needs, purposefully carving out a space and time for them to be nourished through rest, food and the opportunity to reflect on their ministry in the company of Himself and other disciples.

This sense of mutual accountability within the body of Christ and the distinctive attention towards the supervisee's vision and vocation informing pastoral supervision distinguishes this practice from other professional supervisory engagements, making it a distinctive Christian practice. Pastoral supervision is therefore an essential part of Christian discipleship and, as Frances Ward observed, a commitment to continual learning and growth. Ward further explains the discipling function of engagement in pastoral supervision this way: "to be a disciple is to follow a path of life that calls for openness to change and a willingness to be transformed by the presence of a living God whose grace breaks through in the world. It is to see signs of the living God in the circumstances of life and ministry, to foster those signs so that others are empowered to flourish and build up the common life".[51]

Pastoral supervision as healing

The transformative potential in the engagement of pastoral supervision does not only encompass the improvement in the skillsets and abilities of the chaplains to deliver end of life spiritual care but further holds the redeeming possibility of restoration and healing for the chaplains. This renewal quality of pastoral oversight is especially pertinent for the chaplains in light of the ceaseless demand to navigate the inhospitable terrain of homelessness. The chaplains' ministry within the public hospital setting has been shown in the previous chapters to be subjected to the constant exposure to the strain and oppressive weight of homelessness such as constrictiveness, alienation, and minimisation. The burden of surviving and thriving in such an isolated and hostile work environment is further encumbered by the additional pressure from the chaplains' striving to live their vocational calling within the constant threat of losing their vocational identity. In order to faithfully and effectively minister to those in acute critical needs at the end of life while constantly battling and recovering from the frequent "vocational wounding"[52] requires a trustworthy and accessible system in place to address and attend to these cumulative injuries appropriately. Such wounding is deepened and sustained by the frequent expressions of hostility endured by chaplains, especially prevalent in the relational dynamics with the multidisciplinary team, as colleagues perceive the relevance of chaplains as "second rate".[53] Clear examples of marginalising behaviours related to this perception and the ambiguity attached to the role of chaplains have been comprehensively exemplified in Chapter 2. These examples collectively pointed to the chaplains' homelessness experience of disenfranchisement, rootlessness, and invisibility in their role.

However, the extensiveness of vocational wounding extends beyond the caustic remarks (Brenda, line 6) and the excluding behaviours denying the chaplains a place at the weekly multidisciplinary team meeting (Annie, line 12) or access to medical charts (June, line 7), but extends to reach the systemic institutional plane. As mentioned in Chapter 1, from the commencement of their practice in the hospital, the chaplains in Hong Kong are subjected to the prevailing impacts of vocational wounds beginning with the institutional decision to exclude them from being treated similarly to the rest of the healthcare staff: chaplains are not employed members of the hospital (only honorary members), they are salaried externally, and they do not partake of staff benefits.

The constrictiveness of the chaplains' homelessness experience in not having much of "a place to stand" (Stephen, line 27) together with their nominal honorary title reflects the precariousness of their marginalised position in the hospital. These wounding, alienating behaviours encountered by the chaplains at work attest unambiguously to the insignificance granted to the spiritual care specialist's role and the dimension of spiritual care which they represent, succinctly captured by Brenda's observation (line 455) that the professed vision of holistic end of life care merely exists "by name" but is not wholly integrated and embraced in the reality of implementation. Taking into consideration the pervasiveness of the homelessness conditions in which the chaplains are compelled to practise, a system to facilitate the attending to these various cumulative vocational wounds and a subsequent healing process are imperative for the chaplains' ongoing practice.

The safe and nurturing space created by the covenantal supervisory relationship is a suitable avenue to begin such a process of healing and recovery for the chaplains. The milieu of pastoral supervision encourages the chaplains to have courageous conversations[54] not only regarding the practical challenges in their ministry but also about more vulnerable personal struggles including those from vocational wounding. In the exhausting and isolated throes of having to face homelessness on a daily basis in the chaplains' practice, the knowledge that there is a safe, welcoming, and appropriate space awaiting them to debrief and process their experiences is the first step towards the direction of healing. The refuge of pastoral supervision has potent antidotal potential for the penetrating homelessness inflictions which chaplains tolerate in their work. The possibilities of such healing are innumerable, just as the depths and state of each chaplain's vocational wound resulting from a myriad of circumstances. Thus, it is possible that the characteristics of pastoral supervision—with its covenantal, reflective, and intentional growth-orientated purposes—not only promote ministering competencies, clarify theological and self-understanding, and deepen Christian commitment for the chaplains,[55] but the engagement further fosters the transformative growth of the chaplains and their practice through its inherent healing properties in attending to their vocational wounds.

The remediation from the supervisory relationship acts as an antidote to the specific causes of the detriment from homelessness encounters. For

example, the chaplains' experience of invisibility, inaudibility, and otherness from the institutional marginalising culture and behaviours can be attended to and begin to be restored by the safety, attentiveness, and acceptance created in pastoral supervision. Through the encouraging and supportive facilitation of the supervisor within the trustworthy covenantal relationship, the chaplains are led to re-discover their voice as they share their narrative in ministry. The welcoming and attentive receptivity within a supervisory relationship acts as a soothing balm applied to the chaplains' throbbing vocational wounds, restoring their sense of wholeness, at the same time as it enhances the chaplains' ministerial competencies and theological commitment. Through the intentional provision of a dependable and appropriate avenue in pastoral supervision, the chaplains are invited to have their full experience from their practice unburdened, reflected on, and they can heal and be empowered through the transformative process to re-discover and to enact on faithful responses in their ministry.

Enhancing faithful responses through pastoral supervision

With all its benefits for the chaplains' maintenance of vision and vocation and a dependable alignment of their espoused theology and their operant theology, pastoral supervision can be a key aid towards encouraging faithful responses to the homeless context in which chaplains practice. As was analysed in Chapter 3, one of the main factors that has contributed to sustaining the chaplains' marginalised status in their work context is related to the difficulty of establishing the worth or value of the chaplains' role in spiritual care. The elusiveness of the protean concept of spirituality and its care has made it challenging for chaplains to justify and demonstrate their contribution to patient care and the other benefits their role brings to the overall hospital system, thus leading to an experience of role ambiguity that further complexifies the homeless aspects of their practice. A correct provision of a pastoral supervision structure can enable the chaplains to be more confident and capable to clarify their currently ambiguous role and professional relevance to the healthcare institution in which they are embedded.

This confidence can aid chaplains to not only define their role but also contribute to developing a capacity to critically assess their work. As stated above, a capacity for self-evaluation and reflection is necessary for chaplains in general, but specifically role ambiguity showcases the necessity for an ability to evaluate and to account for their performance in the reality of ministering in the secular, outcome-targeted healthcare model. Stephen Pattison and James Woodward have observed the pressure exerted on UK hospital chaplains for formal evaluation abilities in recent years and have advocated for the value of such a development for chaplains.[56] This externally imposed pressure to improve on the ability to critically assess and demonstrate the chaplains' worth at work stands beside the need to assess the necessity for realignment of the chaplains' espoused theology and how they embody this

theology in practice. The critical skills for self-evaluation are therefore paramount both for fulfilling institutional expectations and for the fulfilment of the obligations of pastoral ministry.

Such enhanced skills are therefore fundamental for enhancing confidence in chaplains and thriving in their practice, but most importantly, they can also impact how chaplains respond to the conditions of their ministry. Through the sharing, reflection, and mutual support in the safe space created in pastoral supervision, the ministers are able to re-integrate their experience through the lens of the gospel story and to be re-orientated from their disorientating and disordering chaos of the homelessness work setting. Furthermore, the engagement of pastoral supervision is also able to boost the chaplains' ability to evaluate and describe the benefits of their contribution to patient care and the hospital. The ability to evidence their worth, the clarification of their vocational identity, and the open acknowledgement of the pressures and tensions of their practice, among other benefits of pastoral supervision, encourage faithful responses from the chaplains to the conditions of the practice. In the previous chapter, the chaplains have been shown to respond in different ways to the tense, alienating circumstances of their work: pushing for assimilation; despairing, which in some cases is processed through the action of lament; proactively challenging and striving to disrupt the present boundaries of their role in the hospital; and active waiting. The realigning and transformative power of pastoral supervision will have an impact on some of the observed responses. Furthermore, the repertoire of the chaplains' faithful responses may be broadened to involve the adaptable and creative negotiation of space and practices for spiritual care in the public domain, and to make theology, which is at this time a "curiously neglected discourse"[57] in healthcare, more audible and spiritual care more visible in the healthcare context.

Defying existing boundaries

Through ongoing mutual accountability, reflection, and co-interpretation facilitated by supervision, the chaplains are empowered in different ways, but the benefits from these intentional engagements all come together to promote and support them in making choices informed and guided by a clearer understanding of their practice. One such ways in which pastoral supervision enhances faithful responses is through improving the chaplains' confidence in their vocational identity and their ability to articulate, present, and justify their unique professional contribution and relevance. The supervisory relationship characterised by safety, trustworthiness, and acceptance is a refreshing and welcomed break from the alienation, minimisation, and critical hostility permeating the homelessness conditions in which chaplains are immersed at work.

The supportive framework of the supervisory relationship allows for and encourages the chaplains to not only begin the process of attending to

and healing from the wounds sustained in homelessness but also invite the chaplains to reflect on and evaluate their practice in an honest and receptive manner. The discipline of supervision continually stimulates the deliberation of the chaplains' vocational experience. In addition to this opportunity for self-evaluation, it creates the space and time to verbalise and explore some of the prominent facets of their experiences such as their struggles, confusion, joy, and thankfulness. This enriched proficiency to profess and to justify their vocational role is one of the outcomes from the process of supervisory engagement and serves as the underlying impetus sustaining the various faithful responses of the chaplains. The constantly renewed strengthening of and confidence in their vocational identity gives a solid foundation for the courageous response to disrupt existing entrenched barriers which diverge from this freshly distilled and confidently owned identity. Through these regular emboldening occasions provided in supervision, the chaplains can re-discover their voice, which has been persistently muted by homelessness, and are nurtured to develop their professional confidence and the vocational courage needed to navigate and respond to the work context in a more faithful and creative manner.

Waiting

In the previous chapter, three modes of waiting were identified from the chaplains' practice of delivering end of life care, specifically: waiting for the opportunity to begin their care delivery with the patients, waiting with the care recipients, and waiting for God. Out of these three identified forms of waiting, only the latter mode of waiting for God can be considered to be a decisive and faithful response enacted by the chaplains in the context of the homelessness working conditions. This mode of waiting is faithful because it is an expression of the chaplains' inherent trust in God and understood as a means to participate with God's active presence in confident expectation in spite of the unpredictable and hostile conditions at work. In the decision to wait for God, the chaplains embrace a "hopeful imagination"[58] fuelled by the Christian virtue of hope, and this decision further acts as an antithesis to the other less faithful responses in assimilation and despair.

The response of waiting for God in active anticipation can be enhanced by the engagement of pastoral supervision. This enhancement is connected to the discipline of purposeful reflection within the theologically grounded framework which has already been argued to contribute to vigilance against unfaithful responses such as idolatry. The act of reflection serves to enrich and clarify the chaplains in their vocational vision, allowing them to stand firm in their role with the kingdom's vision and values at the forefront of their mind at all times. The response of waiting is profoundly counter-cultural, especially in the context of the efficiency-driven and outcome-orientated medical world in which the ministry of chaplaincy is embedded. The pressure to demonstrate professional worth and relevance is acutely sensed

by all employees within the medical institution, including the chaplains. The weight of this burden to justify their worth is intensified by the elusiveness of the nature of spiritual care and the diminishing interest in participation in institutional religion, sustaining the foreignness of the role of the chaplain. To determinedly choose to not rely on oneself—frantically exhausting all options and avenues with one's own power and resources so as to minimise or transform the experience of homelessness—but instead choose to trust and wait for God's perfect timing requires the support of pastoral supervision.

Lament

In the section below, I will analyse how pastoral supervision can help chaplains steer away from unfaithful responses. One such type of response is that of despair, which was a common occurrence observed in previous chapters. However, there is an aspect of despair that also featured in the chaplains' response to homelessness, but which is in fact a faithful response: lament. The disequilibrating circumstances of homelessness continually deplete the chaplains' physical, emotional, and spiritual reserves to the point of despair manifested in their feelings of bewilderment, disappointment, dismay, and surprise. However, through the intimate process of lament when the chaplains are able to, like a faithful prayer,[59] pour out their complaints and struggles with God authentically, they are re-orientated to a new equilibrium.

Not only does pastoral supervision possess the capacity to prevent chaplains from plunging into the distressing and unfavourable experience of despair through the supportive and nurturing relationship of the engagement, the practice also has the potential to bring relief to those who are already in the throes of despair by the facilitation of lament. Through the structure and process provided in pastoral supervision to empower the chaplains in their vocational role, those who find themselves emotionally and spiritually fatigued and struggling with self-doubts, loneliness, and hopelessness in their practice are offered the opportunity to be supportively ushered through the different stages of lament. In the course of the authentic, theologically reflective engagement within pastoral supervision, the chaplains are guided and accompanied through the state of disorientation correlating to the response in despair towards the new equilibrium of re-orientation where there is a renewed recovery of hope and strength to persevere in their practice faithfully. This seismic shift in the chaplains' understanding and perception of their struggles from the depths of hopelessness to a renewed sense of purpose and zeal can be potentiated through pastoral supervision whereby the chaplains are invited to honestly and courageously share their struggles including self-doubts, frustrations, and even anger within the safety of the covenantal relationship.

The transformative opportunity purposefully created by the discipline of pastoral supervision has been demonstrated to be enormously beneficial to the enhancement of the chaplains' ongoing faithful practice. Through the

facilitation of authentic sharing, theological reflection, and mutual encouragement offered in pastoral supervision, the chaplains are guided and supported to continually respond to their circumstances in ways that are in line with the Kingdoms' values and that remain integral to their vocational calling. In addition to this, the engagement of pastoral supervision may also aid to encourage and further equip the chaplains to continually seek out other yet-undiscovered faithful responses on an ongoing basis to effectively and faithfully cope with the ever-changing landscape at work.

Steering away from unfaithful responses

As we have seen throughout the chapter, besides the value in fostering the crucial competence of the chaplains to express their vocational worth and relevance, pastoral supervision further contributes to the enhancement of faithful practice. This enhancement comes from different features inherent to the engagement in pastoral supervision, such as healing, confidence-building, vocational identity realignment, and purposeful self-reflection. Specifically, the examination that occurs in pastoral supervision engagements focuses not merely on the responses themselves but further explores and sifts through the underlying motivations steering these actions to ensure that they are aligned with the Kingdom's values. In other words, through critical theological reflection facilitated in pastoral supervision, the chaplains are equipped to stand firm and avoid unwittingly falling into unfaithful practices by evaluating their work under the revealing light of the Word in the Christian story.

This need for evaluation through self-reflection in relation with the hard circumstances of ministry could already be seen by the fourth century in the work of John Chrysostom, who counselled pastors forewarning them of the hazardous nature of the trials of ministry being dangerous and testing of their souls.[60] Purves echoes Chrysostom in further advising pastors, charged to be accountable to God and His people, to make an examination of their morality a high priority.[61] Chrysostom urged the pastors to attend to their personal moral development, paying particular attention to "guard[ing] against ambition and examin[ing] ourselves carefully to prevent a spark of it from smouldering anywhere unseen".[62] This cautionary advice resonates with contemporary chaplains' practice in their trials of homelessness. In order for the chaplains to be enabled to guard their souls and to attend to their moral maturity so as to have the spiritual strength to bear the trials of ministry faithfully, there needs to be an ongoing structured and accessible provision (for chaplains and other pastoral workers) to support this crucial need. The formation of moral maturity which Chrysostom advocated is not comparable to the spiritual formation which is part of the theological teaching of seminary training because "morality in one's behaviour is something to be learned and which one must work hard to maintain".[63] If Chrysostom and Purves are indeed correct, then moral piety can be safely understood to be an ongoing and intentional discipline which cannot be assumed to be

ever completed but must be approached as a mode of lifetime learning and development. Thus, the occasions for the most fruitful education for personal moral development are found not in the theoretical and neatly contained curriculums taught in seminary nor can it be assumed that moral growth is sufficient and finalised at the end of graduation. Rather, the hard work of persevering in and prioritising the growth of moral maturity can only take place in the complexity of the ministers' lived experience in practice. It is in this ongoing commitment that pastoral supervision plays a key role, as seminary training is only able to introduce the concept of the vocational need in moral piety and to initiate and lay the foundation for the essential practice of self-examination, but it is inadequate to ensure that this crucial component in the ministers' formation can be considered to be finalised. Below, I will argue that it falls within the responsibility of the church to provide such an ongoing structure for the lifelong development and examination required for ministers including chaplains.

Pastoral supervision and assimilation

In the previous chapter, a key response for chaplains to the homeless conditions of their work was recognised as "assimilation". Due to the constant pressure of marginalisation resulting from the diminishing perceived relevance of the chaplains in the hospital setting in addition to the alienating experience with the church, the chaplains become engaged in a series of assimilative movements, partially aligning themselves to the general values of the work context. This has a profound effect on their pursuit of their ultimate goal—the facilitation of homeful encounters—as they shift their efforts eagerly towards gaining acceptance and recognition from the healthcare system. I have formerly related such assimilation to the danger of a loss of vocational identity and the further alienation of the chaplains' distinctive role from the wider multidisciplinary team. However, the true insidious response to homelessness that stems from the integration of these assimilative practices is one of idolatry. As remarked before, behind the chaplains' understandable endeavour to creatively and proactively seek out ways to endure and thrive in the homelessness work setting lie inherent theological and pragmatical danger, particularly that of idolatry, requiring continual vigilance and discipline to examine and unmask its insidious presence. The chaplains' assimilative efforts to build coalition with their host institution are motivated by a desire to move from the current position of powerlessness, vulnerability, and rootlessness to a position with more access to power and privileges. Such a shift in focus to gain commonalities and allegiance with the dominant institution warrants prudence, especially bearing in mind Athanasius' warning about the delicate relationship between earthly power and idolatry. As seen in Chapter 3, Athanasius further advised of the imperative need to examine and ground present practices within the interpretative framework of the heavenly kingdom to avoid the temptation of idolatry. Athanasius'

wise caution remains acutely relevant in the present and especially pertinent to the chaplains' ministry in the homelessness context. The inherent idolatrous possibilities hidden in the strategies to navigate the relentless demanding work setting are not only confined to the concession of theological values but extend to a shift in allegiance where God is displaced from the centre to the margin. Idolatry, therefore, is a key unfaithful response to homelessness against which chaplains must guard by an ongoing careful and disciplined theological reflective practice so as to unearth, examine, and revise the underlying motives and assumptions driving the chaplains' commitment and responses in their practice.

Pastoral supervision is an ideal platform to help in the process of safeguarding the chaplains in their creative endeavours to cope in their ministry, while remaining vigilant against the unfaithful practice of assimilation and related idolatry. Through intentional and disciplined theological reflection within the engagement of pastoral supervision, the chaplains are led to examine and sift through their practice including the underlying desires and intentions under the light of the Gospel.

Pastoral supervision and despair

Besides alerting and guiding the chaplains away from assimilative responses with inherent idolatrous potential, the process of pastoral supervision is also able to help deter another mode of chaplaincy response which has been previously identified as unfaithful: the emotional state of despair. As seen in Chapter 4, the chaplains' experience of despair is an understandable reaction and is symptomatic of the costly toll of having to daily bear up and overcome the unceasing antagonism in the homelessness work setting. In the response of despair, the chaplains become demotivated and paralysed from the prolonged exposure to the experience of fatigue, hopelessness, and vulnerability at work. As previously mentioned, the response of despair is not identical to the condition of burnout but is a distinctly theological phenomenon. The distress and anguish of the chaplains in despair are caused not by job stress, which is a primary trigger for burnout, but rather by the chaplains' perceived powerlessness to effectively bring relief to their care recipients, especially in comparison with their healthcare colleagues. In contrast to the response of assimilation by which chaplains risk compromising their allegiance to God through eager action to gain authority and power, the response of despair is undesirable in their inaction and resignation, failing to seek out new ways to effectively live out their vocational role fully and faithfully.

Pastoral supervision could be an effective means to steer the chaplains away from this unfavourable response. It could also be used to help those already in the throes of despair to become empowered and to rediscover new strength and zeal to "sing a new song".[64] The process of pastoral engagement is able to effect this revitalising and empowering potential through the safe and nurturing space created in the covenantal supervisory relationship

allowing for and inviting the chaplains to share their experiences including their struggles with self-doubts, disappointments, frustrations, and fears from their work encounters. Having the appropriate avenue to honestly and openly articulate these underlying concerns is the first step to prevent the depleting emotions from taking root and festering. This also prevents the chaplains' emotional, cognitive, spiritual, and physical energy reserve from being consumed and thus may help avoid associated feelings of despair.

Through the safe and inviting space of the supervision process, the chaplains are led to share, examine, and co-interpret the different experiences within the theological framework and the supportive presence of the supervisor. In addition to the reenergising possibility described above, there is a further function to the safe and boundaried supervisory space which is especially valuable when addressing and forestalling the experience of futility, resignation, and frustration infusing the chaplain's response of despair: creative contemplation. This feature of pastoral supervision, which is capable of attending to the disheartening experiences of despair, deeply resonates with the image of the "safety net"[65] used by Frances Ward to describe the "reassuring sense of confidence"[66] provided by supervision. Ward understands that security is instrumental for the necessary exploration and challenging learning to take place in supervision. She highlighted not only the competence feature of the safety net designed to securely catch and support high-wire artists when they lose their balance falling from dangerous heights to prevent them from harm but also drew attention to the "fun"[67] aspect of the net. The enjoyable, exciting, and creative qualities of the safety net led Ward to deem it a "glorious trampoline".[68] As such, the net is not only a safety device but also an opportunity "where one can bounce and bounce and then lie still and contemplate the wire high above, for a time quiet and swaying gently, with the opportunity to think about new movements, new combinations, different techniques, working relationships".[69] The playfulness of this image of pastoral supervision, in addition to the security and the reassurance it provides, would enable and encourage chaplains to creatively and boldly explore, pause, contemplate, and wonder from an alternate perspective in an environment without pressure and imposed constraints.

Such a seemingly light-hearted approach to the traditional understanding of pastoral supervision as a tool to enhance competence may seem counter-cultural and even counter-intuitive in the context of the efficiency-driven and evidence-oriented medical world. Yet, the expansiveness, courage, and creativity of lateral thinking provided by the playful aspects of pastoral supervision, seemingly at odds with the work culture, are needed for the reimagination of a fresh and faithful practice and may be stimulated and brought forth within the secure, thought-provoking and encouraging supervisory space. The playfulness aspect of pastoral supervision echoes the "odd and vulnerable counter-force"[70] which Brueggemann used to describe the "counter-cultural operation"[71] of the role of family to subvert the dominant values of the secular world, which opposes our faith. In the same way that

the impact of the social space which is the family relies not on its forceful, intimating power but on its "day-to-day access at the crucial nurture points of hurt and amazement",[72] the regenerative potential of pastoral supervisory encounters relies on the playfulness and security offered by the boundaried supervision space. The supervisory space acts as "an area in which deliberate and intentional alternatives are articulated and practiced"[73] to engender and renew the chaplains' zeal and resourcefulness, countering their stifled creativity and vitality from the impacts of homelessness work setting, and thus helping to steer them away from the unfaithful response of despair.

As we can see in this section, the potential of pastoral supervision extends beyond the ability to enhance the chaplains' vocational competence and confidence, deepen their theological commitment, and strengthen their ability to make faithful responses on an ongoing basis. Pastoral supervision also plays an essential role in steering the chaplains away from taking up unfaithful responses by guarding against the insidious presence of idolatry and the resignation of despair. In the safe mutuality of the supervisory space, the chaplains can be supportively led to share and audit the various responses shaped by their hidden motivational drivers so as to identify and expose the occurrence of unfavourable responses. With the resulting renewal of vocational clarity, passion, and insights from pastoral supervision, the chaplains can then be guided away from unfaithful responses and turn towards more faithful practices, re-orientated to press "toward new, dangerous, imaginative possibilities".[74]

The role of the Church in pastoral supervision

As an integral Christian practice that fosters holiness and one which is at the core of Christian discipleship, pastoral supervision has surprisingly been left outside of the management scope of Christian institutions. In spite of the Church's corporate calling to nurture discipleship through ecclesiological oversight, the specific form of discipleship which is pastoral supervision has been neglected and underdeveloped. This neglect is evidenced by the lack of efforts to design and promote frameworks to make pastoral supervision available to all types of ministers, including chaplains.[75] The absence of clear priorities towards fostering the practice of mutual accountability and transformation through pastoral supervision inevitably contributes to the disaffiliation of certain pastoral ministries, such as chaplaincy, from the Church's theological heritage.[76] There are further consequences from the lack of provision of pastoral supervision in general but, specifically in regard to the ministry of chaplaincy, there is a noticeable estrangement between the chaplains and their spiritual "home" of the Church and a loss of Christological emphasis and pastoral authority in the contemporary spiritual care provided by chaplains.[77] Purves emphasises W. J. Lowe's comment on present-day spiritual care that "one hears a great deal about the spiritual, but remarkably little about Christ — or even about the Holy Spirit".[78] This alarming pattern of

"the eclipse of Jesus Christ from pastoral care"[79] is further reinforced by the influence of CPE as well as other assimilative responses made by the chaplains to cope with the inhospitable work circumstances, as detailed in the previous chapter. CPE's push away from the Christological foundation of care provision towards an experience-based and psychology-informed approach places the chaplains in a precarious position, separated from the possibility of the protective oversight of their "home" church with her rich theological resources, and disables any chances for mutual accountability and the transformative renewal from pastoral supervision to identify, explore, and re-discover more faithful responses in their practice.

The demanding pastoral work of ministers, including chaplains, in the complex circumstances of the secular world necessitates for them to have certain distinctive qualities cultivated within their characters, marking out their actions to be steered by wisdom and "situational discernment".[80] Andrew Purves underscores the prerequisites for the faithful practice of the present-day pastoral ministry by citing Gregory the Great to highlight the significance and dual obligations of the minister to attend to their own ongoing theological, professional, and moral maturity as well as to apply "personal accountability for this maturity through rigorous self-examination of conscience".[81] The complex and challenging task of delivering Christian spiritual care involves more than knowledge and learnt techniques, but this practice of self-examination must engage virtues in addition to skills.[82] This supplementary requirement for those involved in pastoral care to possess qualities of character, which can appropriately be described as virtuous or as displaying moral maturity, places emphasis on the necessity to ensure their continual cultivation. For this continual development to occur, an intentional commitment to regularly help develop the skills and cultivate the virtue of the chaplains and other ministers involved in pastoral care is paramount. To this end, the formation and support of pastoral ministry cannot be terminated at the end of seminary training, and provisions for continuous formation must exist throughout the chaplains' professional life. To enrich the skillsets and theological knowledge of the seminary-trained ministers to competently navigate the crucible of the modern homelessness healthcare system, there cannot be a shortage of attention and efforts to inspire, shape, and support the development of these worthy inner qualities of the ministers.

The Church as the Body of Christ has been mandated through the Great Command (Matt 22:37-40) and the Great Commission (Matt 28:19-20) to be His hands and feet to serve the earth. Throughout church history, the mandate has served to underpin the church's self-understanding in her role, directing ministries towards evangelism, discipleship, worship, and mission.[83] While sustained efforts and attention are devoted to these ecclesiological offices, be it to reach those outside of the church with the gospel message or to foster holiness in the lay members within the church, there is a disproportionate neglect and underdevelopment in focused consideration towards nurturing the ministers themselves.[84] This lack of provision of a structured

system governed and sustained by the church to nourish, support, and continually develop the ministers, thus helping them to cope with the constantly evolving demands in ministries and to cultivate the essential qualities of personal and professional character, is reflected in the absence of pastoral supervision available for ministers, including chaplains. Kenneth Pohly commented on the church's inattention to her responsibility to create suitable supervisory programmes to clarify the unique role of ministers and to build up their pastoral identity. He further urged and challenged the church to resume her responsibility rather than "delegating it to other professionals or a specialized minister outside its own structure".[85] This negligence of the church as the Body of Christ to care for the caregivers impacts not only the ministers' growth and ability to serve the world faithfully, but it inevitably undermines the Body's vitality and effectiveness to embody, reflect, and magnify Christ's kingship on earth. It is therefore paramount for the church to re-examine her commitment to the formation and continual nurturing of her ministers, including the chaplains, by providing the safe haven from the turbulent and inhospitable world outside of the ecclesiastical institution. In this haven created by regular, high-quality, pastoral supervision encounters, the ministers can be welcomed home to pause, ponder, reflect, and be renewed and empowered to continue serving the world as hands and feet of Christ. Pohly furthered this passionate appeal for the church to re-direct attention and committed efforts to develop this practice, stating that the context of the church is one "in which supervision is not only appropriate but also demanded".[86] Therefore, it is fundamental for the potential of a transformative renewal of the practice of chaplaincy that the church begins to re-direct her attention and to potently re-invest her wealth of theological inheritance onto the ministers through the Christian discipline of pastoral supervision.

In light of the profoundly wounding reality of homelessness in which the chaplains practice, the Church's persistent neglect in attending to the chaplains' complex and evolving needs intensifies and contributes to their struggles to cope with and to respond to the onslaught of demands in their practice faithfully. The Church's passivity in their lack of determined efforts to advocate for, attend to, and invest in the chaplains and their needs may not seem harmful at first glance, but upon deeper reflection, is profoundly problematic and further intensifies the chaplains' existing wounds sustained from their practice in homelessness. By not actively seeking ways to care for, understand, listen to, welcome, and stand with the chaplains in challenging the dominant values and corresponding behaviours of the hospital system, the Church is helping to perpetuate harmful behaviours and inadvertently condoning the unjust inflictions of homelessness sustained by the chaplains. The Church's ongoing detachment may be interpreted as silent consent with the dominant secular views and treatment of chaplains. As long as the Church continues to adopt an aloof stance in relating to the chaplains and their needs, the chaplains will remain powerless, vulnerable, disenfranchised, and their role remain irrelevant and dismissible. In

other words, in the Church's persistent inaction and failure to acknowledge the reality of the chaplains' struggles, she plays a role in contributing to and perpetuating the toxic environment in which homelessness is able to flourish.

Conclusion

The analysis and reflections undertaken in the previous chapters have revealed that the homelessness conditions of the public hospital context in which the chaplains are called to practice present them with enormous difficulties. The continual exposure to and immersion in the hostile and alienating work setting acutely impacts the intactness of their vocational identity and further undermines their ability to practice faithfully. This is only worsened by the absence of a supportive structure in place to assist the chaplains in their ongoing work. In order to endure and thrive under such unfavourable influences, the chaplains have adopted various approaches in their practice with some responses more fully aligned with the Kingdom's values than others. In this chapter, I have endeavoured to seek out a renewed approach to chaplaincy practice where the faithful responses which chaplains are currently engaged in may be further encouraged and enhanced, and the less favourable tactics may be recognised and consciously moved away from.

Towards this aim, I have argued that a framework of support for chaplains would have a positive effect on chaplains' professional life and would result in a renewed practice. I have proposed that, concretely, the Christian practice of pastoral supervision is able to fulfil this critical need by empowering the chaplains to develop their resilience and enhance their vocational fulfilment in order to endure the hardship of their environment. In this chapter, I have developed pastoral supervision as the key support framework that would potentiate faithful responses to homelessness at work. I have focused on four aspects of pastoral supervision that best reflect its transformative potential for chaplains' practice: the covenantal supervisory relationship, clarification of vocational identity through the re-alignment of the chaplains' espoused and operant theologies, pastoral supervision as a Christian practice, and pastoral supervision as healing. Through ongoing mutual accountability, reflection, and co-interpretation facilitated by supervision, these four key aspects from the intentional engagement of pastoral supervision have the potential to all come together to promote and support the chaplains in making choices informed and guided by a clearer understanding of their practice.

I have further argued that the establishment and ongoing provision of pastoral supervision should be taken up by the Church and granted comparable priority to other treasured Christian practices to foster holiness within the Body of Christ. I join in with Pohly in his appeal for the Church to re-direct attention and committed efforts to re-invest her wealth of theological inheritance onto the chaplains and through pastoral supervision to continually support and equip the chaplains to practice faithfully.

Within the scope of this chapter, my purpose is to focus on raising the concern and awareness of the pressing need for the Church to take up a more proactive role to continually nurture and equip the chaplains as they practice in the homelessness terrain through the ecclesiological oversight of pastoral supervision. I have brought attention to the many benefits that such a framework would offer to the practice of chaplaincy and have argued that pastoral supervision could remedy many of the disheartening and theologically conflicting tensions present in chaplaincy. With this reflection, I hope to provide a new discussion ground in which stakeholders—chaplains, the Church, hospital authorities—could come together to find the mechanisms, space, and willingness to develop pastoral supervision as an integral part of chaplaincy.

Notes

1 In M. Paterson, *Between a Rock and a Hard Place: Pastoral Supervision Revisited and Revisioned* (Independently Published, 2020), (no page numbers), Paterson used the term "vocational wounding" to refer to the struggles ministers have in finding ways to express or reconcile their "deep underlying motivation" with the demands of their role and the work context.
2 Proposals for forms of regular supervision for healthcare chaplains have already been brought forward by some institutions, such as the UK Board of Healthcare Chaplaincy. See more at https://www.ukbhc.org.uk/for-professionals/supervision/.
3 K. H. Pohly, *Pastoral Supervision: Inquiries into Pastoral Care* (Houston: Institute of Religion, 1977).
4 K. Pohly, *Transforming the Rough Places: The Ministry of Supervision* (Eugene: Wipf and Stock Publishers, 2016), xiv.
5 J. Leach and M. Paterson, *Pastoral Supervision: A Handbook* (London: SCM Press, 2015), 1.
6 G. Broughton, *A Practical Christology for Pastoral Supervision* (Abingdon: Routledge, 2021).
7 Broughton, *A Practical Christology*, 2.
8 G. Broughton, "What Is 'Pastoral' about Supervision? A Christological Proposal," *St. Mark's Review* 254 (2020): 10.
9 Broughton, "What Is 'Pastoral' about Supervision? A Christological Proposal," 14.
10 While the literature on pastoral supervision utilised in this chapter uses this term within the context of general ministry, the difficulties and benefits associated with pastoral supervision can be translated to the specific mode of ministry of chaplaincy. Throughout this chapter, I will interpret pastoral supervision in chaplaincy under the light of the literature's insights for ministerial practice.
11 J. Leach, "Pastoral Supervision: A Review of the Literature," *Contact* 151, no. 1 (2006): 39.
12 Pohly, *Transforming*, 141.
13 Pohly, *Transforming*, 142.
14 Pohly, *Transforming*.
15 Pohly, *Transforming*, 143.
16 Reverend G. Harrison, "Towards a Collaborative Model of Pastoral Supervision," *The Journal of Health Care Chaplaincy* 11, no. 2 (2011): 25.
17 P. J. Palmer, *To Know as We Are Known: Education as a Spiritual Journey* (San Francisco: HarperSanFrancisco, 1993), 74.
18 Paterson, *Between a Rock* (no page numbers).

19 Brueggemann, *Hopeful Imagination*, 24.
20 Brueggemann, *Hopeful Imagination*.
21 M. Carroll, *Effective Supervision for the Helping Professions* (Los Angeles: SAGE, 2014), 18, as quoted by Broughton, *A Practical Christology*, 21.
22 Broughton, *A Practical Christology*.
23 In Latin, *super* denotes "over and above" and *videre* (the verb for the English word "vision") means "to see". Supervision thus suggests an over-seeing or a view from above. Paterson, *Between a Rock* (no page numbers).
24 Leach and Paterson, *Pastoral Supervision*, 12.
25 Leach and Paterson, *Pastoral Supervision*, 13.
26 E. Kelly, "Risking the Embodied Self: A Theology of Presence in Pastoral Supervision," in *Enriching Ministry*, eds. M. Paterson and J. Rose (London: SCM Press, 2014), 40.
27 D. Lyall, *Integrity of Pastoral Care* (London: SPCK, 2001), 37.
28 Lyall, *Integrity*.
29 G. Lynch, *Pastoral Care & Counselling* (London: Sage, 2002).
30 Leach, "Pastoral Supervision," 45.
31 As categorised by E. Kelly, "Translating Theological Reflective Practice into Values Based Reflection: A Report from Scotland," *Reflective Practice: Formation and Supervision in Ministry* 33, no. 1 (2013): 249. Expanded further in Leach and Paterson, *Pastoral Supervision*, 63–66.
32 Leach and Paterson, *Pastoral Supervision*, 67.
33 Leach and Paterson, *Pastoral Supervision*, 168.
34 A. T. Boisen, *The Exploration of the Inner World: A Study of Mental Disorder and Religious Experience* (New York: Harper and Brothers, 1936), 185; A. T. Boisen, *Problems in Religion and Life: A Manual for Pastors* (New York: Abingdon-Cokesbury Press, 1946), 5.
35 C. V. Gerkin, *The Living Human Document: Re-Visioning Pastoral Counseling in a Hermeneutical Mode* (Nashville: Abingdon Press, 1984), 18, 241, 248, 255.
36 C. V. Gerkin, *An Introduction to Pastoral Care* (Nashville: Abingdon Press, 1997), 112.
37 Leach and Paterson, *Pastoral Supervision*, 169.
38 Leach and Paterson, *Pastoral Supervision*, 165–76.
39 "The hand of the Lord came upon me, and he brought me out by the spirit of the Lord and set me down in the middle of a valley; it was full of bones. He led me all round them; there were many lying in the valley, and they were very dry. He said to me, 'Mortal, can these bones live?' I answered, 'O Lord God, you know.' Then he said to me, 'Prophesy to these bones, and say to them: O dry bones, hear the word of the Lord. Thus says the Lord God to these bones: I will cause breath to enter you, and you shall live. I will lay sinews on you, and will cause flesh to come upon you, and cover you with skin, and put breath in you and you shall live; and you shall know that I am the Lord" (Ezekiel 37:1–6).
40 Leach and Paterson illustrated this idea in Leach and Paterson, *Pastoral Supervision*, 2, by pointing out that in the UK, the Association of Pastoral Supervisors and Educators (APSE) was launched only in 2009.
41 Paterson, *Between a Rock* (no page numbers).
42 Peter Madsen Gubi et al., "An Evaluation of Supervisee's Perceptions of the Benefits and Limitations of Pastoral/Reflective Supervision Among Christian Clergy in the UK," *Mental Health, Religion & Culture* (2023): 1–12, https://doi.org/10.1080/13674676.2023.2231365.
43 A. Davys and L. Beddoe, *Best Practice in Professional Supervision: A Guide for the Helping Professions* (London: Jessica Kingsley Publishers, 2010), 155, 161.
44 Leach, "Pastoral Supervision," 43.

45 Leach, "Pastoral Supervision."
46 C. Dykstra and D. C. Bass, "A Theological Understanding of Christian Practices," in *Practicing Theology: Beliefs and Practices in Christian Life*, eds. M. Volf and D. C. Bass (Grand Rapids: William B. Eerdmans Publishing Company, 2002), 18.
47 L. F. Winner, *The Dangers of Christian Practice: On Wayward Gifts, Characteristic Damage, and Sin* (New Haven: Yale University Press, 2018), 14.
48 An example to illustrate this Old Testament covenantal relationship of promise and response is in God's promise given in Genesis 12:2: "I will make you a great nation" and the corresponding condition given in Genesis 17:9 "you shall keep my covenant."
49 The supervisory role of the Old Testament prophets may be found in the warning given by Jeramiah: "The days are surely coming, declares the Lord, when I will make a new covenant with the people of Israel… It will not be like the covenant which they broke… says the Lord" (Jeremiah 31:31–32).
50 "He called twelve and began to send them out two by two… The apostles gathered around Jesus, and told them all that they had done and taught. He said to them, 'Come away to a deserted place all by yourselves and rest a while.' For many were coming and going, and they had no leisure even to eat. And they went away in the boat to a deserted place by themselves" (Mark 6:7, 30–32).
51 F. Ward, *Lifelong Learning: Theological Education and Supervision* (London: SCM Press, 2013), 182.
52 Paterson, *Between a Rock* (no page numbers).
53 Cohen, "How is Chaplaincy," 1. Furthermore, specific to this study, for examples of the chaplains' experience of their role as being perceived as irrelevant, see Appendix 2 Brenda line 7.
54 Paterson, *Between a Rock* (no page numbers).
55 Pohly, *Transforming*, 108.
56 J. Woodward, *The Blackwell Reader in Pastoral and Practical Theology* (Oxford: Blackwell Publishers, 2000), 304.
57 S. Flatt, "Making Use of Models of Healthcare Chaplaincy," in *Critical Care: Delivering Spiritual Care in Healthcare Contexts*, eds. J. Pye, P. Sedgwick and A. Todd (London: Jessica Kingsley Publishers, 2015), 43.
58 Brueggemann, *Hopeful Imagination*, 83.
59 J. Swinton, "'Why me, Lord?' Practising Lament at the Foot of the Cross," in *Living Well and Dying Faithfully: Christian Practices for End-of-Life Care*, eds. J. Swinton and R. Payne (Grand Rapids: William B. Eerdmans Publishing Company, 2009), 130.
60 A. Purves, *Pastoral Theology in the Classical Tradition* (Louisville: Westminster John Knox Press, 2001), 52.
61 Purves, *Pastoral Theology*, 52.
62 Saint John Chrysostom, *Six Books on the Priesthood*, vol. 1 (New York: St Vladimir's Seminary Press, 1977), 81.
63 Purves, *Pastoral Theology*, 54.
64 Psalm 137:4
65 Ward, *Lifelong Learning*, 4.
66 Ward, *Lifelong Learning*, 5.
67 Ward, *Lifelong Learning*.
68 Ward, *Lifelong Learning*.
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70 Brueggemann and Hanson, *The Practice of Homefulness*, 87.
71 Brueggemann and Hanson, *The Practice of Homefulness*.
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75 B. Mullally, "The Effect of Presence and Power in the Pastoral Supervisory Relationship," *Holiness* 3, no. 1 (2020): 10.
76 Purves, *Pastoral Theology*, 5.
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78 W. J. Lowe, "Christology and Pastoral Care," in *Dictionary of Pastoral Care and Counselling*, ed. R. J. Hunter (Nashville: Abingdon Press, 1990), 157, as cited in Purves, *Pastoral Theology*, 87.
79 Purves, *Pastoral Theology*, 85.
80 T. C. Oden and D. S. Browning, *Care of Souls in the Classic Tradition* (Philadelphia: Fortress Press, 1984), 27.
81 Purves, *Pastoral Theology*, 67.
82 J. H. Pye, "The Narrative of Spiritual Care," in *Critical Care: Delivering Spiritual Care in Healthcare Contexts*, eds. J. Pye, P. Sedgwick and A. Todd (London: Jessica Kingsley Publishers, 2015), 15.
83 M. Newkirk, *Fill the Earth: The Creation Mandate and the Church's Call to Missions* (Eugene: Wipf and Stock Publishers, 2020), 5.
84 In Pohly, *Transforming*, 77, Kenneth Pohly observed that only a limited number of Christians have the opportunity to "clarify and carry out their own unique role in the general vocation of ministry" through the supervisory experience provided in CPE. He further challenged the Church to take up this responsibility to create her own supervisory programmes.
85 Pohly, *Transforming*, 77
86 Pohly, *Transforming*, 78.

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Conclusion

From its conception—a seed of curiosity engendered from my experience volunteering in the hospice—to its delivery, in this book I have been led through a journey of intellectual, experiential, and spiritual formation in search of a way to explore and articulate the ineffable yet transformative experience of delivering end of life care. I have focused on the lived experience of Hong Kong palliative chaplains in their practice of delivering end of life spiritual care within the public hospital setting. The goal was to generate a more comprehensive understanding of the chaplains' practice within this unique context and to seek out fresh insights and appreciation of the needs and challenges faced by and impacting the chaplains in their ministry. Through a systematic and in-depth process of critical theological reflection on these chaplains' practice as it interacts with the practices of the secular hospital setting, some first steps towards a renewed imagination of chaplaincy in Hong Kong have been proposed. This re-imagination of the Christian practice of end of life spiritual care seeks to contribute to better nurture, empower, and ensure the chaplains' faithful participation with God's ongoing redemptive work in the care for those most vulnerable in the final margins of life.

My book has been structured around four fundamental steering questions linked with four corresponding theological interpretive tasks, as described in the Introduction section. Guided by this, I have collected, analysed, and interpreted the relevant data before finally arriving at the concluding proposal for enhancing the chaplains' faithful practice. The first step of this research enterprise commenced with a detailed appraisal of the existing accessible literature on the topic under examination, addressing the first question of "What is going on?" This assessment and analysis of the available research inventory expanded my understanding of chaplaincy in Hong Kong and the general provision of end of life care from a historical and culturally specific perspective. The subsequent generation of an overview of the contextual information and related insights have been presented in Chapter 1. This expanded knowledge helped to clarify the existing gaps in current research efforts, especially highlighting the lack of attention and contribution from a theological perspective, further validating the research aim of the book.

In order to select the data source, retrieve the data, analyse it, and produce a fruitful interpretation, I then turned to the qualitative research methodology

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of IPA as a critical dialogical partner to continue with the unearthing and elucidation of the distinctive features constituting the idiosyncratic practice of palliative chaplains. The interpretive analytical procedures entailed within IPA allowed for the identification of two superordinate themes: homelessness and homefulness. These two prominent and contrasting conditions act as two magnetic poles encapsulating the myriad of experiences elicited and distilled from the rich and detailed sharing of the chaplains in the semi-structured interviews. Chapter 2 examined these superordinate themes and the varied subordinate themes that ensued from the interpretive process. The emergence of these themes under the umbrella of two polar superordinate themes enabled me to preliminarily define the chaplains' experience of delivering end of life spiritual care as a journey which takes place between these two divergent experiences. I proposed that the chaplains' experience of their practice was likened to a dynamic and purposeful movement which takes place from and through a terrain of homelessness towards the marked destination of homefulness. The starting point of homelessness is a common experience which is saturated and characterised by sentiments of oppressiveness, forsakenness, and vulnerability encapsulated and presented by themes such as constrictiveness, outsiders, and orphans. The chaplains' journey is motivated towards reaching the hoped-for destination of their "ultimate goal" in homefulness, where they successfully facilitate their care recipients to know and experience God. This transpiring image of a vast terrain marked by the two pillars of homelessness and homefulness, in which the chaplains journey, helpfully paved the next step of theological interrogation which comprised the following chapter of the book.

The next step in the research methodology involved the overt turning towards Scriptures and Christian traditions to bear upon the freshly emerged insights depicted in Chapter 2. This third, normative task comprising the core of Chapter 3 and the heart of this research project was steered by the question of "What ought to be going on?", framed within the backdrop of the revealed knowledge of God from the Christian traditions. From this process of theological reflection on the transpired insights uncovered from IPA, I have proposed that the contemporary chaplains and the ancient exiles of the Old Testament share many prominent features in their experiences, subsequently advancing the definition of the chaplains' practice of end of life spiritual care to be comparable with an exilic journey which takes place between the two pillars of homelessness and homefulness.

Further theological interrogation centred on the identified overlap between these two groups of God's people in their shared experience of being compelled to endure and to seek out renewed responses for sustaining hope and preserving their distinctive identity. This focus enabled me to broaden my understanding of the idiosyncratic nature of the chaplains' practice. The expanded appreciation of the chaplains' grounded experience includes the recognition and identification of the prevailing influences bearing on and impacting the chaplains in their prolonged exposure to and immersion in the

inhospitable homelessness work conditions. My reflection on the homelessness aspects of the practice has been fruitful to expose the inherent theological dangers placing the chaplains at risk of veering from a faithful trajectory. I have additionally analysed the chaplains' unique vocational identity revealing the intrinsic attribute of duality in the process of chaplaincy formation as well as their sense of calling and vocation which grounds their practice.

In continuation with the normative theological interpretive task commenced in Chapter 3, I proceeded in Chapter 4 with the task of critical theological reflection on the idiosyncratic nature of chaplaincy which has been revealed from the preceding chapters to be marked by a range of prevailing forces impacting the chaplains in their practice. These oppressive shaping influences compel them to seek out new ways to survive and thrive. In Chapter 4, I have identified and categorised four comprehensive responses exhibited by the chaplains in their efforts to creatively cope with practising in homelessness: assimilation, despair, defying existing boundaries, and waiting. This was achieved by the initial deployment of Brueggemann's framework on the biblical exiles, which I then expanded significantly to include all the revealed behavioural tactics from the chaplains' shared experiences. I have argued that some of these responses, though comprehensible and necessary, when left unexamined, could endanger the preservation of the chaplains' distinctive vocational identity and thus threaten the enduring faithful practice of chaplaincy. I have concluded the normative task of theological reflection by urging care, vigilance, ongoing examination, and reflection in the practice of chaplaincy.

The inhospitable terrain of the public hospital setting in which end of life spiritual care delivery takes place appeals to the surging need for a system in place which would allow for the exploration and exposing of potential structures of idolatry as well as to attend to the specific needs of the chaplains in a timely manner. Having attained a more comprehensive appreciation of the chaplains' needs, challenges, and corresponding responses to cope in their practice, I have proposed, in the final chapter, a re-imagined approach to help transform current chaplaincy practice in Hong Kong. This proposal completed the final step of the pragmatic task guided by the steering question of "How might we respond?" and has been informed and directed by the cumulative layers of uncovered insights from this research. One of the key findings from this research has been the identification, classification, and presentation of the distinctive features of the homelessness milieu which chaplains experience in their practice within the secular and pluralistic hospital setting. The acute sentiments of vulnerability, rootlessness, and isolation which saturate the homelessness experience, when coupled with the absence of accessible and available support from the church and the reality of the insidious nature of idolatry surrounding coping responses, demand a transformed approach to enable chaplains in their practice. This renewed approach intends to help safeguard faithful participation as well as to attend to the pressing restorative needs instigated by the hostile and diminishing

work setting. The responding coping tactics depicted in Chapter 4 have been observed to vary in how well they align with the values and orientation to the kingdom of God, a grounding feature for faithful practice. The aim of my proposition for a transformed chaplaincy practice is thus centred on the transpired need to address the critical deprivations in the current provisions to support and nurture the chaplains in their ongoing quest to navigate the intense difficulties in their practice, enabling chaplains to preserve the intactness of their distinctive vocational identity. I have henceforth recommended that the Christian practice of pastoral supervision is a helpful and effective means to potentiate faithful responses and to nurture the chaplains on an ongoing and structured basis. I have illustrated the pertinence of such a safe, boundaried system of mutual accountability and supportive reflection by focusing on four essential aspects of pastoral supervision: the covenantal quality of supervisory relationship, the clarification and realignment of vocational commitment and theologies, pastoral supervision as a Christian practice, and the healing possibilities for the vocational wounds sustained in practice. I have concluded with an appeal for the Church to re-direct attention and commitment towards the ongoing spiritual fostering and discipling of the chaplains.

Implications for future research

Even though the conditions of homelessness explicated in this book are those related to the specific experiences of Hong Kong palliative chaplains, the values generated from the endeavour are not in the least confined to the geographical location of Hong Kong, nor are the pertinence and transferability of the enhanced insights and depths of understanding limited to the practice of chaplaincy. As an example, the fruitful outcome demonstrated from this book in investigating the Christian practice of chaplaincy may be a feasible framework that can be adopted by research related to the exploration of other Christian practices at the intersection with the secular world. Similarly, the expanded knowledge garnered from the depictions of the homelessness experience may be used as an informative background for the portrayal and thorough analysis of other comparable lived experiences of disenfranchisement in different contexts. Methodologically, this book's approach has also proven a successful means for the in-depth study of a Christian practice, so the effective utilisation of IPA as an interpretive methodology to provide room for theological interpretation is also a recommended approach for other future explorations, be they of Christian practices or disenfranchised experiences. I hope that the in-depth evocation and descriptions of the lived experience in the wounding and alienating homelessness conditions will find resonance in and allow for analogous experiences to be at the centre of future research. Furthermore, I hope that this ability to make audible the muted and muffled voices of the powerless and overlooked within an entrenched system of unexamined social and political hegemony can pave the way towards

further uncovering of underlying power structures which act to perpetuate and enhance the flourishment of homelessness conditions.

This research has also exposed and verified the gaping fissure in the professed and assumedly integrated holistic vision in end of life care in the case of Hong Kong. The results presented here hope to invite stakeholders to become aware of the lack of integration of the spiritual dimension in end of life care in Hong Kong and engage in conversations to address this rift in the professed holistic vision.

It is not my intention, nor do I think it is possible, to eradicate the experience of homelessness from the chaplains' practice, but it is my hope that by uncovering and highlighting the disparity between the advocated vision and the practical reality of end of life provision, some of the homelessness features can be alleviated or partially assuaged. Other than having contributed to the current dearth in the research corpus on end of life spiritual care in Hong Kong and having exposed the pressing need for ongoing efforts to abridge the rift in the assumedly integrated holistic provision of end of life care, ultimately I hope that the research presented here will contribute to enabling chaplaincy to be more fully understood so that timely support can be offered to enable the chaplains' continual faithful navigation within the inhospitable terrain of their practice.

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