The Coping Processes of Swedish Hospital Chaplains:
How Can You Bear the Challenge of Working at the Edges of Life and Death?

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Swedish hospital chaplains are a group of professionals working with patients, relatives, and hospital caregivers in various stressful life situations. This group, which numbers approximately 350 full- or part-time chaplains, ministers in a cultural context characterized by secularization, privatization, and pluralism.

This study, the first of its kind in Sweden, focused specifically on stress and coping. It originated from a perceived empirical vacuum relating to pastoral care, the author's personal interest, and a general concern for investigating existential questions. Specifically, the objective was to examine a well-defined group of hospital chaplains and their handling of existential confrontation occurring in their daily work. The analyzed material was based on a life-story approach and interviews carried out with nine Swedish hospital chaplains.

The research question of the study was as follows: What are the coping processes used by hospital chaplains in their work with existential confrontation? Analytical questions were formulated in close connection with the central concept of Pargament's coping theory:

1. How does the orienting system appear over time? Being a part of the orienting system, what is the build up, maintenance, or transformation of the belief system? What are the resources and burdens of the orienting system? What is the nature of a secular/profane orientation, and how does it interact with a religious orientation?

This study focused on how hospital chaplains handle the stress of existential confrontation in their daily work. A qualitative study, the first of its kind in Sweden, it consisted of interviews based on a life story approach. A life orientation incorporating both the religious and the profane proved to be effective in the way that hospital chaplains dealt with direct and indirect multiphased stress with an existential dimension. The chaplains used a number of coping methods including boundary marking. This article is excerpted from the author's dissertation on this subject.
2. Is it possible to identify various forms of stress during the coping process?

3. What kind of appraisals are made?

4. What coping methods are applied in different stressful situations?

These questions focused on the individual hospital chaplain and his/her approach in dealing with work related to existential confrontation. The study also examined coping processes on the following levels: a group level, such as the work team of the hospital chaplaincy; an institutional level; and finally, a societal level. The study notes the interaction taking place between the individual level and the other levels.

Theory

The study used the main components of Pargament's coping theory up to 1997. These components constitute assumptions about the coping process as follows:

1. People seek significance, which is defined as "a phenomenological construct involving feelings and beliefs associated with worth, importance, and value. It embodies the experience of caring, attraction, or attachment." Significance, however, is more than that. It is object-oriented; "we care for, we are attracted to something. We might call these somethings, whatever they are, objects of significance or even 'significants'" (92). People make primary appraisals when they identify stress that goes to the core of their significance.

2. Events are constructed in terms of their significance to people. They become stressful when they shake the things that people care about, when they go straight to the core of personal values. The coping process also involves another perception with appraisals of the resources and burdens the individual brings to the coping process. Components in these secondary appraisals could be the ability to handle the problem, the individual's responsibility to solve the problem, and external social, financial and material resources. These two appraisals interact with each other to determine the stressors in each situation. Pargament also suggests the concept of tertiary appraisals. "Through a tertiary appraisal process we select the most compelling option, the strategy expected to bring the greatest gain and the least loss of significance through the use of the fewest resources and the accumulation of the least burden" (114).

3. People bring an orienting system to the coping process. "The orienting system is a general way of viewing and dealing with the world. It consists of habits, values, relationships, generalized beliefs, and personality. The orienting system is a frame of reference, a blueprint of oneself and the world that is used to anticipate and come to terms with life's events" (99). Our orienting system consists of resources and burdens which are involved in how we handle difficult situations.

4. People translate the orienting system into specific methods of coping.

5. People seek significance in coping through the mechanisms of conservation and transformation. Mechanisms of conservation attempt to protect significance. Transformational forms of coping attempt to change it. Conservation and transformation of means and ends can be combined into a four-square matrix. Preservation as a coping method conserves both means and ends. Reconstruction transforms means, but conserves ends. Revaluation conserves means but transforms ends and recreation transforms both means and ends.

6. People cope in ways that are compelling to them.

7. Coping is embedded in culture.

8. The keys to good coping lie in the process and its outcomes.

Pargament's coping theory of psychology of religion, which constituted the study's main theory, is a follow-up of Lazarus and Folkman's research on stress and coping. Other Scandinavian research in psychology of religion emphasizes the existential perspective, which has been absent in Pargament's theory.

Method and material

Methodologically the study is grounded on three structural levels of human reality suggested by
Zock. These levels move from the lowest mechanistic to the organistic and conclude on the personalistic level.

The mechanistic level recognizes that human beings are affected by external influences, causal relations, and natural powers. On the organistic level the individual is regarded as an organism, i.e., a dynamic and coherent entity that develops and changes in constant interaction with its surroundings. On the personalistic level, the individual is seen as being equipped with intentionality and consciousness. Thereby, the individual is able to give his/her life meaning and explanation. The individual is an active agent in a sociocultural context. The method chosen by the scientist to study human reality depends on which structural level the scientist is interested in and hence adopts as the primary focus.

Zock advocates a hermeneutic (interpretive) psychology when studying religion. She argues that the lower levels are being investigated by the natural scientific approaches; however, at the highest personalistic level, hermeneutic approaches are required. Zock’s observations are important for this study as they focus on coping processes in hospital chaplains who work with existential confrontation. This focus assigns the personalistic level a central position through which the individual’s search for meaning and explanation is undertaken. The life story approach directs attention toward the personalistic level, focusing on existential confrontation. This approach also encompasses the organistic level.

The material comprising the foundation of the analysis consisted of nine interviews, varying in length between one and three hours. The interview content included information about informants’ lives prior to entering hospital chaplaincy, their journeys into and work within chaplaincy, and their lives away from the hospital.

The group consisted of six women and three men with different confessional backgrounds: three priests, two deacons, and a psychologist from the Swedish Lutheran Church, two ministers from The Mission Covenant Church of Sweden, and one minister from the Pentecostal Church. Their service as chaplains ranged from five to twenty-two years.

The analysis of the material was carried out in two steps according to Kvale’s model of analysis. The first step is carried out inductively, in which categories and themes were sought. The second step was an abductive process, moving between empirical and theoretical perspectives. This process included the execution of a hermeneutical, meaning-making analysis.

Results

The orienting system of the hospital chaplain was analyzed using the following concepts: resources, burdens, religious and profane orientations. Resources identified included the following:

1. Religious and profane orientation.
2. Analyzed experiences of stressors with an existential dimension.
3. The ability to use a supportive social network.
4. Being aware of resources and limitations.
5. The ability to maintain significant values.
6. Flexibility/being able to face different cultural activities.
7. Participation in intellectual challenges through a variety of educational courses.

Burdens also were identified:
1. Dysfunctional self-belief.
2. Being and thinking according to stereotypical sexual roles.
3. Lack of working experience.
4. Reduced containing ability combined with a tendency to escape.
5. Insufficient basic knowledge of the working field.
6. A static view of the diaconate.
7. A limited social network.
8. Private and/or work related tragedy.

Further, the burdens imposed by the employer included a narrow ecclesiastical orienting system, lack of presence and insufficient financial resources.

The results indicated that both religious and profane orientations are important resources. Hospital chaplains translated them into coping strategies in order to handle multiphased stress with an existential dimension. In this process, the orienting system was both maintained and changed through the use of these conserving and transforming coping mechanisms. For example, religious orientation changed when conceptions of God, in relation to the belief system, were affected in order to more adequately meet the demands of work related tasks.

The study explored the different types of stress chaplains experience,
e.g., physiological, social, psychological, ethical, material. Hospital chaplains related direct stress to themselves and indirect stress to patients, colleagues, and relatives. They noted that they sometimes put themselves into stressful situations in order to reinforce their orienting systems with new coping resources.

The aforementioned stressors either coexist or occur independently of each other. Furthermore, an existential dimension of stress has been identified that interacts with the various other forms of stress. In situations where various forms of stress occur simultaneously and when the existential dimension is activated, the term used was multiphased stress with an existential dimension.

Working in hospital chaplaincy is characterized by multiphased stress as opposed to life situations in general. This particular form of stress occurs in a direct or an indirect form or in average doses. Direct stress develops in confrontation with direct stressors. Indirect stress occurs when one encounters others whose well-being is threatened because their resources are insufficient for dealing with the current situation. Direct stress may develop from indirect stress, depending on various factors:

1. The complexity and intensity of the stressor.
2. Resources and shortcomings of the orienting system with regard to pressure.
3. The orienting system of the surroundings relating to the group, the institution and the society as well as its ability to support and interact with the different levels.

4. The appraisals and their ability to identify threats, resources and the fastest way towards significance.

5. Level of religious and profane coping methods available.

During working hours appraisals relating to stress are made on different levels i.e. individual, group, institutional and societal. Among them there is an ongoing interaction. Appraisals of stress made by the staff lead to tangible tasks for the hospital chaplain.

The hospital chaplain makes primary appraisals in connection with multiphased stress with an existential dimension at the request of the patient and relatives. He or she makes secondary appraisals concerning resources in collaboration with other staff members. The chaplain makes tertiary appraisals in connection with urgent tasks at work and in connection with preserving what is considered significant.

Thus, hospital chaplains often find themselves in an interaction between subjective appraisals and other people's appraisals made on individual, group and institutional levels. These appraisals result in tasks which may be connected to stressors.

An overall finding was that hospital chaplains adopt coping methods that involve preservative, reconstructive, reevaluative and/or recreative activities in order to handle existential confrontations. The following is a specification of these findings. Preservative coping methods refer to support and marking boundaries and thus daily routines in the line of duty of the hospital chaplain. Switch constitutes a reconstructive coping method which makes it possible for the hospital chaplain to hold on to his/her values when dealing with ethical, psychological and multiphased stress with an existential dimension. Reconstructive methods, which include religious reframing of the event, the person and the sacred, have a prominent place in the work of the hospital chaplain with an existential confrontation. The reevaluating coping method called "rites of passage" is used by the hospital chaplain in the line of duty. The powerful recreational coping method called universal conversion can relate to coping with multi-phased stress with an existential dimension.

An orienting system which is spacious and full of resources can be translated into both religious and profane coping methods. Hospital chaplains switched between these two to achieve a suitable strategy for handling work-related stress. On occasion, double coping methods were applied in connection with multidimensional stress.

The interviews indicated that hospital chaplains used a large number of coping methods in order to handle various types of stress. Support was prevalent, and so was marking boundaries as a daily routine. Switch was a reconstructive coping method used in connection with work that included multiphased stress with an existential dimension.

The findings pointed to an interaction between orienting system and culture, representing vital parts of the coping processes, i.e., between processes of secularization and privatization on the one hand and the tasks of hospital chaplains on the other. In this context the chaplains supported people seeking meaningful guidance in times of crisis. In spite of the ongoing pattern of increasing secularization in
Scandanavian society, people still turn to the church for support in critical situations. Excerpts from interviews with chaplains Frida and Eric illustrate several of these points.

**Frida: the hospital chaplain’s significance**

Frida gave voice to the significance of the hospital chaplain’s work. To be where the people are is significant for her as well as for the other informants. As she said,

“The characteristic feature of hospital chaplaincy is to be where people are...not to believe they will come to us. “Therefore go ...”, Jesus said in the great commission. ... It is brilliant to be where people are.”

Frida’s work significance is motivated by, and rooted in, the Christian tradition, which she has built into her orienting system. In the informants’ private area, one finds significance connected to relationships and health. This private significance may differ from individual to individual.

**Eric: examples of stress**

What does the stress look like that Eric appraises in his work? Is it possible to distinguish different types of stress? Three aspects of Eric’s work-related stress were observed: his psychological stress, indirect stress which can develop into direct stress and also his inclusion of a stress-creating perspective in his work.

Eric appraised psychological stress in his work with, for example, aggressive patients and patients that will not let go. These patients refuse to separate from their helper. Eric said that

Some patients are easy to handle emotionally and some are really difficult to handle. They are aggressive and it can be hard. Some refuse to separate... they cling on to me. It’s important to be clear with them and tell them what you can do for them and what you can’t do.

This is an example of psychological stress without the existential dimension.

Eric also ministered to a man of his own age with a cerebral tumor. This patient’s children were exactly the same age as Eric’s children. In speaking of this encounter, Eric said,

“I get very involved, and it’s very easy to identify with this father. I can’t do a good job in this situation. It comes too close to me, and I can’t cope. I usually leave these cases to my colleagues. It’s important to see your limits and not to turn off your feelings.”

This patient exhibited multi-phased stress, which threatened his family and his social system. At the psychological level it claimed a cognitive response and at an existential level the patient had to cope with the ultimate questions of life. The patient’s direct stress caused indirect stress to the hospital chaplain, which then developed into direct stress. Eric made a primary appraisal and identified that he felt multi-phased stress with an existential dimension that threatened the core of his significance. He used the concept of identification through the father and the children being of the same age groups.

It is possible to find both psychological stress and multi-phased stress with an existential dimension in this story about Eric’s work and life. In his coping process, he used secondary appraisals when he asked for the resources in the work team and let a colleague continue the contact with this patient.

When Eric reflected on his work at an oncology clinic, he said, “Maybe I am attracted by what I am most afraid of... We all feel death anxiety somewhere.” Perhaps, through his work, Eric lets that part of himself that experiences fear and death anxiety confront situations that consist of multi-phased stress with an existential dimension. In this way, he constructs, anticipates, and plans for this stress so that he can cope with his own fear.

**Eric’s coping strategies**

Eric uses a number of coping strategies, e.g., boundary marking, support, reframing, reconstruction, revaluing. His work at the oncology clinic consists of “a lot of death.” One way he copes with this, both at an individual and at an institutional level, is to mark the boundary between the work on the ward and the outside world. The destructive aspects of death are only allowed inside the institution. Eric uses another type of boundary marking to cope with the many funerals, ceding this responsibility to parish priests.

Away from the hospital, Eric’s coping strategy relies heavily on his well-developed social network which includes friends, relatives, a jogging partner, neighbours, parent cooperation, and a group of people that gathers for dinner once a month. He uses family as a base to build this network to create stress-free zones. Eric also uses preserving strategies to a great extent;
however, when a close friend was diagnosed with cancer, this strategy was no longer adequate. He required more of the transforming mechanisms of reconstructive and re-valuing coping to take care of his own vulnerability. Eric described this situation:

When things happen in private life, people are much more vulnerable. Now we have a friend who is suffering from cancer. This affects me and my whole family. It feels like a great burden.

Eric believes that it is not possible to maintain theological understandings that do not go together with his work. Things must make sense. He integrates experiences from his work with his own meaning-making into a process which changes his representation of God. In coping terms, he uses reconstructive coping with re-framing where traumatic experiences are redefined in relation to his orienting system, or the reverse, in which the orienting system is redefined in relation to what happens in his work. This practice indicates that the coping strategies of reframing the event and re-framing the sacred can be combined. The latter alternative implies a revaluation of the concept “almighty God” in which a suffering God becomes evident. In Eric’s words,

I don’t believe in an almighty God right here...but in eternity. My opinion is that God’s omnipotence belongs to hope and the future. Talking about an almighty God and at the same time witnessing all the suffering... the dying young woman with cancer and her two little children. If he was almighty I can’t understand it intellectually. I can only perceive a suffering God...to go together with my intellect. So it’s very difficult for me to talk about God as an almighty God.

Vacation is another coping strategy for Eric. During his vacations he doesn’t need boundary marking. He is open and receptive, and this widens his orienting system: “The vacations take away the filter and I’m open for all impressions.” He lowers his defenses. When he returns to work, he needs some time to build up the filter again, time to switch back to his coping strategy, of boundary marking.

Hospital chaplains often work in the twilight zone between life and death where rites of passage may function as a revaluing coping method in situations with multiphasic stress with an existential dimension. They not only may be offered to patients and their relatives, but, as Eric’s story demonstrated chaplains also may use the rites of passage strategy for themselves at the same time.

Eric described his ministry to a seriously ill woman with a cancer diagnosis. Initially supported medically in her home, she was moved to Eric’s hospital in order to be cared for during the last period of her life. The woman’s father had been a sailor. Being a patient at this hospital, which was situated by a lake, brought back memories of her father and the sea. In this last period of her life, she began formulating a wish to go out on the water in a boat. The nurses made it possible for her to row a boat on the lake on a sunny day accompanied by Eric and one of the nurses. The woman enjoyed being on the water for two hours, but then she became very tired. Back at the hospital she went to bed and she died the following day.

Eric related his perception of the whole event about the water as a symbol of her childhood with her father. But even more, it was beyond the boundary, much more than just the patient’s experience. For Eric it was a powerful experience to perceive this woman’s trust and confidence. “That was God for me,” Eric said.

This incident of a seriously ill woman who finds herself in this borderland contains a rite of passage where she is allowed to be in a boat. The chaplain’s significance is to be where the people are and the patient has a wish to be in a boat out on the water. A primary appraisal of her stress is made by the doctor, who says she can die any day now and Eric agrees with this appraisal. Secondary appraisals are made by the ward staff, including Eric. They have resources to take her out on the lake. Eric and a nurse go with her.

This rite of passage is not in the church handbooks, but it is created by the chaplain, the patient and the nurse, who are present when the rite of passage is carried out. The woman uses this rite in her revaluing coping and so does Eric. Within the rite of passage a transformation of his basic trust occurs. A perception process in which he interprets the woman’s basic trust is added to his lack of trust in his own orienting system. This could mean that the chaplain and the patient at the same time use the same coping method and strategy. The woman uses it to cope with her death and the chaplain uses it in order to continue his work. This example points to the fact that rites of passage offered by chaplains in their service
to patients can be used by them as well to cope with existential confrontation in their work.

Limitations

There were limitations to this study. Some concepts of the coping process could have been elaborated upon, e.g., significance, the cultural context and personality aspects. At the time of the interview, coping theory was not yet known to me; hence, I was not able to put more specific questions to the informants about how this theory operated in their lives. The interviews were carried out from May 1996 to January 1998. My first contact with Pargament's coping theory was in the summer of 1998, when his book from 1997 was introduced to me by a Norwegian colleague.

Another limitation is that the material containing two of the informants' stories about their breaking up from hospital chaplaincy is too thin. The value of having more information cannot be stressed enough.

The material comprising the foundation for the analysis consists of nine interviews, varying in length between one and three hours. Nine interviews may be considered limited, especially from a quantitative perspective. However, in this type of qualitative research, with a life story approach, five to twenty-five interviews is considered enough. It is also possible to compare this study with similar studies by Schwarz (1988) who carried out ten interviews, and Barrow's study (1993) containing twelve interviews.

Implications for hospital chaplaincy

Study results indicated a discrepancy between the position description and the work actually carried out by hospital chaplains in a clinical environment. The material indicated a lack of sufficient introductory preparation for new chaplains. The present study suggests that mentors should be appointed at least during the first year of employment within the hospital chaplaincy system.

Hospital chaplains with a history of disconnecting from their social networks are particularly vulnerable. This should be taken into account when new hospital chaplains are recruited since the job can at times be very demanding. The study shows the importance of ongoing accessibility in the face of constant occupation with catastrophic duties. It is therefore necessary to have access to preservative coping methods. Otherwise the resources of the hospital chaplains risk being drained completely.

Marking boundaries is one important method in this regard. The material points to unresolved conflicts inside work teams. These constitute stressors that contribute to work-related stress. Working and training focused on conflict attitudes and conflict management need to be included during periods of extra training. Conflicts could be related to coping theory and in particular to resources and burdens in the orienting system.

This study points to the possibility of reinforcing the resources of the orienting system by means of leisure activities. On the whole, however, it will be up to the individual hospital chaplain to be active in this respect. When a hospital chaplain leaves his/her position, there should be a requirement to work through the experience as a measure of mental cleansing. This should be done in order to prevent "black remnants in the soul" which otherwise may occur in the wake of regular encounters with multi-phased stress with an existential dimension.

An urgent research task is to further explore the relationship of religion, spirituality and existential questions in order to clarify the interaction of various components in the orienting system. Another area of concern for future research relates to what occurs when coping processes go wrong. Examples of this include dysfunctional stress-reducing behavior such as drug abuse and at-risk sexual behavior.

This study touches upon processes of stress developing into a burnt-out state, which requires in-depth exploration. The coping processes of the nursing staff in relation to work-related stress is of equal importance. Focusing on the orienting system of the nursing staff is required in order to separate profane from religious orientations. The question that remains to be investigated is the function of these orientations for coping processes.

Conclusion

Despite the limitations noted, this study makes several important contributions to the question of how hospital chaplains cope with multi-phased stress with an existential dimension. Through this study the focus of hospital chaplains' daily work has been expressed verbally, which may contribute to a deeper understanding, both theoretically and clinically, of this area. To understand what your feelings are, how you contain them and how you cope with these feelings as a hospital chaplain makes your work easier in many ways. At the same time, this understanding
is a new resource in daily work. It is possible to view the results from this study as a refilling of resources in the coping processes of hospital chaplains.

"How are you able to stand it?" is a question commonly put to hospital chaplains when they are describing their work. This question is a challenge for every individual chaplain. He or she has a responsibility to analyze the coping activities that he or she uses. The conclusion is that there may be different answers to that particular question about the individual's own coping activities.

There is also a possibility that many chaplains actually cannot manage their work. This study brings to light the fact that hospital chaplains have burdens in their orienting system and it is of importance to investigate where potential fields of development may be found. Increasing the hospital chaplain's restricted social network is, for example, one way of moving away from the burdens towards new resources. 

References

1 For more information about the Swedish hospital chaplaincy see http://www.svenskalkyrkan.se/samariterhemmet/Hoschapel.html


3 Ibid.


Additional Bibliography


Ekedahl, M. "How Can You Bear the Challenge of Working at the Edges of Life and Death? Coping Processes with