

# Rituals in Pastoral and Medical Care: Bridging the Gap

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# Overview

Background to Ritual (emerges out of story)

Co-constructing and sharing ritual with parents  
whose babies have died *in-utero*

*Bridging the Gap*

Ritual in Medical/healthcare

# Background to Ritual

Prehistoric remains in Xaghara, Gozo

Evidence of rituals for life (including fertility) and marking death

3600-3000 BC



*"He's changed his mind. He wants to be cremated"*

The meaning of ritual is deep indeed.  
He who tries to enter it with the kind of perception that  
distinguishes hard and white, same and different, will  
drown there.

The meaning of ritual is great indeed.  
He who tries to enter it with the uncouth and inane  
theories of the system-makers will perish there.

The meaning of ritual is lofty indeed.  
He who tries to enter with the violent arrogant ways of  
those who despise common customs and consider  
themselves to be above other men will meet his  
downfall there.

Xunzi (third century B.C.E.) cited by Bell 1997,  
before preface)

# Ritual

Ritual fulfils deep human need for individuals, families and communities in relation to self, others and (for many) God, especially during times of transition and uncertainty. Kelly 2007

Rituals serve to reaffirm social ties, mark changes in identity, generate meaning that fosters a sense of solidarity, and manage crises Romanoff and Thompson 2006, 312

Ritual for us is certainly ordered, patterned and shared behaviour, but, more than that, it is an imaginative and interpretative act through which we express and create meaning in our lives.

Anderson and Foley (1998, 26)



# Ritual

Performative

Embodied

Emerges out of story or the meeting of stories

Interpretative

Invested with meaning

# Ritualisation

‘...ritual is routine infused with mindfulness. It is habit made holy.’

(Nerburn cited by Oswald 1999, 41)

What we invest in an action that makes it a ritual.

Eg parent washing and dressing baby and washing and dressing a dead baby for first and only time

# Ritual in healthcare

Ritual as an integral part of the behaviours and way of relating in:

- individual lives/practice
- encounters with individuals – with patients, relatives and colleagues
- families
- teams/units
- professions
- institutions,
- organisations
- systems

OR IS IT?

## Historically ritual in healthcare.....

Marked times of transition and liminality – often religious (associations)

Birth, illness, dying and death

Healthcare professionals and clergy as **experts**

Ritual **done to** persons not with

# Ritual Examples in Healthcare

Therapeutic Encounters - significance of stories

Admission/discharge from institutions

History taking/examination

‘Last Offices’

Team Handovers/meetings

Administrative meetings and decision-making

# Co-constructing and sharing rituals with bereaved parents marking the life and death of babies dying *in-utero*

## Aims of study

- deepen understanding of parental grief
- understand role of ritual for parents
- comprehend importance of content and means of construction
- significance of chaplaincy involvement

# Current Religion in Scotland - % of total population

## 2011 Census

<b>Church of Scotland (Presbyterian)</b>	<b>32.4%</b>
<b>Roman Catholic</b>	<b>15.9%</b>
<b>Other Christian denominations</b>	<b>5.5%</b>
<b>All other religions (over half are Muslim)</b>	<b>2.5%</b>
<b>All religions</b>	<b>58%</b>
<b>No religion</b>	<b>36%</b>
<b>Religion not stated</b>	<b>7.0%</b>

# Scottish Religious and Cultural Context

9% participate in weekly worship  
65% believe in a god  
45% in an afterlife

Kerevan (2001)

Beliefs of those who do not attend church in UK...

'...not belief in an orthodox Christian God but belief in a "something"'.  
Hunt (2003)

Hunt (2003)

'Believers not belongers' Davie (1994)



## Religious affiliation of participants

25% affiliation with faith community but no active connection/worshippers

50% had religious affiliation as a child

50% no religious affiliation as a child

## Methodology

Semi-structured qualitative interviews

Parents of 15 babies interviewed

(plus one mother in writing)

Baby death *in utero* 16 weeks + (16/40+)

Interviews recorded, transcribed and analysed  
using NVivo according to themes

# Practice of chaplains whose practice being researched

4 chaplains - 3 with Church of Scotland background and 1 Roman Catholic

Midwives as gatekeepers to chaplaincy support

PROCESS OF Co-construction of ritual – funeral or naming/blessing

Listen to story

Offer information and resources – sacred and secular

INFORMED

Offer participation in ritual

DECISION MAKING

Time

Check again

Ritual

# Parental spiritual issues in grief

Social isolation

Loss of meaning and purpose

Loss of control

Loss of self-worth

## Ritual marking

Aided communication and social re-integration

Opportunities to parent

Regain some control, sense of order and reality

Validated grief

Memory making – continuing bonds

# Anticipated Power and Authority of Chaplains

Expected to be:

- Paternalistic
- Detached
- Proselytise

# Ritual Authority

## Right person for role

‘fix electricity use an electrician, plumbing goes wrong use a plumber’

## Enhance ritual efficacy

## Conduit to God

Baby

Prayers

# Discernment and use of power for therapeutic use

## Self-awareness

Risk giving some power away to empower – when  
wanted by parents

‘gave us back some control at a time when everything else was out of  
control’

‘I’ve always thought of priests as important people but he somehow  
stepped back – it was ours (ritual) not his’

## Paradoxical

Holding the ritual space and others feelings yet human and  
vulnerable



# Co-construction of ritual

Personalisation of rituals

Parental affirmation

# Content of ritual

## Telling and re-telling of stories

- baby's story
- family's story - normalisation
- divine story – **choice** very significant

## Acting out stories

- family relationship – 'he was my boy'
- relationship with God

# Chaplain's personhood key in meeting parental spiritual needs – becoming part of parents' story

## HOW NOT JUST THE WHAT IS DONE - CHARACTER AND PHRONESIS

Way of being

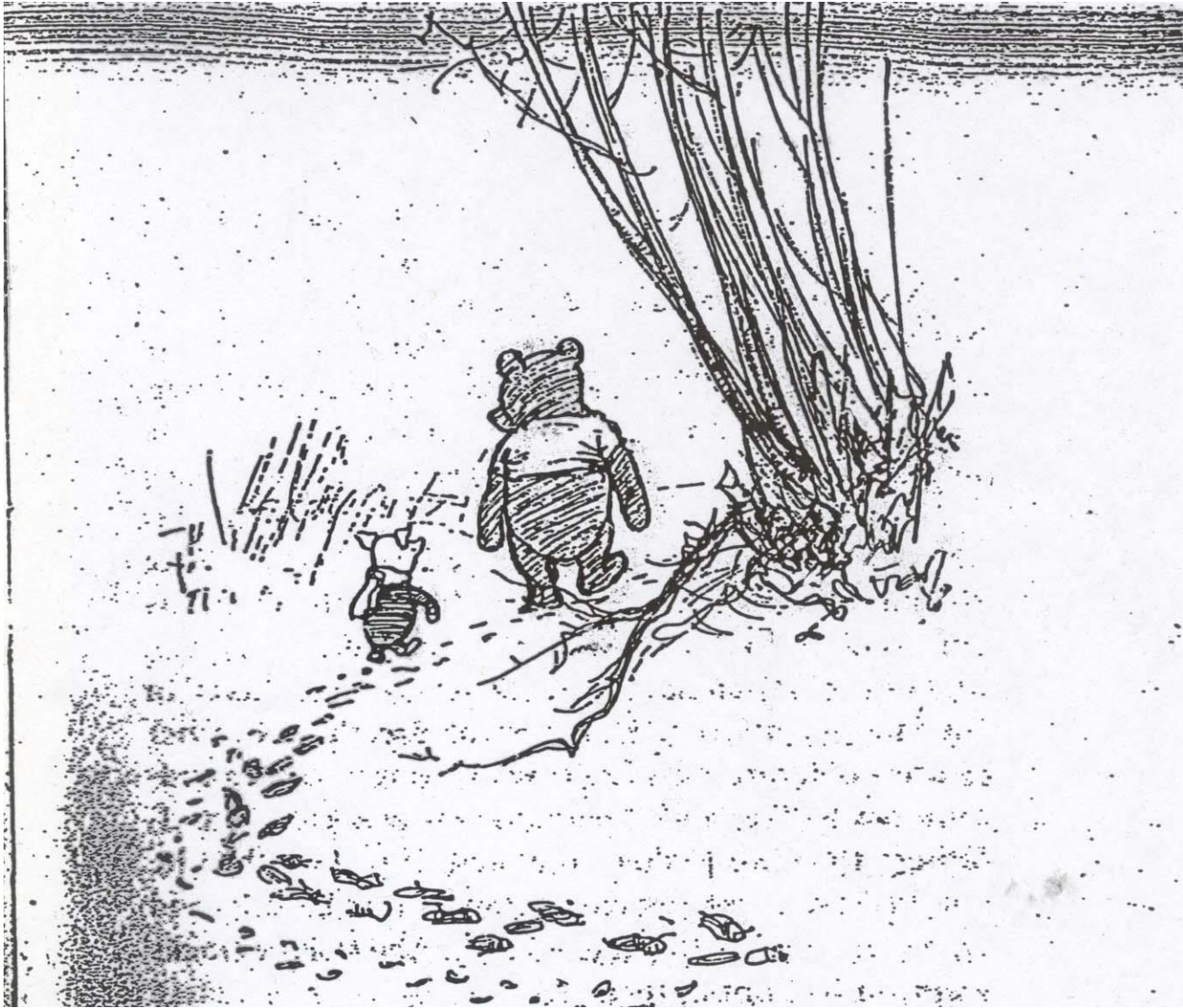
Manner of relating

Performance of ritual

# Role of chaplain in co-constructing ritual

Attentive listening presence

Interpretative guide





## Bridging the Gap

### Learning from ritual and ritual construction in spiritual/pastoral care

- Power and risk
- The how of performing practice/ritual is significant for outcome
- The risk of de-ritualisation towards routinisation and dehumanisation
- The importance of the ritual of reflective practice

# Much of healthcare activity is ritual ?

Performative

Embodied

Emerges out of story or the meeting of stories

Interpretative

Invested with meaning



# Or is it routine?

What does that do to the well-being of participants?

# Power and Risk

Empowering patients, relatives and junior colleagues in the **co-construction** of healthcare rituals

- clinical encounters – performed with rather than done to
- meetings
- team dynamics
- systems

# **How we perform and practice ritual is significant for outcome**

## **Patient experience**

impacts on patient outcome along with safety and clinical effectiveness (Doyle, C., Lennox, L, & Bell, D. 2013).

## **Creating healing/positive memories**

individual and collective – impact on next healthcare encounter

# Significance of ritual for healing and wellbeing - danger of de-ritualisation of healthcare

For patients, relatives and staff

Ritual becomes routine, even dehumanising, when one party invests less meaning into it.....

I went to work on an elderly ward where patients died daily and there was great pressure on beds. At first I did all I could to make the lead up to a death have some meaning and to feel something when one of them died. But gradually the number of deaths and the need to strip down beds and get another patient in as fast as you can get got to me and I became numb to the patients; it became just about the rate of turnover, nothing else.

Firth-Cozens and Cornwell 2009

# Francis Report – deritualisation of healthcare systems and dehumanisation of healthcare staff

A patient admitted into Accident and Emergency (was reprimanded by members of staff for calling his wife):

*‘When I was told I was to be admitted, I was left in a small cubicle for several hours on a trolley, no pillows, no blankets, and when I rang to tell my wife, I was admonished quite sharply by someone who told me to ‘get a life’ and not use the phone in hospital. Eventually I got a pillow and then an hour later, a blanket arrived which I refused because it was covered in someone else’s blood.’*

Significance of the ritual of intentional reflective practice which focuses on the meaning invested in practice



*Whose **N**eed(s) were met in this encounter/meeting?*

*What does this experience tell me about my (caring) **A**bility?*

*What does it tell me about **M**e?*

*What questions does it raise about my **V**alues (that inform my attitudes and behaviours)?*

*With whom did the power lie?*

*Whose voice(s) dominated or had most value?*

*Whose voice(s) were not heard or undervalued?*

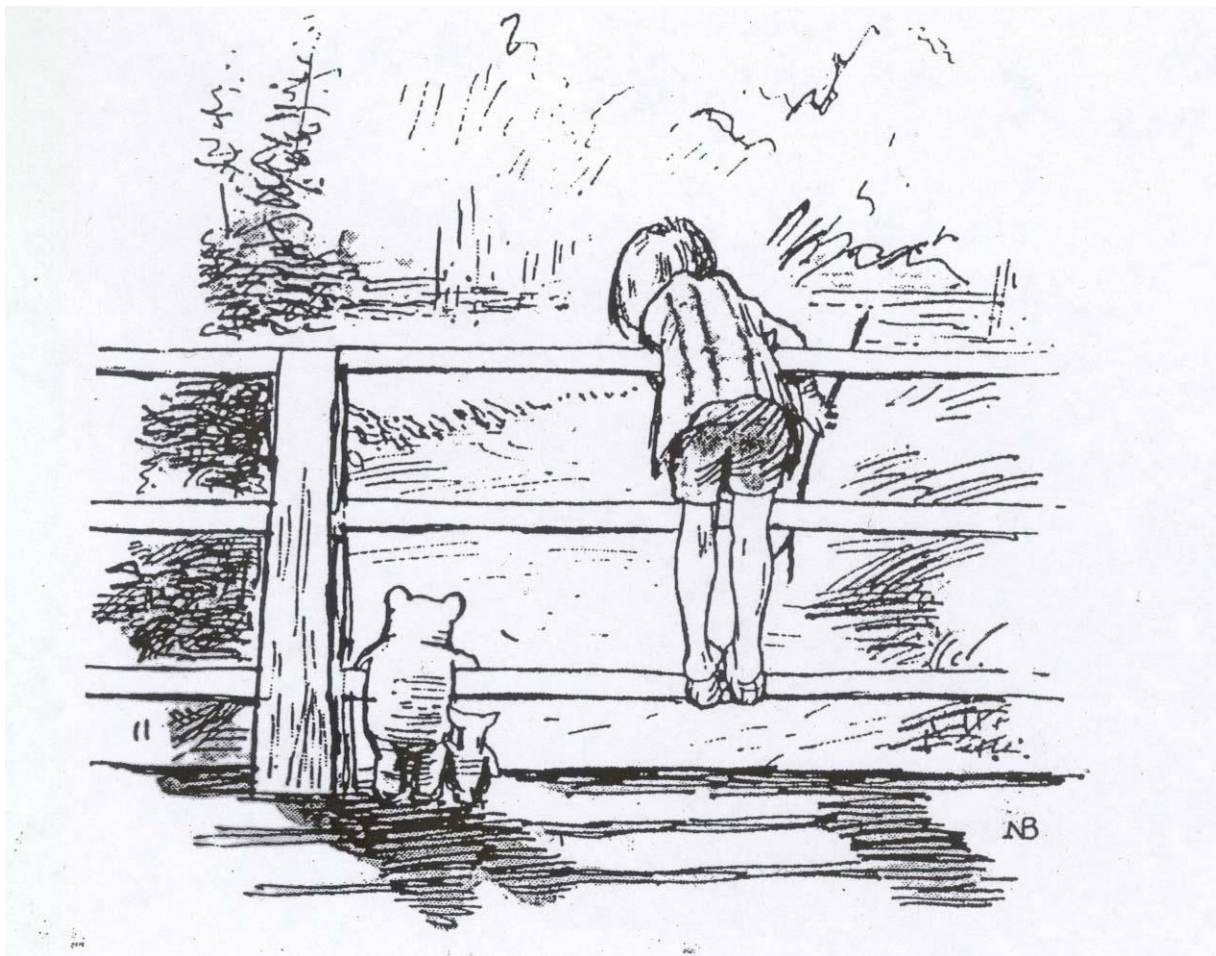


# Regular Participation in VBRP

- 1) Promotes person-centred practice
- 2) Deepens relationships in teams
- 3) Enhances fulfilment and meaning found in work

For further information

[www.knowledge.scot.nhs.uk/vbrp.aspx](http://www.knowledge.scot.nhs.uk/vbrp.aspx)



I'm fed up of poohsticks. Let's go  
down the arcade and get ourselves  
tattooed