



# THEOLOGICAL ASPECTS OF THE BRAZILIAN STRICTO SENSU ACADEMIC PRODUCTION ON HOSPITAL CHAPLAINCY

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**Abstract:** This article presents a descriptive approach whose objective is to explain theological models present in academic publications (theses and dissertations). It is not intended to be a systematic analysis or even a hermeneutic-exegetical study, but rather a narrative approach to the theologies present in the consulted material. This is a narrative review of the literature, and the steps for elaboration and organization derived from other studies. It was operationalized according to the following steps: identification of the theme, bibliographic survey, selection of texts, annotations, preliminary structuring and logical structuring of the study. We sought to provide an understanding of current knowledge on the theme “hospital chaplaincy”, highlighting possible gaps and suggesting an agenda of investigations to be undertaken. The TQO strategy (theme, qualifier, object) was used to formulate the research question, which is indicated for narrative reviews, resulting in the issue: which theological models are present in theses and dissertations available in the Brazilian context? The searches were online in the theses and dissertations database of the Coordination for the Improvement of Higher Education Personnel (Capes), carried out in 2020, using the descriptor “chapel\*/hospital chaplaincy”, without restrictions on the year of publication or any other. The titles of interest related to the theme were included, in order to answer the proposed question. Data were organized in tables, with qualitative and quantitative summaries. Thirteen productions were retrieved. Among the main results, it is highlighted that approaches of anthropological and praxiological origin prevailed, associated with theological models/concepts such as “imago Dei”, “poimenics” and “theodicy”.

**Keywords:** Chaplaincy; Theology; Health promotion.

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## INTRODUCTION

The terms “chaplaincy” and “chaplain” have been associated with the word “chapel”. [Ferreira and Ziti \(2010\)](#) mention that this is due to the fact that the Catholic Church has, in addition to mother churches and parishes for serving the believers, a private religious service for specific purposes, allocated in spaces called “chapel”. They also suggest that the word “chapel” appeared in France as a reference to a “tent” in which relics were placed and the religious service practiced in times of war; the priest who works at the chapel was appointed chaplain.

Research by [Lima \(2014\)](#) on university chaplaincy indicates that the term “chaplaincy” comes from the Latin *cappella*, a word that would have appeared in the Latin language around the 12th century to name an oratory where the cloak of Saint Martin of Tours (316-397) was kept and venerated, and who, it is believed, in the winter of 338 would have broken his cloak – cappa – and offered it to a beggar. This part of the cloak was preserved in an oratory, which shortly afterwards began to be called *cappella* – chapel, which, by extension, came to designate any oratory; the priests in charge of the oratories were called *cappellanus* – chaplains.

The term “hospital”, according to [Hoepfner \(2008\)](#), comes from the Latin *hospitale*, which originally referred to an establishment where hospitality to needy people was practiced; in other words, it was not only aimed at the sick, but it was a place where orphans, the elderly and pilgrims were taken in. It is further noted that the hospital was also, though not only, a creation of early Christianity whose purpose was to provide “assistance, including health care”, according to the old definition of charity, which originated in the gospel. In this sense, the first institutions “of this kind” arose in India (400 BC) under the influence of Buddhism; in the Greek world, they were represented by two assistance structures: the asclepiei (shrines, where healing was linked to a divine thaumaturgy) and the iatreia (secular establishments where people were treated and surgery was already practiced).

The proposal was also present in the ancient Roman world, in institutions where care was provided only in specific buildings such as *scholae peregrinorum* (school for strangers) which were called xenodochi (“hospices” for sheltering the needy and pilgrims, usually foreigners), *ptococomi* (synonymous with “hospices”), *diaconie* (organized by Christians, were involved in public charity, consisted of simple, airy rooms with several beds and some adjoining rooms for services), *medicatrinae* or *jatrae* (where were the sick that the physician treated and should keep under surveillance; they can be seen as predecessors of hospital institutions), *valetudinarium* (areas in which civil and military personnel were treated) etc. ([HOEPFNER, 2008](#); [MOLFESSE, \[s.d.\]](#)).

[Levin and Prince \(2011\)](#), in their contribution on Judaism and health, address that it has been suggested that “Hebrew medicine” (including the biblical and rabbinical era) constitutes “unique”, similar to traditional Chinese medicine, the Islamic Unani system and the Hindu Āyurveda. In this context, in general, in relation to the investigation of hospital chaplaincy, it is common to approach theological aspects aligned with a hermeneutics of health with a theoretical-systematic biblical textual basis and of an applied (practical) nature in both national and international academic contributions ([BOLDT, 2019](#); [COLFER, 2014](#); [HOEPFNER, 2008](#); [HUNT, 2020](#); [NORTH, 1988](#); [RODRIGUES, 2016](#)).

In turn, even at the risk of reductionism, we can broadly categorize traditional biblical-Christian theology into three broad branches of inquiry/reflection: biblical theology, systematic theology, and practical/pastoral theology. All have theoretical-practical applications and implications, approached from different perspectives (historical, anthropological, linguistic, praxiological etc.)

and sometimes investigated in association with more than one area, such as hospital chaplaincy, generally allocated to practical theology, but in some cases, it is fundamentally systematic or biblical.

Systematic theology is related to the effort to organize knowledge into systems, building it thematically. Biblical theology, on the other hand, as its name suggests, consists of a study of the so-called “Word of God” through hermeneutic (investigation of the text’s meaning) and exegetical (scrutiny of the various contexts in which the text is inserted, such as linguistic, literary, biblical, historical, cultural, etc.), with the intention of an appropriate interpretation (REID, 2007; SILVA, 2008). Practical Theology (PRT) and Pastoral Theology (PAT) refer to the centrality of practice/action in their theological work, but they are distanced by the different ways in which they work: PAT is marked by an ad-intra perspective, as the PRT is characterized by an ad-extra perspective (Souza, 2018). It seems reasonable to infer by extension that other theologies of different matrices, in one way or another, similarly to what has already been mentioned, maintain an approach aimed at theological systematization and the study of “sacred precepts” (whether oral or written) according to their “tradition”.

In the West, it is usually understood that before the 1920s most of what is now called chaplaincy or religious and spiritual assistance to hospitalized patients was probably provided by clergy, sometimes retired, and nurses linked to confessional hospitals (FERREIRA, ZITI, 2010). Although the practice of assigning clergy to work in hospitals has been commonplace for over a thousand years, chaplains have been the subject of few studies (SWIFT, 2014). Thus, this article proposes a descriptive approach with the aim of explaining theological models present in academic publications (theses and dissertations). It is not intended to be a systematic approach or even a hermeneutic-exegetic study, but rather a narrative approach to the theologies present in the consulted publications.

## METHODS

This was a narrative review of the literature, and the steps in its elaboration and organization were derived from other studies. It was operationalized according to the following steps: identification of the theme, bibliographic survey, selection of texts, annotations, preliminary structuring and logical structuring of the study. We sought to provide an understanding of current knowledge on the theme “hospital chaplaincy”, highlighting possible gaps and suggesting an agenda of investigations to be undertaken.

To formulate the research question, the TQO strategy (theme, qualifier, object) was used, indicated for narrative reviews (Araujo, 2020), resulting in the question: which theological models are present in theses and dissertations available in the Brazilian context? The searches were online in the theses and dissertations database of the Coordination for the Improvement of Higher Education Personnel (Capes), carried out in 2020, using the descriptor “chapel\*/hospital chaplaincy”, without restrictions on the year of publication or any other. The titles of interest related to the theme were included, in order to answer the proposed question. Data were organized in tables, with qualitative and quantitative summaries.

## RESULTS

In a representative way, a survey in the Capes theses and dissertations database about “chaplaincy” resulted in 31 occurrences, of which 13 contained the expression “hospital chaplaincy” or were related. They predominantly addressed a theological approach of Judeo-Christian origin, which may be a reflection of the cultural bases of Brazilian society or even the awakening to research and study of health hermeneutics, which are still not well-developed in academia. The various theological instruments used are in some way aligned with the understanding of hospital chaplaincy as a practical theological application. Empirical studies focused on the historical, sociological and philosophical context of religion were presented, as well as anthropological and praxiological approaches (study of conduct that aims to understand the actions of the individual) predominated. There was also an approach related to *theodicy* (religious beliefs about the reasons for human suffering) in the face of illness.

In anthropological approaches, concepts usually derived from or biblically supported were configured, related to the “creation of humanity”, the human body as “sanctuary” and “human dignity”, expressed in theological concepts such as “*imago Dei*”. In praxiological approaches, similarly there was generally biblical support related to “pastoral care” operationalized by “*diakonia*”, “*missiology*” and “pastoral presence”, guided by a “theology of care” or by theological concepts such as *poimenics*. Box 1 presents the main characteristics of theological interest of the theses and dissertations on hospital chaplaincy.

Box 1. Characteristics of theological interest of theses and dissertations on hospital chaplaincy.

Reference	Type / Level	Theological instrument	Objective
Silva, D., 2010	Master's degree dissertation	Practical application/ Biblical emphasis/ Anthropological approach	Analyze the influence and validity of a chaplain's work within a hospital
Hoepfner, 2008	Master's degree dissertation	Practical application/ Biblical emphasis/ Anthropological approach Praxiological approach	Investigate the biblical and theological foundations of hospital chaplaincy
Chiang, 2014	Master's degree dissertation	Non-specific or absent/ empirical research	Check whether the care provided in an integral way contributes to the recovery of hospitalized cardiac patients
Silva, A., 2010	Master's degree dissertation	Practical application/ Historical and philosophical approach to religion	Investigate the contribution that the hospital chaplaincy service can provide to cancer patients and their families in the hospital environment
Souza, 2006	Master's degree dissertation	Practical application/ Empirical research	Investigate and discuss the relationship between the evangelical hospital chaplaincy and the sacred as a means of re-elaborating the patient's suffering
Ferreira, 2017	Master's degree dissertation	Practical application/ Empirical research	Scale the contribution of the hospital chaplaincy service with regard to spirituality and assess the relevance of this service in the attitude of religious coping experienced by cancer patients
Gentil, 2011	Master's degree dissertation	Practical application/ Historical and sociological approach to religion	Know the socio-historical circumstances of creation and implementation of the Evangelical Hospital Chaplaincy Service of a reference public hospital

Feltz, 2017	Master's degree dissertation	Practical application/ Anthropological approach	Analyze the relevance and possibilities of a hospital chaplaincy in the process of spiritual and comprehensive care of a cancer patient referred to palliative care
Rodrigues, 2016	Doctoral degree thesis	Theoretical and practical application/ Systematic emphasis/ Praxiological approach/ Empirical research	Examine hospital chaplaincy practices from the contributions of integral mission theology and pastoral psychology, with a view to a praxis of care coherent with an integral understanding of the gospel of Jesus Christ
Ruthes, 2018	Doctoral degree thesis	Theoretical and practical application/ Anthropological approach	Understand how hospital chaplains develop spiritual care in their chaplaincy practice
Verissimo, 2017	Master's degree dissertation	Non-specific or absent/ Empirical research	Evaluate and quantify the records and protocols of preoperative nursing care that relate their application to the diagnosis of the NANDA ( <i>North American Nursing Diagnosis Association</i> ) taxonomy of risk of spiritual suffering
Boldt, 2019	Master's degree dissertation	Practical application/ Biblical emphasis/ Anthropological approach/ Praxiological approach	Investigate, through a literature review, how spirituality of people with a life-threatening disease and through the imminence of death can contribute to the preparation and confrontation of this reality and add a greater quality to their last days of life

Source: Prepared by the authors.

## DISCUSSION

The context of the contemporary hospital chaplaincy has been marked by an interreligious practice, although the origin of this spiritual assistance sometimes has a religious affiliation, which in the literature has been discriminated against by an adjective revealing the religious tradition after the term “hospital chaplaincy”, which can be, for example, Spiritist, Evangelical, Christian, etc. (AITKEN, 2013; FERREIRA, ZITI, 2010; NOVAES, 2020). In any case, it is inferred that hospital or health institution chaplaincy, also known as “health ministry” or “hospital ministry”, can be defined as religious and spiritual assistance to patients and their families, professionals and employees in the hospital or health care institution, on a paid or voluntary basis, and health or hospital chaplain, the promoter, facilitator and manager of this assistance.

Therefore, the health chaplain has a different role to that which emerged in the Middle Ages and the Renaissance and that sometimes persists in the minds of those who do not know the current guidelines of spiritual and religious assistance, which specifically gives rise to the conciliatory and comprehensive thinking of the contemporary moment. It should also be noted that the proselytizing attitude is not to be confused with being authentic and intentional, which is a natural behavioral attribute of professed religiosity (SANTOS, 2013). Being authentic is experiencing the principles and values by which life is guided without the constraint of clarifying any detail when required or opportune, by anyone and anywhere, maintaining clarity between the thresholds of right and duty. Being intentional, in turn, is being open to sharing healthy affective exchanges, for the possible benefit of those around, which can, for example, occur through an inclusive spiritual reflection that is not to be confused with the individual or collective inquisition in any of its forms. In this sense, an approach is proposed with the possibility of encouraging the exercise of faith and spirituality (wi-

thout distinction of creed) in the hospital environment that includes a theology focused on “hope” (CAPERON, TODD, WALTERS, 2017).

We rescue and explain two theological concepts mentioned, namely “*imago Dei*” and “poimenics”. The word “poimenics” derives from *poimén*, which is the Greek equivalent for “shepherd”, and refers to the issue of care in the sense of pastoral action towards the close person, which is related to the care of the good shepherd Jesus Christ. The pastoral care comprises “the ministry of help of the Christian community to its members and to others who seek it in the area of health through daily living in the context of the Church (HOEPFNER, 2008).

In turn, *imago Dei* (image of God) refers to the creation and redemption of humanity, that is, it is the belief that God created man in His “image” and “likeness” (Genesis 1: 26,27), sharing with him, in a limited way, reflections of the divine nature; therefore, care for the “body” (in its various dimensions), which is seen as a “temple” in which God dwells, in all its integrity, promotes the defense and restoration of the image of God in human beings, as well as its identity affirmation, which contemplates the actions.

There are secularized theoretical constructions, that is, that do not use theological-religious concepts to support their spiritual care framework, as is done by Ruthes (2018). In his thesis, he proposes a model whose principle is the search for the integrality of the person from the re-signification of existence.

So far, the epistemic/heuristic and socio-historical assumptions of the key elements related to the health chaplaincy, as well as inherent theological aspects, have been addressed. Finally, the assumptions and scientific evidence that support current health practices and the role of the chaplain and chaplaincy in these discussions will be indicated.

Objectively, professional chaplaincy refers to an occupational activity that is still being consolidated today. In this process of consolidation of professions, as Paiva and Melo (2008) put it, occupations usually go through a process that includes the following aspects: academic specialization, that is, it includes specialized knowledge, validated by educational institutions, usually higher education, and socially recognized; collective self-regulation among the members and via legal instruments; and autonomy, altruism and independence in carrying out their activities arising from specialization and a unique relationship with the “customer”. Such a process seems to be under development in the area of professional chaplaincy.

Another important modality of “validation” of an area of professional practice is its technical-scientific consolidation, based on the assumption that the health chaplain is inserted in a context of empirical verification of the effectiveness of practices and interventions. Therefore, it is desirable that they are aware of the available evidence on the association of hospital chaplaincy with health outcomes, as well as having a minimal repertoire to consume the available information. Importantly, discussions regarding which health policies to privilege, given that public and private resources are limited (if not scarce), combined with the movement to develop a more reliable science in technical and ethical terms, with a focus on social justice, created an environment conducive to what has come to be called “evidence-based practice”

## SOME CONSIDERATIONS

On the one hand, interfaces between religion, spirituality and health, although potentially provocative and controversial, must be inserted in the hospital therapeutic context; that is, to minimize the importance of this dimension would be to fail to implement comprehensive patient-centered care. Vélez (2017) emphasizes that in the Gospel we see how people lead the sick to Christ to be healed; therefore, as physicians, nurses, and chaplains, we are instruments of God, providing them with physical and spiritual healing by asking them about their religious affiliation and spiritual needs, and then respectfully encouraging them to exercise their faith.

On the other hand, today, in a secular era, pastoral care is no longer exclusively associated with specific religious traditions and communities. Pastoral caregivers working in “secular” institutions provide care to both religious and non-religious people, and in several Western societies the term “pastoral care” is used in relation to non-religious (humanist) care. In secular contexts, the term “pastoral care” is often replaced by “spiritual care”. This, however, is provided by various professionals, so pastoral caregivers face the challenge of developing an adequate and convincing language to explain what is different about their work (SCHUHMANN, DAMEN, 2018).

Thus, the need for professional chaplaincy is based on the paradigm of comprehensive care for the person and on the trend towards specialized care in hospitals. The care approach implies integrated spiritual care. Every “caregiver” must develop skills to assess the spiritual dimension of a patient (primary care), and there must be well-trained caregivers specialized in hospital spiritual care (secondary care). From this perspective, the chaplain must be the expert in assessing and dealing with the spiritual needs and resources of patients and families.

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