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# Social Justice in the Work of Women Healthcare Chaplains: A Feminist Analysis of Spiritual Activism

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## ABSTRACT

In the fraught and intimate context of healthcare, women chaplains provide spiritual care to the suffering. In addition to listening and prayer, their spiritual care is often focused on equity and inclusion such as advocacy for the vulnerable amid broader social and economic crises. This article draws on data from qualitative interviews conducted with women healthcare chaplains in London, England and Vancouver, Canada. We note that while social structures affect disadvantages among healthcare constituents, women healthcare chaplains challenge these inequities through a spiritual care based in a transformative spirituality for social justice. We understand such forms of spiritual care as 'spiritual activism' building on the work of Anzaldúa (2002), Keating (2005) and Fernandes (2003) via an intersectional framing (Crenshaw, 1989). Expanding on this critical feminist work, we demonstrate contemporary workings of spiritual activism among women healthcare chaplains, which can alter the often-perceived divisions between religion and feminism, offer overlooked directions of analysis for chaplaincy studies, and highlight a group of women that have received scant attention in feminist and religious studies.

**Keywords:** chaplains, gender, healthcare, spiritual activism, spiritual care

## INTRODUCTION

Contemporary changes in religion and society are frequently understood through spectacular and conflictual forms, such as terrorist attacks, the non-European migrant, and the 'death' of religion. Yet, what sort of picture would we create if we began with the everyday acts of women healthcare chaplains? What might they tell us about the work of the sacred in a world that grows more unequal and can feel devoid of hope? Working at the edges of the secular institutions that employ them, women healthcare chaplains manoeuvre to bring about change if even on a small scale. They come alongside to help distressed staff who have been bullied, a patient confronting terminal illness, and a family facing financial hardship. Their help is offered in the forms of listening and prayer and forms of advocacy such as writing a letter of support or raising funds quickly for those in need. While not unique, this is the work of women chaplains in the healthcare context, a microcosm of society that reflects a complex social conjuncture of inequities, religious and cultural plurality; political change against a backdrop of historical and contemporary colonial relations; and global climate, economic and health crises. Women chaplains face precarious employment themselves because of financial pressures on healthcare systems, and the de-prioritisation of the spiritual dimensions of health and illness. These women are diverse and dynamic as is their work of spiritual care across clinical settings.

In the mid-twentieth century more women entered the profession of chaplaincy, as it offered them an opportunity to do paid religious work, including leadership positions not necessarily available to them in their religious institutions. For example, the Church of England (2024) recorded over 300 ordained women working in chaplaincy from 2018-2022 compared to around 700 ordained men. Chaplaincy has given women a place to evolve and progress in their religious and working lives (Ibrahim, 2022; Sharma and Reimer-Kirkham, 2022). It was recently found however that little research has been conducted and published about women in these roles (Sharma and Reimer-Kirkham, 2022). One of the reasons cited was that men typically outnumber them in the profession. As with many studies on chaplains, women's experiences are subsumed into the larger cohort of chaplains being investigated which risks their work being invisible. In a recent study on prayer in healthcare, 40% of the chaplains

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studied were women (Reimer-Kirkham *et al*., 2020) but their experiences were not foregrounded (a shortcoming we rectified with a follow-up article, Sharma and Reimer-Kirkham, 2022; and this current analysis). Women healthcare chaplains are often not a focal point in research. Rather, examinations of religious diversity and non-religious representation among chaplains have been prioritised for what they can reveal about religion in the public sphere (Bryant, 2018; Cadge, 2012; Eccles, 2014; O'Donoghue, 2020). Women healthcare chaplains' experiences are woven into such research accounts, but they are not central nor are the intersecting effects of gender, religion, and race (Sharma and Reimer-Kirkham, 2022, 2023).

The term 'chaplain' has historic association with Christianity, and, in turn, Christianity with colonial processes of enslavement, mission, and whiteness. These associations are residual and (re)produce intersections of religious and racial hierarchies in the present (Joshi, 2020). Several of the women chaplains we interviewed were aware of how these processes could show up in the healthcare context via forms of inclusion and exclusion such as racialisation of religion, microaggressions, chaplaincy team membership, and access to designated sacred spaces. Because of its staying power, 'chaplain' has been adopted by non-Christian and nonreligious groups providing spiritual care, signalling inclusivity (Gilliat-Ray *et al*., 2013). Spiritual care is typically defined as, 'a holistic approach to care, attending to an individual's beliefs, values, behaviours and experiences related to spirituality, religion, and culture, … and [making] space for meaningful change. Spiritual care is practiced through the assessment and treatment of issues specific to each person' (Canadian Association for Spiritual Care, 2024).[1] The definition aims to be inclusive of all. Yet, in its reference to 'holistic', 'the concept of holism in health, spirituality and ecology is beset by limitations' ignoring experiences of the body that are not perceived as whole such as amputees (Klassen, 2016: 177). Further, the above places emphasis on the 'individual' which may obscure how healthcare constituents are affected by webs of structural inequalities such as racism, classism, and homophobia.

Women healthcare chaplains in our research were aware of these operatives to varying degrees and aimed to challenge social inequities to benefit their communities, not just individuals. We view such approaches to spiritual care as spiritual activism – a transformative spirituality for social justice – a stance often missed and under-theorised because of foci on clinical efficacy of religion and spirituality for wellbeing, and practice-based theological illustrations. Social justice has both secular and religious dimensions working for the better of society and supporting individuals and groups within it. It involves numerous forms including distributive, legal and procedural, and restorative and reparative (Palmer and Burgess, 2020). There is no one definition as it is mutually constitutive of different social and cultural contexts. Our understandings of 'spiritual activism' expand and are informed by the work of Black, Chicana and women of colour feminist scholars who have similarly been working from the edges such as in academia. Their theoretical graft helps us to note that, while social structures affect advantages and disadvantages of healthcare constituents, many women healthcare chaplains challenge these through enacting spiritual care for social equity. One can also learn from the work of women healthcare chaplains that the often-perceived divisions between religion and feminism (Llewellyn and Trzebiatowska, 2013) can dissipate because of their work to welcome in and defend the other in the intimate, public and demanding space of healthcare. Women healthcare chaplains, frequently read as 'other' because of their gender, race, and religion, reach across difference to assist human flourishing and address injustice. In what follows, we theorise what we mean by 'spiritual care' and 'spiritual activism' and that this work among women healthcare chaplains continues a long trajectory of feminist and religious women's intersectoral work. We then describe our study, give an analysis of three illustrative examples, and end with concluding thoughts.

## THEORETICAL FRAMING

We consider the spiritual care of women healthcare chaplains through the theoretical framings of Black, Chicana and women of colour feminist scholars. Their thinking and writing emerge from a history of women and collective movements that have long-considered spiritual care as intersectional, and as a stance of love, compassion, and social justice. We heed the writings of Audre Lorde, Gloria Anzaldúa and AnaLouise Keating, and Leela Fernandes among others to theorise the spiritual care and spiritual activism we heard in the women's accounts.

[1] Two public inquiries in Canada – the Truth and Reconciliation Commission (TRC) of 2015 endorsed by all levels of government in Canada, and in BC the 2021 *In Plain Sight Report*, an inquiry into Indigenous-specific racism in healthcare – have forced engagement with the UN Declaration on the Rights of Indigenous Governments. Public institutions (e.g., healthcare, universities) and professional associations have made statements of apology and released policy statements. For example, health professions are accountable to a New Practice Standard on Indigenous Cultural Safety, Cultural Humility and Anti-racism. The Canadian Association of Spiritual Care (CASC, 2024) has established a Reconciliation Council, with an action plan to move toward allyship and advocacy, and in their direct care to Indigenous peoples. Hence, while there is much work to be done, we note this as an example of recognition of historical structural oppressions and inequities to be addressed in the spiritual care provided.

 

We interpret spiritual care as grounded in a spirituality that emerges from deep within oneself. 'One finds one's way to spirit through woundings, through nature, through reading, through actions, through discovering new approaches to problems' (Anzaldúa, 2015: 38). This informs the collective to embed and practice equity and social justice. Audre Lorde (1984), Black Lesbian Feminist, activist and poet defines the spiritual and the political as entwined and part of our 'erotic knowledge' in the sense that it connects the physical, emotional, and psychic expressions of what is deep within us, our passions and love for ourselves and others. 'For once we begin to feel deeply all the aspects of our lives, we begin to demand from ourselves and from our life-pursuits that they feel in accordance with that joy which we know ourselves to be capable of' (Lorde, 1984: 57). When in touch with this part of ourselves, Lorde writes that, 'Our acts against oppression become integral with self, motivated and empowered from within' (Lorde, 1984: 58). One is 'less willing to accept powerlessness, resignation and despair' (Lorde, 1984: 58). The women's accounts revealed this process in their coming to work in chaplaincy and the suffering they confronted in hospital settings that challenged their faith and self.

Our understanding of spiritual care is tied to how we define spiritual activism as a transformative spirituality for social justice. It draws from the work of Gloria Anzaldúa and AnaLouise Keating (2005) who conceptualised 'spiritual activism' which complements the work of Lorde. Gloria Anzaldúa was a Chicana, feminist, activist, author and poet whose work has been studied and written about by AnaLouise Keating (2005), a women-of-colour theorist. From their work, spiritual activism 'locates authority within each individual, individuals often scarred by oppression…' (Keating, 2005: 244). Spirit emerges from the small still voice within, which can empower one to transform their world (Keating, 2005). Anzaldúa and Keating view spiritual activism as relational and interconnected between all life forms. Keating writes that it requires both individual and collective forms working together:

> When we define ourselves as part of a larger whole, we attain an enhanced sense of meaning, self-worth, and agency … This altered self-image fosters a sense of accountability that fuels spiritual activists' work for social change. Because self and other are irrevocably, utterly, intimately interrelated, what affects you (no matter how distant, how separate, how different [from me] you seem to be) affects me as well. (2005: 245)

As Lorde (1984) states, 'I am not free while any woman is unfree, even when her shackles are very different from my own' (132-33). Spiritual care in this sense requires work not by the self alone but by everyone and across differences. South Asian scholar, feminist, and writer, Leela Fernandes' (2003) proposal for a 'spiritualized feminism' complements and builds on Lorde's and Anzaldúa's and Keating's work. She asserts that while feminists have rightly been wary of religious institutions because of patriarchy, this has indirectly led to 'the disassociation between spirituality and social justice' and limited ability to see how women live across sacred and secular spheres (2003: 9). Fernandes states that, 'At best, feminist theorists and organisations tend to relegate spirituality [or religiosity] to the local "cultural" idiom of grassroots women (usually in "other" places and for "other" women), acknowledging it in the name of an uneasy cultural relativist tendency of "respecting cultural difference"' (2003: 9). She therefore argues for a 'spiritualized feminism' that 'entails a taking back of the realms of the sacred from those forces that have sought to distort divinity or spirituality into a means for the reproduction of hierarchy, oppression and exclusion of subordinated social groups' (2003: 14). A spiritualised feminism links social justice to 'compassion, humility and love' (2003: 59). These are to be considered as practices put into action to help transform social and economic circumstances. Fernandes contends that this is of course challenging but necessary. It is a spiritual care of self and other that can 'assist us in challenging racism, sexism, homophobia, and other forms of material/psychic oppression' (Keating, 2005: 243).

Addressing overlapping forms of oppression with their spiritual practices, religious and spiritual women are often at the heart of struggle for change, justice, and liberation. For example, the 'struggles against gender and racial oppression were embodied in activist women of faith like Sojourner Truth' (Fernandes, 2003: 58; also see Brah and Phoenix, 2004). Bettye Collier-Thomas' (2013) socio-historical research on four centuries of African American religious women observed how emboldened by their faith and hope they fought against poverty, racism, and sexism, detailing their organisational efforts to fight for freedom in all aspects of their lives and communities. Indigenous women have gathered and fought land removal, societal exclusion, racial and sexual violence, colonisation, and drawn on spiritual and traditional healing practices that privilege 'mother earth' (Dudgeon and Bray, 2018; Moreton-Robinson, 2021). Catholic feminists are standing up against sex trafficking, the historical sexual abuse in their Church and for those made poor by an unjust economic system (Hunt, 2020). Buddhist women are also committed to social justice, helping to provide for the welfare and wellbeing of others (Tsomo, 2012). Jewish women have organised to help victims of domestic violence and been part of the civil rights movements (Levison and Usiskin, 2005). Muslim women organise to fight inequalities in their mosques and Islamophobia (Bacchus, 2019; Ghafournia, 2022; Lewicki and O'Toole, 2017). Women's religious and spiritual work often 'crosses the boundaries between spirituality, passion and politics' (Fernandes, 2003: 59). This concise

 

description captures what spiritual activism ignites – a transformative spirituality for intersectional equity and social justice.

Furthermore, social justice at the heart of spiritual care has been an intersectional endeavour. Legal scholar and critical race theorist Kimberlé Crenshaw's (1989) conceptualisation of intersectionality builds on and exists alongside the scholarship, activism, and writings of past and current Black, Indigenous and women of colour thinkers and writers who have been working with and theorising intersecting axes of advantage and disadvantage. Crenshaw (2016) explains that intersectionality 'is not primarily about identity. It's about how structures make certain identities the consequence of and the vehicle for vulnerability' (n.p.). Following Crenshaw, numerous scholars have theorised and employed intersectionality to tease out the structural interactions between gender, race, and class. Religion as an aspect of identity, practice and structure of power however is often left out of intersectional theorising (Reimer-Kirkham and Sharma, 2011; Singh, 2015). This could be as postcolonial scholar Jakeet Singh states because of the 'generally secular character and constraints of academic research and researchers, as well as the deeply contested and contextual terrain of whether religion is actually an oppressed form of difference or is itself an oppressive force' (2015: 658). Yet Singh (2015) notes the connections that can be made between women's religious agency and intersectionality (also see Bilge, 2010). Women's religious agency when thought of as 'a form of subjectivity' enables more diverse forms and possibilities for 'interconnectedness or interdependency of human and nonhuman (divine or earthly) forms of life' (Singh, 2015: 663). Singh cautions against singular interpretations of negatively framed 'structures of oppression that are to be critiqued and dismantled' (2015: 664); rather women's religious agency should be understood as pointing to how religious life can be both oppressive and liberating and thus intersectional analyses should make room for diverse forms of both (p. 670). Singh cites feminist philosopher Elizabeth Spelman's instructive point about intersectionality: 'No one ought to expect the forms of our liberation to be any less various than the forms of our oppression. We need to be at least as generous in imagining what women's liberation will be like as our oppressors have been in devising what women's oppression has been' (Spelman, 1988: 132 cited in Singh, 2015: 670).

Just as women's religious lives can be oppressive, they can also be empowering, offering forms of care and community, rituals, and practices to support oneself and others. The above concepts and theorisations from Black, Chicana and women of colour theorists offer 'alternative framings of gender, religion, and race because [they are] so profoundly attuned to the pursuit of justice, peace, liberty and equality as lived and liveable realities' (Hawthorne *et al.*, 2024: 24). We expand on this important critical feminist work to demonstrate contemporary workings of spiritual activism by women healthcare chaplains. In their work of spiritual care in clinical spaces, they actively challenge everyday intersecting inequities.

## METHODOLOGY

Our research emerges out of a project on how prayer was welcomed and resisted in healthcare settings in Vancouver, Canada and London, England of which chaplains were our primary sample (2015-2018) (Reimer-Kirkham *et al.*, 2020). Upon completing this project, we noted that women's experiences of gender in chaplaincy could be foregrounded. Therefore, to hear more about women's experiences of gender and chaplaincy in the domain of healthcare we carried out a small-scale project, which is the basis for this article. We recruited twelve women healthcare chaplains: three from Vancouver, Canada and nine from London, England (2019-2020). All participants identified as women, were of various ages and from mainly Christian traditions with one Muslim chaplain. The majority of the women were White and three were from Black and Asian backgrounds. All were paid chaplains, fulltime and parttime, with differing levels of responsibility. We employ the title 'chaplain' as opposed to 'spiritual care provider' or 'spiritual care practitioner' to convey their identification with chaplaincy work and chaplaincy team membership.

The cities of Vancouver and London were our field sites. Vancouver is world renowned for its natural beauty – the oceans and the mountains. It is known for its expensive housing amid poverty and deprivation. The city is also reckoning with its colonial past and reconciliation with its Indigenous peoples. Ecological spiritualities, migration and secularisation mark Vancouver's religious landscape. The religious profile of Vancouver is 55.8% no religion and secular perspectives, 29.9% Christian and 14.3% Buddhist, Hindu, Jewish, Muslim, Sikh, Traditional (North American Indigenous) spirituality and other religions and spiritual traditions (Statistics Canada, 2022). London in contrast is known for its arts and culture, historical architecture, expensive housing, and class divisions, and as the historical epicentre of Britain's imperial past (Sharma and Reimer-Kirkham, 2022). 'The proportion of the population identifying as Anglican (belonging to the Church of England or sister churches in Scotland and Wales) has fallen from 40% in 1983 to just 12% in 2018' (Voas and Bruce, 2019: 20). The religious profile of London, according to the recent UK Census (Office for National Statistics [ONS], 2022) reveals that 40.7% identified as Christian and 25.3% with a religion other than 'Christian'. The 'next most common religious groups in London were 15% Muslim and 5.1% Hindu' (ONS, 2022: 5). Given the differences and similarities

 

between Vancouver and London, a key reason our research took place there was because they both have public healthcare systems in which socio-religious pluralities are found.

Before we proceeded with our research, we obtained ethical approval from our University Research Ethics Board. After explanation of the research process, all our pseudonymised participants gave their informed consent to be part of this study and publication of unidentifiable quotes. Qualitative data collection took the form of carrying out biographical interviews. This method utilises individual stories to understand lives within a social and historical frame (Merrill and West, 2009). It enabled us to understand how women chaplains make sense of their religious and spiritual trajectories and their trajectories of working in chaplaincy amid social and religious change. In employing feminist theory to bring criticality to our work, we do so from our respective locations as feminist researchers from different disciplines and socio-cultural backgrounds. We heed feminist theologian and qualitative researcher Nicola Slee (2013) in our methodological stance in that, 'feminists are after new ways of knowing' and 'the research process itself embodies ethical and spiritual values' (2013: 13, 14). Slee describes how this stance affects the listening to the lives of women and girls, the handling of collected transcripts, and the writing-up stage (2013: 18-22). Religious or not, 'women's lives are holy ground' (2013: 17) for what they share about their encounters with themselves and others. As researchers we carefully listened and made sense of the women's interviews. After sitting with, (re)reading and examining their transcripts, we generated and collated codes into potential themes, and then checked if these themes worked across the data set. Our process of analysis moved between checking what could be easily grasped to what needed more in-depth reflection (Hesse-Biber, 2007). Our analysis noted participants' trajectories to chaplaincy were gendered and racialised and these structures also marked their chaplaincy practice. While their faith traditions could marginalise them, healthcare chaplaincy offered a space of their choosing where they 'could live their religion and be nourished to venture out, become, and undo' (Sharma and Reimer-Kirkham, 2022: 639). The theme of social justice emerged as representative of their work. To exemplify this thematic 'holy work', we focus on three women, two in London and one in Vancouver, corresponding to our sample size. Offering illustrative examples, they challenge structural oppressions of race and gender and deprivation and poverty in their socio-clinical contexts to progress human flourishing. While the three examples are thematically tied to our projects (noted above), they are not generalisable across wider chaplaincy because of the small sample size.

## CLAUDIA: 'I DEAL WITH IT STRAIGHT AWAY'

We begin with Claudia, a Black woman healthcare chaplain who worked in a busy London hospital that she knew well. Claudia said when applying for the role of chaplain, she thought: 'I'd love this job because you can talk about Jesus without getting into trouble for talking about your faith. You're coming alongside people with faith or not, being a voice of hope. I thought, this sounds fantastic!' Claudia's quote reveals two points. First, even though Britain has the Equality Act 2010 to protect certain characteristics including religion or belief, the secularisation of many workspaces can cause awkwardness if one mentions their religion. Second, Claudia spoke about her faith similarly to what Collier-Thomas (2011) noted in her historical research on African American women and religion through the figure of Jesus, not God, signifying a separation from the historical Christianity associated with colonialism and enslavement, an association still present today. Her chaplaincy work gave her permission to live her faith and make a difference to hospital constituents. She told us about one account:

> I had a situation the other day, one of the patients I went to visit (...) I don't think they looked after her very well. She was in a side room. This patient had crust around her mouth and her lips were very dry and she didn't look too good. I think they saw me go in and they started clocking that there's somebody seeing her, but up until then there hadn't been. I then said, 'Sorry, could you tell me why her lips are so dry and crust around her mouth?' And they said, 'Oh-oh-oh, we're supposed to wipe it.' I said, 'Well that looks like she's not being cared for properly.' So, they started running around and they got the little sponges with the stick, and they started cleaning her mouth, cleaning her lips and then they got the Vaseline and when they'd finished with her, she looked 100% better. I was quite cross that day and I went back to visit her the next day (…) what you've got to understand with Black people's skin is that we need a lot of cream. This woman's whole body was so dry, it was creped and flaking, and I remember saying to myself, 'I need to get her some cream because they've obviously washed her, but they haven't creamed her.' When I came back the next day, I noticed by the bed there was a pot with lots of sponges sticking upright, where there was none before, and Vaseline. When I looked at her, her face looked much better (…) If I'm going to see a patient and I'm not happy with what I see I go and tell someone straight away; it make[s] a difference (…) this is my hospital (…) when I go on the ward, if I know there's a situation I deal with it straightaway, even though I'm there to pray and to talk and to encourage if they're

 

> not Christians and even if they're Christians (…) but if there's a situation going on I deal with it first and they look at my badge and they go and sort it out.

In a demanding hospital environment, Claudia's account revealed her advocacy for the racialised and forgotten. It exposed a lack of attention and care for a Black woman's body, albeit rectified once pointed out. She talked about Black skin, how it dries when it is not 'creamed', the staff ignoring and not seeing the Black woman's skin, her body. Political philosopher Frantz Fanon writes about the Black body as inscribed with a 'historico-racial schema', the stories and anecdotes that deny subjectivity and objectify the Black body causing it to be seen and unseen by the 'white man's eyes' (2008 [1967]), and here the intersecting clinical eyes of the hospital staff. She is moreover kept away in a side room that positions 'a border' (Gunaratnam, 2013) between her body and theirs. Although Claudia does not name this account as racism, it was difficult to not read this into the lack of care the Black woman patient received, not hydrating, soothing, touching her skin with lotion.[2] 'Racism is indeed so ordinary as to be transmitted through the flinching away from Black touch, whether as theory or body contact, a movement away which, even if slight, contains within it a moment of contempt/disgust' (Tate, 2014: 69). Despite the clinical setting being a space in which bodies are examined and treated and often done so without their socio-cultural and historical contextualisation, the body is a site where the structuring effects of race, gender and class are inscribed and lived. 'Black skin touches the eye and is distorted in that very touching so that individual uniqueness is eradicated as black homology comes into view' (Tate, 2014: 70-71). Health justice needs to attend beyond equality of access or outcomes, to the intersecting economic, political, and structural conditions that continue to exacerbate inequalities in health services and how these link to historical roots that affect racialised bodies in the health setting (Hankivsky *et al*., 2011: 12).

Claudia crossed into the woman's room and then spoke up. What might have happened had she not come along? This is the work of Claudia and other women healthcare chaplains. They show up. They show up on the wards. Sometimes it is questioned why they are there, who they are, what a chaplain is. A Black woman chaplain does not fit the historic somatic norm of the white Christian male clergy chaplain typically expected (Barnes *et al*., 2023; Bryant, 2018; Hutt, 2019; Puwar, 2004; Sharma and Reimer-Kirkham, 2022, 2023). Claudia is a 'space invader,' taking up a position not reserved for her (Puwar, 2004). By showing up on the ward in 'her hospital', her 'visibility is a tactic rather than an end' (Fernandes, 2003: 57). In this case, Claudia's account revealed the intersection of race and gender oppression with spirituality and action which resulted in an alternative outcome, a move toward justice, recognition, and care for her patient and her community. Like Fernandes (2003), we view spiritual care as integral to social justice and take inspiration from Black feminist writers and activists for whom spirituality was foundational to combating racism and sexism, and epitomised acts of care for themselves and their community.

## KATH: 'CALLING OUT WHEN THINGS ARE UNEQUAL'

Kath is a White chaplain who worked in the city of Vancouver in the spiritual care department of a hospital. She described how over time her Christian faith became more open because of her work in the diverse contexts of public healthcare:

> We worked extremely hard to reflect diversity. Our point was we are not a Christian department that will squish you in if you're another faith or spiritual tradition. We had some Christians, but we had Humanists, Buddhist, Baha'i and Jewish and interesting diversity on the team. I loved it, thrived, and partnering with Indigenous health colleagues (…) I think as a chaplain, working as a chaplain [pause] I think hopefully there's a bunch of us out in the world walking around pulling threads together around diversity and noting and calling out when things are unequal or unfair and offering a voice of understanding whether we're at work or in the [shopping] mall (…) I like being in the field with a diverse lens and asking questions and contributing to the conversation of society in a way that they wouldn't expect because we're constantly seen as 'you're the religious weirdos,' and to ask questions or to talk about things in a way that suggests we're not, people get really interested in that. I'm very much interested in gender and the LGBTQ part of that. I will talk about that with no fear.

Kath's excerpt makes two points. First, she was aware of the hegemonic position that Christianity, and whiteness as unnamed, continued to occupy in institutional spaces, side-lining other faith and ethnic groups. Second, her work aimed to challenge inequalities, to be part of conversations that would disrupt the status quo. Kath's work could be described: 'Spiritual activism is spirituality for social change, spirituality that recognizes the many

[2] Forms of racism and racialisation in healthcare settings have been discussed in numerous places (e.g., British Columbia Ministry of Health, 2020; Elias and Paradies, 2021).

 

differences among us yet insists on our commonalities and uses these commonalities as catalysts for transformation' (Keating, 2005: 242). Despite being perceived as religiously weird, Kath viewed this as agential to help instigate social change and understanding.

Outside the Vancouver hospital, wealth and deprivation are in stark contrast to each other: luxury Westcoast living sits alongside areas of poverty and homelessness against a backdrop of social activism, community action and resilience. Areas of the city have witnessed the harsh realities of the opioid crises. At a city park, protesters have gathered to stand up for the excluded. It is in this park that an event is held to support and offer basic services to those facing hardship. Kath told us about her and the chaplaincy team's involvement:

> It's not run by us, just to be clear, so I don't want to take any credit. It's an amazing event. Staff volunteer their time. There are a lot of clothes that people can take, there's lunch, there's haircuts, there's glasses, there's kids, staff bring their kids, there's different stations that folks can go to, and they can get their things. We're there with spiritual health. My job has been to walk around the edges and meet people, hear their stories. I wander around. I stand in the line with people, connecting with people.

In the medical context, the rational split between mind and body is pervasive, the spiritual or soul frequently peripheral to the focus on illness and cure. Yet, as gender and health scholar Olena Hankivsky and colleagues note, 'Health is such a complex and multi-dimensional phenomenon, one determined and constituted in such great respect by the social, spatial, and temporal contexts in which people and communities exist' (2011: 1). The above account revealed Kath and her colleagues reaching out to their city, showing up to connect, listen and support the ailing and vulnerable. Kath 'walked around the edges' not proselytising religion but rather awareness of her position as a White Christian chaplain and power relations. This event disrupted what is typically expected of hospital chaplains. It moved beyond the clinical context; individualised spiritual care at the bedside became collective spiritual care at a local park. 'The spiritual/material, inner/outer, individual/collective dimensions of life are parts of a larger whole, interjoined in a complex, interwoven pattern' (Keating, 2005: 244). The event demonstrated intersections of the clinical with everyday city living, spiritual care as activism.

## NICOLA: 'WHAT CAN WE DO TO HELP?'

Nicola, also a White chaplain, discovered chaplaincy during her process to be a candidate for ordination in the Anglican Church. She started out in a hospice and said, she 'would go along every week and shadow the chaplain. I found it really demanding because people were nearing the end of their life.' She observed, 'People who are dying are absolutely on the margins because they're tucked away, certainly in British society.' Resultantly, upon acceptance to train for ordination she started as a chaplain at a London hospital, 'doing on-call and every Monday night.'

> (…) and I began to see that hospital chaplaincy ministered to people on the margins, who were ill, who were supporting a family member or a friend or a partner who was very sick, people who'd just had a baby and perhaps the baby had died in birth or wasn't doing so well, elderly people in the long-term geriatric ward who had no-one to visit them, people whose mental health had fallen apart and found themselves in hospital, people who had an accident (…).

Described by Nicola, healthcare is a space of suffering that is chronic and ordinary, crisis-laden, and catastrophic (Das, 2015). Suffering is multifaceted and can affect anyone, intersecting with varied economic, political, and social circumstances. Being a chaplain was not always easy for the women in this research. Nicola said, 'There are those huge crises of faith moments (…) if there is a God of love, how could this be?' In processing these catastrophic moments, she said, 'I make space for the doubts and the questions alongside the certainties and the faith and accept that they're integral to each other.' Nicola elaborated:

> Twenty years ago, I would have said 'I really respect other religions, but I actually believe Christianity is the right way.' I would say now, 'I'm not sure about that.' I've had to learn. From working with people and living alongside [them, I've] come to see that there are different ways … and different traditions that are helping.

Healthcare is also a space of revelation, being opened to difference, and acceptance that dominant views and white Christian positioning can be counterproductive and exclusionary. Nicola relinquished 'the right to be right' – in the words of sociologist Lori Beaman: 'Responding to the new diversity in an inclusive way means relinquishing rightness and power by those who are accustomed to having it' (2017: 18). The inward struggle combined with the outward suffering that the women experienced and witnessed could push one toward self-growth and activism (Lorde, 1984). Keating explains that placing spiritual and activism together might be odd for some. Spirituality

 

often denotes something private, personal, inward-looking and activism as engaged, looking out to make change. 'Rather, spiritual activism combines self-reflection and self-growth with outward-directed, compassionate acts designed to bring about material change' (Keating, 2005: 244). Both elements are mutually constitutive and were at the heart of Nicola's work as a chaplain. She explained some of the practical things she did to help others:

> I think sometimes there's something very practical you can do, you can go along to a social worker and say, 'This family cannot feed their children today, they have no food in the cupboard today, what can we do to help?' Sometimes I have gone and bought food for a family who don't have food today and it makes me very angry that with the political situation in this country, people are not able to feed their family or buy school shoes for their kids. There are times where I know I can't solve that problem, but I know someone who can begin to help or contacting charities who might be able to give a grant. There are times where we've had to get involved with the immigration process and write letters of support. For example, it's important that a grandparent can come to see this child who is dying or to support the family, and the Home Office are being difficult. I wouldn't say we've been very successful in that but sometimes writing a letter of support has been important or trying to signpost families to the right person who can help like Citizen's Advice.

Fernandes (2003) discusses the notion of a spiritualisation of practice. She explains how this starts at the individual level with compassion, humility, and love. The quest for social justice begins here. She states that '[I]f social activism is ever to be transformative in any lasting way then qualities such as compassion and humility must be understood not as feelings or even ideas but as actual practices, practices that are a necessary component of transformative social activism' (2003: 59), and in our research a transformative spirituality. In this excerpt, Nicola, spoke about her anger at the injustices patients experienced, and importantly enacting compassion and humility through everyday acts of spiritual care to forward social justice for the hospital community with and for whom she worked. Embedded in her excerpt are the intersecting systems of power that oppress and instigate action – classism, austerity measures, unemployment, racism, and exclusion because of one's immigration status. There were days that Nicola felt defeated, when she felt 'powerless' and the 'social paralysis of the system.' But she said, 'You cannot work in a place where tragedy happens, I don't believe, and not be more open to different ways of thinking' and doing. Similar to other participants, in addition to coming alongside those at the bedside, Nicola wrote letters, raised awareness, and gathered with other chaplains to present at the hospital board level urgent patient-family concerns such as funeral poverty. The women disclosed and demonstrated through their experiences 'how much work is necessary to realize visions of social, political and economic transformation' (Fernandes, 2003: 59). As Keating notes, Anzaldúa insisted 'on a politics of spirit that can empower social actors to transform themselves and their worlds' (2005: 242).

## CONCLUSION

The spiritual care of women healthcare chaplains discussed here is not unique to them. Many chaplains, and non/religious leaders, across different contexts are carrying out similar work. What sets our analysis apart is that we demonstrate contemporary workings of spiritual activism among women healthcare chaplains that challenge inequity to progress social justice. Analysed through a feminist intersectional stance we expand the critical work of Black, Chicana and women of colour feminist scholars on spiritual activism by locating it in contemporary healthcare – a complex professional context in which modes of care by women chaplains expose that they offer more than gender, racial and religious representation. They challenge the structures that sustain social exclusions and inequalities through their spiritual activism – action that is in addition to prayer and religious rituals. We expand this critical work to remark on the lived practices of spiritual activism that address institutional and government forms of power that affect the everyday realities of hospital constituents and chaplains. This feminist theoretical and analytical graft on spiritual activism also contributes to the broader study of chaplaincy providing a lens from which to analyse chaplains' care work within and across social locations. To conclude we raise three points to consider alongside what has been set out above.

First, women chaplains in the healthcare context contend with the structures of the religious and medical institutions in which they are situated. Both institutions contain the historical structural intersecting effects of patriarchy and colonialism. Clinical contexts have been historically shaped by these, along with, 'White benevolence, a form of paternalistic racism that reinforces, instead of challenges, racial hierarchies, found across Canadian [and British] institutions (…) it can uphold ideals of democracy, multiculturalism, peacekeeping and tolerance. These colonial scripts are deeply embedded beliefs both at home and abroad' (Gebhard *et al.*, 2022: 1). Arguably, those involved in spiritual work may be drawn to this type of benevolence and saviourism. Chaplaincy teams while becoming more gender, religious and racially diverse, mirroring migration and changing demographics,

 

can still be spaces of inclusion and exclusion, and exercise forms of 'kindness and helpfulness' that can mask workings of power and superiority that keep systems of oppression in place (Gebhard *et al.*, 2022). While the women aimed to resist these forms of oppression through forms of spiritual activism, colonial histories and racial dynamics were part of the women's contexts and could be unevenly contended with depending on how they were positioned themselves. Spiritual activism as we have theorised in this article is attentive to and actively working to remove forms of systemic inequities that include racism, classism, and sexism. Hellena Moon, a postcolonial theologian, moreover, calls for a 'postcolonial spiritual care' that 'can envision a capacious understanding of freedom and decoloniality' (2023: 15).

Second, many of the women described their work of spiritual care and themselves as on the 'edge'. Claudia, Kath, and Nicola cared for those tucked away in a side room or on the margins of society and described themselves as a believer in Jesus or as religiously different. Women chaplains may be drawn to the profession because of these edges and being on the edges themselves. Being on the edge implies the peripheral, living on the fringe or at the limits of something, a border. It is also a place where a structure or bridge can be erected to join the edges. Anzaldúa states, 'To bridge means loosening our borders, not closing off to others. Bridging is the work of opening the gate to the stranger, within and without' (2002: 3). The women working on the edges of religious and secular spaces had to reach out and make themselves known. They were often the bridges between patients and staff, the hospital and community, and this conjured openness, risk-taking, relationality and movement for equity.

Third, studying the work of women healthcare chaplains opens new directions when considering the relationship between religion and feminism. Not exclusive to women chaplains, they hold several positions including feminist, spiritual and religious ones but read as religious women they can be othered by secular feminists and likewise by religionists because of their ministerial positions that can be deemed out of place. Lata Mani, South Asian feminist scholar and cultural critic writes, 'Othering is a strategy of power. It distorts complexity. It denies relationality' (2022: 52). To counter this, Mani proposes that, 'Difference as specificity within interdependent diversity is much more capacious' (52). She states, 'Our lives are composed of myriad intimacies. Yet we experience these as so many estrangements, antagonisms, irrelevances. To speak of equality is to tacitly acknowledge multiplicity and relationality: equality is always with-within-among-between-across' (53). Women healthcare chaplains by their very position can reveal oppositions between and among feminisms and religions, but through an active spiritual care, these divisions can dissipate because their work across social difference is attuned to interdependence.

In sum, women healthcare chaplains work in and between the edges of the clinical, secular, and religious. It is in such spaces that the power of spiritual activism moves. The work of these women and those like them and those that have gone before them know how much work there is to be done. They were aware of this and its overwhelm. Nonetheless, from working interpersonally with patients and families to provide care and support, to working to make change in their institutions so that all are welcome, to working to address structural vulnerabilities that surge through hospital doors, they are not still. Their work of spiritual care is that of social justice challenging and shifting the inequity before them. With our critical reading of women healthcare chaplains' work, we augment feminist analyses of spiritual activism, identifying an overlooked area in chaplaincy studies via a group of women insufficiently heeded in feminist and religious studies.

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