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Chaplain as Cyborg: Negotiating Care in a Neoliberal Age

Late into my eight and a half hour shift as a hospital chaplain, the paper tally I keep in my breast pocket says that I have made only fifteen visits. My goal is nineteen, given the pressure from administration to boost our office's coverage and increase the number of electronic forms we log into the interdisciplinary chart. The next visit appears to be a quick one. An elderly woman in a hospital gown greets me cautiously as I knock and enter. Perhaps because the patient is intuiting my fatigue or is just too tired to talk, she responds with one word answers: She feels "fine"; her stay has been "good"; she feels "ready" to leave to hospital "soon." At the end of long day, with a few more to go, I feel the visit going nowhere beyond these surface level greetings, and I am ready to leave a few minutes into the conversation, so I ask the patient if she would like prayer. She nods appreciatively but does not have any immediate prayer concerns. I pray for God's accompanying and loving presence to be felt in the room as the patient finishes her hospital stay, a version of the same prayer I say with most patients.

Yet, when I open my eyes, thinking this quotidian, going-through-the-motions visit is over, there are tears in the woman's eyes. She wipes them away sheepishly, and when I inquire about them, she tells me of the loneliness she has felt these last days in the hospital. We speak briefly of troubled relationships and the felt distance from loved ones exacerbated by uncomfortable days in the hospital. She smiles appreciatively as I leave. In the hallway, as I remove my notes and draw a new mark on my sheet, I pause. That brief encounter, the sudden and unexpected meaning at the end – it is poignant encounters like this that keep bringing me back to the hospital. So much subtle meaning, condensed to a sixteenth mark of the pen made before I move on to the next visit. I have three more, so I had better keep moving.

As a hospital chaplain, I am beyond innocence, very much caught up in the Neoliberal machine of contemporary American healthcare, yet in this place, I also stumble upon such human moments of care, appearing not in spite of, but precisely within and through this Neoliberal matrix called the hospital. My task today is to illuminate the undecided ambiguity of chaplaincy by proposing an analogical image, that of the cyborg, a fusion of human and machine. The cyborg is itself a monster, caught in the liminal place between binaries of the human and nonhuman, a part of the de-humanizing machine of corporate capitalism yet also part human being, or at least in part formerly human. Here, in conversation with feminist theorist of science Donna Haraway and Italian political philosopher Giorgio Agamben, I argue that the chaplain as cyborg image illuminates the character of care today, a part of a dehumanizing Neoliberal

machine, yet striving – however imperfectly – towards new moments of community and humanity.

The American health industry is expected to reach 19% of our Gross Domestic Product by 2019. Despite recent changes, the industry remains an arena where health and care are sold. Though the Affordable Care Act of 2012 has done much good by increasing coverage and controlling past excesses, it has also vastly expanded the private insurance market. With insurance both more affordable and mandated, the ACA empowers the individual consumer to buy into the market in order to secure her health. Despite precarious social programs like Medicare and Medicaid, our health care remains today very much a commodity we purchase, together and singularly. In this marketplace, chaplains are in a precarious place. We have no billable hours; we make no overt physical interventions; and even though numerous studies gathered by medical researchers like Harold Koenig (2013), Christina Puchalski and Betty Ferrell (2010) have linked chaplaincy care empirically with greater overall patient satisfaction, compliance, trust, and coping, chaplaincy offices are often the first to be downsized in the midst of financial trouble (Koenig 2013, p. 24-43). My own office – in a Catholic hospital – was downsized from 9 full-time chaplains to 4 in 2010 after the recession.

In response, chaplains have modeled themselves after medical procedures in order to make a case for their place in the hospital. We promote spiritual screenings and perform spiritual assessments, which we then record in the interdisciplinary chart. We follow referrals and integrate ourselves into palliative care, trauma, and code teams. Perhaps most visibly, chaplains increasingly have moved away from describing our work as “pastoral” or “religious” care and are now turning to the more general designation of “spiritual care,” with “spirituality” defined as an innate capacity for meaning making, often though not necessarily through religious

symbols and traditions. A white paper from the major North American chaplaincy organizations (2001) begins its first section stating, “Spirit is a natural dimension of every person...The word *Spirituality* goes further and describes an awareness of relationships with all creation, an appreciation of presence and purpose that includes a sense of meaning” (p. 82). Others follow Kenneth Paragament’s (2007) more precise definition by aligning spirituality with the “search for the sacred,” where “the sacred” designates anything a person deems transcendent or divine, or any aspect of life that takes on transcendent significance (p. 32, 39). Identifying what we do as spiritual care means that chaplains work to support a patient’s own *individual* sense of meaning, whether or not that meaning is supported by a specific tradition. Sometimes this will mean the chaplain discloses her own religious background, but usually only as it is applicable to the immediate spiritual needs of the patient.

This move from pastoral to spiritual care aligns the work of chaplains with medical practice in two ways: First, by claiming spirituality as essential to human being, chaplains associate spiritual care with the hospital’s overall mission to care holistically for human health in general. Second, by separating generalized spirituality from specific religious traditions, chaplains can claim specialty in a type of care that speaks to people across various religious systems, meaning they can care for entire floors rather than visiting only those of a certain denomination or tradition.

By aligning themselves with “spirituality” over against religion, chaplains rightfully come under critique by scholars who link the turn to spirituality with the commodification of religion in Neoliberalism. For example, Jeremy Carrette and Richard King’s *Selling Spirituality* (2005) names the movement from religion to spirituality “a wholesale *commodification* of religion, that is the selling-off of religious buildings, ideas and claims to authenticity in service

to...corporate profit” (15). Carrette and King place spirituality within this overarching framework because they understand it to be the Neoliberal appropriation of a need that was once met through communal belonging and religious traditions. Today, this need is repackaged into notions of personal development and authenticity, satisfied individually by a number of commodities and professionals. Looking more specifically at healthcare and chaplaincy, Keith Meador and Joel James Schumann’s book *Heal Thyself* (2003) places spiritual care within the scope of our industry’s commodification of health. They actually trace the commodification of religion and health together, noting the historical progression from when the two were closely tied in a life of service to the goodness of God to one where bodily health has become an end to itself that can be purchased. As spirituality, Meador and Schumann claim, religion has been coopted as yet another merchandisable means towards health. Thus, the spiritual care that the chaplain offers is in service to the individualistic healthcare market; it becomes a commodity in the hospital’s list of services, meeting individual needs apart from any real commitment or community. The critique of spirituality is also beginning to appear in pastoral theology. Bruce Rogers Vaughn (2013) responds passionately against the turn to spirituality in pastoral counseling in a recent issue of the *Journal of Pastoral Theology*: “The replacement of religion with spirituality is perhaps the most pervasive, effective, and malignant strategy that neoliberalism uses to marginalize theology and neutralize its prophetic threat. I intend to be quite clear on this point,” says Rogers Vaughn, “in the context of global neoliberalism, spirituality is not part of the solution. It is part of the problem” (p. 2-5).

However, with the image of the cyborg and from the perspective of a practitioner of spiritual care, I want to nuance this analysis. On the one hand, critiques like those of Carrette, King, Meador, Schumann, and Rogers-Vaughn directly apply to my work as a chaplain. My

work is shaped to fit market needs: I am pushed to expand coverage, to place the needs of the individual over fidelity to tradition or commitment to community, and to base my assessments and interventions on an individualized medical model. As I said at the beginning, as a chaplain, I am beyond innocence. The discursive turn to “spirituality” is tangible evidence that my work is suited for individualized market needs in a competitive and precarious economy.

Yet I turn to the cyborg because it nonetheless illuminates the ambiguity and the undecided nature of chaplaincy care. Donna Haraway’s “Manifesto for Cyborgs” was first published in the *Socialist Review* in 1985. In it, she speaks critically against a tendency within second wave feminism to rely on homogeneous and innocent portrayals of its own political project. Such reliance, according to Haraway, polices the boundaries of feminism and disregards its own historical compliancy with racist and capitalist structures. Thus, Haraway turns to the cyborg for illumination. Cyborgs know no Garden of Eden and cannot feign innocence. Appearing in science fiction, they promoted and guided the arms and space races of the 20th century, and thus “are the illegitimate offspring of militarism and patriarchal capitalism” (p. 68). Yet while the cyborg is implicated as a tool of domination, says Haraway, it “might [also] be about lived social and bodily realities in which people are not afraid of their joint kinship with animals, and machines, not afraid of permanently partial identities and contradictory standpoints.” (p. 72). In other words, seeing ourselves in the image of the cyborg helps us understand our compliancy and associations with the forces of domination, but at the same time it reminds us that such boundaries are fluid. Even though we find ourselves interpellated into oppressive systems, we may still find avenues for agency, coalitions, and action. The cyborg is certainly inscribed in the political machine, but she also blurs and redraws boundaries between the machine and the human.

Haraway (1994) is thus optimistic about the possibilities of cyborg political action: “The point is to get at how worlds are made and unmade, in order to participate in the processes...not just to read the webs of knowledge production...[but] to reconfigure what counts as knowledge” (p. 62). She thus imagines cyborg actors realizing their compliancy in domination and reconfiguring its discourses and boundaries towards more just systems. Or again, in her words, “Feminist inquiry is about understanding...how worldly actors might somehow be accountable to and love each other less violently” (Haraway 2003, p. 7). There are moments when I am equally optimistic of spiritual care in a Neoliberal setting, when my pastoral presence allows room for human connection in the midst of alienation. Does the chaplain not re-write – in however fragmentary a manner – the possibilities of community and care as a part of the hospital? Can we realize our place in the Neoliberal empire of American healthcare and rework its boundaries, at the borders of the human and the commodity? Did I make room for just that – even accidentally – in a prayer asking for a reminder of God’s presence?

Yet I wonder if the critics of spiritual care reviewed above will not call such optimism a capitalistic illusion. “The idiosyncratic philosophies and activities of isolated individuals are powerless to oppose a globally entrenched hegemony,” writes Rogers-Vaughn (p. 2-11). Elsewhere he (2014) writes, “Whereas Haraway (1985) once celebrated the ‘cyborg’ as a version of liberated humanity, it seems now to have become the mindless, machine-like fate of vacuous servitude to capitalist consumption” (p. 514). In other words, perhaps the dream of cyborg action has been coopted by the stronger dehumanizing forces of capital. Practical theologians like Elaine Graham (2002) and Heather Walton (2004) make a similar argument when they critique Haraway’s optimism for failing to account for the entrenchment of patriarchal images in cyborg culture. Rather than redrawing boundaries more justly, cyborg fiction is often used as a prop to

dehumanizing systems of violence, as it was in the Robocop and Terminator franchises of the past decades.

I therefore turn to Giorgio Agamben as a warning, for whereas Haraway holds out for the possibility of responsible political action via the cyborg, Agamben is far less optimistic. With Agamben, the line between machine and cyborg merge closer, as he theorizes humanity captured by various technologies. Rather than these couplings signaling new avenues for responsible action as they do for Haraway, Agamben fears they much more often de-subjectize their target; they turn us into numbers, products, and property. For example, in his (2009) words: “He who lets himself be captured by the ‘cellular telephone’ apparatus...cannot acquire a new subjectivity, but only a number through which he can, eventually, be controlled. The spectator who spends his evenings in front of the television set only gets, in exchange for his desubjectification, the frustrated mask of the couch potato or his inclusion in the calculation of viewership ratings...It is impossible for the subject of an apparatus to use it ‘in the right way’” (p. 21). Agamben is of course most famous for his early work *Homo Sacer* where he provocatively claims the concentration camp represents “the hidden paradigm of the political space of modernity” (p. 123). In the camp, the political subject is rendered into pure biological life, free of any legal protection and able to be killed without the charge of murder (p. 171). What Agamben is arguing in this early work is that modern politics operates by placing life outside of political protections and into situations of extreme precariousness. We see such procedures at work in our city streets today when officers of the state can detain, imprison, and kill our citizens without reason or consequence, or when countless families are only one catastrophic medical diagnosis away from bankruptcy or homelessness. In his later work with the cyborg and the apparatus, Agamben is then filling out his earlier claims. When technology

renders the human into a number, it can be left destitute or killed all the more easily. Agamben ends his essay on the apparatus with the following warning: “Surveillance by means of video cameras transforms the public space of the city into the interior of an immense prison. In the eyes of authority...nothing looks more like a terrorist than the ordinary man” (p. 23). In other words, technology saps our personhood, rendering us subject to violence.

With Agamben, we must ask ourselves if the practices of spiritual care render care-giver and care-receiver into subjects or into objects. As a chaplain, I know many of my own practices turn my patients into numbers: not only is each visit reduced to a tally that I log into an excel sheet, but the patient herself is reduced in my chart to the terms of my assessment and interventions. The visit becomes a few clicked boxes, registering the patient’s mood and outlook into a few pre-determined categories. The shift to spirituality from religion aids in this reduction. With my visit, the patient is not necessarily placed inside a historical narrative of God’s redeeming love and action, nor does he necessarily join a practicing, confessional community. He may in fact do these things, but they are not the first priorities of my work, according to the discourses of the hospital and professional chaplaincy. Rather, my care satisfies an individualized need rooted in ideas of healthcare.

And yet, there are those moments of real human connection and community, made possible by my place in the hospital. There are these fragmentary episodes, tears in a patient’s eyes, prayers with distraught families, deep human conversations about fear and desire. These moments happen not in spite of my Neoliberal setting, but because of it, because the hospital places me in the room under the title of chaplain. Thus, I leave you in a place of undecidedness, perhaps undecidability, for ambiguity is the place of the chaplain and pastoral care today in the space of Neoliberalism. The cyborg is my image of this uncertainty, a figure already caught in

the borders between options. Is the chaplain within the Neoliberal empire she serves redrawing our boundaries in more just, live-giving, less violent ways? Admittedly, I lean towards Haraway in my more optimistic moments. But I must also hear the warnings of Agamben. My Neoliberal setting also pushes me to de-subjectization. The cyborg can easily turn into a machine.

Sometimes, it feels like I already have.

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