Providing Spaces for Prayer and Reflection in Hospitals: What is the Right Approach?

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Agenda

• Context: faith, belief and spirituality in the population
• Chaplaincy at GOSH
• The space needs of patients, families and staff
• Common approaches to meeting need
• The GOSH approach
• Benefits and disadvantages of the GOSH approach
Context

• The 2011 Census of England and Wales revealed:
  – Largest religion is Christianity (59 per cent)
  – Second largest religion is Islam (5 per cent)
  – 32 per cent of the population have no religious affiliation

Religious affiliation is declining

Islam is the fastest growing religion in England and Wales

The 2021 census is expected to reveal that these trends are continuing

Hospital Chaplaincy at GOSH

• Multi-faith team
• Offer spiritual and emotional support
• All members of the team see any family
• Referrals to colleagues as appropriate
• Minister to staff as well as children and families
• An ecumenical model for our time?
The Needs of Patients, Families and Staff

• Times of ill-health and trauma lead to rediscovery of faith: we call upon religion in times of stress

• Space for religious groups is not only about prayer: community

• Spaces for prayer should inspire faith
The Needs of Patients, Families and Staff

• Four tests for a spiritual space:
  – Spatial dynamics
  – Centring focus
  – Aesthetic impact
  – Symbolic resonance

• Creating sacred ground

• Holistic care:
  – Mind
  – Body
  – Spirit

Common Approaches

• Multi-faith rooms
• Multi-function spaces
• Zoned rooms
• Methods for concealing icons and symbols
• Reflection rooms
• Timetabled use of spaces
• Alternative names and descriptors: ‘The Sanctuary’
Common Approaches

• Examples of multi-faith rooms
• Architecture of the ‘empty white box’
• ‘Has God left the building?’ (Crompton 2013)
Common Approaches

• At risk of offending a particular faith group we fail to meet the needs of any
• Failure of Kieckhefer’s four tests
• Failure to meet the needs of patients, families and staff
• Failure to create sacred ground that inspires faith
• Loss of community
The GOSH Approach

• Separate and distinct facilities for different faith groups:
  – Christian chapel
  – Muslim prayer rooms
  – Shabbat room
  – Reflection room

• Enforced approach?

• The right approach?
The Historic Chapel of St Christopher

- Designed by EM Barry, third son of Sir Charles Barry
- Originally an integral part of the 1875 ‘Hospital in the Garden’
- Although of modest size, the excellent proportions and the quality of the decoration give the impression of a much larger building
- In 1875 the construction budget for the chapel alone was 50 per cent of the total project cost
The Historic Chapel of St Christopher

“The most delightful private chapel in London.”

Oscar Wilde
Moving the Chapel: 1992

• Plans for the Variety Club Building in 1992 included the demolition of the 1875 building of which St Christopher’s Chapel was part

• The chapel’s windows and loose fittings were removed for restoration and safe-keeping

• The chapel was underpinned with a concrete raft, encased in a protective ‘box’ and slid down a greased ramp from the mezzanine floor to its new home at ground level
Moving the Chapel: 1992

• This is believed to be the first time that a building was moved ‘en-bloc’ in this way
• On arrival, only a small number of mosaic tiles were found to be broken
• Once installed in its new location, the chapel underwent a full restoration
• St Christopher’s Chapel is a Grade 2* listed building, noted for its rich decoration and fine contemporary fittings
Shabbat Room

• A dedicated facility where Jewish families can prepare Kosher meals, pray and keep Sabbath observances
Muslim Prayer Room

- Sub-optimal space
- Insufficient capacity for Jumu’ah and Ramadan
- Poor gender segregation
New Muslim Prayer Room
New Muslim Prayer Room

• High quality space
• Increased space provision: 19m$^2$ to 103m$^2$ (prayer room)
• Capacity for Jumu’ah (approx. 100 worshippers) and Ramadan
• Dedicated facilities for women
Benefits of the GOSH Approach

• Dedicated facilities for different faith groups
• Facilities that nurture faith, prayer and spirituality
• Building community
• Convergence with organisational values: celebrating diversity
• Retention and celebration of historic facilities
Disadvantages of the GOSH Approach

• Significant space allocation
• Pressure to use space for clinical functions
• Cost: funding options
• Meeting capacity requirements: ‘If you build it, he will come’
• Is this a moving target?
Thank you for Listening