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Opportunities for sharing, exchanging experiences and mutual learning in Pastoral Counselling of the sick

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Abstract

The Romanian Orthodox Church was excluded from the public space during the communist period and all its religious assistance was restricted to the internal space of the Church (rituals and religious ceremonies). After 1989, the Church tried to develop its religious assistance, but after a long period of communism it was quite difficult to change the mentality of people and their opinion that the Church should not be present in the life of society.

The management of the present problems (secularization, the lack of the meaning of life, spiritual crisis, isolation, depression, addictions) is very difficult and it became necessary to look for people who could advise those who are in existential crisis. It is important for Christians to seek the meaning of life in Christian spirituality to be able to overcome the problems and the challenges of the contemporary world. This requires the help of experienced people who possess skills of psychology and religion.

In this context, Pastoral counselling is very important because it is a unique form of counselling which uses spiritual and psychological resources for healing the whole person: mind, body and soul. Pastoral counselling is necessary for the existential searches and for finding possible solutions in order to acquire the balance of life, in relation with God, with other people and with the social environment.

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I decided to choose the Pastoral counselling of the sick because of the experience I had during my period of internship at the Ecumenical Chaplaincy of CHUV (Hospital of Lausanne), deeply impressed by all the activities gearing towards the spiritual care of patients.

My interest was to find out what the Romanian Orthodox Church could learn from the other Churches in Lausanne (Switzerland), who had already worked out a detailed Pastoral counselling program for the sick in order to offer religious assistance to the people.

I analyzed the services of the Ecumenical Chaplaincy of CHUV for the spiritual care of the patients and I compared this with the services of the chaplains for the Pastoral counselling of the sick in the Religious Assistance Service of the hospitals in the Romanian Orthodox Church.

The main conclusion of the paper is that in the Romanian Orthodox Church it is important to develop a new perspective of ecumenical cooperation between confessions recognized by the Romanian Government, that can provide some unique opportunities for sharing and exchanging experiences and for mutual learning in the Pastoral counselling of the sick.

Keywords

History, Legal framework, Spiritual care and guidance, Religious assistance, Communication, Cooperation, Mutual learning

I. Pastoral counselling of the sick in the Ecumenical Chaplaincy of CHUV (Aumônerie Oecuménique du CHUV – Centre hospitalier universitaire vaudois), Switzerland

1. Ecumenical Chaplaincy of CHUV: History, Spiritual guidance and Legal framework

In order to find out more information about Ecumenical Chaplaincy of CHUV I used the fieldwork research, the participative observation and the investigation of official documents.

I decided to choose this ecumenical chaplaincy of CHUV, because I had an internship, for one week, during my research fellowship from Ecumenical Institute of Bossey.

I will use “Pastoral counselling” for the spiritual care in the Ecumenical Chaplaincy of CHUV, because through Pastoral counselling, spiritual care is provided for the sick in the hospitals.

History:

The religious presence accompanied the development of cantonal hospitals in Switzerland. During the construction of the hospital Bugnon in the canton of Vaud, in 1883, the deaconesses from Institute of Saint Loup, provided the pastoral care for the patients. In time, this presence followed some of the evolutions of the hospital, including the mission of the university hospital, but also the spiritual care of patients. Since 1988, the chaplaincy has been an international centre for pastoral training in listening and communication. In 2001, the chaplaincy became an ecumenical service of spiritual counselling.¹

The framework of the spiritual guidance:

The main mission of chaplaincy service is to serve the spiritual needs of persons hospitalized in CHUV.

CHUV has the responsibility for the patients in the hospital, but also to promote the activity of chaplains and their integration in the team of caregivers.

The chaplaincy service of CHUV implements the mandate entrusted to the churches by offering spiritual and religious care for the patients, through individual meetings and celebrations adapted to their needs. This service of CHUV participates at the therapeutic purposes of the hospital and also assumes a training and research mission, in connection with the vocation of the University Hospital. In this way, it contributes to the professional development of medical staff, helping them to discover the human person in all its dimensions.²

The legal framework:

CHUV has a special institutional situation: there are chaplains, priests, pastors, deacons and laity engaged in the mission of spiritual care. They are mandated by religious communities, recognized by the Canton of Vaud.

In accordance with the constitution of Vaud, the Chaplaincy Service evolved in the context among missions exercised in common by the Churches from the Canton of Vaud (Law on the relationship between the state and the churches recognized by the public law – Loi sur les Relations

¹ Adapted from Aumonerie oecuménique du CHUV, Centre hospitalier universitaire vaudois, 2009, p. 1.

² *Ibid.*, p. 2.

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entre l'Etat et les Eglises reconnues de Droit Public, LREEDP, 9 janvier 2007).

So, the characteristics of the service reflect the close links maintained among three institutions: the University Hospital of CHUV and the Catholic and Protestant churches.

The chaplains who exercise their ministry at CHUV must avoid any kind of proselytism and must respect the legal framework: Loi sur la Santé Publique (LSP) art. 80, Arrêté de mise en vigueur 180.05 (RSV 14 mars 2007)³, Charte des Hospices (CHUV).⁴

In 2003, the Constitution of the Canton of Vaud recognized the spiritual dimension of human beings and in this way it provided a special context for spiritual care in hospitals (La Constitution vaudoise, article 169 (1): "L'Etat tient compte de la dimension spirituelle de la personne humaine").⁵

2. Mission and organization of the Ecumenical Chaplaincy of CHUV

The Chaplaincy Service follows the three missions from CHUV: care, training and research and is now integrated into the Management of care.

The chaplains have a main objective to offer *spiritual guidance* and to respond to the religious needs of the patients in CHUV. Therefore, the chaplains involved in the therapeutic aim of CHUV, actively contribute to the overall care of the patient.

In these activities is very important that the relationship between the chaplains and the patients becomes a pastoral relationship, in order to help the patients use their spiritual resources and/or religious traditions and to accept their situation: the disease, the suffering, life and death.

In order to establish this pastoral relationship, the chaplains consider that each person possesses a spiritual dimension. The spiritual dimension is understood here in a broad sense, as the human person in connection with transcendence, the sense of his life, the identity and the values that he/she has attributed to his/her existence.

³ *Ibid.*

⁴ http://www.chuv.ch/chuv_home/chuv_qui_sommes_nous/chuv_char_pre/chuv_ddev.htm#chuv_char_ddev-patients – Centre hospitalier universitaire vaudois (10.03.2015).

⁵ <http://www.admin.ch/opc/fr/classified-compilation/20030172/201303110000/131.231.pdf> – Les autorités fédérales de la Confédération suisse (10.03.2015).

The chaplaincy department also extends its activities to all the employees of the hospital. The moments of reflection, meditation and celebration are planned in the chapel of CHUV and special celebrations are organized for Christmas and Easter. The chaplains are also available for individual consultations in different situations.

The Chaplaincy Service provides *training* for those involved in religious and health organizations. These training activities are intended as a contribution to the overall care of the patient, including his personal history, spiritual and religious needs, as well as awareness of the interdisciplinary work between nursing teams and chaplains.

There are two directions of formation: training of the ministries (training in Clinical Pastoral Education, in collaboration with the Faculties of Theology it accompanies trainees in pastoral ministry, in collaboration with the training offices of Churches it supervises and trains ministers) and training of the medical and nursing staff (in an interdisciplinary perspective, in collaboration with the Faculty of Biology and Medicine).

In the Chaplaincy Service, all the activities are practiced in an interdisciplinary perspective, because there is a clinical, but also a spiritual practice with patients.

The research work refers to the exploration and evaluation of the practice in an interdisciplinary context: construction of the objects of research, the models of evaluation of the spiritual distress, insertion of religion in a public institution of health, pursuing the exploration and evaluation of the clinic, in a Practical Theology perspective.

In this service, development also has an important role: the Chaplaincy Service offers theoretical evaluations and training in the clinical practice and it contributes to the elaboration of projects related to the clinical life.

The *organization* adopted for the Chaplaincy Service is in relation with the three main institutions: CHUV, Catholic and Protestant churches. This organization has covered both the areas of clinical, training and research.

The Office of the Chaplaincy Service has been created to improve the communication between the General Directorate of the CHUV, the Council of the Catholic Church, the Synodal Council of the Evangelical Reformed Church of the Canton of Vaud, the conference of chaplains and “le Conseil cantonal de l’aumonerie oecuménique”. It is composed of a president who represents the General Directorate of CHUV, the coordinator of the Chaplaincy Service and of two respondents of the Protestant and Catholic churches.

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The *conference of chaplains* (which consists all the chaplains in function) is responsible for the organization of all the activities from the Chaplaincy Service of CHUV.

There is also a *council of training and research*, composed of representatives of CHUV, of the Chaplaincy Service, of the Faculties of Biology and Medicine, of the Faculties of Catholic and Protestant Theology and of the churches.⁶

3. Services of Ecumenical Chaplaincy of CHUV for the spiritual care of the patients

Between March 25th and 29th 2013 I enjoyed an internship at the Ecumenical Chaplaincy of CHUV (Hospital of Lausanne). In that period I observed some of the activities of this centre.

In the CHUV Hospital I had the first meeting with Cosette Odier, the coordinator of the Ecumenical Chaplaincy of CHUV, in order to prepare the internship at “Service de l’aumonerie oecumenique” (du Centre Hospitalier Universitaire Vaudois).

The first thing I found out was that the Constitution of Canton of Vaud, from 2003, emphasized the importance of human beings’ **spirituality** (difference between spirituality and religion). This Constitution provides a legal framework for all the spiritual care activities by the Hospital, in an ecumenical perspective.

In this centre there are pastors, priests and lay members of different confessions, so it is an ecumenical centre of spiritual care, not only for Christians, but also for patients who are Muslims, Buddhists, Jews, atheists and agnostics.

As part of the religious and spiritual support for patients, the chaplains, regardless of their gender or confession, offer different clinical services:

- to meet the patients, including the psychiatric ones, as well as the hospitalized children and their families,
- to organize group meetings with patients in some hospital services,
- to help the patients and their families to cooperate with nursing teams,
- to celebrate rituals adapted to the needs of the hospitalized people (rituals and sacraments: confession, anointing for the sick, Communion),

⁶ Adapted from Aumonerie oecuménique du CHUV, Centre hospitalier universitaire vaudois, 1 september 2009, pp. 3-4.

- to celebrate different services and the Mass on every Sunday and feast days,
- to celebrate together in an ecumenical manner, several times in a year (4-6), on Sunday or on feast days,
- to dedicate a time of meeting for the children from the Paediatrics service on every Sunday,
- to maintain the patient or his relatives in connection with their community of faith (either Christian, Muslim, Jewish or other religion), at request,
- to cooperate for different activities with health care providers, as part of their skill-training,
- to support the activities for volunteers,
- to provide the presence of guards 24 hours a day, seven days a week.⁷

“Aumonerie oecuménique” also has a website: www.chuv.ch/aumonerie. A publication named “Traces et empreintes” is published several times a year and it is distributed throughout the institution.

On March 1st 2013, at CHUV Hospital in Lausanne, a conference was organized: “Soins & Spiritualités. Des livres, des regards, des rencontres”. Many doctors and chaplains from CHUV attended this conference and they emphasized the importance of developing ecumenical cooperation in order to offer efficient spiritual care for the patients.

The appearance of the book “Démence et résilience” was a special moment for all the people who were present, because it completed the series of “Soins&Spiritualités” (series published in CHUV), together with the books that were published already: Eckhard Frick, “Se laisser guérir. Réflexion spirituelle et psychanalytique“, Guy Jobin, “Des religions a la spiritualité. Une appropriation biomédicale du religieux dans l’hôpital”, Stéphanie Monod, “Soins au personnes âgées. Intégrer la spiritualité?”. All these books contribute to the development of the scientific activity of CHUV, but also to a deepening of the spiritual counselling methods.

At this event, the chaplains highlighted the meaning of Pastoral counselling for sick people in hospitals. There are some differences between depression and spiritual crisis, so that besides medical treatment, spiritual care is required.

⁷ Aumonerie oecuménique du CHUV, Centre hospitalier universitaire vaudois, 1 september 2009, p. 5.

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As a future perspective, the chaplains want to propose the gradual establishment of a spiritual assessment model for the inclusion of the spiritual dimension in the care and treatment projects (STIV model: sense of life, transcendence, identity and values; in order to show the difference between depression and spiritual suffering).⁸

The staff of Ecumenical Chaplaincy understands by spirituality: the sense of life (for the balance of life), the values of people, identity and transcendence. The biggest problem is the lack of sense for the modern human being. So they understand the importance of Spiritual Care and they try to develop this area, in order to help more and more people.

In the Hospital there is also an Ecumenical Chaplaincy (“Aumonerie oecuménique du CHUV”), where there are short services, every day from 8:30 till 9:00 (moments of silence, meditation, songs, prayers, reading from the Bible).

I observed different activities of spiritual care when I had some visits in CHUV (with Annette Mayer, chaplain of hospital, I was at Intensive Therapy and Neurology, where I visited a man who suffered by a cerebral attack – his Roman-Catholic family asked for some prayers, but not for a priest).

Annette Mayer explained to me about the importance of all dimensions of “Aumonerie oecuménique”: the psychological dimension, the symbolic dimension and the spiritual dimension.

The psychological dimension is the first one (chaplains are members of the Hospital, as doctors, but they have special skills of communication, counselling, empathy, relationship with the patients). If somebody only sees this direction, there is the risk of only one perspective (psychology perspective).

The symbolic dimension means the sense of life, the values of persons and how the people understand the transcendence.

The spiritual dimension refers at the activities of priests, pastors and lay members: the sacraments, prayers, reading of Scripture, Quran etc. If there is only this dimension, there is the risk of only having a religious perspective (and a chaplain becomes more a pastor than a chaplain).

I also discussed with Annette the importance of speaking with the patients about existential problems. Annette told me that a chaplain pays more attention to existential problems, than a confessor priest. She thought

⁸ http://www.chuv.ch/aumonerie/aum9_home/aum9-prestations.htm(10.03.2015).

that the confessor speaks only about the religious part of the life. I explained her that in Orthodox tradition, the mystery of Confession is also very important and the confessor also approached the main problems of the life.

As a chaplain she can speak only about the spiritual part of life, but not also about the religious one, because she is working in a secular hospital, where the proselytism is forbidden. In the CHUV hospital there is also an ecumenical context.

With Brigitte Niquille, another chaplain of CHUV, I visited the ward of an old man (Roman-Catholic). A priest was called for him and he had the service of Anointing of the sick and Holy Communion, also some prayers and Communion for all members of the family.

I also visited the Lavaux Hospital, a special rehabilitation hospital for old people, a hospital where you can find a free Bible in every room. I visited the old people who are there. The patients have different activities: they work together, they have a library and a special living room for discussions. The chaplain is friendly with all the patients, he knows all the names of the patients and he is very appreciated.

I was also present at the Ecumenical Celebration of Good Friday in CHUV. Then, I had some visits to medical emergency and Intensive Therapy, where I was shocked when I saw some patients from different accidents, one patient who was a thief and a policeman who guarded him, a woman who was caught in a straitjacket and with chains at her legs... The chaplains have the responsibility to visit them and to try to help them with Pastoral counselling.

The period of research fellowship at CHUV hospital was a unique period in my life, because I had the chance to observe the ecumenical perspective of all activities in the hospital! When you see how much people are suffering, you can only become humble and start to reflect about the treasure of life. We must pray for all our "brothers and sisters" who are in difficult situations, in poverty, in addictions, in diseases, in depression and try to help them, as Jesus taught us:

"for I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, *I was sick and you took care of me*, I was in prison and you visited me" (Matthew 25, 35-36).

II. Pastoral counselling of the sick in the Religious Assistance Service of the hospitals in the Romanian Orthodox Church⁹

1. The religious assistance of the hospitals in Romania: history, legal framework and spiritual guidance

History:

The first medical institutions in Romania were established near the monasteries and they were called infirmaries (hospitals of the monastery).¹⁰ In 1704, Mihai Cantacuzino founded a monastery and the first hospital in Romania, Hospital Colțea in Bucharest.¹¹

The second hospital also appeared in the capital of the country, being dedicated to St. Panteleimon. It was built by Grigore Ghica II between 1735-1752.¹²

Hospitals built by the Romanian Orthodox Church near monasteries were for all patients, “irrespective of nationality and religion”.¹³

The legal framework and the framework of the spiritual guidance:

In art. 29 (5) of the Romanian Constitution, it is mentioned that “Religious denominations are autonomous from the state and are supported by it, including the facilitation of religious assistance in the army, in hospitals, prisons, homes and orphanages”.¹⁴ The law no. 489/2006 on Religious freedom and the general regime of denominations in Romania emphasizes in art. 9 (3) that “The public authorities shall cooperate with denominations in matters of common interest and support their work”, (4) “The Romanian

⁹ In this part of the paper I also used the fieldwork research, the participative observation and the investigation of official documents.

¹⁰ Pr. Ene Braniște, Ecaterina Braniște, *Dicționar enciclopedic de cunoștințe religioase*, Editura Diacezană Caransebeș, Caransebeș, 2001, p. 66.

¹¹ Diacon Dumitru Bogdan Bădiță, *Pastorația bolnavilor*, Editura Cuvântul Vieții a Mitropoliei Munteniei și Dobrogei, 2012, p. 182.

¹² Cristina Ionescu, Dr. C. Romanescu, “Câteva opinii despre rolul bolnițelor mănăstirești din Moldova”, în *Mitropolia Olteniei*, XXII, 1970, p. 47.

¹³ Alexandru Gălășescu, *Eforia spitalelor civile*, București, 1900, p. 547 apud Pr. C. Voicescu, “Mănăstirea și așezământul spitalicesc Sfântul Pantelimon de lângă București”, în *Biserica Ortodoxă Română*, XCI, 1973, nr. 11-12, p. 1295.

¹⁴ http://www.cdep.ro/pls/dic/site.page?den=act2_1&par1=2 – Romanian Constitution, Chamber of Deputies, Romania (11.02.2015).

State, by the competent public authorities, supports the work of *spiritual*, cultural and social development of recognized denominations in Romania”, (5) “The central public authorities may establish partnerships with recognized denominations in areas of common interest”.¹⁵

This law promotes dialogue and cooperation between denominations recognized by the Romanian State, so that an ecumenical approach can be developed in Pastoral counselling of the sick.

The Status for the organization and functioning of the Romanian Orthodox Church, in art. 135 (1) says that Romanian Orthodox Church is “responsible for providing religious assistance in parishes, in army, in prison, in *medical system*, in social work and in educational institutions, as provided by law, protocols or agreements with public authorities” and in art. 136 (2), that

“the priests, deacons and church singers from parishes have the task to provide the religious assistance *to all categories of believers* in military units, prisons, *medical systems*, social work and educational institutions across their parishes as many times as requested”.

This status stipulates that social and pastoral assistance should occur *without discrimination*, art. 137 (4).¹⁶

In 1995 the first cooperation protocol between the Romanian Patriarchate and the Ministry of Health was signed. It allowed religious assistance in hospitals, the chaplain having as purpose to ensure the religious assistance for the patients and for the medical staff and to build a chapel.¹⁷

In 2007 a cooperation protocol between the Romanian Government and the Romanian Patriarchate was signed in the field of social inclusion. According to this protocol,

“the Romanian Government ensures optimal conditions in the centers of public providers of social services to conduct *spiritual assistance* of beneficiary persons, including by providing their own spaces in this regard, subject to compliance with fundamen-

¹⁵ <http://legeaz.net/legeaz-cultelor-489-2006/art-9-relatiile-dintre-stat-si-culte-culte-> Law no. 489/2006 on religious freedom and the general regime of denominations from Romania (11.02.2015).

¹⁶ http://www.patriarhia.ro/_upload/documente/statutul_bor.pdf – Status of Romanian Orthodox Church (9.03.2015).

¹⁷ http://www.patriarhia.ro/ro/opera_social_filantropica/biroul_pentru_asistenta_religioasa_1.html – Religious Assistance Service (9.03.2015).

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tal rights and *freedom of religion* first of all. The Romanian Orthodox Church provides *spiritual counselling* with specialized staff to the beneficiaries of social services, organized by public and private providers”.¹⁸

In 2008 a cooperation protocol was signed between Romanian Patriarchate and the Ministry of Public Health in “Medical and spiritual assistance”, emphasizing medical and charity dimensions: “The Romanian Patriarchate has the duty to provide spiritual and social support with specialized staff to the beneficiaries of the public centers of healthcare services”.¹⁹

2. Organization and Role of the Religious Assistance Service in the Romanian Patriarchate

In the Romanian Patriarchate Administration there is a Sector for social-philanthropy matters. In this sector one can find an office of religious assistance for different state institutions: military units, prisons, *hospitals and social welfare institutions* (with 364 priests, 236 churches and chapels). In many hospitals the services still continue to be celebrated in amphitheatres, meeting rooms and hallways.²⁰

His Beatitude Daniel, the Patriarch of the Romanian Orthodox Church, proposed on July 1st 2008, the establishment of a Pastoral Circle of chaplains, called “Communication and Communion” and appointed a Coordinator for the priests of all hospitals in Bucharest, in the person of Father Horia Nicolae Prioteasa.

This Pastoral Circle also has a site <http://www.preotispitalebucuresti.ro> and a Choir called Saints Doctors Cosmas and Damian.

The first meetings of the chaplains Pastoral Circle was on August 4th 2008, at the Romanian Patriarchate and it had the theme “Theological meaning of suffering and healing” and it was chaired by His Beatitude Daniel, Patriarch of the Romanian Orthodox Church.²¹

¹⁸ http://www.patriarhia.ro/ro/opera_social_filantropica/biroul_pentru_asistenta_social_filantropica_2.html – Social Assistance Service (10.03.2015).

¹⁹ http://www.patriarhia.ro/_layouts/images/File/1216886201076490400.pdf – Cooperation protocol between Romanian Patriarchate and the Ministry of Public Health in “Medical and spiritual assistance”(10.03.2015).

²⁰ http://www.patriarhia.ro/ro/opera_social_filantropica/biroul_pentru_asistenta_religioasa_1.html (20.03.2015).

²¹ <http://www.preotispitalebucuresti.ro/2009/Rapoarte%20anuale/Raport%202008/RA-PORT%20Activitate%20Asistenta%20religioasa%202008.pdf> – The Pastoral Circle

Some of the next meetings were prepared to initiate studies and documentation of projects, like the cooperation protocol between the Romanian Patriarchate and the Ministry of Public Health about “Medical and spiritual assistance”.

The members of the Pastoral Circle “Communication and Communion” organized information courses for students at the Faculty of Orthodox Theology in Bucharest, about the activities of priests in the social institutions: orphanages, hospitals, centers for the elderly and prisons.

On Christmas and Easter, the Religious Assistance Office of the Romanian Patriarchate organizes concerts in different hospitals and prepares gifts for poor patients: food, prayer books, icons.

In churches and chapels from hospitals there are Christian libraries with special books for the blind patients (books published in Braille).²²

The year 2012 was proclaimed in the Romanian Patriarchate as “The Year of Holy Unction and Patient Care”.

On May 15th and 16th 2012 an International Symposium was organized (“2012 – The Year of Holy Unction and Patient Care in the Romanian Patriarchate”), by the Faculty of Orthodox Theology in Bucharest and by the Educational Sector and Work with Youth of the Archdiocese of Bucharest. All the essays presented at this symposium have been published in a special volume.²³

All the activities of the Pastoral Circle “Communication and Communion” are disseminated through the Press agency of the Romanian Patriarchate: Trinitas TV and Trinitas Radio and the newspaper Lumina (Light).

Through the whole liturgical program, religious services, administration of the Holy Sacraments, pastoral counselling, the presence of priests in hospitals and social care establishments has proven beneficial for both the sufferers and the doctors.

In hospitals from Romania there are also some proselytizing activities of some religious associations. All the recognized denominations by the Romanian State have the right to provide religious assistance in hospitals, but if a religious association perform religious activities in medical units, then it is called by the Romanian Orthodox Church, proselytism.

of the chaplains “Communication and Communion” (10.03.2015).

²² <http://www.preotispitalebucuresti.ro/2009/Rapoarte%20anuale/Raport%202008/RA-PORT%20Activitate%20Asistenta%20religioasa%202008.pdf>(10.03.2015).

²³ See: *Taina Sfântului Maslu și îngrijirea bolnavilor*, Coordonatori Pr. Prof. Dr. Ștefan Buchiu, Pr. Lect. dr. David Pestroiu, Editura Cuvântul Vieții, București, 2012.

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The Romanian Patriarchate, by combining social activity with religious assistance in medical units, “managed to counter the proselytizing in many hospitals”,²⁴ but I think it is a challenge for the Romanian Orthodox Church to try to cooperate in the Pastoral Counselling area, with different denominations recognized by the State.

This religious assistance offered by the Romanian Patriarchate demonstrates the need and the importance of the Church’s presence in the community and its involvement in the areas of social life, but it must be developed in an ecumenical perspective.

3. Services of the Hospitals-Chaplains for Pastoral counselling of the sick in the Religious Assistance Service of the hospitals in the Romanian Orthodox Church

In Romania, 86.7% of the country’s population is identified as Orthodox Christians²⁵, so in the hospitals, the majority of the patients are Orthodox and there are also Orthodox chaplains.

So, I will present the activities of the chaplains from Romania in the perspective of the religious assistance offered by the Romanian Orthodox Church.

In pastoral activity, the chaplain must also possess some psychological knowledge: “before starting visit to the salons, he must be prepared psychologically with a great capacity of listening”²⁶ and with a lot of spiritual warmth, being the possessor of a “spiritual kit”.²⁷

Father Horia Prioteasa, the coordinator of the chaplains from the Pastoral Circle “Communication and Communion”, describes the religious activities of the hospitals in Romania, reminding one of the importance of the partnership with doctors and the fact that many of the doctors see the chaplain as a Confessor, also needing pastoral counselling.²⁸

²⁴ http://www.patriarhia.ro/ro/opera_social_filantropica/biroul_pentru_asistenta_religioasa_1.html (10.03.2015).

²⁵ <http://www.recensamant.ro/pagini/rezultate.html>- National Institute of Statistics, Romania (9.03.2015).

²⁶ Pr. Ioan Ciprian Cădea, “Misiune și slujire în instituțiile social-medice”, în *Revista Teologică a Mitropoliei Ardealului*, 2010, nr. 3, p. 79.

²⁷ Laurențiu Streza, “Preotul și îndatorirea sa pastorală față de credincioșii bolnavi”, în *Mitropolia Olteniei*, XXXIX, 1987, nr. 1, p. 83.

²⁸ Pr. Horia Prioteasa, *Interferența duhovnicească între tămăduirea trupului și a sufletului: Ce înseamnă să fii preot în spital?*, 28 mai 2012.

Thus, in the interview with the newspaper “Lumina” (Light) of the Romanian Patriarchate, Father Horia Prioteasa presented the daily activities of a chaplain:

“Early morning we go into the hospital to the patients who have announced that they want to receive the sacraments. We do not intend to determine the people to have a more intense connection with God if they do not want it. Proselytism is forbidden in hospital... Then there is catechization of those who are preparing for surgery in order to be encouraged to pray, addressed also to the family; to fast for them, to pray, to do alms. It is important to pray also for the doctors. It is a common prayer of the sick, of his family, of the community. This is the Church, and when one member becomes ill, he has to be cured both bodily and spiritually”.²⁹

The Pastoral care of the sick is not limited to visiting the sick, “helping them in a material mode, listening to them in a passive manner, it is more than these. It means to be involved body and soul for a person in need, to find all the resources in Christ and make the sick to feel Christ, who is the source of all the human health”.³⁰

The chaplain’s mission is focused on empowering the sick, “to make them to realize that they cannot remain passive with the disease, but on the contrary, they should strengthen their will to fight and to hope in God’s help”.³¹

Among the means and the methods of the pastoral care for the sick, the chaplains offers special prayers and services for the sick, reading of Scripture, fasting, sacraments of Holy Unction, Confession and the Holy Eucharist.

Bishop Mihail of Australia and New Zealand from the Romanian Patriarchate distinguishes among three pastoral methods:

a. psychological methods (understanding of the suffering by the patient),

http://www.basilica.ro/ro/interviuri/la_interferenta_duhovniceasca_intre_tamaduirea_trupului_si_a_sufletului_ce_inseamna_sa_fii_preot_in_spital_1751.html – The Press Center of the Romanian Patriarchate (9.03.2015).

²⁹ *Ibid.*

³⁰ Diacon D.B. Bădiță, *op. cit.*, p. 240.

³¹ *Ibid.*, p. 212.

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b. social cognitive methods (in which priests understand the problems facing the patient),

c. informative methods (to inform the sick that the Church has various sacramental means, such as the Sacrament of Holy Unction).³²

As part of the religious support for the sick, the chaplains celebrate religious services on holidays and special days, such as on April 7th (World Health Day).

The chaplain organizes in hospitals individual and group activities for the pastoral counselling of the sick and he cooperates with the medical staff.

A chaplain also participates in cultural activities organized in hospitals, at conferences, symposiums, seminars, where the specific issues about religious assistance in medical structures are discussed.

The Romanian Orthodox Church provides not only religious assistance, but also medical care in some units established by the Church: *Providence Hospital*, “Sfântul Spiridon – Vechi”, a socio-medical centre and medical offices near churches and monasteries.³³

His Beatitude Daniel, Patriarch of the Romanian Orthodox Church, analyzing the relationship between sick, doctor and priest highlighted:

“Pastoral care of the sick is not restricted to the medical treatment. All the liturgical, educational, catechetical, pastoral, social, medical activities of the Church are a healing ministry, preserving health or recovery of the health for the body and soul, of the health of the person and of the community. This comprehensive understanding of patient care by the Church is based on the fundamental truth that the source of life, health and healing is Christ, the Physician of our souls and our bodies. Therefore, for the healing of the sick, we can say that the priests pray, the doctors treat, but God gives healing or salvation”³⁴

³² *Ibid.*, p. 148.

³³ <http://iasi.mmb.ro/4429-reteaua-unitatilor-social-filantropice-medicale> – Metropolitan See of Moldova and Bucovina, Social Assistance Service (10.03.2015).

³⁴ Daniel, Patriarhul Bisericii Ortodoxe Române, *Preoții se roagă, medicii tratează, însă Dumnezeu dăruiește vindecarea*, 30 mai 2012.

http://www.basilica.ro/ro/comunicate/bpreotii_se_roaga_medicii_trateaza_insa_Dumnezeu_daruieste_vindecareab_5536.html (8.03.2015).

In the Pastoral counselling of the sick it is very important to have a relationship between the sick, the doctor and the priest. Pastoral counselling involves dedication, patience, pastoral skills and prayers for the sick.

The religious perspective on disease is essential. So, the chaplain should provide to the patients a balanced view of understanding of the disease and suffering. Suffering is not a natural state, it is not created by God. Suffering is an abnormal condition for human beings and sometimes it is related to spiritual problems.

The patients have to understand the care of God and to assume suffering in order to heal body and soul.

The chaplain should provide to the patients a religious assistance adapted to the individual context. The chaplain should listen to the sick, should understand them, should be their friend and their confessor and should teach them about the importance of the Sacraments in the healing process.

Thus, by their activities, the chaplains provide religious assistance for patients, for the members of the patients' families and for the medical staff.

In most cases, the cured patients appreciate the chaplains for the religious assistance they have received. They also request for prayers of thanksgiving for regaining their health and also express their gratitude to the chaplains as much as to the doctors.

III. Mutual learning for the Pastoral counselling of the sick

1. Similarities and Differences between Pastoral counselling of the sick in the Ecumenical Chaplaincy of CHUV and in the Religious Assistance Service of the hospitals in the Romanian Patriarchate

In order to present the similarities and the differences between Pastoral counselling of the sick in the Ecumenical Chaplaincy of CHUV and in the Religious Assistance Service of the hospitals in the Romanian Patriarchate I will use the analytical-comparative method.

First of all I must highlight that there is a fundamental difference of context, because the Canton of Vaud in Switzerland is an *ecumenical con-*

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text. In 2000, the population was nearly evenly split between Protestants (40%) and Roman Catholics (34%).³⁵

Romania has also started to be a multi-cultural and a multi-religious society, but the situation is completely different. According to the 2002 census, 86.7% of the country's **population identified as Orthodox Christian**, other major Christian denominations include Protestantism (5.2%) and Roman Catholicism (4.7%).³⁶

The legal framework for religious/spiritual assistance is provided both in Switzerland and Romania by the State. The Constitution of Canton of Vaud provides all the spiritual care activities from the Hospital, in an ecumenical perspective.

In the ecumenical context of CHUV Hospital there is an Ecumenical Chaplancy with chaplains from different confessions (Protestant, Roman-Catholic, Orthodox) and the services are ecumenical. It is an ecumenical centre of spiritual care, not only for Christians, but also for patients who are Muslims, Buddhists, Jews, atheists and agnostics. It is possible for a Christian chaplain to read from the Quran for a muslim patient if the patient requires and also to have a pleasant dialogue with an atheist or agnostic patient.

In the Romanian hospitals there are only Orthodox chapels, a large majority of Orthodox priests and the services are Orthodox. So if in CHUV Hospital there is an ecumenical approach of spiritual care for the sick (and there is an Ecumenical Chaplaincy), in the Romanian hospitals there is more a confessional Pastoral counselling (there are Orthodox chapels inside or near the hospitals). If some patients from other confessions want to see a priest of their own confession, the Orthodox priest will contact such a representative.

If in the Ecumenical Chaplaincy of CHUV there is a difference between spiritual and religious dimension of human beings, in the Romanian hospitals, the religious dimension is the most important (the spiritual one is included in the religious dimension). In CHUV, by spiritual dimension is understood the spiritual part of life, but not also the religious one, because in a secular hospital, proselytism is forbidden, so the chaplains use

³⁵ <http://www.bfs.admin.ch/bfs/portal/de/index/themen/01/05/blank/key/religionen.html>
– Federal Department of Statistics “Wohnbevölkerung nach Religion”, Switzerland (10.03.2015).

³⁶ <http://www.recensamant.ro/pagini/rezultate.html> (10.12.2014).

an approach that is more a symbolic dimension of human being (the sense of life, the values of persons and how the people understand the transcendence).

In the Ecumenical Chaplaincy of CHUV there are celebrated rituals, sacraments and services adapted to the needs of the hospitalized people, such as Confession, Anointing for the sick and Communion. This religious assistance is central in the Romanian hospitals too. Especially, priests try to provide religious assistance for the patients, through spiritual dialogues and administration of the sacraments: through Confession, the patients can achieve spiritual consolation and reconciliation, through Holy Unction, they can achieve relieving suffering and bodily healing, through Holy Communion, they receive the Body and Blood of Christ, as a sign of divine support for transfiguration of the disease and suffering and also for recovery. In the Orthodox tradition, the suffering is not a punishment for sin, but a possibility of awareness of the weakness of human nature, a moment of reflection and recognition of the need of divine help.

I said before that if only the spiritual dimension exists in a hospital, there is the risk of only religious perspective and a chaplain becomes more a pastor than a chaplain. This seems to be the situation in Romania, in a confessional context. But it was in the past, now there has started to be developed a new perspective that overcomes the religious dimension and that involves also a psychological dimension. The Romanian Orthodox Patriarchate is very active and has developed a meaningful series of activities: meetings and cooperation between hospital priests and doctors, conferences, special broadcast and television programs about health and spiritual care on the radio and television stations of the Romanian Patriarchate, cooperative partnerships for the construction of medical centers for the sick.

Also in CHUV Hospital there is an interest in cooperation between doctors and chaplains. They organize conferences, publish books and articles about health and spiritual care and act together for the benefit of the patients.

In Romania there are eighteen denominations recognized by the State, so that Romanian society has started to become more and more multi-confessional. Therefore it is quite essential to develop an *ecumenical perspective* of communication and cooperation between different confessions for the Pastoral counselling of the sick.

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2. The ecumenical perspective: communication and cooperation between Churches for the Pastoral counselling of the sick

I would like to highlight the meaning of communication between different churches in a multi-confessional perspective of communication and cooperation for the Pastoral counselling of the sick.

The Romanian Orthodox Church is open to ecumenical dialogue, being a member of the World Council of Churches (WCC) since 1961 and of the Conference of European Churches (KEK) since 1964.³⁷ In the third week of every January, Christian churches around the world participate in the “Week of Prayer for Christian Unity”. Romania is also deeply involved in this event of ecumenical communication and communion, when representatives of the Orthodox, Roman Catholic, Armenian, Lutheran, Reformed and Greek Catholic Churches pray for the unity of the Church. In the religious services there are a series of prayers for the health of the sick, so from this aspect it can be developed an ecumenical partnerships for hospitals.

At CHUV Hospital there also exists this week of prayers for Christian unity, when all the members of the Ecumenical Chaplaincy are involved in its organization, in order to show the importance of mutual respect and openness for dialogue in relations between different confessions in the area of Spiritual care.

The Constitution of Canton of Vaud provide all the spiritual care activities from the Hospital, in an ecumenical perspective, so in Ecumenical Chaplaincy of CHUV there are pastors, priests and lay members of different confessions. This ecumenical centre of spiritual care is not only for Christians, but also for patients who are Muslims, Buddhists, Jews, atheists and agnostics. In the Chaplaincy of CHUV (“Aumonerie oecuménique du CHUV”) are also daily ecumenical services.

As part of the religious and spiritual support for patients, the chaplains offer different clinical services to help the patients and their families to communicate and cooperate with nursing teams, to celebrate rituals adapted to the needs and confessions of the hospitalized people, to celebrate together in an ecumenical manner on Sunday or on feast days, to put the patient or his relatives in connection with their community of faith (either Christian, Muslim, Jewish or other religion) at request.

³⁷ http://www.patriarhia.ro/ro/structura_bor/istoric_bor_5b.html (10.03.2015).

In Romania it started to be also a multi-cultural and a multi-confessional society, so in the future there is need of an ecumenical perspective for the Pastoral counselling of the sick in hospitals. I think that in a century of communication and information, the Christian must express and promote an attitude of dialogue, tolerance and mutual respect. Christian must follow the command of Jesus Christ to love people, regardless of religion, communicating with them in the spirit of mutual respect, discernment and Christian love.

On one hand it is very important to develop an ecumenical dialogue between the members of the Ecumenical Chaplaincy and between chaplains and doctors, and on the other hand, between chaplains and patients. In hospitals any forms of proselytism, intolerance, religious fanaticism, self-sufficiency or suspicion should not be accepted.

The purpose of religious inter-communication is mutual understanding, cooperation for the common good, exceeding the doctrinal differences and emphasizing similarities, as a starting point of communication and collaboration, in communion. The purpose of this communication could also help self-knowledge!³⁸ Essential in this ecumenical dialogue is that one should not give up one's own beliefs, but have the chance to confess the beauty of one's faith, to affirm identity and openness to also learn other values, to respect and accept them, for mutual understanding and cooperation.

It is very important in this ecumenical dialogue not to start from the premise of imposing your views, but to propose and to find together with others, common ways for helping to overcome "communication barriers".³⁹

The Chaplains should have special skills of communication, counselling, empathy and relationship with the patients. Values and norms that the members of an Ecumenical Chaplaincy must keep in mind in ecumenical dialogue are: mutual respect, tolerance, openness for communication and availability for dialogue, avoidance of religious disputes and emphasizing the spiritual dimension of human beings. Only together can chaplains from different confessions and doctors find solutions for the challenges of the present world, such as: secularization, absence of care, lack of sense, violence, addiction to alcohol, drugs etc.

³⁸ Dumitru Borșun, *Semiotică, Teorii ale limbajului*, București, Editura Comunicare.ro, 2010, p. 145.

³⁹ Grigore Georgiu, *Cultură și Comunicare*, București, Editura Comunicare.ro, 2008, p. 303.

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To sum up, it is very important to communicate in order to find the best solutions. Therefore, communication between members who are involved in Pastoral counselling can provide some unique opportunities for sharing and exchanging experiences and for mutual learning.

3. Perspectives and future directions in Pastoral counselling of the sick

Contemporary trends in Pastoral counselling for the sick include different aspects:

1. A development of an *empirical research base* for the area of Pastoral counselling. At CHUV Hospital, this direction is much accentuated: there is a special chaplain who is involved in research in the field of Spiritual care for the sick.

2. A special interest in discovering and developing the *pastoral care context*, in a spiritual direction (ethical, theological and ecclesiological perspective). The chaplains should offer common answers for the challenges of Bioethics.

3. An *increasing interest in the relationship between chaplains and doctors* and in understanding human problems and facilitating healing and growth.

4. Efforts to train more *women in Pastoral counselling* (for example, in Romania there are only men as chaplains, so it would be better if women are also trained in this mission).

5. Development of the field of *Pastoral counselling in a new perspective of interconfessional and intercultural direction*.⁴⁰

6. *Respect for the rich diversity of human life* and human understandings of religion and spirituality and collaborative partnership with religious institutions and faith communities.

7. *Holistic understandings of human life* as spiritual, biological, psychological, social and cultural and lifelong formation in personal, spiritual, and professional perspectives⁴¹, in order to prevent sickness and to overcome it easily.

⁴⁰ *Dictionary of Pastoral Care and Counselling*, General Editor Rodney J. Hunter, Published by Abingdon Press, Nashville, 1990, p. 858.

⁴¹ <http://www.aapc.org/home/mission-statement.aspx> (11.03.2015).

As a future perspective, the chaplains from CHUV Hospital want to propose a gradual establishment of a spiritual assessment model for the inclusion of the spiritual dimension in the care and treatment projects (STIV model).⁴²

A new trend with important implications for the future of Pastoral counselling aims at incorporating such high-tech communication instruments as computers, internet, teleconferencing and satellite communication networking in all dimensions of Pastoral counselling: clinical services, training, preventive education, research and interprofessional collaboration.⁴³ All these should be used in order to increase the quality of pastoral counselling of the sick.

⁴² http://www.chuv.ch/aumonerie/aum9_home/aum9-prestations.htm (11.03.2015).

⁴³ *Dictionary of Pastoral Care and Counselling*, General Editor Rodney J. Hunter, Published by Abingdon Press, Nashville, 1990, p. 858.