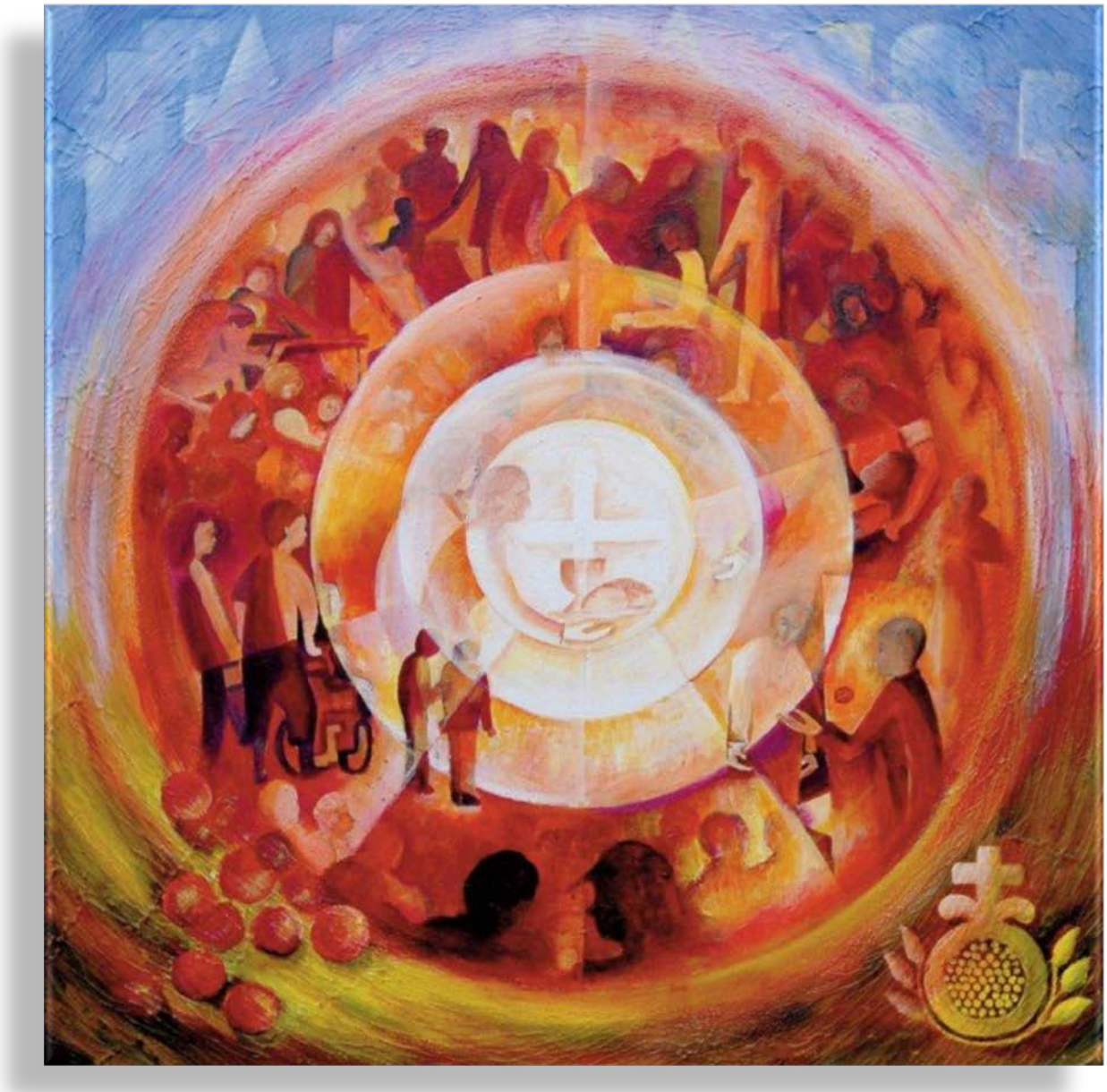
Pastoral care in the manner of Saint John of God



Hospitaller Order of St John of God
General Commission of Pastoral Care
Rome 2012

Sister Anne Reddington, RSM, depicted the painting as the pomegranate symbolising the Saint John of God Family. The various hues of red signify the actions of the Holy Spirit in all its members. The centrepiece is the Eucharist, where God pours out His love made Hospitality from which everything flows. The picture is in the St. John of God Hospitaller Services Centre, at Clare Abbey, Darlington, Co Durham, England

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PRESENTATION

Dear Brothers and Sisters and Hospitality,

I am delighted to be able to offer you this new document dealing with the *Pastoral Care of the Sick and Social Pastoral Care*. This is a key area in which the St John of God Hospitaller Family is called to perform its mission with an ever more acute awareness of its responsibility.

I am convinced that it will prove valuable and help us in our discernment with regard to pastoral care. We need to adopt a holistic approach to the sick and needy, in all their psycho-physical and spiritual complexity in our globalised world. This is especially the case where the Christian presence has seriously declined. All this drives us on to commit ourselves to an ecumenical pastoral ministry, respectful of religious pluralism, that is capable of offering people spiritual accompaniment, regardless of their religious beliefs. This is the most appropriate response that we have to make to the pastoral care dimension to which all people aspire and are entitled.

The Pastoral Care of the Sick and the Social Pastoral Ministry have been one of the priorities of the Sexennium. In order to improve it still further, the LXVI General Chapter, convened in Rome in 2006, left us the task of strengthening our commitment to pastoral care. In 2007 the General Definitory put in place the General Commission for the Pastoral Care of the Sick and the Social Pastoral Ministry. Their task was to reflect on guidelines for renewed hospitaller pastoral care consistent with the changed times and the new needs to be addressed.

The work performed by the Commission led to the publication of a document based on a great deal of thought and reflection, which was then presented to the whole Order to be elaborated on still further. This involved taking account of contributions from every Province, expressing the universality of the Order. In November 2011, the Order convened an International Conference on the Pastoral Care of the Sick to examine this valuable instrument in greater depth, to reflect the joint efforts of the St John of God Family in the field of pastoral care. That Conference was a highly positive experience which further strengthened the bonds which unite us in our common mission as members of one single Family.

It is a document stemming from the commitment undertaken by the whole Order. It sets out to cover all the areas in which the pastoral care provided in

our Centres. It gives expression to our particular way of announcing the Good News through Hospitality, following the example set by St John of God.

The document is intended for all those who are engaged in the Pastoral Ministry. It is a new instrument to be used as a Formation aid for the whole St John of God Family.

I would like to thank the members of the Commission who authored this document, and all those who attended the International Conference in Rome, for their invaluable contribution to its final drafting.

I am certain that it will be of great help to the St John of God Family in its daily commitment to carry forward the healing ministry of Christ which has been entrusted to us by the Church.

Brother Donatus Forkan
Prior General.

INTRODUCTION

I. In the footsteps of St John of God

John of God, the founder of the Brothers of St John of God, following his conversion and his dramatic experience in the psychiatric hospital in Granada, has bequeathed to us a new model of care for the sick and needy. This model enables those in need to be welcomed in and cared for, lovingly and comprehensively. This form of religious care, which is rooted in Christ as the source of health and salvation provides for and the spiritual accompaniment of the sick and needy, their families and our Co-workers. Therefore it forms an integral part of our Hospitaller mission in addition to being a "right of the sick". "The religious care of the sick forms part of the broader sphere of the pastoral care of the sick, that is to say, the presence and work of the Church to take the word and the grace of Our Lord to those who are suffering and those who care for them".[1]

Castro, our Founder's first biographer, said that, "John's charitable work kept him busy all day long, and in the evening when he returned home however exhausted he might be, he never went to bed without first visiting ever patient, one by one, asking them how they had spent their day, how they were and what they needed, and in very loving language he would give them spiritual comfort and relief for their body" (Castro XIV).). In a society which self-love is becoming increasingly more entrenched love for others, outreach to others and the capacity to listen to others must be developed. The example set by Juan Ciudad shows us how to practise hospitality and perform the pastoral care of the sick witnessing to the Gospel among the sick and the needy and proclaiming the Word which gives meaning to the life of believers. Juan Ciudad took in the abandoned poor, sick and crippled people he found in the streets ministered corporal and spiritual care to them: "I wish to give you spiritual physician to heal your souls. Afterwards a cure for the body will be found."(Castro XII).

Our age provides us with an opportunity to offer tangible and prophetic witness to the way the value of human life and the dignity of the human person are increasingly losing their meaning. This carries the risk that even our own structures and our Co-workers may lose their sensitivity as time passes, and our striving to perform a mission to foster the dignity and the sacred character of human life may also slacken. The Pastoral Care of the Sick is one of the ways in which the Church is present in the world of health care and welfare to treat and assist people, in order to accompany, evangelise and save them through Christ, the Good Samaritan of humanity. It is the task of our Hospitaller Family which works in so many different parts of the world to set about providing very carefully prepared spiritual and religious assistants to the sick, their families and our co-workers.

[1] PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS, *Charter for Health Care Workers*, Vatican City, 1994, pag.79.

II. Anthropology in the healthcare world

The Church's attitude towards the world of health care and suffering "is guided a precise concept of the human person and of his destiny in God's plan" (DH 2). With Vatican II, the concept of the person evolved, creating a new anthropology which now views the human being as the image of God, configured in the threefold dimension of mind, body and spirit, that is to say, as a global unity. According to this vision, we are all called to engage in personal dialogue with our Creator, which means that we possess a dignity that is superior to that of all other creatures, as "the only creature that God has willed for himself" (GS 24). Every act that is performed for the good of men and women, particularly pastoral care, must therefore respect the complexity of the human person and avoid being confined to specific sectors.

The Church feels an intimate union with the whole human family because, "The joys and the hopes, the grief's and the anxieties of the people of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the grief's and anxieties of the followers of Christ. Indeed, nothing genuinely human fails to raise an echo in their hearts for theirs is a community composed of people united in Christ. They are led by the Holy Spirit in their journey to the Kingdom of their Father and they have welcomed the news of salvation which is meant for every person. That is why this community realises that it is truly linked with mankind and its history by the deepest of bonds" (GS 1).

The *Preface* to the Council's Constitution *Gaudium et Spes* on the Church in the modern world, makes us reflect on the Church's attitude of solidarity, sharing the "joys" and "hopes", "grief's" and "anxieties" of the world in which we live and which the disciples of Christ feel in their hearts. Our holy Founder's attitude to human suffering and poverty was the same as that of the Christian community across the ages. John revealed this in his letter to the Duchess of Sessa, his benefactor: "I must tell you that while I was walking through the city of Córdoba the other day I came across a household in very dire need. There were two girls whose parents had both been sick and bedridden for ten years. They were so poor and in such distress that it broke my heart. They were half-naked and totally lice-ridden, and their bed consisted simply of bundles of straw. I gave them what little assistance I could, since I was in a hurry to go and talk with Master Avila; however, I did not give them as much as I would have liked" (*1DS* 15). The echo of charity always reverberated in the heart of John of God when faced with the misfortunes and misery that affects people and society, placing them and their values in jeopardy.

The 1971 (*ad experimentum*) Constitutions – to which the General Statutes were added as an integral part of them for the first time, as required by Vatican II and by the directives and guidelines issued by the Church, and mentioned in the Council documents – spoke for the first time about the pastoral ministry, referring to the greatest possible respect that Religious should have for the religious ideas of the sick, and the need of apostolic care not only for the sick but for all the personnel and the relatives of our guests.

Since then, we have become increasingly more aware that the Brothers must not merely treat the guests and provide bodily assistance, as the 1926 Constitutions prescribed. Today, people have needs which exceed that of an organic pathology to be treated, involving all the dimensions of our guests, for which care is now provided by properly trained people (ordained ministers, deacons, co-workers, volunteers, etc) in appropriate facilities in which

authentic pastoral services can be provided, respecting the freedom of each guest to profess their own faith, and respecting their dignity.

III. The new style of Hospitality

The pastoral care movement in the Order, particularly in Europe, began with the 1979 and the 1982 General Chapters when the present Constitutions were adopted, initially *ad experimentum* and then definitively. The chapter dealing with the vow of Hospitality interprets the Gospel of mercy and directs our lives to serve God and our neighbour, and also shows us how to perform the Pastoral Care of the Sick in the light of the vow of Hospitality, in order to commit ourselves to bearing witness to the Gospel, proclaiming the Word and celebrating the Sacraments.

Gospel witness precedes both announcing the Word and celebrating the sacraments, and in this case the sacraments of healing (Eucharist, Reconciliation and the Anointing of the Sick) because our testimony underpins the credibility of our acts. The Charism of Hospitality, the gift of the Spirit to St John of God to perform the mission for the benefit of the sick, the poor and the needy, requires the Hospitaller Brother and his Co-workers to reach out and provide a global service to meet the needs of their neighbours, with the same concern and sensitivity that our Founder possessed.

While Hospitality will lead the Brothers in future to increasingly enhance the "charismatic management" of our facilities, increasingly delegating control and leadership to our Co-workers and trained professionals after having handed on to them the charism of our holy Founder. It does not relieve them of the responsibility and the commitment to have an ever more incisive pastoral, evangelising and prophetic presence. It is becoming increasingly more urgent for Brothers and Co-workers to be united in one and the same mission, mindful of the complementary nature of their respective tasks in order to be able to offer everyone for whom we care the possibility of meeting Christ, the healer of souls and bodies.

IV. A brief glance at recent history

The pastoral care of the sick movement in the Order, particularly in Europe, began with the 1979 and 1982 General Chapters when the new text regarding the vow of Hospitality was adopted, initially *ad experimentum*, and finally as the definitive text. This was the first step that the Brothers took along the path which was to lead to a dimension in which the sick were not only taken in and cared for in terms of their physical needs alone, but also their spiritual, psychological and social needs with specific training being provided to improve their understanding of people, and their many human demands.

The "Pastoral Care Secretariat"[2] was instituted by the General Curia to sensitise the Brothers to the problem of providing religious and pastoral care in every Province. It also set out its

[2] At the 1982 General Chapter, the Capitulars were presented with a report on the work that had been started in 1978 and completed by the "Pastoral Care Secretariat". The Secretariat was made up of its President, Brother José Luis Redrado O.H., its Secretary, Brother Elia Tripaldi, and four other Brothers from different European Provinces. The Secretariat also published a number of booklets:

1. What is the pastoral care of the sick (1981)

2. The pastoral care of the sick in the hospital and in the parish (1982).

3. The apostolic dimension of Hospitaller Order of St John of God (1982).

goals, criteria, and the activities in its plan of work. It reported on the meetings that had been held previously with the Brothers in the European Provinces to sensitise them to the problem and to the need for pastoral care. These were the first steps, the first experiences which the Brothers made along the path that would lead them increasingly to the conviction that the guests in our Centres must not only be taken in for treatment to meet their physical needs, but also to care for their spiritual, psychological and social needs. For this the Brothers needed to acquire a more specific training in order to better understand the human person with an holistic approach.

Lastly, encouraged by the new 1984 Constitutions[3] and supported by pastoral care aids and resources that increasingly improved the interpretation of the Gospel of mercy and our mission, the Brothers focused their apostolic work on providing a holistic service to the sick, and committed themselves to bear witness to the Gospel, announcing the Word and celebrating the sacraments. We also emphasised the fact that our care centres did not exist in isolation but lived and worked in a parish and in a diocese. From this we became aware of the presence of a Christian community outside our facilities, and sick and disabled people who were living at home, and were not being adequately visited by the extraordinary ministers of Communion or by any other pastoral carers. We became increasingly more conscious of the need to cooperate with the existing local parish and diocesan Councils in order to convey to them our charism of Hospitality and mercy.

V. The General Commission for the Pastoral Care of the Sick

The time has now come to organise a serious project in this sector for the whole of the Order laying down guidelines to heighten the awareness of the Brothers who, working jointly with their lay co-workers, wish "to change our acts of care into authentic acts of evangelisation. We need to determine how to transform the places in which we work into meaningful places of evangelisation "(cf. Charter of Hospitality, 4.6.2d). In the meantime the General Government appointed a *General Commission for the Pastoral Care of the Sick*,[4] made up of Brothers and lay people. Its first act as a *questionnaire* which was circulated to all the Provinces in order to find out the existing state of pastoral care. On the basis of the replies received, the members of the General Commission took on the task of summing up all the material they had received at a draft a document, which in practice was an *Instrumentum laboris* r that was presented at the "International Meeting on the Pastoral Care of the Sick" in Rome on 7-12 November, 2011 for further study. This took on board the suggestions raised in the working groups, in plenary sessions and in the debates to be used as input for the final official document on the Pastoral Care in the Sick and the Social Pastoral Ministry for the whole Order.

[3] In 1993 (7-14 November) the first "Pastoral Care of the Sick Course" was held in Rome attended by all the Provinces of Europe with the officials and other members of "Pastoral Care of the Sick Secretariats" in order to report on the various experiences being set in motion in different communities. Teams, pastoral councils and chaplaincies began to be established in all our Centres, and it was felt that our lay Co-workers operating in this specific pastoral care sector should be involved.

[4] This Commission comprised Brother Elia Tripaldi, President, with Bro. Jesús Etayo, General Councillor, Bro. Benigno Ramos, Castile Province, Maureen McCabe, from Ireland, Western European Province; Ulrich Doblinger, Bavarian Province, Gianni Cervellera, Lombardy-Veneto Province, and Bro.Giancarlo Lapic, Secretary.

VI. Looking to the future

The future of our pastoral work will demand an increasingly more committed focus on evangelising the healthcare world as the Church does through her ordinary and extraordinary Magisterium. Evangelisation promoted by the Church embodies and extends the evangelising work of Christ, in that it is based on and inspired by His saving work, that is to say, His salvation offered as healing *"I came that they may have life and have it to the full"* (Jn 10.10). The future of Hospitality in the Order will be to encourage and promote evangelisation and to place greater value on the therapeutic contribution of pastoral care in our facilities and services as a benefit to the guests, coinciding increasingly with their overall well-being, with being with others and for others, with the harmony of human beings with themselves and with the world surrounding them: a dimensional relationship to which contemporary theology devotes such importance. The Hospitaller Order of St John of God must offer and communicate Christ's salvation as a healing power in suffering and in weakness, because *the Pastoral Care of the Sick forms part of the DNA of our Hospitaller Family.*

"Today we are witnesses of an increasing number of threats to life and to human dignity, even by medicine "which by its calling is directed to the defence and care of human life" (EV 4) which is an inviolable and inalienable value. Biotechnological science and the various schools of thought attract the attention of ethics and morality, and the evangelising and missionary commitment of every Christian".[5] In many of our Centres today we have Bioethics Committees composed of Brothers and lay professionals both locally and at the central level in every Religious Province, to bring the light of faith to illuminate the increasingly more complex problems that are arising in the world of health care.

The Order must therefore be committed to recovering the awareness of our mission, which is to care for people by announcing the Gospel of life, catechesis and the liturgy, and by providing ethical guidance. Jesus' attitude towards the sick was more than of purely sacramental value, and was intended to bring them comprehensive healing. Today's health care culture, as already indicated, is not immune from serious contradictions and ambiguities, because of abortion, euthanasia and other practices which conspire against the human person. The evangelisation practised in our facilities, which are defined as Catholic, must contribute to fostering a culture of life, restoring health and providing formation for people committed to offering pastoral care. We must build up, with greater conviction, a Hospitaller Family which generates health and discovers the Christian meaning of serving the sick and suffering, through the sacraments, prayer, humanisation and closeness to the sick, so that they do not feel alone but always have a human presence by their side to help them see the value of their suffering and overcome their fragility.

[5] TRIPALDI, E. *A servizio dell'uomo*, BIOS, Biblioteca Ospedaliera, Roma 2006, pag. 19.

CHAPTER I

THE EVANGELISING AND PASTORAL DIMENSION OF THE HOSPITALLER ORDER OF ST JOHN OF GOD

In the Hospitaller Order of Saint John of God we talk of pastoral care on two levels: on the first level, we see it as the evangelising, and hence the pastoral, dimension of the mission performed by the Order in practical and tangible terms in all its Apostolic Centres. At the second level we refer to the specific mission performed by the Spiritual and Religious Care Service which every Apostolic Centre in the Order must have, and which consists of attending to the spiritual and religious needs of the guests and their families, as well as the Brothers and Co-workers in our Centres. This second level obviously constitutes a fundamental feature of the mission and the Gospel-based and Hospitaller project of our Centres, and makes an important contribution to pursuing the evangelising and pastoral mission of these Centres.

In this chapter we shall be dealing in particular with the first level mentioned above, and will briefly indicate a number of the elements of the second level which will be developed in greater detail in the following chapters in this document.

1.1. THE MISSION OF THE HOSPITALLER ORDER: EVANGELISATION

As an institution of the Church, the Order's primary mission is Evangelisation. This is stated in all the Order's documents and declarations:

> "Encouraged by the gift we have received; we consecrate ourselves to God and dedicate ourselves to serving the Church in the assistance for the sick and those in need, with a preference for the poorest. In this way we show that the compassionate and merciful Christ of the Gospel is still alive among men and we work with him for their salvation."[6]

> "Evangelising the world of pain and suffering by promoting healthcare and/or social centres and institutions which provide comprehensive assistance to the human person"[7] in the manner of St John of God our Founder.

> "Our healthcare and social Centres is works of the Church, and therefore their mission is to evangelise, which starts by paying comprehensive attention to, and treating, the sick and the needy."[8]

The Order evangelises by practising Hospitality: by specifically reading the Gospel of Jesus Christ through the eyes of mercy and Hospitality, and through the specific charisms and gifts which John of God received, and which we have also received.

John Paul II encouraged the "New Evangelisation" which is having important repercussions on the Church: this is the same evangelisation that was always practised before, but it must be

[6] *Constitutions of the Hospitaller Order of St John of God.* 1984. Art. 5
[7] Cf. *Charter of Hospitality*, 1.3
[8] *Charter of Hospitality*, 5.1.3.2

new in its passion, its methods and the way it is expressed.[9] This forms the basis on which we speak about the "New Hospitality" in the Order:

> "It consists in practising and manifesting today the gift that we have inherited from John of God using a new language, and with actions and methods from the past which meet the needs and expectations of men and women suffering from sickness, age, marginalisation, disabilities, poverty and loneliness.[10]

And all this began with John of God in Granada, almost 500 years ago. Driven by a powerful experience of God's love and mercy towards him; John felt called by God to communicate that merciful love for all men and women; particularly for the sick, the poor and the needy. It was from that moment and from the birth of the Order that "the reason for our existence in the Church is to live and manifest the charism of Hospitality in the spirit of Saint John of God".[11] It is to transmit God's merciful love to men and women.

Evangelisation is therefore the very basis and the foundation of the Order's mission, and consists of following in the footsteps of Jesus of Nazareth, the Good Samaritan (Lk. 10, 25), who passed through the world doing good to all (cf. Acts 10, 38) and healing all manner of pain and suffering (Mt. 4, 32), as St John of God did, devoting himself entirely to the service of the poor and the sick.[12]

One essential feature of the Order's mission is the requirement to express its prophetic dimension.[13] This is one of the most original features of the Hospitality of Saint John of God, who committed himself totally to Jesus Christ, identifying with the poor and the sick whom he served until the end of his life, blazing new trails in the Church and in society. And still today, those of us who make up the Saint John of God Family are called to live and to manifest the prophetic dimension of Hospitality[14] through the witness of our lives, showing our preference for the poor,[15] taking upon ourselves the task of awakening people's consciences to the drama of poverty and personal suffering, being the voice for the voiceless, proposing to our world the alternative of a culture of Hospitality to confront the culture of hostility, and pledging ourselves to the type of Hospitality which promotes the health, the dignity and the rights of people.

We frequently talk about Evangelisation and Pastoral Care as if they were one and the same thing, and this makes it necessary to clarify the use and the meaning of these two terms. We were referring above to Evangelisation. We talk about Pastoral Care as the theological branch of the Church's work. It has to do with the "practical action" which is organised and implemented in order to perform the evangelising mission. It is performed on three tiers: the word (proclamation, catechesis...), the liturgy in which we celebrate the sacramental presence of Christ and the service of charity with real people and through testimony of life.

There is the general Pastoral Ministry and the specialised Pastoral Ministry in one particular field, such as the Pastoral Care of the Sick and the Social Pastoral Ministry.

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[9] *The missionary dimension of the Hospitaller Order of Saint John of God*. Rome 1997. p. 33
[10] *Declarations of the LXIII General Chapter*. Bogotá 1994
[11] Cf. *The Constitutions of the Order*, 1984. 1
[12] *The Constitutions of the Order* 1984, 1
[13] Cf. *Charter of Hospitality*, 3.1.8: 8,2
[14] Cf. *The Apostolic dimension of the Order of St John of God*. Rome 1982. pp. 139-150
[15] Cf. *The Constitutions of the Order*, 1984, Art. 5
Gaudium et spes 88-90 and the *Documents of the Latin American Episcopate*: *Medellín* XIV (1968); *Puebla* 1134-1165 (1979); *Aparecida*, 396 (2007)

Put another way, Pastoral Care is the Church-in-action which actualises throughout history the movement of God's saving love that began with Jesus Christ.

1.2. THE EVANGELISING DIMENSION AND PASTORAL CARE IN OUR CENTRES

The way we evangelise takes real and concrete shape through Hospitality,[16] the Gospel project of Hospitality which is performed and fashioned in each of our Centres. It is our way of being Church, and making the Church present within the world, giving visibility to Gospel-based mercy and Hospitality, the charism which John of God received, and which we, as an Order, have also received. It is a charism which the Brothers practise through their Religious consecration, which many Co-workers exercise through their baptismal consecration as lay men and women, or through other faiths, or with other human and professional motivations.[17]

The fundamental principles that characterise our Apostolic Centres are:[18]

- the focus of our interest is the person we care for;
- we promote and defend the rights of the sick and needy, taking due account of their personal dignity;
- we are committed to defending and promoting human life from conception to natural death;
- we recognise the right of persons in our care to be appropriately informed of their situation;
- we promote comprehensive care based on teamwork and on striking the right balance between technology and humanisation in our therapeutic relations;
- we comply with and foster the ethical principles of the Catholic Church;
- we consider the spiritual and religious dimension as forming an essential part of care, as an offering of healing and salvation, respecting other faiths and life projects;
- we defend the right to die with dignity and respect to be paid to the just wishes of the dying;
- we devote the greatest care to the selection, formation and accompaniment of the staff in all our Apostolic Centres, taking account not only of their training and professional expertise, but also their sensitivity to human values and the rights of the person;
- we comply with the demands of professional confidentiality and endeavour to ensure that they are respected by all those who deal with the sick and needy;
- we appreciate and foster the qualities and the professional skills of our Co-workers, stimulating them to play an active part in the mission of the Order, and involving them in the decision-making processes in our Apostolic Centres according to their skills and areas of responsibility;
- we respect the freedom of conscience of the people for whom we care and of our Co-workers, but we also demand that the identity of our Apostolic Centres be respected;
- we are opposed to the profit motive for its own sake, and we therefore respect fair economic rules and a fair wage, and require others to do so.

[16] Cf. *The Charter of Hospitality. The characteristics of hospitality*. 3.1
[17] Cf. FORKAN, D. Circular Letter, *"The Changing Face of the Order"*. 2.3.3; 2.4.2
[18] *The General Statutes of the Order*, 2009, 50

The essential values promoted by the Order in its Apostolic Centres are[19]:

- **Hospitality** as the central[20] value which is developed and takes tangible form in terms of four core values: quality, respect, responsibility and spirituality.

- **Quality**, that is to say: excellence, professionalism, comprehensive and holistic care, sensitivity to the new needy, a model of union with our Co-workers, the care model of St John of God, and a welcoming structure and environment, cooperation with third parties.

- **Respect**, that is to say: respect for others, humanisation, the human dimension, mutual responsibility between the Co-workers and the Brothers, understanding, a holistic vision, fostering social justice, and the participation of our guests' families.

- **Responsibility,** that is to say: fidelity to the ideals of St John of God and the Order, ethics (bioethics, social ethics, and management ethics), respect for the environment, social accountability, sustainability, justice, and the equitable distribution of our resources.

- **Spirituality**, that is to say: the pastoral service, evangelisation, offering spiritual support to members of other religions, ecumenism, and cooperation with the parishes, dioceses and other faiths.

In the Order's Apostolic Centres, the management structure, the style of care, policies for human resources, training and formation, and ultimately the whole of the organisation, are geared to achieving the purpose and the ultimate mission of the Order of St John of God: evangelisation and pastoral care in their broadest sense.

The basic principles and criteria for ensuring that the management is oriented towards the evangelising and the pastoral mission of the Apostolic Centres are set out in the Order's "Charter of Hospitality".

Everyone in the Centre, Brothers and Co-Workers alike, are therefore called and oriented in our work to performing the fundamental mission of the Order, which is its whole *raison d'être*, namely, to be evangelisers in the broadest sense. Everyone acting according to their level of responsibility: the managers having the highest responsibilities, must ensure that the mission of the Order is being pursued, and is made visible in each and every one of our Apostolic Centres, by ensuring that their management and organisation are consistent with the style of the Order itself, providing it with all the human and material resources they need. All the others, Brothers and Co-Workers, have to be fully aware that by doing their work well they are contributing to the performance of the Order's mission in each of the Apostolic Centres, namely, Evangelisation and Pastoral Care in the broadest sense, which is not the sole responsibility of the Spiritual and Religious Care Service in each Centre, but of all those who perform the Order's mission in every Apostolic Centre.

[19] FORKAN, D. Circular letter *"The Values of the Order"*, 2010.
[20] *The General Statutes of the Order*, 2009, 50

The management of the organisation is not neutral, and must be guided by the values and the principles of the Institution, applying the most advanced instruments, methods and professional techniques that science has to offer us.

In the Order, and bearing clearly in mind the meaning of each term, we can talk without distinction of evangelisation and pastoral care in the broad sense, as already indicated. But not of pastoral care in the sense of the Spiritual and Religious Care Service which must exist in every Apostolic Centre, to attend to the spiritual and religious needs of the guests in our Centres, and of their family members, and the Brothers and Co-Workers.[21]

The formation of the Brothers and Co-Workers in the principles and values of our Institution, and therefore in all the aspects referring to the evangelising and pastoral dimension of the Order's mission, are a crucial priority in all the training plans and programmes of every Apostolic Centre in the Order.

Throughout history, the specific management style used by St John of God in his work and by the Order across the ages makes this very clear: everything is based on the meaning and the central value of Hospitality. This rich heritage is what has made it possible for the project that St John of God began to live on until the present day. Let is merely cite one witness:

> "At the house in Calle de los Gomeles he bought beds and took in the poor, and had nurses to take of them and the chaplain to confess them and administer the sacraments, and he buried them in his own house, all in the form of a hospital. That is how it became known as the John of God Hospital of the defenceless. John of God and the Brothers with him at the time, and those who followed him, took in all the poor who went there just as they have done until now, more or less, in the house where they now live. And there they treated them and gave them everything they needed, doctors and medicines and everything that was necessary. In that house there were men and women suffering from all manner of illnesses".[22]

1.3. THE SPIRITUAL AND RELIGIOUS CARE SERVICE

Spiritual and religious care in the Order's Apostolic Centres is provided as the second tier of pastoral care mentioned at the beginning of this chapter, and constitutes an essential part of the John of God care project. It plays a decisive part in the performance of the Order's mission of evangelisation and pastoral care in every Centre according to the first tier of pastoral care mentioned above.

> "All the Apostolic Works of the Order must provide spiritual and religious assistance, endowed with the necessary human and material resources. Those who can be part of this service are Brothers, Priests, other Religious and Co-workers who have appropriate formation in the area of pastoral care. These must work in a team, coordinating their activities with the other services of the Work.[23]

> "We must provide care that considers every dimension of the human person: physical, psychological, social and spiritual. It is only by providing care that takes account of all of these dimensions, at least as a working criterion and as an objective to be obtained, that WE CAN CONSIDER THAT WE ARE PROVIDING COMPREHENSIVE CARE".[24]

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[21] *The General Statutes of the Order*, 2009. 53c

[22] SÁNCHEZ, J., *Kénôsis-diakonía en el itinerario espiritual de San Juan de Dios*, p. 302. Juan de Avila (Angulo), testimony in the lawsuit against the Jeronymites.

[23] *The General Statutes of the Order, 2009. 54*

[24] *The Charter of Hospitality*, 5.1

> "When we talk about comprehensive care we mean being concerned with and taking care of the spiritual dimension of the person".[25]

It must be care which is offered freely, and never imposed, to everyone at these very particular moments in their lives, at times of sickness and suffering, disability, exclusion and when suffering from any other of the needs of those who are being cared for in our Apostolic Centres.

It is one more, very important, Service provided by all our Centres, because it has to do with an area that we consider to be basic and which we have to promote, but it does not exhaust or encompass the whole of the pastoral and evangelising substance of the Order's project in all of its Apostolic Centres. It is also necessary to provide Formation, to motivate and sensitise both Brothers and Co-workers to provide spiritual and religious care, carefully endeavouring to detect these needs which on many occasions they themselves can cater for, while others have to be entrusted to the members of the Spiritual and Religious Care Service.

In the following chapters of this book the various aspects and details referring to this Service will be developed more broadly.

CHAPTER II

[25] *The Charter of Hospitality*, 5.1.3.2

THE THEOLOGICAL-CHARISMATIC BASIS FOR THE PASTORAL CARE OF THE SICK

2.1. THE MISSION OF THE CHURCH IN SACRED SCRIPTURE

Heal the sick … saying, 'The kingdom of heaven is at hand' (Mt 10, 7-8)

These words of Jesus form the basis of the Church's mission to promote the advancement of the whole human person in all their dimensions through the provision of medical treatment, assistance and pastoral care. The message of the Kingdom of God must be handed on, and the Kingdom of God, which began with Jesus, must become palpable. This is the task of any Bible-oriented pastoral care.

2.1.1. Biblical references

Jesus is the divine Redeemer who shows a particular predilection for the poor, the oppressed and the needy, thereby fulfilling the Old Testament prophecy: *"The Spirit of the Lord has been given to me, for he has anointed me. He has sent me to bring the good news to the poor, to proclaim liberty to captives and to the blind new sight, to set the downtrodden free, and proclaimed the Lord's year of favour. This text is being fulfilled today even as you listen."* (Lk 4, 18.21). Jesus came "*that they may have life, and have it abundantly"* (Jn 10, 10).

2.1.1.1. Signs and criteria Jesus used and that we consider as foundations of pastoral care:

- He invited people to **"touch him"** (Jn 1, *39 "Come and see..."*) and He allowed Himself to be touched by the sufferings of humanity by suffering individuals (in Mt 8, 3 He touched the leper; in 9, 20 he allowed himself to be touched by the woman "who had suffered from a haemorrhage", thereby transmitting love and strength (Lk 8, 44-48 He healed the woman; (Lk 6, 19... *And the entire crowd sought to touch him, for power came forth from him and healed them all).*

- He healed, pardoned and reconciled (Mk 2 the healing of the paralytic; Jn 8 the stoning of the sinful woman).

- He gave sinners and the wayward the opportunity for conversion and a fresh start (in Lk 19, 1*ff* He stayed in the house of the publican Zacchaeus).

- He gave the needy a focal position treating them as equals (Lk 6,6 healing the man with a withered hand on the Sabbath day; Lk 18,41"*What do you want me to do for you?"*, Mk 10,15 Jesus places the children in the centre),

- He acted prophetically and was not afraid to against public opinion even at the risk of being punished (Lk 6,7 for the Pharisees, healing people on the Sabbath day was an act of provocation; Mt 9,34 He cast out demons; Lk 11,17 Jesus' defence).

- He reached out, with a prophetic attitude, to the disinherited, the suffering and the marginalised (in Lk 19 he stayed in the house of the publican Zacchaeus) and reached out to the pagans (healing the daughter of a Syrophoenician woman Mk 7, 24-30), and

challenged the established hierarchies (Mt 20, 25-28, "It will not be so among you; but whoever wishes to be great among you must be your servant…".

- He joined in the happiness of others (Jn 2 the Wedding at Canaan).

- He encouraged self-knowledge and the taking of bold life decisions (Mt 19, 12 questioning the rich young man; Jn 4 the conversation with the Samaritan woman at Jacob's well).

- He went out to find those who were lost (Lk 15 the parable of the Prodigal Son, etc.).

- He was aware of the need for, and the strength which comes from prayer, withdrawal and silence (Mk 6, 31 *"Come away by yourselves to a lonely place"*; Mk 4.26-29 the parable of the seed growing in silence).

- He transmitted to others peace of mind, silence and relief (Mt 11, 28 *"Come to me, all who labour and are heavy laden, and I will give you rest".)*

- Everything He did was performed in total transparency for the Father (Abba) (Mk 1, 11 *"You are my beloved son"*. Jn 8, 29 *"He who sent me is with me"*.),

- He made people upright and gave them dignity (Lk 13,10-17 meeting with the women bent over for 18 years *"Woman, you are freed from your infirmity").*

- He is the Good Shepherd who gave His life for His flock (Jn 10, 11).

2.1.1.2. Pastoral care as accompaniment

From the account of the road to Emmaus (Lk 24,13-35) and from the way in which Jesus, as the Risen Christ, went out to meet the two disciples, we can draw a number of basic conclusions for every kind of pastoral care, which is why the account is given below in its entirety:

13 *That very day two of them were going to a village named Emmaus, about seven miles from Jerusalem,* ***14*** *and talking with each other about all these things that had happened.* ***15*** *While they were talking and discussing together, Jesus himself drew near and went with them.* ***16*** *But their eyes were kept from recognizing him.* ***17*** *And he said to them, "What is this conversation which you are holding with each other as you walk?" And they stood still, looking sad.* ***18*** *Then one of them, named Cleopas, answered him, "Are you the only visitor to Jerusalem who does not know the things that have happened there in these days?"* ***19*** *And he said to them, "What things?" And they said to him, "Concerning Jesus of Nazareth, who was a prophet mighty in deed and word before God and all the people,* ***20*** *and how our chief priests and rulers delivered him up to be condemned to death, and crucified him.* ***21*** *But we had hoped that he was the one to redeem Israel. Yes, and besides all this, it is now the third day since this happened.* ***22*** *Moreover, some women of our company amazed us. They were at the tomb early in the morning* ***23*** *and did not find his body; and they came back saying that they had even seen a vision of angels, who said that he was alive.* ***24*** *Some of those who were with us went to the tomb, and found it just as the women had said; but him they did not see."* ***25*** *And he said to them, "O foolish men, and slow of heart to believe all that the prophets have spoken!* ***26*** *Was it not necessary that the Christ should suffer these things and enter into his glory?"* ***27*** *And beginning with Moses and all the prophets, he interpreted to them in all the scriptures the things concerning himself.* ***28*** *So they drew near to the village to which they were going. He appeared to be going further,* ***29*** *but they constrained him, saying, "Stay with us, for it is toward evening and the day is now far*

spent." So he went in to stay with them. ***30*** *When he was at table with them, he took the bread and blessed, and broke it, and gave it to them.* ***31*** *And their eyes were opened and they recognized him; and he vanished out of their sight.* ***32*** *They said to each other, "Did not our hearts burn within us while he talked to us on the road, while he opened to us the scriptures?"* ***33*** *And they rose that same hour and returned to Jerusalem; and they found the eleven gathered together and those who were with them,* ***34*** *who said, "The Lord has risen indeed, and has appeared to Simon!"* ***35*** *Then they told what had happened on the road, and how he was known to them in the breaking of the bread.*

From this account we can draw a number of important ideas for a pastoral methodology based on the Bible. Pastoral care means:

- standing by people, and sharing their path (24,15 *Jesus himself drew near and went with them*),
- listening and being patient (24, 16 – 24),
- willingly being touched by the existential situation in which the others live, and by their despair and disappointment, "stopping by the side of the afflicted"[26]
- creating trust through an empathetic presence,
- building an awareness with questions to draw out autonomous replies (24, 26 *"Was it not necessary that the Christ should suffer these things and enter into his glory?*"),
- beginning with what the person knows (verses 24, 27),
- offering people an interpretation of life based on the Gospel (24, 27),
- not teaching paternalistically but relying on the effectiveness of sharing and the power of words ("make hearts burn" 24, 32),
- not being invasive but inviting others to communion (24, 29),
- words open up in practice by being authentic and truthful (*"he took the bread and broke it, and their eyes were opened"* (24, 30.31),
- drawing people to God through signs and rituals (breaking bread and sharing wine) being aware that sacramental communion is often only achieved at the end of a long journey and that this is both the source and the impetus for starting out again, (the disciples themselves become the bearers of the truth, 33*ff*).
- Pastoral accompaniment is a process that is limited in time, and means walking by the side of someone for a given period of time ("but he vanished from their sight…"),[27] that is to say, sharing bread (= life) with them.

2.1.2 Conclusions

2.1.2.1. God's love among us

The biblical references show that:
God's love is manifested in an incomparable manner in the work of Jesus, because in Jesus, God himself became man (Heb 1, 1-3). Pope Benedict XVI wrote in his encyclical Deus Caritas Est (DCE): "…this love of God has appeared in our midst. He has become visible in as much as he 'has sent his only Son into the world, so that we might live through him' (1 Jn 4:9). God has made himself visible: in Jesus we are able to see the Father" (cf. Jn 14:9).[28]

[26] MAURER cited by REBER, J., *Spiritualität in sozialen Unternehmen*, Stuttgart 2009 pag. 31
[27] REBER, J., loc. cit., pag. 31
[28] POPE BENEDICT XVI, Deus Caritas Est, Encyclical Lettter to bishops, priests and deacons, consecrated persons and all the lay faithful on Christian love (DCE) 17.

In this connection, "Jesus represents the entry of God into the world and for the world".[29]
In Jesus, God showed His solidarity with all humanity. This solidarity encompasses every dimension of human existence, but in particular the dimensions of suffering, sickness, defeat, despair and death.

2.1.2.2. Meeting with the world of suffering

Suffering and death pose many questions to contemporary humanity. Pope John Paul II said, in his Apostolic Letter Salvifici Doloris (SD) that in his Messianic work, Christ drew increasingly closer to *the world of human suffering* (see the biblical references cited above). With the Cross, he took "*this suffering upon his very self*",[30] taking the side of the suffering by sharing compassionately and redemptively in their suffering.[31] He gave suffering, in the light of faith, a horizon and a meaning.[32] The biblical message of Jesus, "crucified and risen",[33] removes the inexorable character of suffering and death. The Risen Christ leads humanity outside suffering and death within God's "life cycle". Based on this consciousness of the redemption, when the Christian stands by the side of the sick, suffering and needy, he/she has the possibility to share in the construction of the Kingdom God, lightening the burden of fear, suffering and death for the benefit of a new life in the sign of God.[34] Because everything is already bathed in a Paschal light.[35]

In Dei Verbum (DV) we read that, "Jesus Christ, therefore, the Word made flesh, was sent as "a man to men". He completed the work of salvation which His Father gave Him to do (see John 5:36; John 17:4). To see Jesus is to see His Father (John 14:9). For this reason Jesus perfected revelation by fulfilling it through his whole work of making Himself present and manifesting Himself: through His words and deeds, His signs and wonders, but especially through His death and glorious resurrection from the dead and final sending of the Spirit of truth. Moreover He confirmed with divine testimony what revelation proclaimed, that God is with us to free us from the darkness of sin and death, and to raise us up to life eternal."[36]

2.1.2.3. Salvation in words and deeds

Any Bible-based pastoral ministry must therefore be based authentically on the Pastor Bonus, Jesus the Good Shepherd, who leads his own to salvation knowing how to link word and deed, namely, to announce faith in a God who redeems and loves and the living practice of this faith by approaching Man to bring about Man's healing and reconciliation.

It must be a pastoral ministry of service, of diakonia, reactivating its life energy, pointing to paths for exiting from the crisis and not leaving people to their own devices.

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[29] WINDISCH, H., *Inspirierte Seelsorge*, in: Anzeiger für die Seelsorge 12/2007, Freiburg i. Br., pag.16
[30] POPE JOHN PAUL II, Salvifici Doloris, Apostolic Letter to bishops, to priests, to Religious families and to the faithful of the Catholic Church on the Christian Meaning of Human Suffering (SD) 16.
[31] SD 20.
[32] SD 19.
[33] REUTHER, HJ., *Heilsame Seelsorge* in: Behinderung und Pastoral Nr 3/2003, Arbeitsstelle Pastoral für Menschen mit Behinderung der Deutschen Bischofskonferenz pag.4
[34] BAUMGARTNER, I., *Heilende Seelsorge in Lebenskrisen*, Düsseldorf 1992, p. 48.
[35] WANKE, J., *Biblische Impulse für eine missionarische Kirche*, in: Zeichen der heilsamen Nähe Gottes, Festschrift für Bischof Gebhard Fürst, Ostfildern 2008, pag. 20
[36] SECOND VATICAN COUNCIL, *Dei Verbum*, Dogmatic Constitution on Divine Revelation, DV 4.

The pastoral ministry must therefore be multidimensional and focus on transmitting the "fullness of life" to individual people in their own specific existential reality, even though this is experienced in a fragmentary and transitional manner.

This applies in good and happy times, in normal times or at times of crisis or darkness, that is to say, when sickness, disability, frailty, infirmity, loneliness, pain, need and poverty cannot be eliminated. A multi-dimensional pastoral ministry therefore implies concern for human beings in their entirety: physically, psychologically, physically, spiritually, and lovingly (helping people at times of somato-psychological crises; providing individual help in spirituality and in faith, providing the material assistance for survival, etc.) [37]

2.1.2.4. A pastoral ministry which "touches" Humankind

The practice and methodology to be used for this kind of pastoral ministry must be based on the way in which Jesus accompanied and "touched" the disciples on the road to Emmaus along the path towards knowledge and towards life. It will create possibilities for all those seeking the faith to enter into contact with it: based on respect for human freedom it will be present by the side of people without conditioning them, accepting autonomous pathways and moving along byroads, following humankind, seeking humankind out in the existential and experiential realities by offering pointers and guidance.

2.1.2.5. A prophetic pastoral ministry

A pastoral ministry rooted in the Bible also includes a prophetic dimension. This kind of pastoral ministry is characterised by the courage to denounce, practical consistent action and a genuine commitment to strive for justice following the example of Jesus. Healing on the Sabbath, sitting down with marginalised people and sinners, welcoming women into his group of followers and defining service as the noblest mission a leader can have, Jesus not only gave a foretaste of the Kingdom of God but also criticised the existing order as being an obstacle to the development of the human person and the expansion of the Kingdom of God. The pastoral ministry will therefore endeavour to perceive the signs of the times and move beyond the present "Reading the future through the eyes of God",[38] and by so doing, be a witness to God's presence amongst people, a sacramental sign of salvation from God, and a sign be a proclaimer by words and actions of the God of salvation".[39] It means raising the voice when human dignity is in jeopardy and being committed to social justice and taking up the challenge to undergo continuing renewal in order to be able to respond to the ever different demands and situations of the age.

2.1.2.6. An inspired pastoral ministry

Any pastoral ministry based on the Bible will be guided, lastly, by the realisation that God's love for Man embodied in Christ can do more than all human endeavours are able to achieve,

[37] NAUER, D., *Seelsorge*, in Anzeiger für die Seelsorge 1/2009 Freiburg i.Br. S., p. 35; KNOBLOCH, S., *Seelsorge – Sorge um den Menschen in seiner Ganzheit*, in HASLINGER, H., (Hrsg): *Handbuch zur Praktischen Theologie*, Bd.2, Mainz 2000 p. 46.
[38] *The Charter of Hospitality*, Rome, 2000, 8.2
[39] *Brothers and Co-workers together to serve and promote life*, Rome 1991, 89

and that He will take care of and fulfil everything (Mt 6, 25.32), such that any pastoral work without strong linkage with Him is bound to fail ("for apart from me you can do nothing" (Jn 15, 5). Only by trusting in Him and in the strength and guidance of his Spirit (Jn 16, 13) and in prayer can there be any authentically inspired pastoral ministry.

2.1.2.7. Pastoral care from the perspective of Jesus the Good Shepherd

Since every human action has its limits, any pastoral ministry based on the Bible was always viewed from the perspective of Jesus the Good Shepherd who knows the pathways of humankind and accompanies them. It must therefore be "the pastoral care of God for the world" in the true sense of the term. Pope Benedict XVI, in his encyclical Spe Salvi (SS), has this to say about it: "The true shepherd is one who knows even the path that passes through the valley of death; one who walks with me even on the path of final solitude, where no one can accompany me, guiding me through: he himself has walked this path, he has descended into the kingdom of death, he has conquered death, and he has returned to accompany us now and to give us the certainty that, together with him, we can find a way through. The realization that there is One who even in death accompanies me, and with his "rod and his staff comforts me", so that "I fear no evil" (cf. *Ps* 23 [22]—this was the new "hope" that arose over the life of believers.[40]

Referring to this Shepherd and transmitting the well-founded hope that the Good Shepherd is an interior travelling companion, even along these pathways, is not only the mission, but also the opportunity and the perspective that any form of pastoral care must take upon itself if it is too referred to in authentically biblical-Christian vision.[41]

2.2. THE CHURCH'S MISSION: EVANGELISATION

2.2.1. The foundation

The Order's Centres are centres belonging to the Church and therefore have the mission evangelising the sick and needy through a model of comprehensive care based on the example set by Christ and St John of God.

Evangelisation means:

- bearing witness to the Gospel by serving the needy in our houses,
- manifesting Jesus Christ's goodness and love for humanity,
- transforming the Order's Centres into places in which people are able to experience God's merciful love thereby contributing to spreading the Kingdom of God.

2.2.2. The Magisterium of the Church

[40] POPE BENEDICT XVI, *Spe Salvi*, Encyclical Letter to bishops, priests and deacons, consecrated persons, and all the lay faithful on Christian Hope (SS) 6

[41] REBER, J., loc.cit., pag. 33

Evangelisation is "announcing Christ by a living testimony as well as by the spoken word".[42] The origin of evangelisation is Jesus Christ himself, who brought about the love of the Father for eternity through His words and deeds. Evangelisation breaks the power of sin and calls for conversion (Mk 1, 15); it announcing God's love and gives life in abundance (Jn10, 0;1, 16). The path of evangelisation is the Church; having evangelised herself she constitutes "a people made one with the unity of the Father, the Son and the Holy Spirit"[43]. But every Christian is called to bear personal to the love of God and give reason for their hope (1 Pt 3, 15). "Evangelising means bringing the Good News into all the strata of humanity, and through its influence transforming humanity from within and making it new".[44] Evangelisation is addressed especially to those who have never heard the Good News of Jesus, but as a result of the frequent situations of de-Christianisation in our day, it also proves equally necessary for innumerable people who have been baptised but who live quite outside Christian life.[45]

Evangelisation refers both to the process of imbuing the present world[46] with the spirit of the Gospel and the process through which every individual person configures to Christ. In the process of evangelisation, the Paul VI's Apostolic Exhortation, Evangelii Nuntiandi distinguishes six phases:[47]

- witness of life
- explicit proclamation,
- inner adherence,
- entry into the community,
- acceptance of signs,
- apostolic initiative.

2.2.3. Witness of life

Through the image she puts forward of herself, the Church endeavours to bear witness to a life rooted in the faith. This effort is expressed particularly in bearing witness of love for our neighbour and love organised collectively, in the form of assisting the poor and the sick, caring for the elderly, the lonely, strangers, etc... This witness of life is expressed in the form of a number of basic attitudes that the Christian adopts, such as respect and amazement, moderation and self-denial, compassion and diligence, justice and solidarity. From the way in which Christians relate to one another, reach out to and draw close to others, the others recognise them as Christians and begin to have confidence in the Christian message.[48] The most important entry gates to the world of faith in God are those we immediately and attractively interpret the specifics of our faith. To take on convictions, values and attitudes we

[42] SECOND VATICAN COUNCIL, *Lumen Gentium* Dogmatic Constitution on the Church (LG) 35.
[43] LG 4
[44] POPE PAUL VI, *Evangelii Nuntiandi,* Apostolic Exhortation on evangelisation in the modern world (EN) 18
[45] EN 52
[46] TROCHOLEPCZKY, B., *Evangelisierung*, in: BAUMGARTNER,K./SCHEUCHENPFLUG,P. (Hrsg), Lexikon der Pastoral Bd. 1, Herder 2002, pag. 421
[47] EN 52
[48] DIE DEUTSCHEN BISCHÖFE NR 68, *„Zeit zur Aussaat" Missionarisch Kirche sein*, Bonn 2000 (DBK), III. I (GERMAN BISHOPS' CONFERENCE (GBC) *Time to sow, for a missionary Church*, Bonn 2000, (CET), III.1.

have need of people who put them credibly into practice. They are the living faces of the Gospel.[49]

Everything we do (as the Samaritan's service to the suffering and the needy), and what every individual co-worker does, primarily the baptised and among those in particular the ones holding managerial posts, all play a paramount part in the work of evangelisation through their "witness of life". The players in this process are all the faithful, with their charisms, their potential and also their failures.[50]

"Such witness", or working according to the Gospel in our daily life and in our relations with patients, the disabled, and guests etc, but also with our fellow co-workers, guests, the patients' families etc., "is already a silent proclamation of the Good News and a very powerful and effective one".[51] This comes about:

- when people feel that they are being listened to and appreciated in their daily relations;
- when our co-workers performed their service diligent and lovingly on behalf of the needy;
- when relations between fellow co-workers are imbued with the spirit of respect and mutual consideration;
- when people feel a sense of solidarity in times of crisis and grieving;
- when we are committed to justice;
- when people have time for the others;
- when there is readiness and outreach to address the concerns and existential demands and the need for meaning expressed by the persons in our care;
- when we put into practice human and Christian values in daily life without making a great hullabaloo about it etc.

And this is not only a "preliminary activity". With O. Fuchs we may say that when working in terms of the Gospel that is to say when being committed to others, "the merciful Christ lives on".[52]

2.2.4. Witness of the word

Through witness of life we can "touch" people and encourage them to set out along the path, assisted by witness of the spoken word, to make their own choice of life and faith, process which opens up into a broader incorporation into the Church community as provided by the subsequent stages in evangelisation (see 2.2.).

"There is no true evangelisation if the name, the teaching, the life, the promises, the kingdom and the mystery of Jesus of Nazareth, the Son of God are not proclaimed."[53] However, one must consider that there exists, and must exist, particularly in the religious environment, a kind of natural discretion when speaking, a sort of linguistic sensitivity which must be respected. Faith in God begins in the most intimate sphere of human life. This makes it

[49] WANKE, J., loc. cit., pag. 16
[50] LG 35
[51] EN 21
[52] FUCHS,O., *Heilen und befreien, Düsseldorf, 1990, S. 86 (Salvare e liberare*, Düsseldorf, 1990 pag. 86).
[53] EN 22

necessary to identify and to create forms and environments which do not violate this intimacy of the religious sphere while at the same time combined witness of life, as a kind of explanation and interpretation, with "words of life". To achieve the following are needed:

- courage and readiness to talk about one's faith;
- sensitivity to recognise the rights situation and the right moment;
- authenticity;
- the ability to respond (1 Pt 3,15);
- the capacity to speak in simple, modern language, suitable to the times in which we live, which is able to interpret things;
- places and occasions (Sunday Mass, celebrations in the liturgical year, pilgrimages, modern liturgical forms, dialogue groups, baptisms and funerals etc);
- formation events (conferences, media, seminars etc);
- catechesis.[54]

2.2.5. A comprehensive approach and the spiritual dimension of humankind

A comprehensive approach means considering and cultivating not only the biological, psychological and social dimensions of the human person, but also their spiritual dimension, seeing it as a fundamental dimension of their existence because it is precisely this dimension which can become a valuable source of health and strength enabling the sick and needy to confront life.

"As Hospitaller Brothers of Saint John of God, we are called to carry out, within the Church, the mission of announcing the Gospel to the sick and the poor, caring for the their sufferings and helping them in every way".[55] The spiritual dimension of the human person must be considered with due attention, particularly at times of crisis.

The term "spirituality" is fairly elastic, however. Whereas in the Catholic world spirituality means the doctrine of the religious/spiritual life,[56] that is say, a life in the spirit of God, or the harmonious integration of man in the relational history between the creator and the created which is achieved by cultivating spiritual practices in daily life (prayer, divine worship, meditation...), but also by serving one's neighbour, that is to save the sum of all the efforts to cultivate a living relationship with God until they become the underlying attitude of one's own life[57] in the secular world the term has a much broader meaning.

The concept of spirituality, in this regard, is not linked to any particular confession or religion; indeed this term is frequently used to mean detachment from any institutionalised Christian practice, placing the emphasis on individuality and subjectivity. Spirituality is therefore a complex construct, which is open to many different interpretations (more details reflections on this point are to be found in chapter III, on "Pastoral care in the present context").

[54] BGC no. 68, III.2
[55] *Constitutions of the Hospitaller Order*, Rome 1984, no. 45a.
[56] HASLINGER,H., ed.Handbuch zur Praktischen Theologie, Bd.2, Mainz 2000, p.1601
[57] GBC, no. 68, II (serenity)

2.2.6. Summary

Faced with this multiform variety of the spiritual panorama, any kind of pastoral care which wishes to evangelise will act in an extremely differentiated and sensitive way; in principle, it will try to accompany people along their spiritual path helping them to discover their mystery of life. A pastoral ministry of this kind will provide opportunities and occasions to enable "the great questions that all people harbour deep down inside them to come up to the surface and find responses that are full of life"[58]

At the same time pastoral carers must strive to ensure that the Gospel of the God of Jesus Christ, which has a meaning within the life of each man and woman, remains living and present, particularly through an adequate testimony of life.

The Centres of the Hospitaller Order of St John of God, as centres belonging to the Church, can thereby become "a sounding board" in which the melody of the Gospel rings out in many different forms through words and deeds touching the hearts of people and influencing their lives.[59]

Testimony of life and testimony through words are both the duty of the individual pastoral carer and of the Centre as a whole.

It is very important to put into practice this kind of witness, but there is an even more important aspect for which the Gospel parable of the Sower (Mk 4, 1-9) placing his trust in the power of the seed can stand as a model.

3. *"Listen! A sower went out to sow.* ***4.*** *And as he sowed, some seed fell along the path, and the birds came and devoured it.* **5.** *Other seed fell on rocky ground, where it had not much soil, and immediately it sprang up, since it had no depth of soil;* ***6.*** *and when the sun rose it was scorched, and since it had no root it withered away.* ***7.*** *Other seed fell among thorns and the thorns grew up and choked it and it yielded no grain.* ***8.*** *And other seeds fell into good soil and brought forth grain, growing up and increasing and yielding thirtyfold and sixtyfold and a hundredfold."* ***9.*** *And he said, "He who has ears to hear, let him hear."*

The first lesson that we can draw from these words for pastoral work is that we have to be trusting and serene: Christ sowed without being discouraged by scant prospects of success because of the dry or inappropriate soil, without wishing to know in advance the likelihood of success or failure, of a good or bad harvest. The important thing is that the sower does his job properly: God will take care of the growth and flowering (Mk 4, 26-29).

*"**26.** And he said, "The kingdom of God is as if a man should scatter seed upon the ground,* ***27.*** *and should sleep and rise night and day, and the seed should sprout and grow, he knows not how.* ***28.*** *The earth produces of itself, first the blade, then the ear, then the full grain in the ear.* ***29.*** *But when the grain is ripe, at once he puts in the sickle, because the harvest has come."*

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[58] Bishop FÜRST, G., cited by TRIPP,W., *"Geh und handle genauso"*, in Zeichen der heilsamen Nähe Gottes, Festschrift für Bischof Gebhard Fürst, Ostfildern 2008, p. 487

[59] WANKE, J., loc. cit., pag. 20

2.3. THE MISSION OF THE CHURCH ACCORDING TO JOHN OF GOD AND THE CHARISM OF THE ORDER

2.3.1. The foundation

"Whenever he returned home, however tired he might have been, John of God never retired until he had first visited all the sick … comforting them spiritually and physically" "… seeing so many poor people (who are my brothers and neighbours) suffering and in great need in both body and soul".[60]

John of God always combined his practical commitment to his neighbour with concern for their spiritual good. He understood and performed his service to the poor and the sick as discipleship of Christ, as a tangible proclamation of salvation and a practical manifestation of God's love for all humanity, particularly for the weakest. John of God offers a comprehensive service to the human person, ensuring that the sick would receive adequate religious care, and the sacraments, becoming their spiritual guide in so many cases.

2.3.2. Bibliographical references

2.3.2.1. Spreading the experience of being loved by God

With his charitable deed and actions, and acts of solidarity on behalf of the poor, John of God was fully configured with Christ and gradually shedding all egoism and any tendency to fall back on a comfortable Christian existence; he knew how to interpret the situation of the sick and the poor in the light of faith and charity, driven by his own experience of the love of God the Father, he imitated Jesus Christ by giving himself radically to the needy of his time to enable them to experience God's love and to make them participate in his experience and to announce salvation to them. [61]

God felt that he was so filled with the grace, forgiveness and merciful love of God that he wished to hand all this experience to others by giving himself fully to the poorest of the poor.

2.3.2.2. John of God's evangelising spirit

The driving force behind his evangelising work was his personal physical experience of being loved by God and of having been given salvation. John of God, in his tireless commitment to the needy, not only wishes to bring relief to them in their need, but to show that all he did God's love above all else. "If we reflected on the breadth of God's mercy, we would never cease doing good".[62] For every person, particularly those in need, have an inestimable dignity in God's eyes, a dignity which must be revealed and defended. In the language of his age, John of God put it this way: "one soul is worth more than all the treasures in the world".[63]
His love was therefore never directed merely to resolving social problems and needs; his commitment to the needy and the sick were therefore above all else the following of Christ and the tangible proclamation of salvation: "And thus I find myself a debtor and a prisoner

[60] JOHN OF GOD, *Second Letter to Gutierrez Lasso* (2GL) 8
[61] *The Missionary Dimension of the Hospitaller Order of St John of God* (MD) Rome 1997, 37,
[62] JOHN OF GOD, *First Letter to the Duchess of Sessa* (1DS) 13
[63] 1 DS 17

solely for Jesus Christ."[64] In all he did see always viewed people in their wholeness as body and soul; embracing this wholeness lay at the very heart of his concerns, as evidenced from the words with which he usually ended his letters: "John of God that desires of salvation of all as he does his own".

2.3.2.3. John of God's evangelising practice

A brief look at a few concrete examples from his life shows his constant evangelising work:

- every Friday he went to see the prostitutes to evangelise them;
- he held catechism lessons for children and the sick in his hospital;
- he attended to providing religious care for the sick and to administer the sacraments;
- every evening he visited the sick in order to give them spiritual and bodily comfort;
- he offered himself as a spiritual guide to those who were searching (he guided Luis in his vocational discernment; he advised Gutiérrez Lasso regarding family affairs; he often gave spiritual advice to the Duchess, as we see from his letters);
- he reached out to all those seeking aid, advice and guidance, endeavouring to recognise and respond to all kinds of needs; even though he was beset by his own concerns and had no time to lose, he never sent anyone away without comforting them first.[65]

2.3.2.4. John of God's prophetic action

One of the most original features of St John of God's Hospitality was prophecy,[66] his spontaneous, robust and unconditional commitment to the poor and the sick, unhesitatingly and without delay, constituted tangible help and attracted people's attention. With his tireless, out of the ordinary, work in the name of Christ was all those who were ignored by society and were forced to live under inhumane conditions created a new model of care for the needy. With his acts of Hospitality he transformed the critical conscience of society creating new means of providing support to meet current needs for the good of the poor and marginalised.

2.3.3. The virtues: Faith, Hope, Love

John of God performed his vocation with hope and love.

- "God first of all and above all the things of the world" were the words used at the beginning of all his letters, which illustrates his powerful faith. The saving presence of God was a reality that he felt at all times, and which determined the way he lived his daily life.

- "This letter will let you know in what dire straits and in what very great need I am (although I still thank Our Lord Jesus Christ for everything) because, as you must know, my most beloved and dear brother in Jesus Christ, so many poor people flock here that very often even I am afraid we shall not be able to look after them all; however, Jesus

[64] 2 GL 7
[65] Francisco de CASTRO, *History of the life and works of John of God*, Ch. XVI; MD 5.11
[66] *Charter of Hospitality of the Hospitaller Order*, 3.1.7.

Christ sees to everything and provides them with food."[67] Hope and a boundless trust in God fashioned his life.

- "Always have charity, for where there is no charity God is not there - even though God is everywhere."[68] Love of God and of his neighbour was the driving force and the goal of his life.

2.3.4. The charism of St John of God and the Hospitaller Family

His way of living caused consternation, but also admiration and enthusiasm; at the end, he had numerous benefactors, friends, and his first companions. From a small initial group the Order developed and continued to act with his same spirit: "*the Brothers received all the poor without exception, with great charity and generosity, and anyone who was a stranger or a native, whether curable or incurable, whether sounds of mind or mad, small children and orphans. And this they did in imitation of John of God, their founder*".[69]

The Order's Charism and mission continued to develop across the years of the same direction. "In virtue of this gift, we are consecrated by the action of the Holy Spirit which makes us participate in a special way in the Father's merciful love. This experience communicates to us attitudes of loving-kindness and self-giving, enables us to carry out the mission of proclaiming and bringing about the Kingdom among the poor and the sick, transform our existence, and results in our lives manifesting the father's special love for the weakest, whom we try to save after the example of Jesus."[70]

And again, "The experience of being mercifully loved by God leads the Brothers to devote their lives to God in the service of the sick and needy. The apostolic mission, which is the specific purpose of the Order, is performed with and through the provision of comprehensive care to the needy" [71] "Called to make the Church present among the sick and needy, we are open to all forms of suffering in the spirit of our Founder"...[72] The Brothers share the charism of Hospitality with their Co-workers: "Hospitality according to the manner of Saint John of God transcends the ambit of the professed Brothers of the Order. We promote the vision of the Order as the "Hospitaller Family of Saint John of God" and we welcome, as a gift of the Spirit in our times, the possibility of sharing our charism, spirituality and mission with Co-workers, recognising their qualities and talents".[73]

2.3.5. Evangelising through hospitality: the parable of the Good Samaritan

Evangelising through Hospitality is the specific feature of the Order. "Hospitality practised in the way of St. John of God is evangelisation."[74]

The parable of the Good Samaritan (Lk 10, 29–37) constitutes the biblical basis of Hospitality and its specific evangelising work.

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[67] 2GL 3
[68] JOHN OF GOD, *Letter to Luis Bautista* (LB) 15
[69] *Charter of Hospitality of the Hospitaller,* 3.2.1.
[70] *Constitutions of the Hospitaller Order*, 1984, 2
[71] *Brothers and Co-workers together to serve and promote life*, Rome, 1991, 15
[72] *General Statutes of the Hospitaller Order*, 2009, 18
[73] GS, no. 20
[74] FORKAN, D., *The Changing Face of the Orde*r, 2009, 1.3.

29 *But he, desiring to justify himself, said to Jesus, "And who is my neighbour?"* ***30*** *Jesus replied, "A man was going down from Jerusalem to Jericho, and he fell among robbers, who stripped him and beat him, and departed, leaving him half dead.* ***31*** *Now by chance a priest was going down that road; and when he saw him he passed by on the other side.* ***32*** *So likewise a Levite, when he came to the place and saw him, passed by on the other side.* ***33*** *But a Samaritan, as he journeyed, came to where he was; and when he saw him, he had compassion,* ***34*** *and went to him and bound up his wounds, pouring on oil and wine; then he set him on his own beast and brought him to an inn, and took care of him.* ***35*** *And the next day he took out two denarii and gave them to the innkeeper, saying, "Take care of him; and whatever more you spend, I will repay you when I come back."* ***36*** *Which of these three, do you think, proved neighbour to the man who fell among the robbers?"* ***37*** *He said, "The one who showed mercy on him" And Jesus said to him, "Go and do likewise."*

2.3.5.1. The question of our neighbour

This parable provides us with a series of crucially important motivations. While the concept of "our neighbour" had mainly referred, until that time, to fellow Israelites and foreigners who had settled in the land of Israel and hence to the community of the whole country and nation demonstrating solidarity, from then onwards that limitation was abolished. Anyone who needs me is my neighbour if I am able to help. The concept of our neighbour has now been universalised and still remains a concrete reality.[75]

At the same time our attention is drawn to the Samaritan has a "neighbour".[76] Not only the person in need of help, but also – and above all – the potential helper, the one who is challenged by the needs of others, not only can, but must act as a "neighbour". Those who see needy people as brothers or sisters, identify them, look at them and restore their personal human dignity, helping them to stand on their own two feet, showing concern for their good, seeing the needy as neighbours, by becoming a neighbour to them. It is more urgent than ever before to heed the cries for help, whether loud or stifled, from the men and women of our age, and to stop to attend to them. Because Jesus himself identified with the needy: a hungry, the thirsty, the strangers, the naked, the sick and the prisoners. "As you did it to one of the least of these my brethren, you did it to me*." (Mt 25, 40).* Love of God and love of our neighbour thereby merge: in the least we meet Jesus himself, and in Jesus we meet God.[77]

2.3.5.2. A heart which sees

This parable – to quote the words of Pope Benedict XVI – "remains as a standard which imposes universal love towards the needy whom we encounter "by chance", whoever they may be."[78]. "The programme of the Good Samaritan, the programme of Jesus—is "a heart which sees".[79]

The traveller who fell among thieves stands for all those who find themselves in a state of spiritual, bodily need or suffering. Therefore, "Wherever there is poverty, disease, or suffering there is a privileged place in which we, as Brothers of St John of God, practise and live the Gospel of mercy."[80] We may not turn away our eyes, for any reason and for no one at all, from those in difficulty, as the priest and the Levite did in the parable. The priest and the

[75] DCE 15
[76] *Charter of Hospitality of the Hospitaller Order,* 2.3.4.; TRIPP,W., loc. cit., pag. 468
[77] DCE 15
[78] DCE 25b
[79] DCE 31b
[80] *Charter of Hospitality of the Hospitaller Order,* 4.1.3

Levite are prisoners of the belief that anyone touching a wounded man, bending over a person who has fallen into the mire, allowing itself to be touched by fate, becomes "impure". This parable eloquently illustrates how piety, misunderstood as the mere observance of external precepts can lead to a heart of stone.[81] The Good Samaritan teaches us the opposite. It places concerned for the wounded person before his own personal interests, overcoming fear and reluctance. Membership of an ethnic group or a particular faith, precepts, roles etc. must take second place when I am faced by a person in need of help. In that case we must demonstrate that we have a heart and courage, breaking the rules of conventional thinking.

2.3.5.3. The Samaritan's service: caring for the whole person

In this regard, John Paul II said: "We may say that Man becomes the path of the Church in a special way when suffering enters in his life".[82] In the development of the Church, when people witness another persons suffering it may trigger in them love, compassion and acts of assistance and aid.[83] The Good Samaritan is an eloquent example of this. He is the guiding model for all forms of care and assistance on behalf of any needy and suffering person. Moreover, the help given by the man from Samaria also clearly demonstrates the indivisibility of physical and psychological care. By eschewing fear of contact with the unfortunate man, in addition to soothing his physical wounds the Good Samaritan, by spontaneously going over to him, restored to him his dignity and his value. For by taking care of the other person was permeated by the conviction that he possessed an inalienable dignity and then it was something intrinsically human to respect that dignity.

Such attention gives back to those who are languishing in the mire the very thing that has been stolen from them, not only by the thieves but also by the priest and the Levite: their value. Just as the simple therapy of wine and oil sets in motion the healing of their physical wounds, the disinterested act of receiving attention and love triggers their interior healing process, restoring their self-esteem and the esteem of others.[84]

2.3.5.4. Go and do likewise: Hospitality as evangelisation

Even though this is active service has as its primary object the good of the needy person, and "those who practise charity in the Church's name will never seek to impose the Church's faith upon others" and "A Christian knows when it is time to speak of God and when it is better to say nothing and to let love alone speak"[85] this action always contains an intrinsically spiritual and evangelising component**.** For a service of love, which is synonymous with Hospitality, makes visible and tangible the message of God's unconditional love for all battered women, and demonstrates that God stands as the guarantor of the inalienable dignity of the human person who must therefore be defended, respected and restored to health, whenever offended, and the God of Life offers salvation to the whole of humanity by enabling individuals to allow themselves to be "touched" by this salvation and by this God.

Hospitality, as a service to our neighbour, with all its multiple facets, upholds the topical relevance of the Gospel of Love, as practised by Jesus and summed up in the parable of the Good Samaritan. The Samaritan's service demonstrates that "a pure and generous love is the

[81] Cf. BAUMGARTNER,I., loc. cit., pags. 50ss.
[82] SD 3
[83] SD 29
[84] Cf. BAUMGARTNER,I.,loc. cit., pag. 52.
[85] DCE 31c

best witness to the God in whom we believe..." because "God is love and God's presence is felt at the very time when the only thing we do is to love."[86]

In the parable of the Good Samaritan we find Jesus himself, because he is the true Samaritan, as the Man who, through his way of life, chose to take the side of the oppressed, the marginalised and the disinherited. Speaking of God's love became the constant action of Jesus' life.[87]

"Go and do likewise! Begun the neighbour of those who have no-one, and who have been deprived of all humanity and dignity": this is the commandment Jesus left to his own having a profound realisation of the fact that God is love.

In this way love for our neighbour, practised in terms of Hospitality, becomes evangelisation. Indeed, for many people it will be "the only 'bible' that they will ever read".[88]

2.3.6. Conclusions

Pastoral care focused around the figure of St John of God and the Order's Charism therefore means:

- manifesting the merciful and liberating love of God to humanity through word and deed;
- practising hospitality is evangelisation;
- viewing needy and suffering humankind as the path for all our actions;
- discovering and defending the dignity of every man and woman, and reconstructing it wherever it has been damaged;
- discovering and encountering Christ himself in every person (Mt 25);
- showing solidarity with all suffering people;
- defending the needy with a prophetic attitude;
- Go and do likewise! reaching out fearlessly to all needy people, never looking away, and allowing ourselves to be touched by the needy and to draw close to them, as the Good Samaritan did (Lk 10 25-37) following the mortar of St John of God "*Let the heart command!*";
- *our God of love and our love for our neighbour can only be announced with any credibility if a testimony is practised consistently.*
- endeavouring to discover the traces of the presence of God, and appraising them, in every human situation and in every meeting with people;
- generously giving back what we have received;
- having the comprehensive health of all people as our goal;
- all Christians are called to play a part in the pastoral service.

[86] DCE 31c
[87] Cf. BAUMGARTNER,I., loc, cit., pag.. 53
[88] FORKAN, D., *The Changing Face of the Order,* 1.3

2.4. PASTORAL ACCOMPANIMENT, A FUNDAMENTAL RIGHT

All those we care for a fundamental right to pastoral accompaniment and to be offered support, whatever their religious allegiances or their view of life.The same applies to the relatives of the persons cared for and for all the co-workers in the Order's Centres.

“We must deal with the spiritual needs of all the sick and marginalized, respecting them and their freedom, without trying to be heroes or protagonists, and giving them what they need to the extent that we are able.”[89] “A pastoral care service must thus be provided by duly skilled pastoral care agents, who may offer spiritual assistance to patients/clients, their families and co-workers, regardless of their religious beliefs.”[90]

Faced with a complex and very varied initial situation which all pastoral care today must address, any pastoral care inspired by the Bible and anchored to Christianity, respecting the freedom and the real life situation of every individual, will endeavour to discover the spiritual resources needed to be able to offer them tangible assistance and support in faith and in life.

2.5. SUMMARY

Today, pastoral accompaniment must be provided through **“con-tact”** (in the etymological sense of touching and being touched). Pastoral carers must be touched by God's love and the way in which God's love has taken concrete form in history as manifested, for example, in St John of God. They must also allow themselves to be touched by spiritual needs and by the quest, on which contemporary humankind is engaged, and his concerns and needs. Lastly, they must establish contact with contemporary humankind in a way which will sensitise them through the word of life and touch them and order for that word to be able to grow.

Touched by the message of God's love for all humanity as manifested in history and made tangible by Jesus Christ, we must hand on the message of "life in abundance" to all men and women in their specific existential realities. The needy and suffering person is the path of pastoral care.

Touched by the exemplary work of St John of God who committed himself to extremes to bring salvation to the body and soul of all needy people, we must devote ourselves, without any fear of contact, to all people who are seeking, to all people who are in need of comprehensive care in order to draw close to the needy following the example of the Good Samaritan (Lk 10 25-37) or, to quote the words of John of God, *"Let the heart command!”*

Put it another way: pastoral care is directed at the human person in their globosity, embracing them in all their dimensions them with all their ambivalences during "the real relationship they have with themselves, with the environment and with God, but above all their potential relationship”[91]

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[89] *Charter of Hospitality of the Hospitaller Order*, 5.1.3.2

[90] *The General Statutes of the Order*, 2009;, Documentation of the LXVI General Chapter, *Instrumentum Laboris*, 2.17 p

[91] KNOBLOCH, S., ., loc, cit., pag. 35

Pastoral care therefore does not only encompass annunciation and liturgy but also all the spheres of charity and diakonia (multidimensional). The "pastoral approach"[92] is always an approach that views the whole human person with their joys and their needs. No service (from mere personal hygiene care to existential counselling) can ever have a pastoral quality unless it is rendered with the realisation that one is looking after and empathetic with the whole person.[93]

Touched by the suffering of so many people engaged in a spiritual quest, who feel empty, disappointed, disoriented and so on, we are called to draw close to them sensitively and competently to help them to discover the mystery of their lives.

The pastoral ministry is prophetic and speaks out where human dignity is in peril, committed to social justice and seizing the challenge to be continually renewed in order to respond to the ever diverse needs and situations of the age.

Pastoral care of this kind will endeavour to discover and defend the dignity of every person, and to rebuild it wherever it has been offended.

Firmly convinced that the Gospel of Jesus leads people to salvation, we wish to enable people to make contact with this salvation, empathetically and respectfully, through testimony of life and testimony of word, as the basis of any process of evangelisation. And in all this, the specific path of evangelisation followed by the Order is the path of Hospitality.

For this purpose we have to invent and constantly reinvent again and again opportunities in situations in which people have the possibility of establishing contact with the sacred and with the Gospel.

Pastoral work is neither invasive nor paternalistic, but places its trust in the strength of the message that it brings and in the strength of meeting with humankind. This is the only way in which it can unleash the power to set hearts on fire.

Our pastoral care stands out on account of our sensitivity, patience and readiness to listen, and moves together along the path with the people concerned, and goes out to look for them.

In pastoral work we are supported by confidence that humankind must act, or sow, but it is primarily God himself who, prior to any human efforts, touches hearts and provides for the growth and the flowering of the seed.

For this reason our pastoral care relies in particular on the power of silence and the power of prayer.

Our pastoral care service knows its limitations (accompaniment limited in time and in stages) and therefore looks in particular to Jesus the Good Shepherd who, in his own caring way, which is never invasive, accompanies men and women in every situation, and above all at times of suffering and death. With this approach and attitude our pastoral ministry opens people out to the horizon of hope: starting from and leading to God.

[92] REBER, J., loc, cit., pag. 25
[93] REBER, J., loc, cit., pag. 25

CHAPTER III

PASTORAL SERVICE IN TODAY'S CONTEXT

Passionate about life as we are, and "tireless seekers of happiness"[94], we undertake to accompany and support all those who come to our centres in their material and spiritual requirements. We pay particular attention to people in difficult situations and we concern ourselves with those living locally in vulnerable circumstances.

The existence of pain is one of humanity's main questions, the answer to which becomes more urgent in moments of suffering. It is a serious question which everybody has to face sooner or later. Together with love it is probably the most widely shared experience on earth.

The people we meet know what physical and/or mental pain is. They are experiencing suffering and come to ask for help. Their first requirement is to be cured of the ill that afflicts them or to be helped with their specific needs. In addition, and no less importantly, their request contains a more or less explicit spiritual and religious need.

What do we mean when we speak of spiritual and religious needs? First and foremost we have to clarify the two terms. In everyday parlance "spiritual" and "religious" are used interchangeably, but in our world we can draw a distinction between them.

3.1. SPIRITUAL DIMENSION AND RELIGIOUS DIMENSION

The **spiritual dimension** is part of a human being's make up. It refers to a person's inner need to conduct his or her own life in such a way as to ensure growth through continuous inner transformations, in the pursuit of happiness and the fulfilment of their ideals. It acts like an internal motor, driving the person and determining his actions. It belongs to the most intimate part of a human being and opens him to relationships with others and with the Other, who could be God, or any other name we might wish to use to indicate the supernatural, that fills life with light and meaning.

We accept the above-mentioned perspective knowing full well that when we speak of spirituality we need to make a fundamental distinction between what it means for Catholics and what it means in general. As Catholics we usually speak of spirituality to indicate life in the spirit of the Gospel, that is nourished by personal and communitarian practices and practical service to one's neighbour. More frequently still the broadest Christian spirituality is embodied in the historical forms that the Spirit indicates to founders of religious orders and movements, which is why we speak, for example, of Franciscan, Dominican, Augustinian, etc., spirituality, as well as the spirituality of the hospitality that characterizes the Hospitaller Order of St John of God.

In the secular world, the term has many shades of meaning. Spirituality is spoken of as an anthropological category rather than an inner disposition, or even to describe the experience of contact with the sacred and divine. Here too specific visions of a materialistic nature have

[94] CEI, EPISCOPAL COMMISSION FOR THE DOCTRINE OF THE FAITH, ANNOUNCEMENT AND CATECHESIS, *Letters to the seekers of God*, pag.5.

been identified, (evolutionism, pantheism, etc.), or of a transcendental kind (god, divinity, supernatural being, the eternal…). Both fundamental meanings agree that this dimension of humanity is inescapable.

As with any other part of a person's make up (physical, psychological, social), the person may preclude any possibility of growth in that direction, blocking the access to his innermost being and losing the opportunity to mature and grow. Those, however, who have instead cultivated and developed their own inner world, find valuable support to help them tackle their difficulties with greater energy in times of suffering.

The spiritual dimension regards the meaning of life, contains the great questions of our existence: where do we come from? Where are we headed? What is life? What is death? What is the meaning of pain? What is there after death?

These are questions we are able to answer by referring to the values that each person sets for themselves and which regard the spiritual dimension of each person. He/She acts according to what is important to them, which is why we need to refer to a hierarchy of priorities; because it is in light of these that we are capable of tackling different situations, including suffering.

A person's beliefs are just as important as their values and form part of the spiritual dimension. They may be convictions that lead to transcendental values or ideas with an existentialist tendency (science, culture, family, politics …). A person may have different convictions, but one is bound to be more important and determining than another. There is also a process of maturation and elaboration which allows us to note the existence of a magic-ritual level, as well as that of a more rational level. In every case it is important to grasp this dimension in order to accompany the person and offer him effective support in times of illness, helping him to develop his inner self in the right direction.

The **religious dimension** is the human being's capacity to live an experience as a believer. It is the choice of a specific, historical religion, a specific God, a definite and oriented doctrine that offers believers a scale of values capable of providing answers to humanity's great questions.

This dimension takes the form of a specific faith-oriented decision and requires the free and voluntary act of choosing a God, in response to an inner call which involves understanding and living in a particular way. It is a dynamic experience needing an inner silence to listen frequently to the call and be able to respond. It is a personal or communitarian exercise, capable of transforming a person's life and directing it in accordance with the God in whom he believes.

This dimension always foresees the existence of a community: there is no historical religion that does not involve belonging to a group. The community helps its members to learn and study the specific doctrine thoroughly, and to grow in their faith in the God of that religion. The community constitutes a proper space for the celebration of liturgies and rituals; its members show solidarity towards one another, and usually material and spiritual forms of support are to be found in it.

In order to assess the validity of a religious experience one needs to look at its capacity to help people move away from their ego-centrism to mature a propensity towards others, through an opening up to the transcendental. Undoubtedly, religion should help people to

open themselves up to God, source of life; to the world, of which we form part; and to the people with whom we share our existence, in order to build a human community based on peace, justice, freedom and solidarity.

In order to express its own creed, religion turns to symbolic language. The richness of the message of faith needs symbols capable of stating the mystery of God, which is why the liturgy occupies an important amount of believers' lives, who celebrate their faith so as to grow in it and live it. An example drawn from the Catholic faith is the sacraments, true symbols that point to an underlying significance.

The spiritual and the religious dimension are not synonyms, even though each often refers to the other. "The spiritual dimension refers to those aspects of human life that have to do with experiences that transcend sensorial phenomena. It is not the equivalent of the religious dimension, even if for many people the spiritual dimension of their lives includes a religious component. The spiritual aspect can be seen as one dimension integrated with the others (physical, psychological, social). It is often perceived as linked to the meaning, purpose, and, for those nearing it, the end of life. It is commonly associated with the need for forgiveness, reconciliation and the affirmation of values".[95]

The spiritual dimension is part and parcel of the person, and consequently characteristic of each and every one, whereas the religious dimension is the specific historical form in which the individual has decided to mature his own spiritual force.

Each complements the other, but they do not totally coincide. All religious experience is spiritual, but spiritual experience does not always contain a religious option. José Carlos Bermejo explains the relationship between the two dimensions as follows: "the spiritual dimension and the religious dimension, intimately linked and complementary (auto-inclusive), do not necessarily coincide. Whereas the religious dimension includes the disposition and presence in the person of his relationship with God, in the group to which he belongs as a believer and in line with the specific way of expressing his faith and relationship, the spiritual dimension embraces the religious dimension and includes it in part. We may consider the whole complex world of values, the question of the ultimate meaning of things, the fundamental option for life (global vision of life) as being fundamental elements of it.

When the spiritual dimension crystallizes into the profession of a religious creed; when the world of values, fundamental options and questions concerning meaning takes shape in a relationship with God, then we are talking about the religious dimension. Consequently, many elements belong to the spiritual dimension, none of which the person as a whole can renounce, but not all individuals achieve faith: the relationship with God, the profession of a creed, the forming part of a group which shares and celebrates the mystery in which he believes".[96]

It is important to make this distinction, not only from the theoretical point of view, but also and above all because of its practical implications. In our centres we meet people who have not made an option for any specific religion, but not because of that do they lack a spiritual

[95] Cf. WORLD HEALTH ORGANIZATION, *Cancer pain and palliative care*. Geneva: WHO ; 1990 (Technical report series 804) .
[96] BERMEJO, J.C., *Spiritual accompaniment. The spiritual needs of the sick*, in "Labor Hospitalaria", 2005 (4) n.278, pag. 22

side. We shall concern ourselves with the spiritual growth of all, and for some we shall be a support on their specific religious path. It is not necessary to have an ordained minister, priest or person appointed by the hierarchy, to accompany an individual who is suffering from a spiritual point of view. This is a duty that all healthcare operators can and should perform, especially those who have been prepared and trained as pastoral carers to provide spiritual and religious mentoring.

It is however, the special duty of the priest, for example, to administer the sacraments, as they are the expression of the Catholic faith. To care for the spiritual dimension therefore becomes the duty of the team in charge of the person being attended to. A clear picture of the spiritual and religious needs and requirements of the recipient of pastoral service is advisable in order to proceed in the right way.[97]

3.2. COMPREHENSIVE CARE

The concept of person (anthropological model) is the key to defining and fulfilling the Order's mission; its task is to heal, the style caring. "The person is a plural reality made up of the physical, psychological, spiritual and social dimensions".[98] All four dimensions are necessary; they constitute, and are essential in, the human being.

They are so interlinked that whenever there is a breakdown in one of them, its repercussions can be seen in the others as well. As a result, the Order's model of care provision cannot but be "comprehensive"; to be consistent with what has just been said. All of a person's dimensions must be considered when giving care, and they must be dealt with by well prepared, competent and responsible professionals, and this obviously applies to spiritual and religious service too.

"We must provide care that considers every dimension of the human person: physical, psychological, social and spiritual. It is only by providing care that takes account of all these dimensions, at least as a working criterion and as an objective to be obtained, that we can consider that we are providing comprehensive care."[99]

Consequently, spiritual and religious care (pastoral service) forms an essential part of the project to provide comprehensive care to the sick. "When we talk about comprehensive care we mean being concerned with and taking care of the spiritual dimension of the person".[100]

We attempt to work in a multidisciplinary organisation and teams, specifically chosen for each area of care, in which the Religious-Pastoral Service fits, like yet another tool in the care-giving resources of the Order's Centre, for providing the care that is part of the comprehensive concept and integrates it all. For the Order's comprehensive care model to be effective, interdisciplinary and multidisciplinary team work is necessary.[101]

[97] For a more detailed picture, see Chap. 4.
[98] Charter of Hospitality, 5.1
[99] Charter of Hospitality, 5.1
[100] Charter of Hospitality, 5, 1.3.2
[101] Cf. Charter of Hospitality 5.3.2.6

Attention to the spiritual and religious needs of a person is only possible within a therapeutic model capable of evaluating every dimension of the person, which is when we talk of comprehensive care, by which we mean taking charge of the person in his totality. In our centres we want to accompany the person who suffers in all his needs: from the material to the spiritual.

The person whom we take into our care certainly has one major need: to be cured of his particular illness, to have some particular need met. We have to be ready to give the best and most suitable response to that need. It cannot be neglected and is the basis of all good, professional health care. The person's dignity demands it, duty demands it, Christian charity demands it, justice demands it and even market . . . demands it.

In addition to the principle need, other needs often, not to say always, emerge. Pain has a strongly catalytic effect, it absorbs all a person's energy, involves many of life's aspects, brings to mind all past suffering and anxiety for the future. Comprehensive care endeavours to respond to all the needs, and in order to do so counts upon the collaboration of various professionals. They will know how to rise above the many forms of individualism, of staying strictly inside their professional role, of their own convictions to help look for the most suitable solutions for the good of the patient.

In order to make the best contribution possible, the pastoral team should adopt an appropriate model, one that will allow it to dialogue with the other professionals in that sector. They will work out a diagnostic definition of patients' needs, in agreement with the care team, so as to be able, in due course, to propose methods of "treatment" using the tools and actions available in the spiritual and religious sphere.

In addition to the anthropological and health related reasons, there is also one of a theological nature for adopting a comprehensive care model. Following the example of Jesus, we cannot offer biological health alone. We consider the person as a whole, and our attention strives to be comprehensive, capable of restoring health to the whole person. We try to rebuild the sick person, or the person in need, beginning with his roots, clearing away everything that is hampering the healthy evolvement of his life. We must be able to pass on faith and trust in God, endeavouring to enhance the healing potential to be found enclosed in faith. We set in motion processes in which, in the different spheres of action, we attempt to help the sick or needy person heal the wounds of the past, to free the person from what is harming them in their life, to become reconciled with them self, their loved ones and God. To do this, the evangelizer's attitude should be one of service and total availability, just like Jesus of Nazareth.

Faithful to the spirit of the Hospitaller Order's Founder, we shall be assiduous and worthy in the way we concerns ourselves with the spiritual well-being of the centre's patients, as well as the spiritual progress of co-workers, benefactors, family and friends.

The present-day context requires that the pastoral response to people's needs come not only from the heart and the Brothers' and co-workers' generosity, but that it also be properly organized, consistent and a fully integrated part of the centre.[102]

[102] *General Statutes 54a.* All the Apostolic Works of the Order must provide spiritual and religious assistance, endowed with the necessary human and material resources. Those who can be part of this service are Brothers, Priests, other Religious and Co-workers who have appropriate formation in the area of pastoral care. These must work in a team, coordinating their activities with the other services of the Work.

Pastoral carers should be able to work as part of a group. This is of fundamental importance, not only in the interests of good organization, a team being always more effective, but also for anthropological and theological reasons. The evangelical message: "*For where two or three are gathered in my name, I am there among them*",[103] tells us that we can be sure with the team's presence that it is Jesus who is bringing about change, that the glorious Resurrected Christ is at the centre of our pastoral action, when it too is confronting suffering. The setting up of a pastoral group is an absolute necessity.[104]

3.3. PASTORAL CARE ACCORDING TO SECTOR AND NEED

The model of comprehensive care proposed by the Order calls for personalized attention for every patient and family member, tailored to their needs. This applies to pastoral care as well as it shares this concern and way of working with the healthcare team.

It is not possible to have a one-size-fits-all answer to the many and varied needs. The differences may take many forms. Each individual is different and unique, and has his own biography and specific needs.

Spiritual and religious services and the pastoral care team need to differentiate between and take account of the different kinds of patients and the different services available in the Centre. On the basis of this, it will draw up a pastoral plan and an annual programme. With respect to what we have just said, we are talking about the different pastoral sectors, such as, mental health, physically and mentally disabled, general hospital, the elderly, the homeless, the terminally ill . . . A specific pastoral plan must be drawn up for each of them.

The complexity and diversity of guests means that professional staff requires adequate specialization. Pastoral healthcare carers also need to know the pathological and human state of their patients in order to adapt their pastoral care service, ensuring that it be tailored to the condition of the person in question. Moreover, suitable attention should be paid to the patient's age and social standing, his position in life and his religious and ideological beliefs.

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[103] Mt 18,20

[104] *Priorities of Hospitality for the six year period 2006 – 2012, 2 and 2.* "To strengthen, and, where they do not exist, set up pastoral and/or spiritual and religious mentoring services so that their work may be integrated into the service and team models that operate in the Centres".

Cf. *The Superior General's circular letter*, December 25, 2006, 3.2.

Charter of Hospitality, 5.1.3.2."*The pastoral team* is made up of trained persons who are totally dedicated to the pastoral work of the Centre, with whom other persons committed to the project collaborate and cooperate, either on a full time or a part time basis, or as volunteers. There must be a pastoral action plan and a specific programme tailored to meet the needs of the Centre and the persons being looked after there. There will also be pastoral guidelines regarding the philosophical as well as the theological and pastoral contents of the plan. On the basis of these guidelines a pastoral plan must be drawn up seeking to respond to the real spiritual needs of the sick, their relatives and the healthcare operators. The objectives, and the programmes and projects with their parameters for evaluation must be identified, drawing distinctions between different areas or types of users of the Centre, and programming for each area the most specific and appropriate pastoral care.

The pastoral team must pay particular attention to its formation, so that if can keep pace with progress, be updated in professional and spiritual terms in order to be able to improve the service provided. One sound form of aid to the pastoral team could be a Pastoral Council made up of groups of professionals from the Centre, but not exclusively so, who are sensitive to the pastoral situation whose main function is to reflect on and steer the work of the team."

Accordingly, in addition to establishing a serene dialogue with each one, pastoral carer will take the greatest care to establish conditions of complete freedom, because it is only in such a climate that a healthy response to the evangelical proposal can emerge.

In the belief that it is advisable to start on specialisation, we should not forget that pastoral work should always be seen as a part of the comprehensive care offered to the patient. Moreover, the pastoral carer knows that he/she cannot meet all the patient's needs and that his/her response will touch that particular kind of suffering that accompanies all physical and psychological pain.

The highest form of specialization should consider the whole of the person's human condition, which means that the pastoral carer knows that he has to give more of him/her, something that will take him outside the conventional limits of care and service, at times beyond the restricted context imposed by his professional role.

The particular characteristics of the centre or service in question must be taken into consideration, which means that pastoral care in a general hospital will be different from that in a home for the elderly or in a hospice. It is a matter of adapting pastoral care to the different sectors and paying attention to the requirements of the people involved as well as the particular style of the centre. In addition to the patient, the pastoral carer will be attentive to the staff caring for the patient, the volunteers, family members and all those who go to the centre for whatever purpose. It is also necessary to keep up relations with public entities, in the interest of maintaining ties with the territory, and with citizens, so as to form a favourable public opinion of our institutions. It is equally important to maintain good relations with the ecclesial authorities.

3.4. INSERTED IN CONTEMPORARY SOCIETY AND ATTENTIVE TO PEOPLE BELONGING TO OTHER CONFESSIONS AND RELIGIONS

Above and beyond beliefs and the different forms of expressing them, the truth is that at some point or other in their lives the majority of people will spend time in hospital. This means, as a consequence, that we shall increasingly encounter people in all our hospitals and centres too, who, in addition to having an entirely different code of ethics, also have different faiths and religions, as well as some who are non-believers, agnostics and atheists.

Of course we must pay attention to everybody, we must concern ourselves with all and welcome them according to the fundamental principle of our evangelizing mission, and we must also ensure that everybody receives the spiritual and religious care they need, showing respect and in an evangelical spirit.

In the pastoral service of Hospitality, we are called upon to collaborate with all the believers who work caring for the sick and needy, therefore:

- we stand out in our presence among them because of our pastoral commitment and the solicitude with which we promote the values of our Christian and professional ethos,
- we act with the utmost respect for the convictions and beliefs of people, but always bearing in mind that people torn by suffering and infirmity feel their limitations more

intensely and thus need far more support, our pastoral care is also directed towards the patients' families,

- we bring awareness to our co-workers, so that, using their human qualities, they may approach the sick with the utmost respect for their rights: and those so inclined are invited to take an active part in pastoral care,
- we provide religious care to those who profess different faiths,
- in line with our charism, we collaborate actively in promoting pastoral health care in the local Church.[105]

Pastoral care is a specific service required by the delivery of comprehensive care to the person. That is why the means to guarantee it have to be available in the Order's apostolic centres, as a response to one of the fundamental rights of the sick and needy.

This right extends to the families and friends of the sick and needy and to the co-workers, as a result of which pastoral care has to be seen as a well-defined service with its functions and attributes, and its place in the organizational chart of our centres. We also offer pastoral care to people of other religious traditions, respecting their beliefs. [106]

This attention cannot be settled by merely delegating to a representative of another religion, there has to be a correct capacity for dialogue which, without barricading oneself behind one's principles, knows how to bring positive values to the fore, the shared features and uniting elements. Love is a message that is understood by every man, and what is Christian life if not the living of God's love in order to bear witness to it in the world?

People of other faiths often come to our centres that are in material need, this is what happens in an economically advanced society, but it also happens in financially depressed areas. Trying to find a solution for them is a good start for a dialogue. In a world enclosed in egoism, generosity is urgently required of Christians. That is not to say it will be met with gratitude, on the contrary, Jesus had precisely that kind of experience: of the ten lepers He healed, only one came back to thank Him. Disappointment did not stop Jesus from carrying on walking through the crowd curing and healing people's wounds.

We live in an age when the phenomena of secularization grow steadily larger. The Church has to earn people's esteem anew each day, no credit is being given it because of the past, it is asked for an honest answer in the present.

The present excessively commercial nature of relationships in our society forces us to face the need to re-establish healthy links between the economy and the social state of affairs, as Pope Benedict XVI asks in his recent encyclical *Caritas in Veritate.*[107]

In that sense, the Hospitaller Order is busy in the front line, with its centres bearing witness to the possibility of doing business in the social context, and, in this context, pastoral services

[105] Cf. *Constitutions of the Hospitaller Order*, 1984, 51.
[106] *General Statutes of the Hospitaller Order*, 2009, 53e.
[107] BENEDICT XVI, *Caritas in Veritate*, 36. "Economic activity cannot solve all social problems through the simple application of commercial logic. This needs to be directed towards the pursuit of the common good for which the political community in particular must also take responsibility. Therefore it must be borne in mind that grave imbalances are produced when economic action, conceived merely as an engine for wealth creation, is detached from political action, as a means for pursuing justice through redistribution."

can give a significant contribution to the implementation of projects that respect human dignity, even while taking account of limited material and human resources.

Societies are becoming increasingly pluralistic in aspect which leads to the need for an open dialogue between all religious traditions and ideological beliefs: dialogue is the instrument of choice for pastoral service.[108]

Above all, particularly convincing will be the love that pastoral carers will know how to communicate because love is the centre of their lives: "by this will they know you, if you have love for one another".[109]

Because of this requirement, to permit a feeling of family to be instituted between religious and co-workers represents a concrete possibility for offering that witness of solidarity that the world awaits.

When the Hospitaller Order first came into being, the Church gave it the Rule of St Augustine, which puts love for one another in the same community first.[110] This comes first of all, and not just the charity that goes from healer to patient in one direction, the love that is born of the community of believers united in Jesus' name, that spreads like a fire no-one can extinguish. Faced with this kind of witness, believers, non-believers, agnostics and the merely indifferent can all feel engaged.

Special attention must be paid to the so-called "distant" people, the ones who approached Christianity and then abandoned it, or those who have never known Christ. The pastoral carer will accompany them with generosity and spend plenty of time with them. Jesus left the ninety-nine good sheep to go and look for the one that had strayed and took all the time He needed. Devoting oneself disinterestedly to these people, with no other purpose, not even a spiritual one may well refill their hearts with strength and vitality.

In a widely varying setting conditioned by the tools of communication and technology, that do not always respect the person, pastoral healthcare carers must be able to recognize patients' spiritual needs and those of co-workers and relatives too, so as not to give traditional or strictly religious-sacramental responses only, but to be ready to interpret their role in the broadest ecumenical sense and be open to the questions that beset mankind today. St Paul would say: "…I have become all things to all to save at least some."[111]

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[108] *Carta de Identidad de la Orden, 5.1.3.2.* "One of the great values of our society is the pluralism that has been established. The time has long since passed when political regimes were imposed upon us, or when authority and even the faith and religion were an imposition. Faith is a gift, and as such it can be accepted or rejected, set aside or cultivated in order to enable it to grow and mature. In our centres we have decided on a pluralist presence of professionals. We therefore have persons who have accepted the gift of faith and have nurtured and matured it, as well as those who have not. There are also those in our centres who have received the gift of faith and have nurtured it and made it grow and others who have not. We want to serve and help them all. We want to travel along a path with them to enable them to re-run through the whole of their personal history, making the most of this moment of crisis that arises when their health is impaired".

[109] Jn 13,35

[110] RULE OF SAINT AUGUSTINE Chap.1.3 "For is it not precisely for this reason that you have come to live together?"

[111] I Cor. 9,22

3.5. WIDE RANGING PASTORAL HEALTHCARE

The pastoral services of our centres are as wide-ranging as is possible. They are the pastoral care of Hospitality rooted in St John of God, his desire to offer everyone a welcoming environment for body and spirit, a place where brothers and co-workers – joined in a strong alliance – consolidated in their spiritual bonds, offer acceptance, well-being and peace. In the same way, the Order has undertaken a major commitment to the social pastoral ministry on behalf of people living locally, and who are suffering because of their vulnerable circumstances: the poor, the homeless, the marginalised and the unemployed.

Our centres are on the frontier of the Church, meaning that people come to us who have had the most varied experiences of faith and the Church. They are sometimes disappointed and have acquired an excessively critical attitude; they may be in search of truth or have adopted atheistic ideas. With great respect and freedom we can exchange a word or gesture with them, accompany them bravely along their spiritual way, sharing their choices and values with them, the human, the spiritual and the religious.

The course of an illness is a time and an experience of great significance in the life of a person. It is a powerful period that causes sick people to go through moments when they ask themselves life's momentous questions. At times they feel isolated. It is often also a key moment for them to resume contact with the religious experience of the past that they abandoned but which left a seed in their hearts.

At other times they experience despair, which calls for the help and special presence of the pastoral carer, so as not to leave them sunk in desperation or overcome by negative feelings of criticism and consternation towards God and their situation. It is at such times that the pastoral carer should come forward and, with all due respect, offer to accompany them in the process of getting better, without attempting to proselytize.

The objective is to show the merciful and compassionate face of God and his nearness, as Jesus of Nazareth did, without asking for anything in return, and offering the sick who so desire a bridge, to help them open their hearts and encounter the good God.

Amongst the tools available to the Church, as to any religion, speaking of our own, there are ritual forms to accompany the suffering. These rites, in addition to their decidedly religious content, possess the possibility of giving meaning to pain and working through bereavement.

Ritual may not be segregated from life. On the contrary, it has value if it is accompanied by expressions of day-to-day solidarity. For the Church liturgy is the source and summit of existence, but for contemporary man, who needs to rediscover his faith, religious rite can only be the culmination of an experience. Ritual without human closeness is no longer able to communicate its significance. People today need to understand, new forms of communication and catechesis, which are not just traditional ritual.

If the sick are involved in the choices that concern their health during the therapeutic process, they should also be involved as main players and choosers in their pastoral care too and not just are the recipients.

The pastoral carer in their wisdom will realize how to recognize the most suitable forms for addressing the person before them. We cannot pursue the most advanced forms of pastoral

praxis and almost annul the forms of the past that are a source of support for the faith of so many.

To protect, defend and assist people in difficulties, both in our own centres and locally, outside them, what is necessary is a social awareness building campaign at political, civil and ecclesial levels. That is why it will be useful to establish and cultivate good relations with the public authorities and take advantage of on whatever opportunities we have to make our prophetic voice heard when circumstances demand.

3.6. CONCLUSION

The patients' social and personal situations that of co-workers and relatives requires more decisive pastoral activity in the near future, in four ways:

- pastoral care that is better integrated into health and social sectors.
- pastoral service that is open and willing to accompany the sick and needy, especially in the sense of attending to spiritual and religious needs.
- pastoral care that is tailored and differentiated according to pastoral sectors, and the different kinds of patients and care services: acute, chronic, mental, physically and psychologically disabled, elderly, terminally ill.
- religious-sacramental practice that is closer to people's needs and suited to the particular hospital environment;
- more widespread pastoral animation and humanization to translate the spiritual dimension into human, social/personal and communitarian activities;
- integrated pastoral formation capable of triggering change and renewal, that deepens biblical, liturgical and charismatic knowledge along with anthropological, psychological and social dimensions;
- a broader clinical, pastoral activity organized and inserted in the operative team.

St John of God would be happy to observe his consecrated sons and co-workers from above working side by side and sharing the same desire to receive in their souls, before doing so in their centres, the pain of those who have to carry a weight that is more than they can bear.

CHAPTER IV

MODEL OF SPIRITUAL AND RELIGIOUS CARE

4.1. INTRODUCTION

Meeting the spiritual and religious needs of the guests in our Centres forms part of the comprehensive care provided to each person. This makes it essential for the whole of the Care Team to coordinate its work.

"Our contribution to society will only be credible if we are able to embody the progress made in technology and the development of the sciences. Hence, the importance for our response in terms of care and assistance is to constantly strive to be continually updated in technical and professional terms. On the basis of this, we must provide care that considers every dimension of the human person: physical, psychological, social and spiritual. It is only by providing care that takes account of all of these dimensions, at least as a working criterion and as an objective to be obtained, that we can consider that we are providing comprehensive care." "When we talk about comprehensive care we mean being concerned with and taking care of the spiritual dimension of the person"[112].

The process of caring for spiritual needs, like any care process, consists of:

Detecting needs (Diagnosis)

⇩

Formulating objectives

⇩

Activities (Treatment)

⇩

Monitoring (and Evaluation)

This is the same process as catering for physical, psychological or social needs. We therefore talk about the Clinical Method as being the most appropriate one for attending to all the needs of our guests, particularly in a hospital environment, even though this obviously has to be done with all the particular features that pastoral care entails. It also facilitates integration and teamwork with all the other professionals.

The Clinical Method applied to each guest in our Centres comprises the phases indicated above: firstly, we have to ascertain the patient's spiritual and religious needs and perhaps also of the immediate family, in order to be able to diagnose the situation as accurately as

[112] *Charter of Hospitality*, 5.1 (Introduction) and 5.1.3.2.

possible. Then the objectives have to be set and framed, which entails deciding on the pastoral actions required (the treatment) to attain those objectives. The final monitoring and evaluation phase is very important because it measures the effectiveness of the treatment or, alternatively, the need to redirect the whole process from the beginning.

4.2. DETECTING THE SPIRITUAL AND RELIGIOUS NEEDS

4.2.1. The concept of spiritual need: A few definitions

Spiritual needs have to do with the fundamental direction a person's life takes and is manifested above all in the search for a meaning to be attributed to the events, and refer to what it is that motivates us to act and the criteria to be used to make well-informed decisions

Religious needs arise whenever a person has identified a benchmark for spiritual growth, in one particular historical religion, and is expressed through explicit requests to take part in the practices of that religion: rituals, liturgies or catechesis.

C. Jomain has defined a spiritual need as the need of individuals, whether or not believers, to expand their spirit, or seek an essential truth, or the meaning of life and death, or who are still endeavouring to hand on a message in their twilight years.

The WHO, in a document written in 1990, said that the term "spiritual" refers to all those aspects of human life that have to do with experiences that transcend sense phenomena. It drew a distinction between "spiritual" and "religious" even though it admitted that for many people the spiritual dimension of their lives included a religious component. The spiritual aspect of human life could, it said, be seen as an integrated part of it, together with the physical, psychological and social components. It was often perceived as being linked to meaning and purpose, and for everyone in the final stages of life it is commonly associated with the need for forgiveness, reconciliation and the affirmation of values.

Cecily SAUNDERS, in *Spiritual Pain* (1998) said that the spiritual sphere encompasses the whole area of our thinking about moral values throughout life. Memories of disappointments and guilt may be perfectly well considered outside a religious context, and it might be difficult to respond to them through the services, sacraments and symbols used by religious groups. When people realise that their life is about to end, they may wish to focus on their priorities and on achieving what they consider to be true and worthwhile, which this may provoke a feeling of being incapable or unworthy of it. They may feel bitterly resentful about the unfairness of what is happening to them, and much of what happened to them in the past, and above all they may sense a devastating sensation of emptiness. This is, for this writer, the essence of spiritual pain.

4.2.2. Spiritual and religious needs

There are various definitions of spiritual and religious needs. Here are a few, by way of example which can be used as benchmarks for diagnostic purposes.

4.2.2.1. Fundamental needs

- THE NEED FOR MEANING:[113] it is not only important to live one's life, but also to find a meaning for one's life experience. This is essential for the human being. A meaningless life can lead people to end their lives. Meaning is built up through dialogue, a permanent dialogue with self, with others, with the world, and with the transcendent (God).

- THE NEED FOR RECONCILIATION: the need to seek a lost unity with self, with others, with nature and with God. Seeking communion and personal integration as being crucial for maintaining the meaning of one's life.

- THE NEED FOR SYMBOLS: the religious and spiritual spheres refer to, open up, and give individuals another, different, reality, but which are often related to mystery and to the unknown. In order to relate to and deal with this area one frequently needs to use a different and concrete language: a symbolic, poetic etc language... This is also the language of the liturgy and of religious rites, the language that we might describe as coming "from the heart".

- THE NEED FOR TRANSCENDENCE: this is the need to feel related to the OTHER-GOD. This links the individual to mystery, filling the individual with hope and light. It signifies continuity beyond death and beyond this world. Above all, at the religious level it implies a process of faith in, experience of, and an encounter with God, which enlightens orients and gives a meaning to life.

At times of sickness, and in the various stages of a life crisis, these needs acquire a particular importance and require special care and attention by the healthcare professionals and in particular by pastoral carers. Most spiritual and religious needs have links to these four needs.[114]

4.2.2.2. Here is a list of the spiritual and religious needs which basically develop the points made in the preceding paragraph:

1. The need for meaning: a person needs to discover the hidden meaning of events and an explanation for the existence of pain and the meaning of life, because it is impossible to live without meaning. When people doubt, action is hampered; they must first resolve life's enigmas to be able to go on living. The answers to the crucial questions may vary, but all of them have to do with belonging, growth and identity.

2. The need for well-being: people fuel their desire to be comfortable with themselves and use the necessary means to improve their psychological and physical well-being.

3. The need for reconciliation: to live with others, people must recognise that they need to forgive themselves and be forgiven by others. The possibility of forgiving others for their offences depends on one's own capacity for self-acceptance. Forgiveness becomes most spontaneously to those who have a life in which they have experienced giving and free-giving.

[113] Cf. FRANKL, V, *La voluntad de sentido: conferencias escogidas sobre logoterapia*, Herder. Barcelona 1994
[114] Cf. TORRALBA, F., Necesidades espirituales del ser humano. Cuestiones preliminares, in Labor Hospitalaria, 2004 (1) n. 271, pag. 12-16

4. The need for freedom: Freedom is an essential condition for human life; only a free person can grow and mature. To certain extent sickness makes people less free and in order to be effective pastoral care must be practised in total freedom, leaving the other person the possibility to either run away, or to wait.

5. The need for truth: understanding and love shown to people in difficulties must always be given in respect for truth, the truth of the human condition in which they live, and their state of sickness. It is the right of every sick person to be respected as a person and to be given all the information needed regarding their state of health, consistently with their psychological and spiritual state.

6. The need to do one's duty: in this connection we talk about duties in respect of relationship with other people and religious practices.

7. The need to pray: forms of prayer can vary and the skill of the pastoral carer show how to meet the different needs, even though this is not the most appropriate place for a catechesis on prayer, sometimes it is necessary to educate people in religious matters.

8. The need for rituals: from the simplest greeting to the most elaborate liturgical rite, the whole of life is marked by ritual stages. Rites have an anthropological value which helps people to overcome difficult existential phases, and religious rituals obviously have a theological value, too, making it possible to express their linkage between each individual and God, and the supernatural.

9. The need for silence: this is the most appropriate situation to enable people to process their pain. Too many words may be inappropriate when one is suffering and although they are intended to heal, they often irritate or even hurt people. Silence, and above all interior silence, is a source of wellness.

10. The need to communicate: the experience of being at the heart of an event gives the person the desire to communicate, to speak to other people about our suffering. This need requires someone capable of listening, but only person who seriously cares for another is able to find appropriate times to listen.

11. The need to say thank you: sick people who are conscious of the goodness of the people surrounding them must find the opportunity to express their thanks and at the same time to thank God for the gift of life.

4.2.2.3. Spiritual and religious needs: this is a much longer list which has to be appraised in particular by pastoral carers in their relations with the guests and their family members.[115]

1. Relationship with self (recognition of one's own identity)
2. Relationship with others
3. The need for a welcoming family environment
4. Respect for privacy and personal beliefs

[115] ARAGON PROVINCE. *Necesidades espirituales y religiosas a valorar en la Historia Pastoral de los enfermos.* Sant Boi Ll. 2006

5. Reinterpreting life (one's own history) to fill it with meaning
6. Forgiveness and Reconciliation
7. Finding answers to questions about the meaning and a personal understanding of sickness, suffering and death
8. Elaborating on the losses that sickness brings
9. Expressing and sharing values and beliefs
10. Establishing one's life beyond and outside oneself. Continuity. Extending oneself
11. Reaching out to the transcendent. In the broad sense
12. Relating to God and the divine, particularly in suffering, sickness and death
13. Performing religious practices according to one's own faith
14. Recounting and expressing beliefs and symbols in non-verbal language
15. Expressing one's spiritual life through art, culture and nature

THE SPIRITUAL NEEDS OF FAMILY MEMBERS: particularly when the patient is disabled, unconscious or in a coma, or on life support...

1. The need for accompaniment to adapt to the new situation
2. Finding meaning in the new situation
3. Expressing and practising religious values and beliefs.

We have mentioned a number of spiritual and religious needs purely by way of example. One could also identify other, more subtle needs, but what is most important is the attitude with which the pastoral carer views the spiritual situation of the other person.

Faced with these needs, the whole care team is required to accompany the sick in such a way that they are able to find appropriate responses to their condition. Accompaniment is a sensitive task, which cannot be imposed. Those who accompany remain strong, and allow people in difficulty to draw support from them in their weakness, but they cannot replace or exclude that other person from their path, and must remain by their side and, if necessary, to address them to enable them to reflect and begin again. Accompaniers must remain in the shadows and enable the other to take responsibility for bringing about recovery.

When these needs are expressed in a specific religious context that person must be provided a specific, tangible religious service, but religious accompaniment must never neglect the importance of accompanying the suffering person with respect for their humanity, conscious of their particular psychological state.

4.2.3. Instruments for identifying spiritual and religious needs

Like the other carers devoted specifically to ministering to the other dimensions of the person (physical, social, psychological), pastoral carers must also have the facilities and the instruments they need to be able to detect the spiritual and religious needs of the guests in our Apostolic Centres and their family members.

It is obvious that this area is not adequately developed, and the instruments that exist are still provisional, and have to be improved and appropriately validated. We must therefore make the effort to find and even design the most appropriate possible instruments for dealing with the patients for whom we care. (Annexes 1 and 2)

4.3. PASTORAL DIAGNOSIS (SPIRITUAL AND RELIGIOUS)

It is not easy to conduct a diagnosis in this very specific field of pastoral care, and it is not always possible even to describe it. Neither have we elaborated a system of diagnostic tests that are recognised and validated in the way this occurs in other disciplines, such as medicine and nursing care. It is nevertheless important to make the effort because the pastoral carers are obliging us to rigorously study every case, one by one, to work out the best possible actions to be performed with our guests and their family members.

Diagnosing means drawing on the needs that have been detected to define the real state of the person in terms of the spiritual and religious dimensions, and the way they experience it and what they need under these circumstances. It is not only a question of defining it but also of referring it to the real life situation in which our guests are placed, based on concrete facts and symptoms which reveal what is really happening to the patient.

A number of pastoral diagnoses are provided below, by way of guidance and example, some of which are taken from the Nursing world, and in this particular case those published by the North American Nursing Diagnosis Association (NANDA).[116]

4.3.1. Spiritual well-being

This is a state in which one experiences the happiness of incorporating the meaning and the purpose of life by connecting with self, others, nature and the transcendent (God).

The features that define it:

a) self-acceptance and self-esteem
b) a welcoming social and family environment
c) ready acceptance of the patient's privacy, values and beliefs
d) a sound re-reading of the patient's own history
e) reconciliation with self, others and with God
f) giving a meaning to suffering sickness and death
g) accepting losses and appropriately grieving at the time of sickness
h) relating easily to the transcendent
i) experiencing a relationship with God as Love/Mercy and Hope, filling the patient's life with meaning
j) expressing and performing religious practices enable the patient to readily accept sickness
k) others to be specified.

4.3.2. The risk of spiritual suffering

The risk of suffering changes one's sense of connecting harmoniously with life, the universe and with God. in which the dimensions transcending and empowering self may be changed.

[116] Cf. PROVINCE OF ARAGÓN, loc. cit., Sant Boi Ll. (Barcelona) 2006
Cf LORA GONZÁLEZ, R. *Cuidados paliativos. Su dimensión espiritual. Manual para su abordaje clínico*. Córdoba 2007. Pags. 493ss.
NB**:** the whole book is very relevant to the issues dealt with in this part of the Pastoral Care Model.

The features defining it:

a) poor self-acceptance and low self-esteem
b) an unwelcoming family and social environment
c) difficulties in communicating values and beliefs
d) difficulties with forgiveness and reconciliation, with self, others and with God
e) anxiety and stress caused by sickness, suffering and death
f) difficulties in coming to terms with the losses that sickness brings
g) poorly elaborated religious values and beliefs
h) relationship with God based on fear, conflict and punishment
i) difficulties in practising the religious faith
j) others to be specified.

4.3.3. Spiritual suffering

A weakened capacity to express and embody the meaning and purpose of life by connecting with self, others, Nature (and all that this entails) or the transcendent (God).

The features defining it:

a) low or zero self-acceptance or self-esteem
b) an unwelcoming or non-existent social and family environment. Destructured.
c) little communication regarding privacy, values and beliefs
d) sense of guilt in relation to self, and/or others, and/or God
e) difficulties in dealing with sickness, suffering and death: distress, meaninglessness, anger, fear...
f) difficulties in coming to terms with losses because of illness
g) dysfunctional grieving
h) religious values and beliefs: 1) not helping to live through the situation; 2) entering into conflict with it; 3) non-existent
i) the relationship with God is one of conflict or is non-existent
j) lapsing from religious practice
k) inability to pray
l) abandonment of God and religious practices because of sickness
m) others, specify.

4.3.4. Despair (spiritual despair)

A subjective state in which an individual lives in disharmony with self, with others, with nature or with God and sees few or no alternatives or changing the present situation, making the person feel incapable of marshalling efforts to improve it.

The features defining it:

a) few or no personal alternatives are perceived
b) an inability to marshal energies to improve one's plight
c) a lack of communication of privacy, values and beliefs
d) a lack of initiative
e) reduced response to stimuli
f) abandoning family and society
g) dysfunctional (pathological) grieving: falling into despair
h) loss of interest in everything, including one's past life
i) apathy towards their values and beliefs
j) mistrust in and anger against God. Apathy
k) loss of interest in religious practices

l) verbal and bodily expressions of evasion, disinterest, vulnerability …
m) others, specify.

4.3.5. Lack of spiritual communication (indifference)

A state in which people, for various different reasons, do not wish to communicate their deepest spiritual and religious experiences to others, or are indifferent to everything that has to do with the spiritual and religious dimensions because they have never cultivated them, or have had negative experiences with them, or as a result of personal choice.

The features defining it:

a) failure to communicate their spiritual life to anyone
b) failure to communicate their spiritual life, values and beliefs to pastoral carers
c) a lack of religious beliefs
d) inability to communicate because of sickness
e) the spiritual and/or religious life is lived exclusively within them
f) others, specify

4.3.6. Others. Specify. Descriptive appraisal

4.4. PASTORAL TREATMENT

Having explored the spiritual and religious needs, and after making a pastoral diagnosis, we have to think about how to help their guests and their family members in this particular situation. Sometimes it will be necessary to offer appropriate accompaniment to help them to recover the strength which comes from the spirituality and the faith of believers, in order to place it at the service of health. It will sometimes be necessary to discern and clarify beliefs when they have a pathological slant to them. On other occasions the pastoral carer will have to focus on enabling the patients to access their spiritual and religious life, to help the patient in their personal process, their spiritual journey.

Some prior attitudes of the pastoral carers are: a capacity to listen, respect for individuality, empathy and readiness. On that basis it will be possible to establish a necessary and appropriate personal relationship based on the guest's trust in the pastoral carers, which is essential for accompaniment and pastoral treatment.

Here are a few indicative actions or possible and typical treatments for use in pastoral care:

RELIGIOUS-SPIRITUAL SUPPORT (TREATMENT)

ACTIONS

1. Active and respectful listening.
2. Empathetic attitudes to the sick and their relatives
3. Presence and accompaniment of the pastoral carer: Pastoral Visit: **Daily/Frequent/Occasional/On Demand**
4. Facilitating the spiritual counsellors of other faiths
5. Strengthening personal identity and self-esteem
6. Helping to re-read life
7. Confronting and clarifying ideas, values and beliefs
8. Facilitating the expression of spirituality through art, culture and nature (music, painting, reading...)
9. Emotional support and reduced anxiety
10. Helping to express and release anger appropriately
11. Facilitating reconciliation and freedom from guilt
12. Facilitating reconciliation with others
13. Processing loss (facilitating grieving)
14. Bringing hope through truth/faith
15. Pastoral group sessions: catechesis, values, beliefs...)
16. Respecting and helping the sick with their commitments stemming from their religious beliefs (i.e. dietary requirements)
17. Facilitating religious practices according to the faith of the individual patient (prayer, meditation)
18. Facilitating sacramental celebrations
    a) Eucharist: **Daily Weekly Occasionally**
    b) Reconciliation: **Frequent Occasional**
    c) Anointing of the Sick
    d) Others
19. Facilitating contact with the parishes
20. Facilitating religious celebrations of other faiths
21. Being close to the patients and their families when death approaches
22. Helping patients to die in peace (the hope factor)
23. Funeral/Farewell prayers on the death of the patient
24. Working in an interdisciplinary team
25. Information on the Religious Service and its work
26. Providing advice on ethical dilemmas to the patient and family members

OTHERS

We will conclude this section by indicating a number of features of the pastoral support which the counsellors or pastoral carers must keep clearly in mind in their daily work:

a).- The spiritual counsellor is an interpreter for people in dialogue with themselves. He/she can help to translate their questions and emotions, give them a name, dialogue with self in the dark world of intra-psychological and spiritual dialogue. To link up with the most radical questions... to express associations experienced...

b).- He/she can act as an intellectual during the dialogue between people and their own spiritual tradition. To establish or re-establish links with that tradition. He/She can console and animate them with prayer, words, silences and rituals (sacraments)...

c).- He/she can be an interpreter in the dialogue in which the sick or needy guest engages with the medical or social world. Medical language is frequently not related to the language of the human heart. Medical facts have to be translated into the art of living, and living meaningfully. Ethical and bioethical problems arise regarding decisions affecting the patient... (sedation, extended hospitalisation...)

d).- The pastoral carer can act as an interpreter and a bridge between guests and their family environment. The family and friends also have questions and are looking for answers in their own ideologies and in the various ways in which they live their spirituality and religiosity. Adopting an open and welcoming approach can help to provide a better understanding of the patient's situation to the family members and the environment.[117]

4.5. THE EVALUATION OF THE PROCESS

The Pastoral Care Model would not be complete without an evaluation of the process we been developing here. Once the needs are known and the diagnosis has been done, we will have to set out a plan of action and decide on the treatment to help the people to whom we are ministering. This plan will have to be permanently evaluated permanently, the see whether it is still useful to the patient, or whether it is hurting the patient or not generating the desired results. In this case, it will be necessary to review the whole process and change the treatment if it is not the most appropriate, and even revise the diagnosis for the same reasons, in order to redirect the process and be more efficient.

Revising and evaluating is crucial for bringing about improvements. This is the basis of the quality of pastoral care. It is this which enables us to understand our limitations and to correct them, and above all it will enable us to offer our guests truly therapeutic spiritual and religious care, which will help to improve their health and their life.

Here again, it is necessary to have the instruments we need to help us gauge the quality of what we do, always preserving the specific features of the spiritual and religious world. For the time being there are few instruments for evaluating pastoral care and we must make the effort to continue building them up gradually. We are annexing two examples: one on how to evaluate and establish a process of pastoral improvement, and one on quality indicators. (Annexes 3 and 4)

One particular aspect here is the spiritual and religious evaluation of people who are partially or totally deprived of the ability to communicate verbally. There are other ways to communicate with non-verbal language with which we must be familiar with which we must practice. We are enclosing one example of a method for the spiritual evaluation of such people. (Annex 5).

4.6. PASTORAL HISTORY AND PASTORAL RESEARCH

Neither of these actually belongs to the Pastoral Care Model, but they do have a great deal to do with it, above all with the way to practise pastoral care.

[117] BARBERO, J. *El apoyo espiritual en cuidados paliativos,* en Labor Hospitalaria, 2002 (1) n. 263, pags. 20-21

The patient's Pastoral History is an instrument containing the spiritual and religious data, needs, diagnosis, treatment, evolution and evaluation of the guests in our Apostolic Centres. In principle it should form and integral part of the patient's Clinical History.

There are a number of drawbacks which have to be borne in mind: the first is that it is not very well-known, and there is very little familiarity with it. The second difficulty, stemming from the first, is the work and the discipline which the pastoral carers need in do to perform their work and monitor it. Another major difficulty is that there is very little realisation among the other professionals in the Centres and the management that the Pastoral History is necessary. Finally, one difficulty has to do with data privacy and confidentiality. This is a sensitive issue which has to ensure compliance with the privacy and data protection laws in from country. However, no satisfactory solution has yet been found to it, and above and beyond the question of legality, we must promote an essential attitude of respect for privacy, seeking and also applying very transparent methods in our dealings with people. There are nevertheless a number of Pastoral History models, and certainly require cleaning up and improving.

Pastoral research is both necessary and rather rare in the world of the Pastoral Care of the Sick and the social pastoral ministry. A great deal of work, and good work, is being done, as its demands reflection, research and publication, which is the field in which we are the experts. It is essential if we are to improve and expand our work. Working in terms of the Pastoral Care Model that is proposed here can help us to become more committed to this work. All the Provinces of the Order must implement pastoral research projects while encouraging clinical and biomedical research projects, as indicated in the Order's Charter of Hospitality.

4.7. CONCLUSION

When talking about the pastoral care model we are only indicating a few basic guidelines for providing spiritual and religious care to the sick and needy in our Centres. What we have tried to do is to adopt the care model used in the healthcare profession, which partly applies also to the social sphere with regard to catering for the marginalised and excluded, and ordered to be able to implement better organised and better integrated pastoral care.

There is no doubt that the pastoral ministry has its own features, and that we cannot identify it fully using only the medical and healthcare sciences. The spiritual and religious dimension must also take account of the world of faith, values, beliefs, the interior life of the human being with all its complexity and mystery. In this regard we must be prudent way we use and apply the instruments, protocols and procedures that we have indicated. This, however, does not mean that we cannot continue working according to the basic thrusts of this model as is done in such disciplines as psychology and others that have to do with the human being, in all his depths, above and beyond the purely physiological sphere.

The application of this model to the pastoral ministry has to be done in terms of the possibilities and needs. We are aware that implementing this model demands training and above all human resources which is certainly never sufficient as things stand today. Yet it is necessary to begin, with individual guests or care units which require our care more urgently.

By working with this model we shall gain a new vision of pastoral care which will help us to offer the sick, needy and their family members a better quality of care. Ultimately, it will enable us to perform the pastoral mission which has been entrusted to us: evangelisation.

CHAPTER V

RELIGIOUS AND SPIRITUAL CARE SERVICE (CHAPLAINCY)

This chapter describes and explains the Religious and Spiritual Care Service, also known as the Chaplaincy Service, which should exist in every Centre in the Order,[118] both in our hospitals and in our social and welfare facilities, and every other type of Centre, to provide holistic or comprehensive care to all our guests.

The chapter deals with the following matters regarding Chaplaincy: orientation, objectives, beneficiaries, the core substance of its mission, and the organisation and structure it needs to be able to function and develop properly. Particularly important among these aspects is the provision of individual tailored accompaniment for those in our care, praying with and for them and celebrating the sacraments, together with other necessary elements forming part of the daily work of the Healthcare Chaplain.

5.1. THE ORIENTATION OF THE CHAPLAINCY SERVICE

Chaplaincy is a service which, together with all the other services, performs the Centre's mission. It is a therapeutic service: working with all the Co-workers, families and the guests, it cooperates to provide care, treatment and healing through its presence, witness and work, particularly on behalf of the guests in our Centres.

If we are truly convinced that the Good News of the Gospel brings healing and salvation, this conviction has to be put across to our guests, particularly through the Chaplaincy Service. This orientation requires people who have been properly trained; who are dynamic, working in an organisation which is fit for purpose. This entails interdisciplinary and team work, with all the other professionals in the Centre, so that the Healthcare Chaplains do not work in isolation, but are incorporated and integrated into a team that is strongly conscious of its mission with a very specific therapeutic remit.

5.2. THE FUNDAMENTAL PURPOSE OF THE CHAPLAINCY SERVICE

The main purpose of the Healthcare Chaplain is to cater for the spiritual and religious needs of the guests in our Centres, and of their families and our Co-workers, recreating the actions and attitudes of Jesus of Nazareth towards sick and vulnerable people, thereby contributing to the Centre’s evangelising mission. Obviously, they do this applying their own specific methodology and instruments, some of which we have already seen in the previous chapter, and others which will be addressed subsequently.

To work towards this crucial objective there are various other particular actions, as indicated in the framework annexed at the end of this chapter. (Annex 6)

[118] Cf. *General Statutes of the Order*, 2009, 54a.

5.3. THE BENEFICIARIES OF THE CHAPLAINCY SERVICE

Our guests, their families and the Co-workers in our Centres are the beneficiaries of the Chaplaincy Service mission, each according to their needs.

Healthcare Chaplains are increasingly encountering non-Catholics, who seek religious care from other denominations and faiths. The members of the Chaplaincy Service must therefore offer them the possibility of receiving spiritual care, organising spiritual assistance from ministers of their own denominations and faiths and, when the circumstances require and permit, providing them with opportunities for dialogue and ecumenical celebrations.

On occasions, the Healthcare Chaplains also encounter guests in their centres, with their families, and also their co-workers, who are of other faiths or no faith. They are also beneficiaries of pastoral care. They must also be approached by providing them with Chaplaincy services, readiness to serve and the testimony of merciful love, following the example of Jesus the Good Samaritan.

5.4. THE CONTENT AND WORK OF THE CHAPLAINCY

Through the Order's Centres, and particularly through the Chaplaincy Service, the Church lives in communion with our guests, reaching out to them, offering her presence and her closeness, in sincere dialogue about their lives and their plight, the Word of God, the sacraments and a readiness to provide them with comprehensive or holistic care.

In order to carry this mission forward, there are certain contents and important actions which the Chaplaincy Service must perform, as part of its mission.[119]

5.4.1. Individual spiritual and religious accompaniment

5.4.1.1. In a healthcare environment:

The key to individual spiritual and religious care is careful accompaniment during the guest's period of sickness, and experience of faith if they have one. Accompaniment means working at the pace of the guest, offering a hospitable space where the guest can enter and discover their inner self, and follow their own natural ability. These are frequently special moments for them, and they must be given time, service and company. At other times, the work entails "awakening" the guests, and helping to dispel their doubts, and it is only by standing by and accompanying them that appropriate care can be offered. Accompaniment is always necessary, whether dealing with adults, the elderly, the young, adolescents or children, or with acute and chronic patients and those in the final phases of life, the mentally ill, those suffering from physical disabilities or learning difficulties, the excluded, and so on. Every phase in their life has its own particular features which have to be taken into account. This makes the pastoral visit so important. It may not be possible to visit everyone, everyday, but the members of the Chaplaincy Service must give priority to making pastoral visits to those

[119] Cf. THE SPANISH EPISCOPAL PASTORAL CARE COMMISSION. *Religious care in the hospital: pastoral guidelines.* Madrid 1987. Some parts of this section (Content and work of the Chaplaincy) are based on this document.

in greatest need: the terminally ill, or patients passing through a very difficult time after a bleak diagnosis, etc. We must always be in readiness to respond to any urgent call.

Managing relations and creating trust is essential for adequate accompaniment. To illustrate this here is a situation which offers a concrete example of the first meeting between a patient called Mary and the Healthcare Chaplain:

> *"Mary had recently been admitted to a health care facility and the Healthcare Chaplain called to visit and welcome her. Mary informed the Healthcare Chaplain that she had seen the clinical team members and had enough people calling to her today; she stated she was unsure how a Healthcare Chaplain could support her. Mary continued to say that some of her belongings had been taken away and how distressing this was for her. She added that she did not want to talk as she was tired of sharing her life story with strangers; when she had told her story on admission, it had stressed her emptiness and loneliness, and reminded her how isolated she had become in her life."*

This vignette outlines the challenges and implications of delivering individual pastoral care in a health care setting. It stresses the importance for the Healthcare Chaplain to be clear about role and identity in his or her ministry. Mary had seen her clinical team, who in their professional role offer the patient a model of service. The Healthcare Chaplain's role is to be with the person, to enter into a deeper, mutual relationship; a space where the person can reconnect with their individual uniqueness.

The role of the Healthcare Chaplain is to provide a space for the person; to enable the sacred nature of Mary's history to be upheld and honoured; a space in which to cultivate sensitivity, and where there are no ulterior motives; namely a place for ensuring that in the dialogue, no assumptions are expressed regarding the guest's personal convictions or orientations in life. The whole purpose is to enable the guest to meet his or her God, whatever that may mean to them, and to help them to explore their own beliefs and values and what they consider sacred in their lives. Some people wish to explore the meaning of their life or their religious beliefs, while others wish to explore their own personal spirituality without linking it specifically to religion. Other simply wish to find an opportunity to voice their spiritual conflicts, even though they may be confused about them and may not even finally resolve them.

The environment created in health care centres can easily become impersonal and dehumanised. Mary acknowledged this in her pastoral visit, explaining that her personal belongings had been taken away when she had been admitted to the centre. The Healthcare Chaplain accompanies the guest, with a comfortable gaze, honouring and seeing the guest, as an individual human being.[120] This image connects with the philosophy and tradition of Saint John of God, who saw the face of Jesus Christ in every stranger he accompanied in his journey.

5.4.1.2. In a social environment

Individual accompaniment in the social environment is also essential, and equally complex. The same criteria must apply, but they must be contextualised to meet the specific needs of

[120] Cf. O'DONOHUE, J. '*Towards a Poetics of Hospitality' in Welcoming the Stranger,* A.G. O'Grady (Dublin: Veritas, 2007), pag. 93

each individual guest, who frequently have a human history fraught with difficulties, abandonment, loneliness, and very often exclusion.

Here are two examples of spiritual and religious care in the social environment, outlined in the stories of John and Anne.

> *"John is thirty years old and has lived in many settings, mainly in short term hostels. John has not lived in a home since his parents died when he was eighteen years old. The family home was sold at that time. He has been attending a day service for the past two weeks and has recently been given a home. At first he appeared happy about having his own home but now he is finding it hard to settle; struggling spiritually, angry with God; grieving for his family members and dreams that he has not fulfilled; experiencing a sense of hopelessness and isolation."*

Pastoral care is a response to John through nurture, support and caring during this time of personal stress and social chaos; giving him an opportunity to explore spiritual issues i.e. loss and bereavement, change, search for meaning and a sense of belonging. Pastoral care seeks to bring healing to people like John who are suffering, who have entered into the unknown. John is not part of any Church or established caring community; he is lonely and alienated in society, his need for caring is acute. Pastoral care has an in-reaching and out-reaching mission to people like John to offer them support and help them to integrate with themselves, connect with others in their new environment, and if possible, and always with due respect, to connect with the transcendent.

> *"Anne has been living in a residential service for people with a learning disability for over thirty years. In recent weeks she has been diagnosed with a terminal illness. She has been transferred from her home to a local hospice setting. She is unsettled in her new surroundings and is confused about what is happening to her."*

A pastoral care visit is a response to Anne through the continuation of a relationship which already exists with the Healthcare Chaplain from the residential service. The visit can bring her a sense of comfort, self worth and familiarity; and/or a space to express her emotions, her spiritual issues which may help her to dissolve her confusion and break out of her sense of loneliness.

The following words are crucial to the spirituality of the Hospitaller Order of St John of God:[121] "*Every meeting of hospitality is unique and brings with it care for a specific person"* as the Christian parable of Hospitality – the story of the Good Samaritan – illustrates. *Nouwen*[122] reminds Healthcare Chaplains that they have to constantly establish links between human history and the Word of God in order to be able to share that history in a way that supports people and liberates them, even when beset by pain and personal conflict.

Brother F. Brennan-Whitmore[123] describes the story of the Jericho Road (the Good Samaritan) as "a metaphor of the road through life", adding:

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[121] *The Path of Hospitality in the Manner of Saint John of God. The Spirituality of the Order*. Rome.2004, 52.
[122] NOUWEN, H.J.M., *The Living Reminder*, (Dublin. Gill & Macmillan, 1982) pag. 24.
[123] BRENNAN-WHITMORE, F., *'The Jericho Road. Welcoming the Stranger.* Published by A.G. O'Grady (Dublin. Veritas, 2007), pag. 22.

"Maybe at the end of the day it is not all about getting where we want to go, achieving what we have set out for ourselves … maybe it is about all of us getting there together and the only way we can achieve this is if we can lean on, hold up and support one another, so that we can enjoy the fullness of a life complete".

The role of the Healthcare Chaplain is to create a culture of inclusion; pastoral care services are offered to all people, across the various faith traditions and belief communities. This is stated in the Constitutions of the Hospitaller Order of St. John of God.[124]

5.4.2. Discerning spiritual and religious needs and conducting an appropriate pastoral diagnosis

In the previous chapters the meaning of the spiritual and religious dimensions has been amply examined, together with the care model, the needs, diagnoses and treatments. All we wish to do here is to note that the Healthcare Chaplain's task is to discern the spiritual and religious needs of the beneficiaries of its mission in order to accurately diagnose them, and offer the most appropriate treatment for each individual guest, which then has to be evaluated to ascertain its effectiveness.

From this point of view, all the guests in our Centres can be helped and accompanied based on their specific life situation, at all times offering them the healing love of Jesus Christ with respect and freedom, as Saint John of God did. For we can also come across distorted and pathological spiritual and religious experiences, which we have to know how to discern and adequately handle, particularly in Centres caring for the mentally ill or for people with neurological problems.

5.4.3. Offering the healing resources of prayer and the sacraments

These are crucially important therapeutic resources which Healthcare Chaplain's can and must offer the guests, respecting their beliefs and bearing in mind the special circumstances through which they are passing. This is why prayer, the liturgy and the administration of the sacraments must always be offered creatively and with dignity.

5.4.3.1. Prayer with and for the sick

Prayer is one of the most important resources at the disposal of Healthcare Chaplain's to create a climate of peace around the sick and our guests in their care, to lift up their spirits in their suffering, opening them up to feel a sense of solidarity with other sick people and guests, helping them to discover God's will for them, and to find the necessary energy to rise above their plight and make progress in their identification with the patient Christ, and to give thanks to God for his gifts and ultimately prepare for their meeting with the Father. They must be clearly conscious of the situation in which they find themselves, which presupposes close familiarity with their Healthcare Chaplain.

Another important element is prayer for the sick and the guests, which has always been present in the Church through the Eucharist and in other ways. The Healthcare Chaplain must pray for the sick and the guests, providing opportunities and community events to pray with

[124] *Constitutions, Hospitaller Order*, 1984, 51

the other guests and their families, and with the Saint John of God Family. Those who are living through their final moments must always be remembered in the prayers of the Chaplaincy Service.

5.4.3.2. The celebration of the sacraments[125]

Through the Sacraments of Reconciliation (Penance), the Anointing of the Sick and the Eucharist, our guests are helped to experience the Paschal sense of sickness. The Catechism of the Catholic Church calls the sacraments of Penance and the Anointing of the Sick *sacraments of healing*[126]. Sacraments are healing meetings with Christ within the Christian community.

The sacramental celebration must be the normal culmination of a meaningful relationship with patients and guests, and it must be the outcome of their own process of faith. As far as possible, we must endeavour to encourage the celebration of the sacraments as community events.

The sacraments, being signs bearing witness to the love of God for the sick and guests, must not be isolated rituals but must form the centrepiece of our fraternal presence, which has to be expressed in different ways by everyone around the sick. This is a presence which shares a quasi-sacramental value from the perspective of the Church which is *the sacrament of salvation for the world*.

Healthcare Chaplains must make a major effort to provide the sick guests, their families and the professionals working with them, with sacramental formation and catechesis, particularly with regard to the sacrament of the Anointing of the Sick which, even today, is still viewed by many as the last rites for the end of life, announcing imminent death. In addition to celebrating the sacraments, Healthcare Chaplains must also emphasise the symbolic dimension of the acts performed by establishing a human climate, in harmony with the values proclaimed through the sacramental celebration, endeavouring to make the sacramental signs truly meaningful and significant.

- Reconciliation

The Sacrament of Reconciliation celebrates the meeting between the sick or vulnerable, weak and sinful Christian with Christ who "who forgives all your iniquity, who heals all your diseases" (Psalm 103.3). After dialogue and appropriate preparation, it is a wonderful way of helping to heal wounds and facilitate the reconciliation of people with themselves, with their faith community, and with God.

- The Anointing of the Sick

The Sacrament of the Anointing of the Sick is a deeply rooted tradition in the Church and in the Hospitaller Order of Saint John of God: *"The sacrament of the anointing of the sick has always had a special place in the pastoral and spiritual ministry of the sick."*[127]

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[125] Cf. *The Rite of Anointing and the Pastoral Care of the Sick*. 1972. See the praenotanda and the rite for this section.
[126] *Catechism of the Catholic Church* 1992. 1421
[127] *The Path of Hospitality in the Manner of Saint John of God. The Spirituality of the Order*, Rome. 2004, 101.

It is the specific sacrament to be administered at times of sickness, but not the sacrament of death, intended to help the Christian to experience sickness consistently with the meaning of faith. Because of the situation which they find themselves, they need special help from the Lord to fight for their own healing. It must be administered at the right moment, avoiding the risk of unduly delaying it until the final moment. At the same time, it should be celebrated with the family and the Hospitaller community, and as far as possible, efforts should be made to encourage community anointing, after proper preparation, celebrated in a worthy manner.

- The Eucharist and the Communion of the Sick

The celebration of the Eucharist is a significant source of Hospitality. It is the engine of the life of the hospital, centre or service. It is a celebration of life that provides care, that calms, and that accompanies until the great crossing from death to life. The evangelising project that is engaged in is celebrated and given thanks for, a project supported and fostered by the Lord. The celebration of the paschal mystery provides meaning that keeps hope alive for men and women, even when they suffer and die. The Eucharist renews the commitment of the hospital, centre or service to continue with evangelisation. In the Eucharist all the members of the hospital, centre or service receive the strength, the faith and the nourishment to go on transmitting the freeing love of Jesus Christ.[128] Healthcare Chaplains facilitate the Eucharist which is the *"the fount and apex of the whole Christian life"*.[129]

The Eucharist, without being the specific sacrament for sickness, is very closely related to it[130] and to any other kind of vulnerability. The celebration of the Eucharist in a hospital or any other centre of the Order takes place at different times and in different places, which requires appropriate preparation, and everyone must be encouraged to play an active part in it. The celebrant must bear in mind the specific situation in which the participants are living, and celebrate it with creativity, but also with due dignity.

Since the sick are not always able to attend community celebrations of the Eucharist, the priest or the extraordinary Minister of Communion must take it to the sick people themselves, following the rich tradition of the Church. Efforts must be made to ensure that the distribution of Holy Communion is a genuine celebration of faith, by taking it slowly, choosing the most appropriate moments, in a prayerful atmosphere, and according to the needs of each communicant.

The Eucharist as Viaticum is the specific sacrament for the sick in their final moments of life. It is the sacrament of the passage from death to life. It is not the last Communion the patient will receive before dying, but a Communion with which the sick, accepting the passage to death in faith, step forward with Christ towards life, placing themselves in the hands of the Father. It must therefore be *received by the patient who is fully conscious of what it signifies.*[131] Transforming this ideal into a daily reality is one of the challenges that Healthcare Chaplains have to address today in the Hospitaller ministry.

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[128] Cf. ETAYO, J. *The principles of pastoral practice for today's catholic hospitals*. Rev. Dolentium Hominum 52 (2003) 102

[129] *Lumen Gentium*, 11

[130] *The Rite of Anointing and the Pastoral Care of the Sick* Doctrinal and Pastoral Guidelines of the Spanish Bishops. 1974. Nº 63

[131] *The Rite of Anointing and the Pastoral Care of the Sick*. Doctrinal and Pastoral Guidelines of the Spanish Bishops . 1974. Nº 79

- Other sacraments

Given the diversity of the Order's mission, in some of our Centres there are also other sacraments that can be celebrated, such as Baptism in emergency situations, Confirmation, and in special cases, the Sacrament of Matrimony.

In the maternity services it is frequently necessary to administer Baptism as an emergency measure, and this can be carried out by the lay co-workers if no priest or deacon is present at the time. This is why it is so important to issue guidelines for such celebrations, for the benefit of all the lay co-workers in these services, so that this sacrament can be administered in an appropriate manner.

In centres for the psychiatrically ill, and for those with physical disabilities or learning difficulties, it is necessary to celebrate the sacraments, particularly the Eucharist and Reconciliation. It must be preceded by adequate catechetical preparation, pastorally tailored to each situation. Sometimes Baptism, Confirmation and also Matrimony may have to be celebrated in the Centres, and we must therefore be careful to ensure that the right conditions are in place for this to be done, and that they are celebrated with the necessary preparation and catechesis.

5.4.3.3 Creative liturgy

The Healthcare Chaplain's role is to be inclusive, adaptive, imaginative, integrative and creative, with regard to forms of communicating the Gospel message through ritual.

Healthcare Chaplains are instrumental in providing all the liturgical services using creative methods, expression, symbols and rituals. Music and images can be ways of expressing faith rather than just verbal and intellectual expression. The rituals of bowing the head, making the sign of the cross, exchanging the sign of peace, and other such actions help people to become aware of God's presence and action. Sensory prayer can be brought into the liturgical services through listening, touching, eating and drinking, and using the sense of smell. Silence may also be used as part of the celebration. The sense of touch can be brought in for the sign of peace, the laying-on of hands in the Sacraments of Reconciliation, the Anointing of the Sick and in the individual blessing when the person is unable to receive Holy Communion. The sense of taste is engaged when the sacrament of the Eucharist is received. The sense of smell can be used by burning incense, or using perfumed oils for the Sacrament of Baptism, Confirmation and Anointing the Sick. Services must be sensitively planned in an open and welcoming environment. The symbols must be in view of the participants at the celebration i.e. the candles, the Book of the Gospels, bread, wine, water and oil.

For people with intellectual disabilities, the elderly, and those with dementia, repetition within the ritual is used to enable them to gradually acquire a deeper awareness of God. Rituals such as making the sign of the cross, lighting candles, processions, bringing gifts to the altar and such profound rituals as the washing of the feet, and marking with ashes play a central part in nourishing and forming the faith.

Music plays an important part in the liturgy, for it has the power to help participants to both grasp and express their thoughts and emotions which they might otherwise be unable to articulate. It may be particularly effective in evoking a response from people with dementia or with sight loss. For people with hearing loss, a signing interpreter should be available, and

visual aids must be used to provide the texts of readings, songs, the homily and the announcements.

5.4.4 Caring for the most needy patients

Dedication to and care for the terminally ill and those in the final stage of life, the mentally ill, the disabled, children, the aged and excluded must be a priority for Healthcare Chaplains.

They will not always be able to reach and care for every guest in our Centres. But they must have a particular sensitivity towards the most vulnerable ones, or the lonely, ensuring that they are never left without someone close by their side, or without pastoral assistance. Sometimes they will have to prioritise their time and dedication to look after the weakest and those in greatest need.

5.4.5. Spiritual and religious care of the families of the guests in our Centres

We cannot conceive of caring for people without also thinking of their families, particularly at times of sickness or of any kind of disability or vulnerability. They are the extension of our guests.

Healthcare Chaplains must try to be close to the families of our guests, bearing in mind their needs, particularly their spiritual and religious needs, offering them the pastoral care they require all times. If the families are properly cared for, they will be of great assistance when the time comes to provide spiritual and religious care to their loved ones.

Personal care and spiritual and religious counselling, being present by the side of guests particularly in times of crisis, sickness, loss, distress and grieving, and prayer and liturgical celebrations, depending upon the particular moment in their lives, are specific actions that the Healthcare Chaplains can perform with their families. They must always do this with respect, bearing in mind that they must always defend the rights of the guests, which may sometimes clash with the plans of their own loved ones, in which case our task is to try to reconcile them, as far as possible.

Given the diversity of the people we care for in our Centres, their families may have widely differing needs, and the actions to be performed will also vary widely: the aged, children, disabled, mentally ill, excluded, those without any loved ones, and so on. For each individual and their family we must study their real-life situation and respond to it as well as possible.

5.4.6. The spiritual and religious care of our Co-workers

According to the Order's philosophy, caring for our Co-workers is a basic core principle as members of the Family of Saint John of God. This is why we must always remember to provide spiritual and religious care, among the other forms of care we offer, as a personal service to them and as an important service, which helps them in the daily performance of their mission for our guests, sensitive to this dimension of care. Another chapter is devoted to this matter elsewhere in this book, but here are a few of the basic tasks which the Chaplaincy Service must perform with them:

- Working with our Co-workers. Through personal contact and through their daily work, the Healthcare Chaplains will find many opportunities to bear witness, through their

attitudes and examples, to the values of the Gospel and the Order: they will be able to share with, and engage in dialogue about all the many situations that arise, offering their own opinions and advice from a charismatic and faith perspective.

- Helping and contributing to the formation of Co-workers in the spiritual and religious spheres, in order to enable them to care even better for the guests in our Centres.
- Strengthening and cooperating with the Christian commitment of professionals who are also believers. Promoting Christian and charismatic reflection groups, prayer and liturgical celebrations, to drive the community and the Saint John of God Family in the Centre.
- Responding to the personal questions put by our Co-workers. Working closely with them, particularly in the most important moments of their lives, and creating the best possible level of confidence and trust with all of them.

5.4.7. Counselling on religious and ethical issues

This is a very important task of the Healthcare Chaplain which has many different aspects. One way of providing the service is by participating in the Centre's Ethics Committee if there is one, contributing with an input of knowledge, guidelines and pastoral experience to ensure the smoothest running of the Centre, while always bearing in mind the criteria set out in the Charter of Hospitality governing ethics and bioethics. They can also contribute to providing ethical and institutional formation to the professionals working in the centre.

In their daily work, in the course of pastoral visits and meetings, they will evidently have opportunities to provide counselling on matters of this kind, to which they must listen carefully and prudently, and help to direct with Gospel-based wisdom.

Sometimes, and from the Christian prophetic dimension, and as Healthcare Chaplains and members of the St John of God Family, they will be obliged to challenge and draw attention to situations and practices that are unacceptable in moral and charismatic terms.

5.4.8. Cooperation in humanising care in the Centre

Without spiritual and religious care there can be no real humanisation. This is the most important type of cooperation that the Chaplaincy Service can offer because its mission makes a major contribution to humanising the Centre.

"Humanising hospital care means considering the patients to be persons, suffering in body and spirit, and requiring care to be given to the whole person, that is to say every dimension. Sick people need to be loved and acknowledged, listened to and understood, accompanied and not abandoned. This means that the sick must be deemed to have first-hand responsibility for their own health, for their healing and for their lives, as the bearers of rights and obligations."[132]

Healthcare Chaplains must be careful to perform their work in this way, sensitive to and standing by the side of those suffering the most, defending and promoting their rights. They must also be willing to take part in any committees or structures they are asked to attend in the Centre, in order to help improve humanisation there. They must therefore be promoters of

[132] THE SPANISH EPISCOPAL PASTORAL CARE COMMISSION, loc. cit., 137.

the culture of Hospitality, its ethos and philosophy, values and principles, and ultimately its cultural and spiritual legacy and heritage.

5.4.9. Collaboration with the local Church

The Chaplaincy Service must be receptive to cooperation and coordination with the general pastoral ministry and with the pastoral care of the sick and social pastoral ministry in particular, both with the parish and the diocese to which the Centre belongs. We are Church Centres and we must live, practise and perform our mission in communion with the Church, fostering and performing the Church's specific type of pastoral ministry, receiving support and help from the local Church. We are therefore called to share our knowledge and experience at the service of all the Church's sick and needy. Pastoral care formation, caring for the most vulnerable members of the local Church and promoting and setting up Pastoral Care of the Sick teams and delegations in parishes and dioceses are just a few of the actions that Healthcare Chaplains are called upon to perform in the local Church.

One particularly important mission is, as far as possible, to be in contact with all the local parishes to which our guests belong, trying to encourage the Christian community to be present in the Centre in order for the guests to feel their closeness and their care.

5.5. THE ORGANISATION AND STRUCTURE OF THE CHAPLAINCY SERVICE

The organisational chart of every Centre must indicate the position occupied by the Chaplaincy Service in it, and clearly show the inter-dependency of the Chaplaincy Service, both to urge everyone to support it, recognise it, and make it accountable for the work it performs.

Like any other department or service in the Centre, the Chaplaincy Service must be properly organised, maintaining its identity and features, but basically comply with the organisational criteria that apply to the other departments in the Centre. Goodwill and the readiness to serve are essential attitudes, but by themselves they are not sufficient, as we know from our own experience.

There are many ways of organising and planning the Chaplaincy Service, depending upon the place, the type of Centre, the actual possibilities, and the human and material resources available. The policies, procedures, programmes and plans of action for its pastoral mission, consistent with the spiritual and religious needs of the beneficiaries, must be committed to writing. The most important elements to be borne in mind for the organisation and structure of the Chaplaincy Service include the following:

Religious and Spiritual Care Service (Chaplaincy). It is staffed by people under contract with the Centre on a permanent or part-time basis. Its prime mission is to attend to the spiritual and religious needs of the sick and needy, their families and the professionals working in the Centres. This service requires an adequate structure in terms of personnel, resources and projects/programmes to guarantee that it is able to perform its mission properly. It is responsible for drawing up the Pastoral Plan covering a given period, such as five years, together with the main guidelines for implementing it,[133] laying down a calendar

[133] Cf. GS 53.54

for its meetings. It will also be responsible for evaluating the objectives that are been set, and activities performed.[134] The Chaplaincy Service is more than the sum total of individual inputs, because it presupposes coordinated and integrated interaction between the members, which requires a leader/coordinator who is able to combine the efforts and encourage the team to pursue common objectives.

The Pastoral Team. This will comprise people from the Chaplaincy Service and others co-working specifically in pastoral activities, normally on a part-time and voluntary basis. These are the Co-workers in the Centre, family members, and also guests in the Centre.

The Pastoral Council. Where appropriate a Pastoral Council can also be put in place, made up of a group of professionals working in the Centre, representing the various services or areas of activity. Other people who are able to make a major contribution can also form part of the Council. All of them must be sensitive to the pastoral situation and be given the main function of reflecting on and steering and advising the Chaplaincy Service on the performance of its pastoral mission in every area in the Centre.[135]

No one today questions the importance of teamwork in every field, but we know that, in practice, teamwork is not easy. The Brothers of St. John of God have always encouraged this way of carrying forward their institutional projects throughout their history, and today we still consider it crucial in the field of pastoral care.

Pastoral Plan of Action. A framework for reflection has to be drafted providing the basis for religious care, establishing the needs of those we are caring for, their families and the professionals in our Centres, deciding on the services to be offered them, and the instruments to be employed in the service, consistently with the style of care and the identity of the Order.[136] The Pastoral Plan will lay down the basic outline of the way in which the Chaplaincy Service is organised.

The Pastoral Programme. The Programme will be developed every year by the Service, containing not only the essential elements of the Plan, but also specific and particular practical aspects of what it is felt should be specially emphasised. It will also have to meet certain needs.[137]

Evaluation. Appropriate methodological tools will be used to be able to have a sound and critical benchmark for evaluation purposes to provide high quality pastoral care, to the extent that it helps us to critically appraise the pastoral care work performed, with the sole purpose of improving the delivery and quality of care.[138]

[134] *Charter of Hospitality*, 5.1.3.2
[135] *Charter of Hospitality*, 5.1.3.2
[136] Cf. ETAYO, J., *The principles of pastoral practice for today's catholic hospitals*. Rev. Dolentium Hominum, 52 (2003) 105
[137] Cf. Cf. ETAYO, J., loc. cit., pag. 105
[138] Cf. Cf. ETAYO, J., loc. cit., pag. 106.

CHAPTER VI

PASTORAL CARERS

6.1. INTRODUCTION

Within the context of the Pastoral Care of the Sick and the Social Pastoral Ministry, the pastoral carer is a person called by God in a given community to take on the service of motivating, integrating and assisting the evangelisation of sick and vulnerable people. This entails sharing the life with the people for whom the service is intended, and primarily to live this calling at a personal level recognising the wholly gratuitous nature of God's choice, and expressing a personal commitment to the message of the Gospel. Pastoral carers must feel and recognise the love of God calling them to announce Jesus Christ in one specific form and manner. Pastoral carers respond to a calling, a vocation, in terms of their own particular charism, which has been given to them by God to enable them to perform the mission entrusted to them, effectively and fruitfully.

6.2. THE SPIRITUALITY OF PASTORAL CARERS

Let us look to the Gospel to discover Jesus' attitude to all those who came into contact with him, particularly the sick.[139] This attitude becomes imperative to us, expressed vigorously and authoritatively in the words with which He concluded the parable of the Good Samaritan, "Go and do likewise" (Lk 10, 37).

During his public life, Jesus dedicated most of His time to people suffering from different forms of sickness and disability, and when He sent his disciples on the mission He ordered them to console and care for the sick, which were very frequently marginalised in those days by social and religious prejudice. Jesus' concern for the sick, His acts of healing, and His words of comfort were a manifestation of God himself. Through His acts of compassion and mercy Jesus reveals to us the fact that God is a compassionate Father, full of kindness and gentleness who knows the sufferings of His people and wishes to save them.

The Church's mission today through her pastoral carers is also a revelation of God's love which heals and rehabilitates, extending through time the mission of Jesus and His special devotion to those suffering from whatever cause.

Pastoral carers must therefore be evangelisers who are capable of responding to the concerns of men and women today, enlightening life with the light of the Gospel, and acting responsibly to fulfil their commitment of faith to make Jesus Christ present in the world. There are three important aspects of the role played by pastoral carers:

1.- Their identity is viewed in terms of their commitment to Christ.
2.- Their life is underpinned by the experience of faith
3.- They are committed to serving others.

[139] The main ideas set out here are taken from the anthology, *Pastoral de la salud. Acompañamiento humano y sacramental*, Dossiers CPL 60 (1993) 181.

Pastoral carers live and manifest a particular kind of spirituality, a way of following Jesus and living according to the Spirit that we might summarise in terms of the following traits:

- Their point of reference is Christ, emphasising the healing and liberating dimension of the Gospel message expressed in the words and deeds of the Lord Jesus, and they feel driven and sent with a concrete mission to *"go and do likewise"*.

- Their spirituality hinges around the Easter mystery. The Cross which enlightens suffering, and the Resurrection which enlightens, motivates and inspires the struggle for health and life.

- They have to draw on their own experience of suffering, and on their own wounds, which prepares them to draw close to and assist those who are suffering, in the dynamic of embodiment.

- They live and enrich themselves serving the sick, by meeting their needs.

- They become authentic based on the values of the Kingdom, which are not effectiveness or success, but recognition of what is apparently insignificant, the density of daily experience, people and their real life situations, and opting to serve the neediest.

- They recognise the sick and their visitors as both being agents and beneficiaries of pastoral care. Both give and receive, such that pastoral carers must allow themselves to be led by the sick and to be evangelised by them.

- They live and cultivate the communitarian sense of the mission of the Church, to look after the sick and needy, not by working in isolation but rather in union and coordination with the rest of the community.

- They seek opportunities for celebration, prayer, reflection and study, at both a personal and a group level.

- Their personal service is a source of happiness and joy and an opportunity for their personal development.

Drawing inspiration on the way Jesus acted and embodying the features that we have indicated above as being specific to their particular spirituality, through their lives and through their pastoral ministry, pastoral carers must be capable of manifesting that they advocate the attitudes that we consider to be fundamental for the performance of their mission in the Church:

- **Generous service:** this is the first of the attitudes that should be outstanding in our evangelising work. There must be no desire for domination, manipulation, conquest or any form of proselytism. Like Jesus who sought the good of the person, they should work to enhance freedom and offer comprehensive health without expecting anything in exchange, thereby presenting their generous actions as a calling pointing towards the Kingdom of God.

- **Free-giving:** pastoral carers provide this service on a purely free basis, without any kind of return, leaving the dynamism of freely-given love to guide and steer all they do. Like Jesus, who is within them and in their actions, they must freely offer salvation and life.

- **Solidarity:** pastoral carers are people who work closely with the suffering, sharing their sufferings, problems and worries. Like Jesus they must be embodied in, and show solidarity with, every state of suffering.

- **Hope:** without hurting or destroying anyone the pastoral carer must always open up horizons of hope. Like Jesus, who always trusted people and their possibilities, looking to the future optimistically, as the only way to build up and give life.

- **Taking up the Cross:** there is no evangelisation without the Cross. Pastoral carers must take opposition, rejection and even persecution in their stride, like Jesus, who knew how to incorporate frustration, lack of understanding and failure, into his ministry even if only apparent.

- **Mercy:** every pastoral carer must feel touched by God's mercy, and have experienced it themselves. This was St John of God's experience[140] and that of all those who have dedicated their lives to evangelising the world of suffering and sickness. If we profoundly embody the sentiments of Christ we shall already be announcing coming of the Kingdom of God.[141]

All these features form part of what we consider to be the value of Hospitality, and it is on this basis that we are called to imitate the way Jesus acted in our contemporary world. The Order has traditionally expressed its Charism under the seal of **Hospitality**. This word speaks of relations between a person who welcomes and another who feels welcomed in. This is a very important feature of pastoral relations because our main pastoral task is to ensure that people feel welcomed in by God's love.[142]

6.3. THE PEOPLE INVOLVED IN THE EVANGELISATION PROCESS

All believers, men and women of goodwill, who have been called and wish to do the very best for the beneficiaries of Pastoral Care of the Sick and the Social Pastoral Ministry are called to be pastoral carers.

In our Hospitals and Care facilities all the Brothers and Co-workers, with their professional skills, work together, and at the core of their work is the values of humanisation, hospitality, service to others which are contributing to the performance of the Order's mission which, in the final analysis, is Evangelisation. Some people, Brothers and Co-workers, are specifically dedicated to this task, with different commitments depending upon their particular vocations within the Church and the responsibilities entrusted to them. We might highlight the following:

[140] *1st Letter of St John of God to the Duchess of Sessa*, 13. "If we were to see the greatness of God's mercy we would never stop doing good as long as we could […] giving ourselves for His love to the poor he Himself gives us."
[141] Cf. *The Path of Hospitality in the Manner of St John of God. The Order's Spirituality*, 48
[142] Cf. *The Path of Hospitality in the Manner of St John of God. The Order's Spirituality*, 52

Brothers. The Brothers of St John of God, who have the mission in the Church "of proclaiming and bringing about the Kingdom among the poor and the sick… manifesting the Father's special love for the weakest, whom we try to save after the example of Jesus",[143] have an evangelising vocation in what they are and in what they do, precisely because of their consecration to Hospitality. Other Religious who work with us in the Apostolic Centres of the Hospitaller Order are also called to announce and manifest God's merciful love both in the pastoral services and in other professional areas.

On the basis of this commitment they can become members of pastoral care teams in the Centres, offering their own personal experience as consecrated men, as a sign of God's love for the suffering person. They not only have a mission to reach out to the people for whom they care, but this evangelising dimension of their lives must also be directed towards bringing awareness to all the Co-workers to act at all times with respect for the personal dignity of those for whom they care, and to reach out to the transcendental.

Co-workers. (Employees and volunteers). The Co-workers are actively involved in this work as witnesses and through their dedicated professional services. This is why they are called to perform their daily duties with particular professional care. They are in a privileged position, able to work as leaven, salt and light through their own lives.[144]

Here are a few examples of the many tasks that form part of their specific contribution:

- promoting the dignity of the person
- loving, promoting and serving life
- expressing and fostering the religious dimension of the person
- being witnesses and agents of solidarity.

Ordained Ministers. These are people well trained to announce the Word of God, celebrate the sacraments which the sick or assisted people need. They must be well trained to work as a group, respecting the dynamics of each service/department.

Pastoral carers.[145] These are people who have been called and specifically trained to work with the other members of the pastoral care team, and ensure that the pastoral activities planned for the Centre are properly performed. Their fundamental task is to announce the Good News of Jesus to the beneficiaries of their work and to their relatives, which requires them to be able to creatively adapt the Gospel message. In some instances they will perform their pastoral care with groups and at other times with individuals, but they will always do so in the knowledge of the Mission of the St. John of God Hospitaller Services.

To become a member of the team adequate theological and pastoral training is required together with knowledge of and skills with interpersonal relations. They must also be familiar with the spiritual and pastoral wealth of the Hospitaller Order, which will enable them to make valuable charismatic contributions to their pastoral care work.

The sick/guests. In their sickness and pain, with their limitations and their vulnerability, they are genuine agents of evangelisation, because evangelisers are not only believers in Jesus but

[143] *Constitutions Hospitaller Order, 1984, 2 b*.
[144] *Brothers and Co-workers United to Serve and Promote Life*, loc. cit., 63.
[145] This terminology has to be adapted to as appropriate to each language and culture. See the Glossary of Terms.

who enable others by sharing the gospel message, of faith, hope and new life which Christ has brought us with vitality. Jesus gave us the most sublime Annunciation of the Gospel through the pain, agony, and loneliness of his Passion and his death on the cross. The apostle Paul reminds us, with thanksgiving, in his letter to the Galatian Christians, the welcome that he was given when, in his sickness, he first announced the Gospel to them (Gal 4,13-14). [146]

The sick have a great and valuable contribution to make as pastoral carers themselves. Even though we count them among the "poor and needy" because of their impaired health, they offer and communicate great human and Christian values which are the wealth of the social and religious community in which they live:

- The sick and needy help the community to be realistic in the world like ours, which sets great store by appearance, because they help us to be better acquainted with the human being with all their weakness and limitations, and as a great channel of energy. The sick and those we care for call out to us to put into practice the Gospel values in our lives and in practice: the gratuity of our existence, total poverty, detachment and travelling light, the power of love, wholeness in times of trial...

- The sick teach us to examine our values and see beyond materialism, power and success which is dehumanising the human being.

- The sick person is a real face of the poor, inviting us to show human solidarity, and to advocate their rights for them.

- The sick pose questions about the meaning of life, suffering, and death. They purify the image they have of God and they show what is most original and appealing about the Christian God: a suffering God who, out of love, shares and plumbs the depths of human pain and thereby saves humankind. The sick are witnesses of the Paschal Mystery, of the Christ who comes back to life from the depths of weakness.

- When sick people live their life with that sense of their sickness they are living witnesses of the fact that it is possible to struggle against sickness and to accept love, retaining the peace of mind and even experiencing joy and maturing in human and Christian terms.

- Sick people teach the Christian community about the deepest identity which consists of being poor and knowing that they are weak and in need of salvation, revealing their mission in tangible terms and the way to perform it, with a scarcity of resources and always rely on the poor and the least. [147]

We must be sensitive in order to discover this valuable existential experience, this wealth of values and potential to which they bear witness and which can open up hitherto unexpected horizons of life and hope. The instruction issued several years ago remains as valid today as ever before: "Let the Church be evangelised by the sick".

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[146] THE EPISCOPAL COMMISSION ON PASTORAL CARE. *The Day of the Sick, 1986*: ·"The sick evangelise us".

[147] Cf., "*Los enfermos y la parroquia*". Ficha de formación en pastoral de la salud, http://www.elcantarodesicar.com/psaludcantaro/psalud2.htm, 17-01-2011.

The family. The family environment plays an irreplaceable part in providing care for the sick, and families must be given all the support they need in order to fulfil this task. Since it is in the family that the great events take place and the fundamental experiences of our existence are forged, the family is the human environment in which, to a large extent, people tread the path of faith.

Sickness shakes our certainties and sometimes causes us to sense that nothing is as solid and permanent as we had formerly believed it to be, and this can even shake the very foundations of our existence. The emergence of sickness creates a situation of crisis which transcends the personal sphere and affects the social dimension, particularly within one's own family. Sickness can tighten and strengthen bonds between the members of the family, but it can also produce disagreements, splits and seriously endanger the stability of the nuclear family. Certainly, many of the values we had previously believed to be solid and stable are thrown into doubt.

Throughout this complex world of sickness, the family has a very important – indeed, crucial – role to play, because as human beings the sick need to love and to feel that they are loved, they need to express their feelings, they need to pray to the God of life, they need to discover a meaning in sickness, and a new approach to their convictions and their actions. Gentleness, patience, strength, compassion, and prayer which find their most a period human space within the family, acquire of their full meaning here in times of sickness.

The family as an agent of evangelisation makes its specific contribution in two directions:

1.- One is in the direction of the sick family member in which the family demonstrates its closeness and accompanies it, not only in terms of material needs but also in relation to needs belonging to the spiritual, religious and transcendental spheres: offering the Word of the Lord and prayer, speaking and listening with real feeling, and seeking a meaning in what one experiences and what one believes…

2.- In its relations with the Christian Community as a whole he family, for testimony of exemplary dedication, sacrifice, service and the acceptance and integration of weakness and suffering. All this demonstrates God's love not only for the sick person him/herself, but also for everyone who is sensitive to seeing, listening to and appreciating this different way of facing sickness and human limitations, making this experience an opportunity for human and Christian growth.

Families are one of the great potential forces for evangelisation that the Church has at her disposal today, because they are the prime and irreplaceable transmitters of God's love for people in need. The Church must be sensitive to all this evangelisation potential which the family can provide, and always offer her specific contribution to pastoral care.

6.4. THE FORMATION OF PASTORAL CARERS

It is a huge responsibility to set about caring for people's spiritual and religious needs, and to perform that task competently and professionally, appropriate formation and training is needed. In order to ensure that there are sufficient and appropriate people available to perform the pastoral care of the sick and the social pastoral ministry, a very careful selection process must be conducted including high-quality formation and laying down guidelines to facilitate a continuing expansion and updating of knowledge and skills.

The Magisterium of the Church constantly appeals with conviction to the need for the proper training of pastoral carers, because "every apostolic activity 'which is not supported by properly trained persons is condemned to failure'. The relevant documents of the Magisterium require both a general and a specific formation for catechists: general, in the sense that their whole character and personality should be developed; and specific, with a view to the particular tasks they will be charged with in a supplementary way: preaching the word to both Christians and non-Christians, leading the community, presiding when necessary at liturgical prayers, and helping in various ways those in spiritual or material need. As Pope John Paul II said: '*To set high standards means both to provide a thorough basic* training *and to keep it constantly updated. This is a fundamental duty, in order to ensure qualified personnel for the Church's mission, with good training programmes and adequate structures, providing for all aspects of formation - human, spiritual, doctrinal, apostolic and professional'*. It will be a demanding training programme, therefore, both for the candidates and for those who have to provide it."[148]

These guidelines also apply to those working in the field of the pastoral care of the sick and the social pastoral ministry. Training for the pastoral care of the sick is carried out and based on interpersonal relationships with sensitivity nuances. When we carry out pastoral care we are dealing with an encounter between "trust" and "conscience". The "trust" of the people who are suffering, which is placed in the hands of the "conscience" of the other person (the pastoral carer) who has been trained to take care of their (spiritual and religious) needs, and is ready to give them all the care and attention they need to heal those areas of their lives that have been wounded.[149]

In view of this very important work, pastoral care workers must plan and undergo appropriate formation in the responsibilities that we perform in our daily work. When we talk about formation for pastoral carers, we refer to two huge areas of action: we might call one of them the *academic aspect (initial formation)* and the other *updating (continuing formation).*[150]

The aspect that we are calling 'academic' refines the formation required to be able to carry out good pastoral care of the sick/social pastoral ministry, which will obviously have to include a number of core areas and content which are of greater importance in certain regions, or which are specific to different schools of thought.

This kind of formation is dealt with essentially by two schools of thought, which are distinctive and well recognised. One of these schools is called *Clinical Pastoral Education* which was first established in North America, and is based on a relationship of help or assistance. Under this model, the challenges which are created in the healthcare world are examined, with the object of uniting theology, spirituality and psychology with other disciplines referring to healthcare and social care (Annex 7).

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[148] CONGREGATION FOR THE EVANGELIZATION OF PEOPLES, *Guide For Catechists*, Vatican City, 3 December 1993.

[149] Cf. PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS, Charter for Health Care Workers, 2, 1995

[150] Cf. PIETRO MAGLIOZZI, *«Formación de los Agentes Sanitarios»*, en Diccionario Pastoral de la Salud y Bioética, Madrid 2009, 747.

The other main school of thought in the field of the pastoral care of the sick is the one being promoted by the International Institute of Pastoral Theology "Camillianum",[151] which examines issues relating to human health and suffering in biblical, theological, pastoral, spiritual, ethical, psychological, sociological and historical terms. It is also supported by the human sciences, above all psychology and sociology, with an appropriate philosophical/anthropological mediation.

These are schools of thought which in many respects coincide at their root, but have different and complementary aspects in the formation pathways they propose. The choice of one or other school will depend to a large extent on social cultural factors and the legal requirements in different countries. At all events, in the Hospitaller Order we consider that the pastoral carer should take a number of courses covering at least the following subjects:

- ✓ Theology, pastoral theology and spirituality.
- ✓ Charismatic formation
- ✓ Anthropology
- ✓ Psychology and the relationship of assistance.
- ✓ Bioethics/ethics.
- ✓ Technical training depending upon the type of person being cared for.

These are the main subjects to be worked upon and developed because the function of the pastoral carer, incorporated into the working dynamic of all of our centres, is intended to make a positive contribution to comprehensive or holistic care which covers all the dimensions of the human person.[152] Our evangelising and spiritual work supports see the celebration of the human being in respect of their every dimension.

With regard to the second aspect, that we have called updating (continuing formation), our intention is to emphasise the importance of continuing formation which covers providing an understanding of the new values and the new perspectives. Today, we have to be pastoral carers who are capable of performing our work in an embodied manner, geared to working with people in the contemporary world. The evolution of the person, the specific dynamism of our work, the renewal of culture, the evolution of society and constant perfecting of the methods and techniques used in the world of health care and in society, require the pastoral carer to undergo a formation process throughout the whole of his or her active life of service. This refers to the whole service of spiritual and religious care and covers every dimension of formation: human, spiritual, doctrinal and technical.

Continuing training takes on particular features depending upon the different situations and tasks. This guarantees the quality of the pastoral carers, and prevents wasted routine which, with the passing of time, can damage the pastoral carer. Responsibility for continuing formation should not be left solely with the provincial organisations or the General Curia, because it is also something which affects individuals directly concerned and all the teams, bearing in mind the different environments in which the pastoral work is carried out.

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[151] www.camillianum.com

[152] *The Charter of Hospitality of the Hospitaller Order, 5.1.3.2.* "When we talk about comprehensive care we mean being concerned with and taking care of the spiritual dimension of the person as an existential reality, organically correlated to the other dimensions of the human person: biological, psychological and social."

Encouraging the use of helpful instruments for formation depending upon the particular sector involved is necessary from every point of view, to reaffirm the value of the sound formation. Our formation must be scientific, contextualised, up-to-date and thoroughly thought-out. This ensures that we shall have pastoral carers who are able to offer the best possible spiritual care and assistance, by providing holistic and comprehensive care to the person considered from the point of view of all his or her dimensions.

Our formation can be developed at three levels:

General, Regional and Interprovincial: in different ways and at different intervals, using such channels as meetings, congresses, study days, reflection groups etc., making it possible to provide formation in different areas relating to our charismatic mission, becoming familiar with other pastoral situations, and exchanging experiences.

Provincial: within the province, general or sectoral meetings must always have a formative content. They are also an appropriate forum for having an effect on the objectives of Provincial Pastoral Care and its guidelines, and on the aspects in which we seek standardisation of criteria and actions in each sector.

Local: Each team will decide in its project the ways in which the formation will be provided and with what regularity, which must also contain the two levels referred to above, and what is available to outside sources. For this purpose, it will be very useful to have the access to resources that exist around every Centre in the Order, particularly at the level of the local church and theological and pastoral formation centres.

In addition to the organised initiatives, continuing formation is also the responsibility of the individuals themselves. Every pastoral carer must therefore take responsibility for their own, continuing advancement, by making the greatest possible effort, with the conviction that no one else could possibly replace them in respect of their primary responsibility.[153]

[153] *The Charter of Hospitality of the Hospitaller Order*, *5.1.3.2.* "The pastoral team must pay particular attention to its formation, so that it can keep pace with progress, be updated in professional and spiritual terms in order to be able to improve the service provided."

CHAPTER VII

PASTORAL SECTORS

7.1. PASTORAL CARE OF PEOPLE WITH DISABILITIES

7.1.1. THE FEATURES OF A CENTRE FOR PEOPLE WITH DISABILITIES

Centres for people with disabilities[154] offer a wide range of residential, occupational and employment opportunities.

The pillars underpinning their work are tailored services and pathways. They care for both men and women, suffering from:

- mental and/or multiple disabilities
- mental and/or psychological disabilities or learning difficulties
- ASD Autistic Spectrum Disorders

People with learning difficulties or suffering from multiple disabilities often need support to live their daily lives (shopping, preparing meals, organising their home, managing money, personal hygiene). They often need assistance to care for their health and welfare.

In most cases, they do not have sufficient ability to establish and cultivate friendships and relationships, resolve conflicts and solve problems or to perceive and explain their own needs. People with disabilities also need support to take part in cultural, religious and social life, taking part in events and making the most of their leisure time.

For people experiencing mental health difficulties the following care objectives are priorities:

- stabilising their mental and physical well-being
- maintaining their production capabilities
- requiring or re-acquiring practical skills
- taking up a regular and useful occupation
- developing and rediscovering interests.

Those suffering from autistic disorders are hampered in their communications and social interactions. They need assistance to communicate with others and have problems in properly interpreting what is said to them. The symptoms manifest themselves in many different ways.

In short we can say that people with disabilities need support and assistance in order to become as autonomous and self-reliant as possible. The aim is to provide them with a series of tailored support measures to enable them to become integrated (included) into society and to play an active part in social life.

[154] The presentation refers to the Order's Centre for people with learning difficulties at Reichenbach (Bavarian Province)

7.1.1.1. Accommodation

Having a home of one's own is one of the primary human needs. To meet the specific needs of people with disabilities they must be offered both accommodation and tailored care pathways. Depending upon the type and the degree of disability, men and women are accommodated together in residential groups.

*Possibilities include***:**

- Different types of tailored housing possibilities in residential groups, including individual apartments, and external sheltered communities, and in residences with round-the-clock care;
- Day-care facilities for elderly disabled people;
- Treatment and teaching through our specialised services
- GP and specialist medical care
- Leisure-time activities (swimming pool, gym, Snoezelen, etc)
- Pastoral care
- Vocational training for adults, among other things.

7.1.1.2. The workshop

The workshop provides people with disabilities with various individual possibilities of gaining access to the world of work.

7.1.1.3. Day care in the Support Centre

The Support Centre provides recreational, educational and occupational activities for people with severe and profound disabilities giving them the chance to interact with others in their life to pursue their aspirations, interests and skills, and to acquire new skills.

7.1.1.4. Guests with ASD.

Through intense and tailored accompaniment and a series of structured forms of assistance the Centre is also committed to offering tailor-made pathways to accompany and help people suffering from autism, to advance in terms of their accommodation, occupational activities and employment.

Following its own pedagogical-care project based on TEACHC method (Treatment and Education of Autistic and related Communication-Handicapped Children) we try to meet the particular needs of autistic people. We try to foster their strengths through a process of tailored learning, providing them with space, time and activities specific to their particular reality of life.

7.1.2. PASTORAL CARE CRITERIA AND GUIDELINES

7.1.2.1. Our aim

Our aim is to offer pastoral care to the people who live and work in the Centre. We begin with an outreaching Christian attitude which ranges beyond the borders of religion and faith, and devotes the maximum consideration to each person's religious and spiritual needs.

Put in theological terms: we seek to make it tangibly and visibly clear that God loves all people that God places a value on every life, with or without disabilities or impairments, and it is part of everyone's vocation to treat their neighbour (every neighbour) as a person of God.

The pastoral service is performed by full-time pastoral carers in conjunction with the Pastoral Council. The two key aspects are the pastoral care of the disabled, and the pastoral care of our Co-workers. Depending upon the situation and the needs, it is also for their family members, and reaches out to cooperate with the local church.

7.1.2.2. Pastoral care of the disabled

Pastoral care for us means reaching out to cater for the life demands of people with disabilities in terms of their existence and the religious needs, taking account of their disabilities and their sickness. Our aim is to accompany them throughout their lives, their healing process and their death, responding to their religious needs and sharing their joys and hopes with them, as well as their distress and their fears, contributing in this way to their mental and physical well-being, in order to be able to give them a sense of serenity and belonging. This means creating both a familial and protected environment in which people are able to express their daily experiences of living with their disabilities, as well as their particular needs and religious questions and hopes. It must be a place in which disabled people can freely consider what it means to be, or to become, disabled, to feel or to actually be marginalised, expressing their sense of impotence, their anger, their fears and distress and frustrations, and their sense of guilt, speaking freely about life and death but also their joy of living and their happiness, their hopes and their confidence so that we can interpret them in the light of the Christian Biblical tradition and personal experiences of faith and life.

The pastoral care service comprises moments for meditating, Bible study and liturgical events, individual talks and group meetings, and visits on ordinary occasions and for specific events, in good times and in bad, but it is also one of the aims of our pastoral ministry to promote a particular sensitivity among the carers to perceive, familiarise themselves with, consider and appreciate the value of the religious needs of the disabled, respectful of their religions or faith.

The forms this takes and the general conditions just are suitable for the state and conditions of the disabled people (communication using gestures, signing, tangible symbols, simplification, ritualization as a protective factor, emotional expressions, barrier-free areas, involvement of all the senses, etc…)

This encourages and supports our disabled guests to express their religious feelings. This can be done at Eucharistic celebrations and at times of prayer, or during the sacraments and liturgical events, the celebrations during the course of the liturgical year, with symbols, and Christian traditions and rituals, Biblical and meditation texts, songs and other artistic expressions and blessings.

We also try to offer accompaniment on a case-by-case basis in life and in death, and also beyond death by our commitment to enabling our guests to live a life of dignity until their final moments (Palliative Care) and for a culture of mourning and remembrance.

7.1.2.3. Celebrating the Eucharist and experiencing the Bible with all five senses

Pastoral carers jointly develop special Eucharist, adorations and liturgical celebrations and meetings with the special carers, dedicated to the Bible or custom made towards the needs of people with disabilities. *(See 5.4.3.3: Creative liturgy)*

For example, the Sunday Mass always begins with the candles ritual. In the course of this ritual a group of disabled people (every Sunday, a different residential group is chosen) bring 7 "thematic" candles made by the disabled people themselves in the Centre, and place them on a 7-branch candelabra before the altar. By so doing, they symbolically bring their experiences of daily life of the previous week into "the Church", placing them before God; daily life and the Sunday celebrations, the world and the faith, meet in a kind of synoptic framework. When the candle dedicated to death is lit we recall the people who died during the week; when the birthday and Jubilee candle is lit, we mention the names of those who are celebrating their birthdays or jubilees; when the candle dedicated to name days is lit, we read out the names of the Patron Saints that have been chosen as the protectors of the residential groups; when the candle dedicated to the community is lit, we pray for all those belonging to the community in the Centre who have not been able to attend the Sunday Mass due to sickness or for other reasons; when the petition candle is lit, we pray for the Centre and the Church in general; and while the candle dedicated to peace is lit, we pray for peace in the world and in the Centre.

Once a month, instead of the sermon, we act out a scene from the Gospel during the Sunday Mass, or perform a liturgical dance, or offer a collage of images or similar creative performances by our disabled guests. Music and rhythm are very important elements of this. The liturgical songs are sung by the choir of disabled guests and are accompanied by an instrumental group to involve everyone present. (Being able to play the part of Jesus, his disciples, the Prodigal Son, and so on, or simply watching these performances, acknowledges them, fosters their self-esteem and visibly and tangibly gives them the consideration and love of which Jesus speaks in the Gospels).

Something similar exists for guests with very serious disabilities, through special spiritual circles, meditation experiences and performances of biblical scenes. In this way we try, for example, to involve those concerned in groups, giving them very close personal accompaniment, in religious experiences, Biblical accounts and celebrations of the liturgical year. One concrete example of this is setting up and taking part in what we call the "Easter Garden" in which the disabled guests can "relive" the Passion of Christ up to the Resurrection, through a meditative-contemplatives cycle. The Easter Garden speaks to all their senses: about 20 participants use cloth, fabrics and other coloured materials to create a garden, and they see, touch, carry or help carry a wooden cross, experiencing the hardness of the ropes, the hardness of the thorns and the nails by touching them, while they pray for those suffering from a similar passion to Jesus's, and light candles for them. The centre of the garden fills up increasingly until everyone symbolically takes the Way of the Cross. At the end, the participants decorate the Sepulchre (built of grey cloth) with coloured petals to symbolise the hope of the resurrection. Lastly, each participant is given a personal blessing with the sign of the cross on their forehead using holy oil. It is amazing to see how the intensity of this celebration induces to silence and contemplation, even the people with very serious disabilities and behavioural difficulties.

PASTORAL SECTORS

7.2. THE TERMINALLY ILL

7.2.1. PALLIATIVE CARE UNIT[155]

7.2.1.1. The features of a palliative care unit

A palliative care unit takes in the seriously ill, in the final phase of an incurable illness. They are mostly people suffering from terminal cancer, AIDS, or serious neurological diseases, or with serious liver or kidney failure, or fatal lung diseases and peripheral obstructive arterial pathologies.

This unit covers a wide range of treatments: pain therapy with an interdisciplinary approach, targeted at such problematic symptoms as vomiting and nausea, diarrhoea, dyspnoea, mental confusion and extensive lesions caused by tumours.

The palliative care unit is part of the hospital, on a par with other departments, such as Internal Medicine, Surgery, Orthopaedics/Traumatology, Urology, Intensive Care, Anaesthesiology, Gynaecology, ENT, Dentistry and Facial Surgery. The palliative care unit can therefore draw on the services of the other units, and they can also seek advice and assistance from the physicians working in palliative care.

To provide the terminally ill with the best possible care it is crucially important for all the professionals and all the services to collaborate in a coordinated fashion by adopting an integrated approach to the human person.

This approach requires:

- global care to be guaranteed by specialised nursing staff;
- consideration and respect for the wishes and needs of the patient, with particular concern for their normal pace of life and habits;
- involving their family members in the care process accommodating them overnight in the unit;
- a substantial number of volunteers are incorporated into the service;
- pastoral accompaniment and counselling;
- social and legal care and psycho-social counselling using the services of skilled personnel from the Knights of Malta and Caritas (who provide outpatient and home care services);
- a network of pre-admission and post-admission care;
- "liaison operators", who provide a perfect link between inpatient care and outpatient/home care;
- breathing therapy, music therapy and physiotherapy.

Many patients, after treatment, are able to return home or be transferred to another specialised treatment centre or to a hospice. The social workers and outpatient/home care providers

[155] The presentation of this section refers to the palliative care unit of the Order's Centre in Munchen (Bavarian Province)

address any formalities and administrative practices and continue to provide care following admission to hospital, providing the necessary services to enable the patient to have the best possible home care. They also ensure the optimum continuation of the medical treatment that began in the hospital once they return home. They offer support for the relatives and coordinate the use of volunteers both in the hospital and for home care. This assistance is complemented by an important presence in the grieving process through individual talks and group meetings (with the family members of the deceased patients, meeting in what we call grieving groups).

7.2.1.2 Pastoral Care in the palliative care unit

The key idea of pastoral care in the palliative care unit is*: "Our salvation is the Lord, our commitment is to Man"*

As part of multidisciplinary cooperation (see above) the pastoral care service undertakes a series of specific activities. In the performance of this work the primary aim is to give body and voice to the prospects of Christian hope in situations of sickness, pain and mourning.

From my experience as chaplain: As a chaplain, I visit every patient in the unit every day, including Sundays and holidays. I have known many of them from their previous admissions in other units of the hospital and it is therefore quite easy for me to continue to accompany them with my pastoral ministry.

The focus of our pastoral ministry is dialogue, namely a personal talk to help people to become reconciled with themselves and with others, to forgive themselves, and to experience the God of Love and of hospitality. Every day I administer the sacraments of reconciliation and the anointing of the sick.

Some of our patients come from other hospitals in and around the city, they are often very sick and in a state of semi-unconsciousness and are no longer able to express themselves, so that we have to rely on their relatives for any information we need. In this case, if their relatives so wish, I also administer the sacrament of the anointing of the sick.

When a patient dies the unit staff is immediately summoned, day and night. I pray for the deceased person either alone or with any family members who are present.

Very often relatives ask me to celebrate Mass for their loved one, and to conduct the funeral and the committal in the cemetery. If I have time I gladly do so.

At all events, we always commemorate all the departed that had stayed in the palliative care unit on the first Thursday of every month at a special Eucharist in the hospital chapel. The Mass takes place at 2:15 pm. We pay particular care of the music. After the sermon all the names of those who departed this life during the course of the month are read out, one by one, and to each one of them, when their name is read, we light a candle in their memory. Relatives love this service and it happens sometimes that the relatives of the patient continue to attend the same Mass even after having bid farewell to their loved ones.

7.2.2. THE HOSPICE

7.2.2.1 The features of a Hospice

A Hospice may be defined as a shelter, a haven for people on the journey towards death. The term "hospice" comes from the Latin word "hospitium" from which our own concept of hospitality derives. The hospice is therefore a place of hospitality *par excellence.*

In the tradition of the palliative care unit, which has been working now for many years at a St John of God Hospital, the task of our hospice is to provide nursing care for people suffering from terminal illnesses and who cannot be cared for in other facilities. For the symptoms from which they suffer are mostly so serious that they need to be monitored and kept under observation 24 hours a day. Our patients are mostly cancer victims, suffering severe pain, breathing difficulties, nausea, and with eating problems, and anxiety and stress. Easing all these symptoms, without expecting them to be healed, is the principle underlining all our palliative care work. We wrap the patient's symptoms, as it were, in a mantle (the Latin term "palium", from which palliative derives means a "cloak" or "mantle") to protect them and ease the symptoms so that they can live out the time that remains as far as possible without pain, and with self-determination and dignity. In order to achieve these both the medical and nursing staff has specific knowledge and expertise in the field of palliative treatment.

The people living put the final phase of their lives have the possibility to experience time and space in a completely new manner and time in our hospice, where they are welcomed in as guests who are free to express their distress and their concerns, pain and sufferings.

Despite the pain and suffering all our carers are committed to making the hospice place of joy and happiness, where they can serenely take their leave of life, and to make it above all a place for life. To guarantee the maximum care and attention to the guests, the hospice has only individual rooms for them.

In addition to the twelve single rooms for our patients we have a number of small kitchens, bathrooms, a library, and several apartments for relatives and a conference room. The relatives and friends of the patients can spend as long as they wish in the hospice to be with and to accompany their loved ones in the final phase of life.

We are committed to welcoming the terminally ill with all their sensitivities and vulnerability, respecting their characters and habits, wishes and their personality. We devote particular care to ensuring that they are able to manage the final stage in their lives in total freedom and with self-determination.

We know from our experience that during the final phase of life, if a person has all their requests met they can develop a high life potential because they wish to live these final days intensely. The involvement of the relatives in the process of saying goodbye to life is an element that is taken for granted. But even here, the patient decides how long and how close the contacts will be.

In addition to offering our technical expertise and knowledge, we also offer the patients and their loved ones our empathy and our consideration.

We consider it fundamentally important to provide formation, refresher courses and

retraining facilities because we are not afraid of change and because we know that they help us to make continuous progress. People working in the field of palliative care and accompanying the terminally ill know that a high level of skill, experience and knowledge is needed which cannot come merely from routine daily practice, but must be enriched continuously by attending courses and workshops.

The hospice team comprises nurses, geriatric carers, a social worker, the secretary, a cleaner and consultants to provide breathing therapy, art therapy and music therapy. A priest from the Order visits the patients and ministers to them pastorally. A psychotherapist also assists the friends and families when they are grieving, if they so request.

Deeply inspired by Christian principles we also reach out to other faiths, showing the greatest respect for their convictions and rituals. As people standing daily by the side of the dying we are aware of our own human finiteness, and we have a particular sensitivity to the distress and the concerns of our patients. It is fundamentally important for the staff to deal with one another with the same consideration and respect that we show to our guests.

The human person is a being worthy of the highest consideration, even after death. This is why the body of the dead are laid out with dignity and remain in the hospice for a further day. The room in which the deceased have spent their final days becomes a place of memory and farewells to enable family and friends to grieve intensely and serenely. Friends and relatives are invited to attend the laying out and dressing of their loved ones which makes a particular contribution towards creating the atmosphere of farewells and for celebrating the customary rituals.

7.2.2.2. Pastoral care in the Hospice

The key idea of pastoral care in the hospice is the following*: "Our salvation is the Lord, our commitment is to Man"*

As part of multidisciplinary cooperation (see above) the Pastoral Service undertakes a series of specific activities. In the performance of this work the primary aim is to give body and voice to the prospects of Christian hope in situations of sickness, pain and mourning.

From my experience as a chaplain: as in the palliative care unit, I also visit the hospice every day, including Sundays and holidays, to see all the patients. I already know many of the patients in the hospice from previous admissions to the hospital and the palliative care unit. And there are many sick people who are transferred from the palliative care unit to the hospice, which makes it comparatively easy for me to continue giving them my pastoral care.

Some patients come from hospitals in and around the city but also directly from their own homes. I also offer these patients my pastoral accompaniment, of course, but initially it is not always willingly accepted. But my daily meetings generally create a climate of trust and receptiveness to pastoral dialogue.

The sacrament of reconciliation needs to be preceded by a process of openness before it can be accepted. Before the anointing of the sick can be administered, a process of affectionate closeness and dialogue is also needed. For pastoral purposes it is very positive if the relatives can also be present at my daily meetings. If relatives are present during the visit I always involve them directly in my talks with the patient. If they wish to talk privately there is

always the possibility to come to the chaplain's office. When a patient dies I am summoned immediately by the hospice staff, day or night, and I pray for the person concerned either alone or with the relatives, if they are present.

The relatives very often ask me to celebrate Mass for their loved one, and to conduct the funeral and the committal in the cemetery. If I have time I gladly offer them this service.

At all events, we always commemorate all the departed that had stayed in the palliative care unit on the last Friday of every month at a special Eucharist in the hospital chapel. The Mass takes place at 2:30 pm. We devote particular attention to the music. After the sermon all the names of those who departed this life during the course of the month are read out, one by one, and for each one of them, when their name is read, we light a candle in their memory. The relatives love this service, and it happens sometimes that a guest’s relatives continue to attend the same Mass even after having bid farewell to their loved one.

PASTORAL SECTORS

7.3. PASTORAL HEALTHCARE FOR PEOPLE EXPERIENCING MENTAL HEALTH DIFFICULTIES

7.3.1. SOME ELEMENTS REGARDING PSYCHIATRIC CONDITIONS

When we speak of mental illness we cannot just think in terms of a single category because psychiatry covers a wide range of forms. This section deals with a number of pathologies which, while not strictly psychiatric, are attended to in our psychiatric and similar rehabilitation centres. Examples are the various forms of dementia, and particularly Alzheimer's. In addition to aspects linked to particular individuals, social conditioning has a strong impact on mental illness and can substantially determine whether a person gets better or worse. In addition to such considerations it should be noted that public opinion and national legislations vary enormously from one country to another, thus further contributing to differences in the clinical approaches adopted in different countries and above all in the resources and health facilities made available for people experiencing mental health difficulties..

One of the main problems stems from the fact that mental illness has consequences at the level of human relations. Sickness damages people’s capacity to relate with others, and primarily with themselves. Indeed, patients are often not even aware of the symptoms of their illness. That happens partly as a result of a persisting social stigma and partly because of personal difficulties. Furthermore, relations with others raise special problems particularly because a form of communication develops that is modulated at different levels from those that are commonly accepted. Patients with mental health difficulties undergo very painful relational experiences and when marginalised from social contexts enter a vicious circle that makes the effects of the disease grow exponentially. They may then shut themselves up in such deep isolation that it is difficult to emerge from it. It takes time for the person to trust in relationships and to engage in their rehabilitation process.

Certain ideas survive and prevent us from approaching mental illness, and above all the people suffering from it, in the right way social stigma marginalizes people with mental health difficulties... Faced with the phenomenon of traditional marginalization, or marginalization of the new kind that we are seeing today we must guarantee the full respect of people’s liberty and offer the conditions for real rehabilitation to people who otherwise risk being completely sidelined.

These initial observations describe a wide and varied panorama which prompts one to consider rehabilitation as well as associated pastoral support in terms of two directions: treatment of people affected by mental health difficulties and attention to the mental attitudes of the people involved, from the immediate family to the broader social environment, all the way to influencing the general culture of populations.

7.3.2. PASTORAL HEALTH CARE FOR PEOPLE EXPERIENCING MENTAL HEALTH DIFFICULTIES AND THE HOSPITALLER ORDER

In the footsteps of our Founder, St John of God, the Order's centres offer the most advanced psychiatric treatment but above all do so with profound humanity resulting not only from individual values but also from the conviction that every human being has great dignity, is a reflection of the love of God and was created in His image and likeness The Order, together with other Church organizations, provides the Church's response to mental suffering and its own way of preaching the Gospel, representing charity in its most noble form. The last are the first among us, and in the medical establishment people experiencing mental health difficulties are often considered the last.[156]

Pastoral and spiritual support is part of the general framework of rehabilitating a person affected by mental health difficulties and is viewed as a priority in all places where the Brothers and their co-workers are present, both in keeping with the charism of hospitality and for reasons intrinsic to people's relational and spiritual makeups. Pastoral care in the context of psychiatric treatment should be delivered in a way that is consistent with patients' conditions. Relations should be marked by respect, loyalty and consideration of the dignity of human individuals so that, in a spirit of brotherhood, the message of eternal salvation which Jesus Christ gave us in His Gospel can be transmitted.

7.3.3. PASTORAL CARE FOR PEOPLE EXPERIENCING MENTAL HEALTH DIFFICULTIES

From an external viewpoint pastoral care in the framework of psychiatric treatment, is no different from the way the Church makes its presence felt in the health sector and, more generally speaking, in society as a whole. But what is different is the quality of that presence and how pastoral workers approach people with mental health difficulties. Here, as elsewhere in the world of medicine, they use a method of evangelization which starts off by establishing significant relationships aimed at helping whoever is in difficulty. As for the practical side the same kind of assistance is given as in any parish-type or other kind of Church organization. Particular attention is given to visits and to their individual aspects ensuring that everyone feels himself loved by other men and loved by God. Whenever possible, group meetings on religious and spiritual themes can be very useful, for example in making preparations for celebrations and feast days or simply to discuss subjects of general interest. Also worthwhile are pilgrimages, outings and cultural visits which allow patients to gain new experiences to test them outside their normal daily environment. The Liturgy is of extreme importance in all its forms from the most complex rituals to the simplest prayers recited together. Beyond religious and sacramental aspects such rituals are of great importance from an anthropological standpoint as well. Rituality in fact sustains the major stages in our lives. Helps people overcome crises and provides them with a space to praise the Lord for the joys and graces received.

Team work is of particular importance in the field of psychiatry, perhaps more so than in any other sector of health care and therapy. And not only in the sense of multidisciplinary work, with teams made up of people with different specialization, but also in an interdisciplinary sense, i.e. offering the possibility of interaction between different fields of expertise and

[156] CI, 5.2.6.4.

above all of using personal as well as professional resources. Here “relationships” become a primary therapeutic instrument and as a result the possibility of rehabilitation hinges on their quality. In that context it is advisable to pay attention to people’s spiritual and religious dimensions so that what is required is the presence of an operator with the requisite skills to analyse those dimensions from a therapeutic perspective and identify ways of helping and caring for the patients involved. Team work makes it possible to make the best use of all available information and to correct approaches and treatments as necessary.

In psychiatry, perhaps more so than in any other field of medicine it is important to go to the school of the sick for they are people who, despite their distorted perception of reality, seek some sense in their lives. Herein lays a fundamental intuition of what we may call pastoral health care for people experiencing mental health difficulties, seek some significance in their condition. In that sense it is no different from any other form of pastoral care. The spiritual need for sense becomes even stronger when the very sense of life appears to have been lost. The objective is to help and support those seeking a sense in things, and pastoral health care activities become a contribution to evangelization.

Patients seek support but they want to be the ones to decide when to allow someone to approach them and you have to allow them to move at their own pace. Attention to time is another important element in this sector. Time that must be given in abundance to people experiencing mental health difficulties, time that must be spent in the hope that something emerges sooner or later and is often wasted without gaining any apparent results, while the pace to be maintained is above all the one decided by the patient. Besides, one should give all the time that is necessary to needy people in other circumstances too, allowing God to move in people in His own good time. Saint Paul’s statement still holds true in the situations described here: “I have become all things to all men so that by all possible means I might save some.” (1 Cor 9:22”). Only in walking side by side with someone can those who need it be made to feel that they can count on another human being. They become aware of their own dignity if they can stand on another person’s own level and look them straight in the eyes.

Just as different spaces exist for different activities, a place for pastoral care should be chosen, one easily identifiable by residents of the facility. Such a place can serve for other activities too but it should be regarded as the place for pastoral meetings and possibly accepted by the patients, and felt by them, as being a place of their own. This helps and reassures them. At the same time the rhythm and frequency of events is important so that care must be taken that schedules are adhered to. People suffering from mental illness can benefit greatly from being able to recover the kind of rhythm which prolonged hospitalization for this kind of disease often blurs and annihilates.

One also learns in psychiatry that failure is always possible. Sometimes the need to face people with the reality of their own lives involves risks. Respect for an individual’s independence calls for a relationship that is always based on truth, even when it becomes difficult to communicate that truth. Besides, presenting the truth should result in positive developments. Relationships can in some cases be interrupted so long as this helps the person being helped to integrate the truth communicated him into his own personality.

The human world is rich in stories. Everyone can tell their own and while the signs of illness are to be found in personal histories, they can also be seen as charting the path to recovery. Stories lie scattered on the faces and in the gazes of the many people afflicted by mental illness. Whoever wants to convey the message of the Gospel to the hearts of men needs to be

acquainted with some elements of their psychiatric background. It is not essential to become an expert because people remain substantially the same but it is important to learn their stories as they themselves tell them.

Pastoral carers in the field of psychiatry are above experts of the soul capable of giving simple answers that are understandable to anyone. Gestures of a smile or a walk together are things that speak for themselves under any circumstance. To bring the message of Jesus to people with mental health difficulties consists above all in arming oneself with patience, with a capacity for listening and with a certain kind of creativity. Logical or systematic arguments are not really what are needed because psychiatry is not always about establishing therapeutic protocols for finding the right solution to specific problems but something that seeks, through its background knowledge, to resolve the situations it is called on to address. What are needed above all are the intuitions which come from close contact and while this holds true for all therapeutic activities it is all the more true where pastoral healthcare in a psychiatric environment is concerned.

Beyond the level of recovering the capacity to relate what is required is a process of social awareness-raising that can create a welcoming environment capable of integrating people with mental health difficulties In that framework it would be possible to reconstruct the network of relations which any individual needs in order to live and which the sick need particularly in order to redefine themselves in a "normal" social context. Fundamental in achieving that objective is the contribution of all available energies including from offered by nurses and caregivers, social and charity workers and political and church circles. Important in this complex task is collaboration with the patients' families because they often suffer as much as, and sometimes more, than the patients themselves. The contribution which pastoral health care can make lies in its prophetic power, which can give full dignity to those suffering from mental ills. Beyond the help we give to provide spiritual significance in the light of the Gospel we can glimpse a second major goal in the possibility of initiating a real process of humanization, including overcoming the stigma of mental illness in society as a whole. [157]

In an attempt to establish significant and healing relations, attention must be paid to a particular aspect which we might define as the "suspension of judgement" when listening to someone. While that is important as far as any individual is concerned it is just as important, with psychiatrically ill patients, to suspend ethical judgement (although that does not mean resorting to a kind of general justification of their behaviour) – a suspension that makes it possible not to drive them off while seeking a point of encounter to initiate a dialogue. Often a rude reply or a request for help conceals a need for attention and support: that is true with everyone and is true for people with mental health difficulties too. When we decide not to judge, it comes naturally to use the kind of language that is not offensive but heals, cures, and soothes, a language that to the sick becomes a caress. And together with words our gazes, the gazes who benevolently allow us to see another person, enable us to see the dignity of that person even when their body and mind would apparently turn us away.

[157] Cf. BENEDICT XVI, *Message for the World Day of the Sick,* 2006.

PASTORAL SECTORS

7.4. PASTORAL CARE FOR THE ELDERLY

7.4.1. ELDERLY PEOPLE AS GUESTS IN OUR CENTRES

7.4.1.1. The situation elderly people find themselves in cannot simply be compared to that of the sick. Old age does not equal illness, even though that particular stage in life is often marked by ailments. Starting with the dominant social conditions faced by the old in different cultures our attention should focus on the elderly people coming into our structures. They are, in various ways, characterized not only by advancing age but also by pathologies and economic problems that prevent them from continuing to live with their families – the families themselves often being unable or unwilling to look after their elderly members at home. Together, such problems can amount to a heightened sense of solitude and isolation, and that is often the first need we are called on to respond to. In accordance with our Charism of Hospitality it is our duty to welcome and assist the elderly people coming to us and to help improve their lives. "*We should not view the stay of an old person in a House managed by the Order as a solution to a housing problem alone, but it must be fully imbued with its charismatic meaning and sense. This means that we must appreciate the 'third age' which must not be masked by the illusion of some eternal youth, but experienced as a specific and different age in life, with all its riches and problems, the same as every other stage in life. Naturally in this particular stage the individuals suffer from a loss (of physical strength, social role, affection, work, a home, etc.) which they must internalize and compensate for by other forms of enrichment (experience, memories, the good they have done in the past, etc.). Lastly, looking at it from the point of view of the faith, this time can also be seen as a long vigil in preparation to encounter eternity.*"[158]

7.4.1.2. Welcoming elderly people requires special kind of sensitivity so that they are received with the honour they deserve for having led a life rich in events, in joys experienced and in trials overcome. In the same way, the assistance they get needs to be particularly delicate in supporting them in their needs and should take care not to be excessively invasive and to leave individuals the greatest possible level of autonomy out of respect for their dignity.

7.4.1.3. Most important of all is to place the highest value on the individual and on the resources and wealth of knowledge which, as an old person, he or she has accumulated over the years. Societies exist where the elders' words represents the highest form of knowledge and in other, more industrialized ones, old people end up by becoming a dead weight since it is difficult to integrate the any productive project. However no sociological conditions can cancel the precious resource represented by a life lived over a long time.

7.4.1.4. Time, above all its psychological perception, is one of the major issues in advanced age. It appears to dilate and while one often has no idea how to use it, this stage in life represents the right moment to develop closer relations with other people. Conversely,

[158] *Order's Charter of Hospitality,* 5.2.6.5

elderly people may, especially when their energies start to fail, live with the feeling that they no longer have enough time to do all the things that people aspire to doing. There is a strong sense that the time of reckoning with life has come because it will soon draw to an end. And while the old may not have thought about death when they were young the question of what happens after life on earth now becomes a pressing one.

7.4.1.5. The question of time involves links with the past. The elderly are concerned not so much about the future, which promise to be brief, but about the great quantity of past events in their lives, a storehouse which, once cleared of nostalgic and melancholy connotations, can be a source of incalculable riches. Specifically, from the point of view of evangelization the wealth old people hold is significant in terms of transmitting the faith to the young. Elderly people recover their energies when they can keep contact with the young and tell others their stories, their adventures, their disappointments and their conquests. Such information represents our collective memory. *"Consequently whereas childhood and youth are the times when the human being is being formed and is completely directed towards the future, and—in coming to appreciate his own abilities – makes plans for adulthood, old age is not without its own benefits. As Saint Jerome observes, with the quieting of passions it "increases wisdom and brings more mature counsels". In a certain sense, it is the season for that wisdom which generally comes from experience, since "time is a great teacher". The prayer of the psalmist is well known: Teach us to number our days aright, that we may gain wisdom of heart" (Ps 90:12)." (John, Paul II, Letter to the Elderly, 1 October 1999, n° 5.)*

7.4.1.6. Among the dominant characteristics of this stage of our lives in this day and age, what emerges with increasing frequency is a condition of fragility. It stems from a number of factors and gives rise to various sorts of situations with some features in common such as decline, solitude, depression, isolation, insecurity and confusion. Much depends on individual lifestyles, on people's personal histories and on how they have become used to thinking over time, but the situation can rapidly evolve from a condition of apparent normality to a state of dependency and non-autonomy. Elderly people find themselves having to cope with the pain stemming from increased physical difficulties and also from a kind of presentiment when they realize the possible suffering that may be in store for them. Social roles and relational dynamics change. Physical conditions change and as a result spiritual ones do so too. People feel they are gradually, or sometimes very rapidly, losing hold of their faculties and their hope in the future suddenly diminishes as, increasingly often, they have to cope with health problems and finally with the problem of death. Fragility is dominated by precariousness and by the possible passage from a state of health to one of illness. That situation leads old people to seek refuge in institutions.

7.4.1.7. The final moment of life deserves special attention. Many elderly people are forced to cope with a period of prolonged suffering before the end as they go through the so-called "terminal phase" of illness. That situation is characterized by a particular set of problems that should be given special attention and care. When someone dies interest switches to the deceased person's family, whose members have to cope with the sudden loss. In such cases too pastoral health workers should be fully acquainted with the situation in order to respond in the best possible way and assist family members in the process of elaborating their loss by offering spiritual and religious resources on the basis of a deep relational and human dimension. Special care should be given when families are involved in cases of suicide because of the particular consequences such events have in terms of senses of responsibility and guilt.

7.4.2. PASTORAL CARE OF THE ELDERLY

7.4.2.1. The elderly represent a treasure house for pastoral care. More than recipients of pastoral work their lives, experiences and knowledge equip them fully to spread the Gospel and they can, with their words, pay back what they have received over time. Pastoral action certainly presupposes that their capacities are made the best use of. They have learned to give thanks to God and their faith represents a living testimony. They have learned that in life calm follows the storm, that pain is part of existence and that no material riches can substitute for the importance of friendship or affection.

7.4.2.2. Elderly people's fragile conditions require first of all that every effort be made to lessen their feelings of isolation and solitude. Such people need to integrate into a new social environment and redefine their own identity. Every occasion should therefore be used to allow them to escape their state of confinement and reestablish contacts with the outside world. Involvement in small-scale activities, including work tasks can be of value as they help people feel useful and that they are still capable of making a contribution. Pastoral activities can offer appropriate spaces in that sense. Sometimes it is necessary to stimulate people to take care of their own bodies or to look after others if possible. In that sense spiritual motivations can be of encouragement. Spiritual bonds can be a source of renewed emotional and relational experiences.

7.4.2.3. Elderly people can experience temporary difficulties too or may have developed negative attitudes towards life and others. A critical, diffident, or sometimes cynical attitude may come to characterize a life that has suffered many delusions. Some people have their characters tested and tempered by problems while with others worries are a source of depression. Pastoral carers cannot resolve elderly people's problems and cannot completely substitute for the affection which individuals no longer receive, but their presence can be a source of hope and consolation. It is a kind of fellowship that while eschewing any design of teaching something at all costs (whoever reaches an advanced age has had to reckon with many real or presumed mentors), reaches out to the elderly in order to express solidarity, support and warmth.

7.4.2.4. Elderly people suffering from pathologies require particular attention both from the medical and spiritual points of view. In such cases health workers should act as they do in other circumstances but pay particular attention to the significance which illness has in advanced age, and colour their actions with a strong sense of hope. When illness becomes particularly serious and chronic the wish may be expressed that suffering be brought to an end by anticipating the natural conclusion of existence through medical means and instruments. Ahead of any moral judgement any request for euthanasia should be accompanied by an appreciation of the patient's condition: in the majority of cases such requests do not really represent a demand for death but conceal a desire for affection and attention. What weighs more with such patients than the physical impossibility of acting is that they no longer receive the esteem of others for doing what they know how to do. In such situations a strong call is made on one to fully respect the individual and to proclaim one's esteem and trust, which overcome all difficulties. To support people facing great difficulties or in the terminal stage of their illnesses, all medical personnel and social workers involved need to be trained from a spiritual perspective and care should be taken to organize such forms of training adequately.

7.4.2.5. Diminished affection often comes with the loss of a spouse. After having spent their lives alongside another person the elderly find themselves widowed. The condition requires appropriate emotional support and the possibility of being able to re-elaborate loss, but it is also an opportunity for renewed involvement in civil and church society. Quite a few people finding themselves alone decide to involve themselves in charity work. Pastoral attention should thus be directed towards spiritual and psychological support of such individuals and to ensuring that their personal resources are used in the best possible way for the benefit of others. Biblical reference to the condition of widowhood is made frequently. The Old Testament already incited the community of the faithful to exhibit their faith in caring for "orphans and widows", symbolizing the attention to be devoted to the weakest and poorest. "*Learn to do right! Seek justice, encourage the oppressed. Defend the cause of the fatherless, plead the case of the widow*." (Isaiah 1, 17). With Jesus, the widow became the symbol of generosity: "*I tell you the truth, this poor widow has put more into the treasury than all the others.* (Mark 12, 43).

7.4.2.6. Finally elderly people have to reckon with the ultimate reality of life. "*It is natural that, as the years pass, we should increasingly consider our "twilight". If nothing else, we are reminded of it by the very fact that the ranks of our family members, friends and acquaintances grow ever thinner; we become aware of this in a number of ways, when for example we attend family reunions, gatherings of our childhood friends, classmates from school and university, or former colleagues from the military or the seminary. The line separating life and death runs through our communities and moves inexorably nearer to each of us. If life is a pilgrimage towards our heavenly home, then old age is the most natural time to look towards the threshold of eternity. (Letter to the elderly, n° 14).* Pastoral health carers need to use all possible ways to make that passage sustainable without denying the reality we are all aware of, employing all means available to provide affective support ranging from the sacraments to the wisdom that comes from the Scriptures and the hope which stems from faith in the Lord of time and life.

PASTORAL SECTORS

7.5. GENERAL HOSPITALS SECTOR

7.5.1. THE COMPLEX CHARACTER OF GENERAL HOSPITALS

Over the past few decades patient care provided in hospitals has become increasingly more complex. This complexity is largely the result of medical progress in every sphere, the introduction of new drugs, the application of increasingly more sophisticated techniques, and more effective treatments.[159] We also have to add the design of new care models which take account of the individual holistically in terms of their biological, mental, social and spiritual dimensions. All this forms part of a scenario in which care for the spiritual and religious needs of the patient has to be given a space to itself, in order to contribute to comprehensive and holistic care, which has become one of the distinctive features of modern medicine.

Pastoral care in this sector has had to move forward with the times. It is no longer possible today to learn pastoral care of the sick only in terms of the sacraments, mainly involving celebrating the sacraments provided specifically for the sick Christian. Today, the pastoral care of the sick has to be planned as teamwork, accompanying patients at a time of particular vulnerability. When we talk today about pastoral care of patients in general hospitals we have to think in terms of a very broad area covering people and pathologies and personal experiences in a particularly critical existential situation for the persons concerned and their immediate environment. This has imposed a change of attitudes and mentalities, and in our way of viewing and performing this kind of pastoral care.

7.5.2. TYPOLOGIES

The various pathologies and treatments designed to cure or to ease the negative effects of sickness found in a hospital can, very roughly, be grouped under three headings:

1.- Patients in medical units: these are patients undergoing palliative care or in long-term inpatient units. These patients are generally fairly advanced in age, suffering from multiple ailments, compounded in many instances by some social problem.

2.- Patients in surgical units, some as outpatients and others as short- or medium-term inpatients. This group usually comprises people of all ages.

3.- Patients in intensive care units, both children and adults. Their ages therefore very widely and some have very serious psychological and emotional problems for which it is most important to bear in mind their family environment. Special attention must be paid to bioethical issues which may be raised by the situation in which these patients find themselves.

4.- Patients in rehabilitation will come to hospitals for treatment is to enable them to become as independent and to improve their functional abilities as much as possible. In many of our

[159] On this point we are closely following B. RAMOS – V-. RIESCO – D. MARTÍNEZ (Eds.), *Evangelizar desde la Hospitalidad. Documento Marco de Pastoral*, Madrid 2010, 87-103.

hospitals there are already a large number of such people. And here again, comprehensive care must be given because this sickness has repercussions both in somatic as well as psychological, social, employment and spiritual terms.

5.- Other types of patients. Depending upon the type of hospital we will find different types of sick people for whom we have to design a pastoral project with which to reach out to them more easily, always seeking the particular features of these patients and on the basis of those, setting the most appropriate objectives and the means of achieving them.

These very widely differing situations offer many different possibilities for providing pastoral care and must be borne in mind in any pastoral plan that is adopted. All proposals must be respectful of the status of the patients, their culture, their different life choices, their understanding of the human condition and any religious beliefs they may have.

7.5.3. PASTORAL CARE

On this basis, the pastoral care we provide must offer the following, in addition to what is specific to them:

- Information on the existence of the Pastoral Care Service provided by the hospital.
- Sensitising the hospital professionals to be able to detect spiritual and/or religious needs.
- A ready ear, to listen and be close to them accompanying them in their personal situations, in close cooperation with the other professionals involved.
- Counselling on ethical and religious matters.
- Moments of celebration and prayer.

We must never forget that sickness not only affects the patients but also the members of their families (changing their plans, their pace of life and routine, causing them to worry about the present and the future...). The pastoral care of the sick must therefore never neglect the importance of the patients' families. Pastoral care must also help the members of their families, reaching out to them respectfully, listening to them and showing them understanding. This assistance is intended as far as possible to accompany them in their suffering which the sickness of any family member always causes within the family unit, helping them to take on board and accept the whole process which both the patient and their family members are experiencing. An important part of this assistance will focus on helping to overcome any possible sense of guilt, and to approach and process the grief caused by the loss of a loved one.

Another very important sphere in which pastoral care of the sick in hospitals must operate has to do with our co-workers. It is based on the charism of Hospitality which involves everyone in assisting the patient, but which also understands that all of us are in need of a word to give us strength to perform the service of hospitality. This also entails caring for and responding to the religious and spiritual needs of our co-workers, helping them perform their professional services as an authentic service based on Hospitality, and to incorporate science and faith in their individual life projects.

To be able to take adequate action, detailed pastoral plan should be drawn up offering an overall picture with details of the individual measures to be adopted consistently with the type of service provided.

In view of the dynamics and duration of inpatient care, in which only the acute phase of a sickness or treatment tends to be considered, pastoral caregivers must use flexible means of action, and above all they must be able to promptly identify needs in order to be able to respond to them in the short period of time they have available.

7.5.4. PASTORAL MINISTRY OF THE GENERAL HOSPITAL SURGICAL UNIT

The purpose of this Unit is to perform gastrointestinal operations (stomach, spleen, pancreas, liver, etc) and operations on the endocrine glands. It also includes noncardiovascular thoracic surgery. These are processes which generally require a very short stay in hospital, and concern patients of all ages.

General hospitals generally have two types of units with different characteristics that must be borne in mind when designing the pastoral project for the Centre, formulating a few general objectives for the whole hospital and then certain specific objectives for each Unit. What is described here is for short inpatient admissions, which normally do not stay long enough for an accompaniment process, so that greater importance will have to be placed on individual care, identifying and addressing spiritual and religious needs in the course of only a few meetings.

7.5.4.1. Pastoral care in the General Hospital

7.5.4.1.1. The doctrinal framework

- “I came that they may have life and have it abundantly” (Jn 10, 10)
- “We are called to carry out, within the Church, the mission of announcing the Gospel to the sick and the poor” (Const. 45a).
- “All the faithful whose work is with the sick and needy are called upon to collaborate with one another in pastoral care” (Const. 51a).

7.5.4.1.2. General objectives

- To be witnesses of the Gospel of mercy so that suffering people will feel the closeness of God as an experience of "health".
- To enlighten the world of health in terms of the Gospel.
- To promote the culture of *life* and contribute to *humanisation*.
- To involve the Co-workers in the Hospital's mission: comprehensive care for the sick based on the values of St John of God

7.5.4.1.3. General criteria

- To cooperate in our specific field with the other services in the Hospital to ensure that the resources provided by science, faith and the environment will offer comprehensive care to the sick.
- To stimulate everyone working in the hospital to reflect on Bioethics together with the bioethics officials, in accordance with the Order's philosophy and values.

- To promote and facilitate participation in liturgical celebrations (the Eucharist, preparation for Christmas and Easter, the Sacraments of the sick) and to offer opportunities for prayer
- To work with the greatest respect for the convictions and beliefs of everyone.

7.5.4.1.4. Specific objectives

- To promote and cooperate in our own specific area for the comprehensive care of the sick with all the hospital Teams (Medicine, Nursing, General Services) to appreciate the Pastoral Care of the Sick as "therapeutic action" as part of the comprehensive care of our patients
- To draft the hospital pastoral plan and the programme for it by Unit and type of patients
- To promote the pastoral formation of the members of the Pastoral Team and the Co-workers in the centre
- To be open to and to cooperate with the local Church.

7.5.4.1.5. Activities

- Meeting with the Management Committee to inform it of the programme and the Pastoral Ministry activities.
- Meetings with the Interdisciplinary Team of the Units.
- Proposal to hold meetings with different Teams: Medicine, Nursing, General Services, offering our cooperation for comprehensive care.
- *Cf. 4.4 "Spiritual-Religious Support".*

7.5.4.2. Surgery Unit

7.5.4.2.1 Specific objectives

- To provide the patients and their families with appropriate information on the Spiritual and Religious Care Service
- To accompany the sick with pastoral care, when this is advisable or necessary as a result of their state of health.
- To follow the individual person and provide them with all the support the Church can offer (prayer and the sacraments of reconciliation, communion and in some cases the anointing of the sick).
- To cooperate in our own specific field with the interdisciplinary team to offer the sick and their families the support they require.
- To cooperate to ensure that the patients and their families discover the identity of the hospital as a sign of evangelisation.

7.5.4.2.2. Activities

- Publicising the Spiritual and Religious Care Service among the patients, their family members and the personnel, visiting the sick on the day of the admission to

hospital if possible, always providing them with specially produced graphic materials.
- Fostering the comprehensive health of patients and Co-workers.
- Providing pastoral accompaniment to the sick and their family members who request it, or if it is believed appropriate.
- Offering and celebrating the Christian sacraments in sickness together with prayer in the course of sickness.
- Helping patients to acknowledge their feelings and to share their fears.
- Taking part in meetings of the Interdisciplinary Team.
  Cf. 4.4. "Spiritual-religious care".

7.5.4.3. Conclusion

The notion and mission of the hospital as an institution dedicated to looking after sick people has evolved, among other things, as a result of the extraordinary advances made in medical science. The purposes, organisation and activities of hospitals have changed across time, depending upon the medical and care philosophy specific to particular cultures in a particular moment in history.

The same also applies to the Pastoral Care of the Sick which, from the beginning, made a great effort to offer comprehensive and healing pastoral care within the historical context in which it is provided. The hospital has always had among its personnel people to attend to the spiritual dimension of the person. Today, as always, we must continue innovating and implementing an updated pastoral care service, focusing at all times on the person who is suffering. This is what our Founder did, when he showed extraordinary sensitivity to the spiritual dimension of his guests in a model of comprehensive care which blazed the trail in his age, and has marked out the trajectory of our institution.[160]

[160] FRANCISCO DE CASTRO loc.cit. Chapter XIV.

PASTORAL SECTORS

7.6. SOCIAL PASTORAL CARE

7.6.1. INTRODUCTION

Social pastoral care comprises of many different sectors in situations sharing both common, and as well as specific and differentiating, features, depending on the greater or lesser degree of mobility of a given group or community, the existence or nonexistence of adequate care networks and the sensitivity of the whole of society towards the members of any of these groups. Among the elements characterising these groups there is the difficulty of living a normal life in personal and social terms, temporary or permanent dependency on the network of social services, vulnerability, and in some cases marginalisation, exclusion and social stigmatisation.[161] Social support takes the form of assistance using appropriate means and resources for each situation to enable individuals to develop their own gradual integration into the dynamic of the social community and move forward towards achieving a better quality of life. The Order uses the term "social pastoral care" to refer to the ministry on behalf of excluded and homeless people.

These situations are calls to responsibility based on the Gospel demand to "seek the Kingdom of God and His justice",[162] through the style of hospitality bequeathed to us by John of God. Effective, creative responses that are always respectful of the pace of life of the people we serve have always characterised the work of the Order in this vast field of human need.

The Order provides individual tailored care for needy people in order to use its facilities and possibilities to perform its own specific evangelising mission, knowing that by so doing it is complying with the mandate given to it by the Church, in its own specific way through by the Hospitality which defines us. All our structures must be signs of the love of God towards humanity and of the whole of the Gospel, to build up a society based on justice, freedom and dignity: an outreaching and inclusive society.

In addition to putting in place facilities for providing pastoral care and assistance we must also be capable of performing a critical function, denouncing, and fostering public awareness at the same time, based on the Gospel and on Christian humanism when faced with the plight of these people who normally tend to belong to the most vulnerable sections of our society, and who are very often victims of injustice for which all of us, to varying degrees, are responsible.

Pastoral care views all people in terms of their inalienable dignity, and places them under God's protection. For this reason we have to consider our service as ranging far beyond the sociological sphere, alone to reach out to the global sphere, which means evangelisation, by which we mean all the actions which generate areas of health, life, dignity, spirituality and transcendence. All our co-workers must be involved in this task because we consider care to be comprehensive, which also includes spiritual care. Pastoral care within social and it is therefore not only expressed from the point of view of spiritual and religious care, but also based on a unified concept of the human person. This being so, we consider pastoral care as

[161] The basic ideas discussed in this section are taken from B. RAMOS – V-. RIESCO – D. MARTÍNEZ (Eds.), *Evangelizar desde la Hospitalidad. Documento Marco de Pastoral*, Madrid 2010, 128-140.

[162] Mt 6,33

integrating into all our social work, in terms of care and technical assistance. Pastoral care therefore begins with the act of welcoming-in, and continues throughout the process of professional care-giving and is also expressed in the more specific spiritual or religious care activities we provide.

One basic need of all these people is to rebuild self-confidence and heighten their self-esteem which has very often been overwhelmed by the difficulties they come up against. It is often necessary to help them to take responsibility for their own personal self-fulfilment, in exercise of objectivisation and realism avoiding a pathological sense of guilt, or unloading all the responsibility onto others. We must not forget that, as a general rule, these are people who have broken off their family relations and have sometimes been through traumatic experiences in terms of their relationships. All this must be borne in mind when planning pastoral care, in order to be able to respond to this personal crisis situation.

7.6.2. SPIRITUAL AND RELIGIOUS CARE

The provision of comprehensive care to the marginalised also entails providing spiritual care. Spiritual care is not "luxury of those who are well-placed" but a specific dimension of the human person and of every person.[163] The first step in caring for these people is therefore to become aware of the need for spirituality, knowing how to heed this demand, which is very often implicit and even distorted. We are working in a personal space in this regard, which often requires particular effort to acknowledge and express because of its depth and essential nature. And we have to facilitate awareness of it and expressing it.

In a second stage we have to discover the field of spiritual life as a meeting place, as the possibility of personal sharing at different levels... It entails recognising the sacred character of human dignity... And it is here that the fundamental equality, the inalienable dignity of being Sons of God is rooted. It is this which makes us all equal, and enables us to relate to and share sincerely and authentically with one another on an intimate level. Here there are no borderlines separating different categories of people. All of us are equal. All of us are equal Sons of God.

It is important to recognise and postulate the open-ended dimension of spirituality, as a dimension which exceeds, and supersedes, the sphere of religion and religions. The aim of spiritual care is achieved by working towards aiming at the essential and constituent depths of the human person. Spiritual care therefore includes, but is not the be-all and end-all of religious care.

7.6.2.1. Evangelising attitudes

We set out by viewing Evangelisation as the possibility of transmitting to others the fact that God loves them. That they are loved by the God of Jesus. God appreciates the value of their life. Their lives are worthwhile and appreciated by God. Their life is important to the extent that it has been redeemed by the life that Jesus gave for it. They are called to live a full life which has been freed from the power of the inhuman.

[163] CURIA PROVINCIAL -PROVINCIA DE SAN RAFAEL, *La Orden Hospitalaria, comunidad evangelizadora, desde los excluidos*, St. Boi Llobregat 2003, 24-28.

The attitudes we are describing here stem from the mission of humanisation that we can discover in the life of Jesus of Nazareth:

1.- *Respectful welcome*. This refers to acknowledgement of the dignity of each person by the fact of being a person, independently of their state and what they do. As persons recognised in terms of their dignity and respected and loved by God, it is possible to embark on processes to bring about personal growth and improvement.

2.- *The view of every person as being capable for God*. The capability of accepting God's gift independently of religious belief or non-belief. Created out of love and for love, the person receives the vocation to love as God loves, and is therefore called to live the life of God: love. Every person, because of their capacity to love, can transcend their own reality when they open up and gradually welcome in Love. For it is only the greater, and never-ending, communion with God-Love which fills our hearts and quenches our thirst for the infinite.[164]

3.- *The never-ending challenge to incorporate the excluded into the community.* Recognising the other, a human being among human beings, a personal player, the subject of rights and duties. Being the object of our work, caring for the excluded and the marginalised, humanisation and integration are basic criteria for all we do. And this is true to the extent that we are enabled to help our marginalising society itself to become a little more humane and inclusive.

4.- *Understanding.* The choice we have made to understand draws out any tendency to judge and pass value judgements about the people we take in. It does not necessarily mean that we agree with or share the same ideas for plans of those we care for.

5.- *Evangelising gestures*. Our experience shows that to solve problems and to have a real effect on different situations, to carry through our personal proposals and work plans appears to be particularly difficult. They often we cannot do more than gesture. Laying down signs of Resurrection in places and communities that are officially considered to be irrecoverable, in places that are considered lost, where we implicitly plan that there is nothing to be done. These gestures are small realities which, being small, demonstrate that there is always something to be done and that it is always worthwhile trying. They often, against all evidence and against all the statistics. These gestures express and draw close somewhat to the Mystery, they require, the generous use of time, in the challenge to do what, at first sight, seems to be ineffective and a waste of time.

These gestures impregnated with closeness and proximity are an effort to understand, to engage in dialogue, listen, and acknowledge interiority, patient accompaniment and trust. These are just a few of the gestures in which we experience the fact that Jesus is not calling us to be servants but friends. And having experienced it as it is in our own existence, He also calls each one of us to be the Good News for the poor.

[164] Cf. ST AUGUSTINE, *Confessions* I, 1.

7.6.2.2. Pastoral actions.

Each centre or service must tailor its practical pastoral work to the specific features of the people we are caring for, the important moments in their lives, their predispositions and their needs. Reality and need are the principles we have to bear constantly in mind.

We are proposing:

1.- *Accompaniment, dialogue and listening*. In this process of spiritual care and accompaniment our intention is to provide opportunities for personal dialogue, with the focus on careful and outreaching listening.

2.- *Formation and study*. It is also important, within the bounds of our real possibilities and according to the needs we have detected, to provide things which will help to formally, name, increase knowledge, clear up doubts, sweep away misunderstandings, remove prejudices, etc by disseminating information, running catechetical activities, dialogue workshops, and providing commentated and guided readings.

3.-*Celebrations*. Sacramental and non-sacramental. They might be commemorations, moments of prayer, farewells… These are opportunities to celebrate significant moments in life, whether joyful or sorrowful. The events that shape us. And it is important to seize on this dimension of human life because it anticipates, realises and symbolically announces what is being commemorated.

We have to ensure that the celebrations, linked as they are to life and reality, make it possible to provide opportunities to which people have access on an equal footing to the more interior and often unexpressed world: the world of desires, fears, hopes, frustrations and voids. Precisely because celebrations incorporate symbolic elements and a variety of references, Good News, different formulations, various testimonies and different ways of communicating in addition to oral communication, they can be a wonderful way of drawing close to the Mystery of God.

4.- *Actions to facilitate the capacity for self giving, sacrifice and sharing*. Sometimes, and precisely because we wish to offer the very best to the excluded, we do not give sufficient consideration to people's capacity to give themselves, to reach out generously and to offer what they are and what they have. We must provide opportunities to enable the marginalised to contribute in a personal and worthwhile capacity to their community.

5.- *Seeking and creating new languages for expression*. Spiritual care of the marginalised, contact with people and their situations provide a unique opportunity for seeking and testing new languages of faith, new vocabularies, new channels of expression and internalisation.

6.- *Interfaith dialogue*. Whenever possible we have to try to encourage areas of dialogue between different religions and faiths and here we can incorporate other actions as well: celebrations, workshops, formation/training events.

7.- *Informing, denouncing and announcing, critiquing and proposing.* The area of information, denunciation and annunciation to different areas of society is also part of our pastoral and evangelising work. In addition to holding special study days, we should do our very best to find ways of disseminating information, criticisms and alternative proposals to

systems, policies and trends…, which our experience shows us to be unfavourable to the poor, and hence unfavourable to people.

The challenge to pastoral care today when working in community is how to open up pathways to announce the Good News of the Kingdom and to people's spiritual experiences. Those working in the pastoral ministry in this field will therefore be pastoral carers on the move, lovingly devoted to the beneficiaries of our mission, taking up the challenges that are being thrown down to us in this present exciting moment of history, which is the history of God.

PASTORAL SECTORS

7.7. PASTORAL CARE FOR OUR CO-WORKERS

Pastoral accompaniment[165] is not only offered to the needy and the guests in our Centres, but is also specifically extended in our Co-workers. For "The Pastoral Service is designed primarily as a means of catering for the spiritual needs of the sick and the needy, and of their families and of the healthcare workers."[166]

The purpose of providing pastoral care to our Co-workers is not to sensitize them or to give them formation in the values and philosophy of the Order through a series of targeted measures. Neither is it intended to equip them with the skills and spiritual professionalism they need to be able to take part in providing pastoral care (other measures are necessary and appropriate for this purpose)[167]. Its sole purpose is to take care of the Co-workers and cater for the various human aspects affecting them within the working environment. The focus is therefore on the Co-workers who feel the need and express the desire to be accompanied by pastoral carers, in order to achieve personal self-fulfilment.

7.7.1. CARING FOR THE HEALTH/SALVATION OF OUR CO-WORKERS

The pastoral care of Co-workers must be targeted at the health/salvation of individual Co-workers. Pope John Paul II earnestly demanded a new work ethos in his Encyclical *Laborem exercens,*[168] respectful of the dignity of men and women in their working life. It should be noted that this Encyclical drew a decisive distinction between the objective and the subjective meaning of work. The subjective sense of work derives from the fact that all human activity is closely bound up with the mandate received from the Creator to "dominate the earth" (Gen 1, 28). "Man is the image of God partly through the mandate received from his Creator to subdue, to dominate, the earth. In carrying out this mandate, man, every human being, reflects the very action of the Creator of the universe."[169]

Through work, in the sense of being the sum total of human physical and mental action, we continue the work of the Creation of the world in the spirit of God.[170] But work has more than this objective significance: it also has a subjective sense, that is to say, a wholly particular meaning for the individual worker. For work is also the means whereby people fulfil themselves as persons. *"As a person, man is therefore the subject of work.* As a person, humankind works, humankind performs various actions belonging to the work process; independently of their objective content, these actions must all serve to realize one's humanity, to fulfil the calling to be a person that is one's reason of one's very humanity... Work is a good thing for humankind, because through work humankind *not only transforms*

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[165] Cf. *Theological-Charismatic Basis,* 2.8.

[166] *Charter of Hospitality 5.1.3.2*; *Documentation for the 66th General Chapter of the Hospitaller Order of Saint John of God*, Rome 2006, 2.17.

[167] See the reflections in this regard in Chapter 6: *Pastoral carers and the formation of pastoral carers.*

[168] POPE JOHN PAUL II, *Laborem exercens*, Encyclical on human work on the 90th anniversary of Rerum Novarum, 1981 (LE).

[169] LE, II. 4.

[170] Cf. REBER,J., *Spiritualität in sozialen Unternehmen (Spirituality in social enterprises)*, Stuttgart 2009, 34ss.; see also *Gaudium et Spes* 34

nature, adapting it to his own needs, but he also *achieves fulfilment* as a human being and indeed, in a sense, becomes "more a human being".[171]

The subjective significance of work therefore entails carefully ensuring that our Co-workers become “more human” through the work they do. Consequently, the provision of pastoral care to our Co-workers must endeavour to accompany, sustain and promote Co-workers along the path of “becoming more human through work”.

Out of fidelity to the Christian vision of work it is therefore important not only to appreciate the objective aspect of work in our Centres – that is to say, the exercise of professional, competent and humanising hospitality for the benefits of needy people – but, above all, the subjective side, by enabling our Co-workers to “be and become more human” through work. The promise “I came that they might have life and have it more abundantly” viewed in this perspective, also applies to our Co-workers.

Accordingly, pastoral care for our Co-workers must be guided by a pastoral approach[172] which views men and women in their totality, taking account of all their dimensions, and their relations, themselves, society, the environment and God.

7.7.2. PROFILE

The provision of pastoral care to our Co-workers, as a personal and structural offering, will comprise a package of services; all designed to support and foster their spiritual growth.

The spiritual and pastoral care service will therefore:

- Accompany them in times of crisis (whether work-related or in their private lives);
- Assist them at times of existential and religious need;
- Offer them “healthy breaks” (opportunities to recover their breath and restore their strength) to help them focus on their own humanity;
- Provide opportunities to encounter the sacred by inviting them to draw on the sources of the specific spirituality of the Order and of Christianity and to renew themselves spiritually.

7.7.3. CONCRETE MEASURES

In principle, good provision of pastoral care to Co-workers entails careful monitoring with a sensitive heart and with eyes open to perceive the needs and concerns of the Co-workers, as well as their joys. Pastoral Care can be offered at various levels (personal meetings, at the liturgical and sacramental level, etc), and be available to all. Moreover, it is essential for it to meet the Co-workers’ own expectations and needs, respecting their freedom and their autonomy.[173]

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[171] LE II.6 and 9
[172] Cf. *Theological-charismatic basis*, 2.5
[173] Cf. *Charter of Hospitality* 5.1.3.2

7.7.3.1. The offer of dialogue (word and prayer)

Individual talks for Co-workers in situations of professional and/or private stress; counselling on existential and religious matters;

Group talks/team meetings in which the central issue is the situation and the life experience of individual Co-workers (not technical/professional meetings on religious, pastoral ethical subjects); such as, "farewell meetings". These meetings would be run for Co-workers (educators in this case) from units (or houses or sheltered communities) in which a patient or disabled person has died in recent months.

Meetings called for discussing the hand-over of responsibilities or team meetings can also be used for pastoral accompaniment. What is decisive here is the perspective in which this accompaniment is provided: not to improve professional skills but to place the individual worker as the centrepiece as a person (example, in the case of a palliative carer: what are my hopes and fears as I accompany a dying person? How can I keep my own peace of mind surrounded by so much distress and pain? How much love and affection am I capable of giving? How far must I or can I defend myself against so much pain? What do I find most difficult and what gives me the greatest strength? etc.).[174]

Spiritual input at the beginning of the team meetings, talks and other events.

Moments of prayer on specific occasions or in certain situations or with particular individuals etc.

Bible meetings

7.7.3.2 Meditation meetings

There are many types of initiatives for helping our Co-workers to make a break with their daily working routine and to offer them opportunities for spiritual recharging. All these initiatives have as their main focus the aim of creating and offering opportunities for them to revitalise themselves and derive new strength, and can be designed both for individuals and for groups. They can also be held within the Centre or outside it, and in the latter cases might be deliberately done in order to mark the break more emphatically. They can also vary from an hour to a week in length. What is essential is for them to be specifically "time out", that is to say, they must be moments in which it is not "doing" that occupies centre-stage, but letting things happen, moments of self-discovery, allowing themselves to be enriched by God.

Possible initiatives:

- Days of reflection, spiritual exercises in a monastery
- A "day in the wilderness" inside or outside the Centre
- One-day or longer excursions based on the Bible (walking with the Bible)
- Pilgrimages (by bus, on foot, by bicycle)
- Spiritual lectures
- Meditation causes
- Courses to overcome burnout also using spiritual resources

[174] Cf. REBER J., loc. cit., pag. 27; 39ss

- Human resource optimisation courses
- Retreats for specific groups of workers (Pastoral Care Service, managers, etc).

7.7.3.3 Liturgical celebrations for the Co-workers

Liturgical celebrations provide an opportunity to offer a "healthy break" and a "change of perspective".[175] On these occasions the Co-workers have the possibility to be temporarily detached from their duties and the daily routine to rediscover themselves and to reach out to meet God. Daily routine is broken, and opened up to drawing close to God. It gives them the opportunity to experience the strength and support of the God of Love through signs, rituals, prayers, etc. Liturgical celebrations also provide the possibility of "uplifting hearts" and opening up to a reality which transcends daily routine.

Possible opportunities and forms that can be used

- Celebrating Mass regularly for and with the Co-workers
- Specific liturgical celebrations at special times (Advent, Lent) designed to fit in with the duty roster (early morning shifts, night shifts, midday meetings, nine o'clock meditations etc...).
- Incorporating liturgical elements when introducing newly recruited personnel or upon the retirement, or on anniversaries of service with the Order, etc.
- Inaugural celebrations at the start of a new phase or transition to a new phase (inaugurating the academic year, or a course, etc)
- Prayers on special occasions or in specific situations or for individual persons
- Mass and liturgical celebrations at times of grief, crisis, sad events
- The Church's and the Order's liturgical celebrations
- Parties in the Centre for the employees' children who have received First Communion and Confirmation during the year.

7.7.3.4. General conditions

The organisational details for any pastoral proposals made for the Co-workers in the Centre should be laid down in the form of general conditions governing access, participation etc. One of these conditions should, in principle, be that all Co-workers can attend them (obviously without hampering the smooth running of the Centre) and another should be to decide how far participation should be counted towards their working hours.

[175] REBER, J., loc. cit., pag. 51

CHAPTER VIII

CONCLUSIONS

We have reached the end of this document, and by way of conclusion, let us take up the guidelines and the core issues that have been highlighted here, with the sole purpose of assisting the whole of the St John of God Family – Brothers, Co-workers and Apostolic Centres – in performing their mission of Hospitality, in a renewed manner, enabling them to respond to the challenges of the contemporary world, the needs of the suffering and of all the people for whom we care in our Centres, consistently with the criteria of the Church and the spirit of our founder.

8.1. The mission of the Hospitaller Order of St John of God forms part of, and has to be viewed in terms of, the Church's mission: Evangelisation, which consists of following in the footsteps of Jesus Christ, the Good Samaritan (Lk 10,25) who passed through the world doing good to all (Acts 10,38) and healing all manner of sickness and suffering (Mt 4,23), just as St John of God did by devoting himself entirely to serving the poor and the sick.[176]

The Hospitaller Order of St John of God evangelises through Hospitality, that is to say, the Gospel-based project of Hospitality which is implemented and takes physical shape in each and every Apostolic Centre. This is our way of being Church, and being in the Church.

8.2. Hospitality is the Charism which the Order has received for the benefit of the Church and the world. A Charism which the Brothers practise through their Religious consecration, many of our Co-workers practise through their baptismal consecration, and many others still through their personal endorsement and support of the Order's project.[177] All are protagonists and active members of the Order's evangelising mission, each one in terms of their own responsibilities. Management, and Brothers and Co-workers have to ensure that the Order's mission is performed with a style of management and organisation that is consistent with the Order's own style. All the others, Brothers and Co-workers, must know and be fully aware of the fact that through their work, well done, they contribute to the performance of the mission of the Order and hence of the Church. This means that they are already pastoral carers, in the sense of the practical performance of Evangelisation.

Evangelisation and pastoral care is therefore not primarily the exclusive responsibility of the Spiritual and Religious Care Service in each Centre, but of everyone performing their mission in every Apostolic Centre, and requires an appropriate formation in the principles and values of the Order.

8.3. In addition to the foregoing, every Apostolic Centre in the Order must have its own Spiritual and Religious Care Service, equipped with the human and physical resources it needs, with the purpose of catering for the spiritual and religious needs of the people

[176] *Constitutions of the Order*, 1984. 1
[177] Cf. FORKAN, D, Circular Letter, *"The Changing Face of the Order"*, 2.3.3; 2.4.2

being cared for in our Centres, and of their family members, our Co-workers and the Brothers.[178] This document devotes a great deal of space to this particular aspect of pastoral care.

8.4. The biblical/theological and charismatic foundations help us to review and focus pastoral care in terms of its own specific roots, and those of the Church, tradition and the Order. The icons of Emmaus (Lk 24, 13-35), the Good Shepherd (Jn 10, 11; Ps 23) and the Good Samaritan (Lk 10, 29-37) provide essential guidance to pastoral carers in the performance of their mission. Accompaniment is one of the key factors in pastoral care, in the manner it is presented by Holy Scripture. Standing by the side of the suffering and walking along the path with them, offering them the Word of God and words of encouragement on some occasions, and silence on others, while at all times showing personal testimony to God's love and readiness to meet any kind of need, are the well-known features of a companion who, following Jesus Christ, makes Him present in terms of the icons mentioned above, just as St John of God did.

8.5. Spiritual and Religious Care must be framed within the contemporary context, which in many places in the world is not a Christian context to all, but one of a plurality of religious beliefs and in many cases none at all. In this plural and multi-faith environment, with its different ethical codes, we have to perform our pastoral mission with an open and ecumenical, welcoming and hospitable attitude, knowing that all the people being cared for in our Apostolic Centres are offered a pastoral care service.

It is crucially important to view human beings, and hence cater for their needs, in a holistic and comprehensive manner, exactly as indicated in the Order's Charter of Hospitality: *"We must provide care that considers every dimension of the human person: physical, psychological, social and spiritual"*.[179] It is in this perspective that we must know, appreciate and adequately differentiate between the spiritual and religious dimensions of the human person, which will enable us to properly accompany and care for each and every individual person in our care in a personalised manner.

8.6. In addition to providing personalised spiritual and religious care, we must tailor the type pastoral care we provide to each sector and to the needs of each one of them. It is not possible to envisage some standard form of pastoral care that can fit all people, not even for all our Centres, or even within one and the same Apostolic Centre. Spiritual and religious needs vary widely between people suffering from mental illness, terminal illness, disabilities, or chronically sickness, or socially marginalised or homeless. And they differ depending upon whether the people concerned are children, adults or elderly. This is why the document has adopted this criterion and has devoted a chapter to several different pastoral sectors: mental health, the disabled, the terminally ill, the elderly, general hospitals, and the social pastoral ministry.

8.7. The Spiritual and Religious Care Service performs a wide range of different activities, from the tailored care we have already referred to, and which also includes what has become known as the 'pastoral visit', praying together and celebrating the sacraments, bearing in mind the criteria of the contemporary context; special care for the sick who are approaching death and those who are in greatest need or are alone and lonely;

[178] Cf. *General Statutes of the Order*, 2009, 53c and 54.
[179] Cf. *Charter of Hospitality*, 5.1

collaboration with the local Church; counselling on religious and ethical issues; collaboration for the humanisation of care and establishing a culture of Hospitality in the Centre.[180]

The Spiritual and Religious Care Service is one more service provided by each of the Order's Apostolic Centres and has to be organised as such. It entails drawing up the Pastoral Plan for each Centre, taking on board the main thrusts and the objectives of the Service in the Centre. Every year, the Pastoral Project or Programme has to be drawn up, based on the Pastoral Plan containing the objectives and the actions for implementation during the year. Both will have to be evaluated regularly and submitted to the management of the Centre, following the criteria and the indications required by management.

8.8. The document devotes a whole chapter to the "Spiritual and Religious Care Model". It will certainly not be easy to implement in the beginning, because it is a novelty in the field of pastoral care. We know that there are some areas of pastoral care where implementation will be more difficult and probably less practical. But considering that we operate in the healthcare and social welfare field in many places and Centres, we believe that it might be useful to apply the clinical model to Spiritual and Religious Care. It entails promoting a model that begins by detecting the spiritual and religious needs followed by a pastoral diagnosis, continuing with the provision of treatment based on the specific actions which the Spiritual and Religious Care Service is able to provide, and ending with monitoring and evaluation to appraise the effectiveness of the treatment or, conversely, to review and revise the whole process.

This model demands teamwork, cooperation and integration with the Centre's care teams, so it is impossible for it to operate in isolation. It is also necessary to reach out to include other elements which are normally used in this field, such as language, certain instruments and protocols for the performance of pastoral work, evaluating the quality of the pastoral care we provide and where possible using pastoral care history. And all this, naturally, as to be adapted to the field of pastoral care. Working with this model requires training and creativity. But it can be very helpful and this is how it is presented.

8.9. Pastoral Carers are the people responsible for performing the specific mission of the Spiritual and Religious Care Service. Members can be Brothers, Priests, Religious men and women and Co-workers with appropriate formation and training in the field of pastoral care.[181] They must be people practising their own spirituality, whose identity can be understood in terms of their commitment to Christ, who live their lives supported by the experience of their faith and are committed to the service of hospitality, following, and embodying the attitudes of Christ Himself: service given generously and freely, in solidarity, by taking up the Cross, and in hope.

We must not forget that other people are also involved in the evangelisation process in addition to the members of the Spiritual and Religious Care Service: all the Brothers and Co-workers, as we have already said, as well as the sick and other people being cared for in our Centres and their family members, and Volunteers and other people who, in one way or another, contribute to carrying forward this evangelisation process.

[180] *The Constitutions of the Order*, 1984, 51
[181] *The General Statutes of the Order*, 2009, 54

Depending upon the size and the possibilities of each Apostolic Centre, this Spiritual and Religious Care must be carefully organised. Firstly, we have to endow the Service with all the human and physical resources it needs. It is highly recommended to have a Pastoral Care Team made up of people who normally work in other areas in the same Centre, even though they may also be people from outside the place where the work is being done. The purpose of the Pastoral Care Team is to assist the Spiritual and Religious Care Service in the performance of its mission. Finally, and if feasible, it might be very useful to have a Pastoral Council made up of people normally working in other areas in the same Centre, with the function of advising the Service on the performance of its mission.

8.10. It is essential to provide formation to the people dedicated to providing Spiritual and Religious Care. We must not only be concerned to have people and teams, however. It is crucially important to ensure that they have received training and continuing education in the human sciences, Holy Scripture, and pastoral and moral theology. This applies to all of them: Priests, Brothers and Co-workers alike. When selecting people for the Service, above all else we have to seek people with this particular formation and educational profile or who are at least in the process of acquiring it. The document also includes, by way of example, the plan for clinical pastoral care formation for pastoral carers which is being implemented in Ireland.

In addition to initial and basic formation, everyone is responsible, at the personal level and the Provincial levels, in the Apostolic Centre and the Service, for laying down specific continuing education programmes and plans for all the members of the Spiritual and Religious Care Service, the Pastoral Care Teams and the Pastoral Councils. It is also necessary to create facilities for the provision of pastoral care formation to all the Brothers and Co-workers in the Centres, so that they can fully understand the meaning and significance of Spiritual and Religious Care and thereby be able to become involved actively in it themselves.

8.11. This document must be construed and adopted as part of the renewal which the Order is intending to continue fostering and which has made it the fundamental objective of the present Sexennium for the whole Institution. The present and the future also demand the renewal of the evangelising and pastoral mission of the Order, and a new approach to it, which is capable of responding to the new challenges being thrown down to us. All the members of the St John of God Hospitaller Family are called to participate and be active members of this mission which is based on theological, charismatic and current pastoral criteria. It has to remain receptive to any new methods and instruments that exist in the field of Spiritual and Religious Care by offering tailored pastoral accompaniment to meet the needs of every individual person being looked after in our Centres. It entails offering and performing and outreaching pastoral ministry that is respectful of the beliefs and values of all the persons involved, comprehensive, interdisciplinary and integrated into the overall mission of hospitality being performed by the Order.

8.12. We are convinced Pastoral care in the broadest sense of the term, and Spiritual and Religious Care in particular, as set out in this document, offer a great opportunity to drive and renew the Order's mission. The holistic vision of the human being is increasingly fostering a new culture of health care, in which Spiritual and Religious Care constitute a crucial area to provide people with comprehensive health care. Every day, existential

illnesses in particular are increasing in relation to values and to the spiritual and religious life. Consequently, the evangelising pastoral mission is acquiring ever greater importance and topical relevance. The mission performed by the Pastoral Carers is thus expanding all the time, which they must be motivated, trained and properly prepared. This is a great challenge and at the same time a powerful source of motivation for all those who dedicate their lives work to providing spiritual and religious care to the sick and needy. It is also the way to continue ensuring that Hospitality, which has been bequeathed to us by our founder and inspirer, St John of God, is ever-present today in the world of sickness and marginalisation.

ANNEX

DETECTING SPIRITUAL RESOURCES AND NEEDS[182]

Annex 1

THE MEANING OF LIFE	Yes	No	Not detected	Not assessable
Experienced as an implemented project				
Experienced as meaningless				
Experienced as truncated, with unfinished projects				
THE MEANING OF DEATH				
Inevitable, but accepted serenely				
Inevitable, but experienced with distress				
Liberation (for self or for carers)				
Punishment				
Existential distress: Destruction of self/body				
Break in continuity (no children)				
THE MEANING OF THE SICKNESS				
Avoidance				
Denial				
An opportunity to grow, to become a better person				
An opportunity for reconciliation				
An opportunity to disappear and break with everything				
A trial				
A mystery				
A meaningless absurdity				
Unfairness (an unfair punishment)				
Punishment (deserved)				
GUILT				
Towards self (earlier life)				
Towards others (family, friend, the couple)				
Towards God				
HOPE				
Living in hope				
Living in despair				
RELIGIOUS EXPERIENCE				
Non believer – God does not exist				
Feels God to be absent				
Feels God to be helpful, liberating				
Feels God to be testing him/her				
Feels God to be punishing				
Belief in the afterlife				
Need to express religious sentiments/experiences				

[182] BERMEJO, JC. *Aspectos espirituales en los cuidados paliativos*. Santiago Chile 1999. pag. 34 -45

Annex 2

JAREL SPIRITUAL WELL-BEING SCALE[183]

(tick as applicable...)

1. Prayer is an important part of my life: (five possibilities from strongly agree to strongly disagree)
2. I believe that I experience spiritual well-being
3. As I age I find myself being more tolerant towards other beliefs
4. I find meaning and purpose in my life
5. I find that there is an intimate relationship between my spiritual beliefs and what I do
6. I believe that there is an afterlife
7. When I am sick my spiritual well-being suffers
8. I believe in a higher power
9. I am capable of receiving love and giving it to others
10. I am satisfied with my life
11. I set goals for myself
12. God means little in my life
13. I am satisfied with the way I use my skills
14. Prayer does not help me to take decisions
15. I am capable of appreciating differences in others
16. I am fairly well-organised
17. I prefer others to take decisions for me
18. I find it hard to forgive people
19. I accept the situations in my life
20. Belief in a higher Being does not form part of my life
21. I cannot agree to changes in my life

[183] KOZIER, B/ERB, G/BERMAN,A/ZINDER,S. *Fundamentos de Enfermería II*. Madrid 2005

Annex 3

IMPROVING THE QUALITY OF PASTORAL CARE[184]

1/ detecting problems
2/ prioritising them
3/ causal analysis
4/ implementing improvements
5/ setting criteria
6/ setting indicators
7/ evaluating the indicators
8/ evaluating pastoral care quality
the patient
the family
care personnel

PROBLEM DETECTED:

"The difficulty of discovering the sick person's deepest needs"

CAUSES:

- **STRUCTURE:** sharing homes, environmental barriers (family, friends, personal...)
- **PROFESSIONAL:** Little familiarity with "spiritual" world
- **PATIENTS:** ignorance of diagnosis and prognosis.

  Little guidance regarding the various useful services in the Unit.
  Denial as a non-adaptive mechanism.

- **FAMILY**: concealing the truth.

  Lying.
  Fear that the patient will be informed, jealousies …

- **PASTORAL CARE OF THE SICK**: defensive attitude.

  Inadequate allocation of time dedicated to the visit.
  Little knowledge of the patient in the various phases of the sickness.

IMPROVEMENTS:

- Restructuring the visit to the Pastoral Care Unit (time…)
- Having a positive and respectful environment.
- Improving communication skills.

[184] HOSPITAL SAN JUAN DE DIOS *Plan Pastoral.* Pamplona 2005

- Knowing the level of information the patient has and the stage in which the patient is
- Using a team session to make progress in the culture of the spiritual sphere
- Registration.

CRITERIA:

- Considering spiritual accompaniment and care as an important part of comprehensive care for the patient.
- Discerning the patient's spiritual and religious needs.
- Using the patient's own religiosity and spirituality
- Team consensus.

INDICATORS.

- Interrupting the pastoral visit
- Prompt attention to demands.

The administration of the Sacrament of the Sick:

- Conscious patient.
- Unconscious patient

EVALUATION OF THE INDICATORS

INDICATORS	**1**	**2**	**3**	**4**	**5**
Interrupting the pastoral visit...	□	□	□	□	□
Prompt attention to demands...	□	□	□	□	□
The Sacrament of the sick					
Conscious patient	□	□	□	□	□
Unconscious patient...	□	□	□	□	□

EVALUATION OF THE QUALITY OF PASTORAL CARE

		1	2	3	4	5
	time dedicated to it...?	□	□	□	□	□
	positive, respectful environment?	□	□	□	□	□
	improving communications skills are...?	□	□	□	□	□
Visiting the patient	Respect for the patient's culture and freedom in terms of his/her beliefs and values ...?	□	□	□	□	□
	Are we an evangelising presence in the sickness process...?	□	□	□	□	□
	Are we promoting the healing qualities of the sacraments...?	□	□	□	□	□

		1	2	3	4	5
	frank and honest communication	□	□	□	□	□
Care for the family.	Do we listen to their concerns and needs...?	□	□	□	□	□
	do we provide advice on ethical, religious and pastoral matters...?	□	□	□	□	□
	do we accompany their grieving...?	□	□	□	□	□

		1	2	3	4	5
	cooperation and mutual support...	□	□	□	□	□
Team work	do we share and offer opinions, decisions, experiences...?	□	□	□	□	□
	Are we working for the functional unity of the group...?	□	□	□	□	□

Annex 4

QUALITY INDICATORS RELATING TO DETECTING AND CARING FOR SPIRITUAL NEEDS[185]

1. In relation to the patient

The five-point Likert scale will help us to quantify the quality indicators of the action taken to improve the quality of care for our sick.

It entails ascertaining whether care for and attention to Spiritual Needs:

- Has reduced the period of admission.
- Has been addressed on an interdisciplinary basis.
- Has reduced anxiety, fear, distress, a sense of guilt.
- Has produced a change in attitude.
- Has improved as a result of the palliative effect of our accompaniment.
- Has changed their state of mind.

2. In relation to the family

It entails ascertaining whether care for attention to their Spiritual Needs:

- Has being helped in terms of information and data.
- Has been done in collaboration with the Interdisciplinary Team.
- Has helped to organise the situation from discharge, pre-grieving and/or death.
- Has provided an opportunity to express their feelings.
- Has helped to free them from the sense of guilt.
- Has helped to improve their interpersonal relations.
- Has helped them to control their adversity, and generate new resources and skills.
- As played a part in the healing and integration process.

3. Attitudes to what has been affected

With regard to a possible change in attitudes, it is also a question of ascertaining whether the patient has been helped to:

- Do away with unnecessary suffering.
- Combat avoidable suffering.
- Mitigate inevitable suffering.
- Accept suffering that cannot be overcome.
- Affirm self despite the negative forces in life and in superseding the finiteness of the patient's own history.

[185] LORA GONZÁLEZ, R. loc. cit., pags. 340-341.

4. Other indicators to be borne in mind:

- *Ethical and bioethical issues raised*
  We need, where possible, the help of the Local, Provincial and even National Bioethics Teams to put to them the specific case and thereby obtain a satisfactory decision.

- *De Mínimis ethics*
  We must review the proper distribution of resources on the basis of the Principle of Justice/Equity.
  We must see whether in the Non-Maleficence principle has been infringed.

- *De Maximis thics*
  We must see whether the patient is master of his/her own decisions on the basis of the Principle of Autonomy.
  We must see whether good is being achieved based on the Beneficence Principle.

The Likert scale[186]: comprises five points and quantifies the result of the indicators for a given patient on a continuous basis, from the least desirable to the most, providing points at a given moment. The measurement system reflects a continuum, such as, for example:

- 1 = seriously committed
- 2 = substantially committed¡
- 3 = moderately committed
- 4 = slightly committed
- 5 = uncommitted

[186] LORA GONZÁLEZ, R. loc cit., pag. 338

Annex 5

RELIGIOUS NEEDS ASSESSMENT FORM [187]

Name of person with learning disabilities_____

Name of person conducting the assessment _____

Name of person responsible for action plan_____

What service supports does the person use? (please list)_____

_____

_____

_____

_____

Please write in all the sources of information for the assessment, including people spoken to and other sources of information (for example books or the internet)

Date of assessment	Person (s) conducting the assessment	Information source

Has the person expressed any interest in religious issues? ☐ YES ☐ NO

Has the person expressed belonging to a particular faith? Please be as specific as possible.

_____

_____

_____

[187] THE FOUNDATION FOR PEOPLE WITH LEARNING DISABILITIES. *What about faith?* London 2004.
(Evaluation of the religious needs for people with oral communication problems. Usually it must be filled by a relative, the teacher, the tutor or responsible of the Service)

How does person observe their religion? Please describe in as much detail as possible
(attach a separate sheet if needed)

_____

_____

_____

_____

How does the person observe religious festivals and special times?
Please describe in full detail for each festival and special time (attach a separate sheet if needed)

_____

_____

_____

_____

Does the person want to do anything different to express their religious interests (this could be stopping some activities, starting new activities or doing activities differently? (please describe, attach on a separate sheet if needed)

_____

_____

_____

Does the family support the person in any religious activities?

☐ Not Contacted ☐ YES ☐ NO
(please describe, attach on a separate sheet if needed)

_____

_____

_____

Does the person currently attend a place of worship? ☐ YES ☐ NO

If yes:

Name, address and type of place of worship_____

_____

_____

Name of contact person at place of worship_____

Phone number_____

Has the service spoken to this contact? _____ How often do they attend?_____

What activities do they attend? _____

_____

Are they alone or accompanied (who by?) _____

What does the person like best?_____

What else would the person like to try? _____

Are there other local faith agencies that might be useful? _____

Has the service formulated an action plan to support the person attend the place of worship?

☐ YES ☐ NO (please attach)

If no:

Has the person attended a place of worship in the past? ☐ YES ☐ NO

Type of place of worship attended in past_____

Name, address and type of potential local places of worship _____

_____

Name of contact person at place of worship _____

Phone number _____

Has the service spoken to his contact?_____

Has the service formulated an action plan to introduce the person to the place of worship?

☐ YES ☐ NO (please attach)

Has the information from this form been placed with other general information about the person?

☐ YES ☐ NO

Would the person like to develop this assessment into a more detailed religious needs action plan?

☐ YES ☐ NO

Annex 6

FRAMEWORK OF REFERENCE FOR THE PASTORAL CARE PROVIDED IN THE CENTRES OF THE HOSPITALLER ORDER

GENERAL OBJECTIVE

To meet the spiritual and religious needs of the patients, their families and our Co-workers, using the actions and attitudes of Jesus of Nazareth towards the sick and needy, thereby contributing to Evangelisation as the ultimate mission of the Order

SPECIFIC OBJECTIVE	ACTIVITIES	OFFICIALS
1. To draft the Centre's pastoral care plan, by Area and Service	. Establishing the basis of spiritual and religious care . Defining the spiritual and religious needs in all the Areas of the Centre. . Indicating the services to be offered to meet these needs. . Proposing the instruments and the resources to be used. CONSISTENTLY WITH THE PHILOSOPHY AND STYLE OF CARE OF THE HOSPITALLER ORDER	. The Centre's Pastoral Care Coordinator. The spiritual and religious care Service and Pastoral Team. . The Centre's management, which must approve it. . The Provincial Curia (Provincial Pastoral Team) which must ratify it.
2. To meet the spiritual and religious needs by care Area	. Drafting a specific to pastoral care programme for each Area and Service of the Centre, according to the different types of patient,(acute, chronic, elderly, disabled, adults, children, etc.) . Sharing it and integrating it with the Care Teams of the various Areas and Services of the Centre. . Developing it with the pastoral instruments and actions needed. (See Pastoral Care Method).	. Pastoral Care Coordinator. . Spiritual and religious care Service. . Head of the spiritual and religious Service of each Area or Care Service in the Centre. . Pastoral Team: (spiritual and religious care service and other advisory members: Brothers, Co-workers, volunteers:...) . Head of the Care Team of each Area or Service.
3. To encourage formation: the Team and all the Co-workers	. Incorporating specific pastoral care formation activities into the Centre's formation plan for all the personnel. . Providing specific pastoral formation for the members of the spiritual and religious care Service and for the whole of the Pastoral Team. . Providing accredited formation as far as possible for the members of the spiritual and religious care Service.	. Pastoral Care Coordinator. . Spiritual and religious care service. . Head of the Centre's Formation Commission.
4. To meet the Co-workers' spiritual and religious needs	. Providing clear information on the Service . The presence, closeness, outreach and willingness of all Co-workers. . Formation meetings. . Promoting meetings for reflection and celebration of the faith.	. Pastoral Care Coordinator. . Spiritual and Religious Care Service and Pastoral Team. . Co-workers: professionals and volunteers.
5. To meet the spiritual and religious needs of the Families of the patients/guests.	. Providing clear information on the Service and its availability. . Making it adequately accessible. . Presence and closeness. . Promoting family groups or participating in existing ones based on pastoral care and celebrating the faith.	. Pastoral Care Coordinator . Spiritual and Religious Care Service and Pastoral Team. . Co-workers in all Areas and Services. . Relatives and patients.

6. To participate in and support humanisation in the Centre: Ethics and other Committees.	. Membership of the Ethics Committee. . Membership of the Humanisation and other similar Committees. . Membership of the Formation Commission. . Closely supporting Volunteers and other humanisation groups &c	. Pastoral Care Coordinator. . Spiritual and Religious Care Service and Pastoral Team. . Management of the Centre
7. To participate in and co-operate with other Centres of the Order at the Provincial, Interprovincial and Regional levels.	. Attending study, reflection, formation and Pastoral exchange meetings. . Attending meetings by pastoral sectors with other Centres of the Order. . Drafting Provincial, Interprovincial and Regional Pastoral care programmes.	. Pastoral Care Coordinator. . Spiritual and Religious Care Service and Pastoral Team. . Provincial Pastoral Care Officer. . Interprovincial and Regional Coordinators. . Interprovincial and Regional Pastoral Care Officers, if they exist. . General Pastoral Care Commission Officer.
8. To participate in and co-operate with the local, diocesan and national Church**.**	. Assisting the Pastoral Care of the Sick activities organised at these levels (where possible). . Promoting the Pastoral Care of the Sick in the local Church and offering our services.	. Pastoral Care Coordinator. . Spiritual and Religious Care Service and Pastoral Team.
9. To meet the spiritual needs of patients, relatives and co-workers of other denominations/faiths.	. Providing information of our readiness to assist respecting the beliefs of each individual. . Acting as mediators, seeking pastors from other faiths where necessary. . Promoting ecumenism and goo interreligious relations.	. Pastoral Care Coordinator. . Spiritual and Religious Care Service and Pastoral Team. . Professionals from the various care Areas. . Ministers of other faiths.
10. To consolidate and care for the pastoral team and the mission it performs.	. Selecting pastorally-sensitive individuals. . Providing them with formation. . Working meetings, reflection and celebration of the faith meetings. . Clear function allocation. . Drafting annual pastoral plan, including the budget.	. Provincial Pastoral Care Coordinator. responsible for the pastoral care of the Centre. . The Management of the Centre. . Members of the spiritual and religious care Service, and the Pastoral Team.
11. To evaluate the mission and the work formed by the Spiritual and Religious Care Service and the Pastoral Care Team.	. Evaluating the pastoral plan once a year. . Evaluating the pastoral plan twice a year. . Setting pastoral plan evaluation criteria(care quality criteria) . Annual presentation of the pastoral programme and evaluation to the Centre's Management Team.	. The Centre's Pastoral Care Coordinator. . Pastoral Care Officers for each care Area. . Members of the spiritual and religious care Service and the Pastoral Team. . The Management of the Centre.

Annex 7

FORMATION OF PASTORAL CARERS

Professional training is a prerequisite for the delivery of quality services in any profession. Clinical Pastoral Education, (CPE) is one model which provides the opportunity to deepen one's awareness of the challenges in health care ministry; with the goal of blending theology, spirituality and psychology with the healthcare and social care environments.

1. HISTORY AND BACKGROUND OF CLINICAL PASTORAL EDUCATION (C.P.E.)

Clinical Pastoral Education (CPE) is a world-wide recognised model of education and training of ministry; a unique process of theological education. The most prominent pioneers of the Clinical Pastoral Education (CPE) movement were William S. Keller, Richard Clarke Cabot and Anton T. Boisen; who commenced their work in the U.S.A. in the 1920's. Cotterell and Nisi[188] outline the history of Clinical Pastoral Education (CPE), which is based on the belief that the art of pastoral care cannot be taught in a classroom; that persons in crisis need to be experienced and studied, as "living human documents"; that the scientific knowledge of the meaning and dynamics of human growth and development must be studied with historic and contemporary theologies. The goal and purpose of the programme is to train persons for ministry to a world often filled with persons who are broken in body, mind and spirit. It was founded in an effort to influence a rigidly academic theological education of students as a gateway to ministry; by engaging them in experiential learning under supervision, and to encourage life long learning.

Niklas[189] supports the Clinical Pastoral Education process:

> *"I believe educating persons for any kind of ministry in the Church today, needs to be based on relationships, experiences, reflection, evaluation, emotionality, integration and decision making"*.

Niklas adds '*pastoral care education is a process based on this understanding of life and assumes that these are necessary for true education'*

As Healthcare Chaplains minister to all in the Healthcare system i.e. patients, their families, staff; the training provided by Clinical Pastoral Education (CPE) enables the trainee Chaplains experience "carrying all in pastoral care". Clinical Pastoral Education (CPE) facilitates the student to learn how to 'hold all' in a confidential, professional manner and to refer when necessary. Niklas[190] promotes the importance of knowing your self individually before you can determine your pastoral identity.

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[188] COTTERELL, D & NISI, W.F., *Clinical Pastoral Education, Health Care Ministry, A Handbook for* Chaplains, Eds. by Hayes, H. & van der Poel, C.J. National Association of Catholic Chaplains, (New Jersey, U.S.A.: Paulist Press, 1990). pag. 133

[189] NIKLAS, G.R., *The Making of a Pastoral Person*, (New York: Alba House, 2001) pag. 1

[190] NIKLAS, G.R., *The Making of a Pastoral Person*, (New York: Alba House, 2001) pag. 28

"An authentic pastoral identify does not emerge from a fuzzy or fake personal identity. We must know who we are individually before we are ready to determine our pastoral identity, before we become aware of the role we want to exercise in the ministry, and before we can discover how our functions differ from those of a nurse, doctor, social worker, or friendly visitor."

Ferder[191] confirms the importance of relationship in ministry and states as followers of Jesus Christ *"building relationships is our call. Effective communication is foundational to that call. It prepares us to listen with our ears and to hear with our hearts"*.

2. PROFESSIONAL REQUIREMENTS FOR CERTIFIED HEALTHCARE CHAPLAIN (IRELAND).

For certification in Healthcare Chaplaincy from January 2012, a primary degree in theology and three basic units of Clinical Pastoral Education (CPE) is required. (Each full time unit of CPE consists of 400 hours of clinical and didactic learning).

An extended unit of Clinical Pastoral Education (CPE) consists of 26 weeks of didactic learning. The student engaging in an extended unit must already be in ministry and this is their clinical experience for their unit.

3. PROFESSIONAL REQUIREMENTS FOR CERTIFIED C.P.E. SUPERVISOR.

To facilitate or supervise Clinical Pastoral Education (CPE) the supervisor needs to attain through the apprenticeship model of Clinical Pastoral Education (CPE), a degree in theology and successfully completed at the minimum two basic units; two advanced units; two supervisor in training units; two associate supervisory units and three years full time ministry.

To be accepted on to advanced level of Clinical Pastoral Education (CPE) the student needs to sit an interview to assess suitability. When the advanced units are completed the student again needs to sit an interview to assess candidate's suitability for entering supervisory training level. Having completed two units at supervisory and training level the candidate sits an interview to assess their suitability for associate level. Following two associate level training units the candidate has to sit an interview again to assess suitability for full supervisory practice as a Clinical Pastoral Education (CPE) supervisor. At any stage in this process the candidate may be requested to repeat the level they are at before moving to the next level.

4. CLINICAL PASTORAL EDUCATION

Clinical Pastoral Education (C.P.E.) method involves action/reflection/action otherwise known as praxis, in which a supervisor together with a group of students formally agree together to reflect critically on the student's ministry as a means of growing in self-awareness, professional competence, theological understanding and Christian commitment.

CPE provides a learning situation in continuing education for all those who wish to minister or are ministering to people in need so that as ministers they may develop an awareness of the

[191] FERDER, F., *Words Made Flesh*, (Notre Dame Indiana, U.S.A.: Ave Maria Press. 1986) pag. 179

psychological, theological and spiritual concerns of people. In addition it also helps students to become more aware of the dignity and potential of those who whom they are ministering.

CPE confronts the students with the human predicament. It supplies the milieu for the students to know themselves better as persons, to better understand themselves in the role of minister and to integrate their theology more meaningfully into their life and ministry.

CPE provides for supervision of this experience by a supervisor trained in the CPE model of learning. The supervisor brings to the learning situation his/her own unique experience, insight and competencies, which stimulate individual initiative and growth.

His/her supervision seeks to encourage the students to express their own natural abilities, talents and insights, which they can then channel into more meaningful pastoral relationships.

5. SUPERVISION

Supervision is the key component to CPE. It can be seen as a process which helps the students to examine themselves and the way they function. It could also be seen as a process which enables students to develop their own unique style of ministry under guidance and evaluation.

1st Definition: Supervision, in theological education or in ministry, involves an experienced person enabling another person who is serving as a minister to reflect upon their ministerial experience in a disciplined systematic way, it enables the learner to link their activity in ministry to their theology of ministry, to relate human situations and the needs of this world to religious traditions and values and to select effective resources for addressing and understanding events for ministry.

2nd Definition: pastoral supervision is a method of doing and reflecting on ministry in which supervisors and students covenant together to reflect critically on their ministry as a way of growing in self-awareness, ministerial competence, theological understanding, and Christian commitment.

The effective use of the supervisory relationship is a mutual and reciprocal responsibility shared between the student and the supervisor. The students are encouraged to see that they are their own best teachers. To be effective the desire to learn must come from within the learner and not from the supervisor directed towards the students. This puts the responsibility for learning on students. It will be the supervisor's responsibility to encourage and to provide opportunities for the students to engage in learning.

Supervision is carried out in two ways:

1. Individual supervision
2. Group supervision

At the individual ***Supervisory Conference*** which is negotiated individually with the supervisor, the students assume responsibility for discussing their work, raising questions as they occur, and trying to identify and clarify what transpires in pastoral transactions.

6. CPE ACTIVITIES

6.1. Ministry

Each student is responsible for developing a ministry to patients, families and staff where applicable, on his/her assigned area of ministry.

6.2. Group activities

Much to the training activity in CPE take place in the group consisting of students and supervisor.

In CPE there are three distinct types of group work:

a. Structured group time (lectures and other didactic presentations)

These will come from the fields of theology, medicine and the behavioural sciences. For example lectures on boundaries in ministry, grief and loss, introduction to psychoanalysis etc. The didactic seminars are intended to enhance the student's clinical and pastoral perspective and to enrich their learning.

b. Semi-structured group time

These seminars are opportunities to present a clinical data for group supervision. The typical mode for presenting data is by way *of a verbatim report* on a patient visit. The patient always remains anonymous via pseudo name. Other modes of presenting data are also acceptable e.g. *a critical incident report or case study*. This particular group work includes also *theological reflections, mid and final evaluations etc.*

c. Unstructured group time (IPG – Interpersonal group process - group dynamic)

This is an unstructured interpersonal process of relating in the here- and-now, where the students can develop insight into personality dynamics and they can learn how they relate to each other. It provides a safe place where the student can discover heir own personal dynamic i.e. how they react to others in the world and other people's reaction to them. It is an opportunity to examine how groups develop.

7. WRITTEN ASSIGNMENTS

The required writing is an important and essential part of the CPE experience. Written assignments provide an occasion for structured reflection on the meaning of the student's activities and experiences. The students are required to follow the formats presented.

Written assignments include:

- Weekly reflection paper on the student's weekly ministry
- Verbatim (word to word conversation with a patient)
- Critical Incident
- Case Study
- Theological Reflection – Theological reflection will help determine how the student has integrated his/her theology on a personal level.
- Book review

8. EVALUATIONS

Evaluations at mid-term and during the final week of the course are carried out by the students to evaluate their total functioning. Evaluation allows examination of what the student is learning and how he/she is learning it and encourages the student to consider the direction he/she wants to take in the future. Evaluation helps to motivate, direct and integrate learning.

9. INDIVIDUAL SUPERVISION

Each participate will schedule a weekly individual supervisory conference to discuss his or her growth and participation in the CPE programme.

10. MORNING PRAYER

Prayer firmly roots the minister in his/her ministry and is an essential element in his/her life. Students will have the opportunity to pray in the group setting, leading prayers services. The Morning Prayer lasts approximately 20 minutes and is an integral part of the course. It is an opportunity for the students to express themselves and their creativity, however, the liturgy also creates a sacred space where the needs of the group are addressed in a spirit of prayer and reflection.

11. READING

There is essential reading and recommended reading. Two purposes are served by essential reading. Firstly, the students are exposed to others points of view and ideas which can help them place their own experience in training in proper context in relation to the broader field of religion and health care. Secondly, students can acquire some familiarity with the written literature and it is hoped that by doing so they will be stimulated on to continue reading after training.

12. ROLE PLAY

This is an effective teaching tool in which the students' encounter with a patient can be realistically re-enacted. It will bring out the style of approach the student would have to a patient with a specific illness. The objective would be to give a visible and audible report on what happens in the actual encounter with a patient. It allows the student to seen him/herself as he/she functions.

13. EVENING DUTY REPORT

This report is shared in group the morning following the evening duty. It lasts 5-10 minutes. It is an opportunity of the student to show how he/she ministered to the patients and for their peers to see different approaches to their own.

14. PASTORAL REFLECTION PROGRAMME

The accredited Healthcare Chaplain can facilitate pastoral care giving to others by participation on the pastoral reflection programme. This programme is modelled on the Clinical Pastoral Education (CPE) process but is not Clinical Pastoral Education (CPE).

GLOSSARY

APOSTOLATE

The Apostolate is the service of evangelisation which the Order performs in the Church and in the world through Hospitality in the manner of St John of God. In our Order we distinguish between two main areas of apostolate: the Life of the Brothers and the Mission of the Order. The "Life of the Brothers" refers to the Brothers' spiritual and community life, while the "Mission of the Order" refers to the Gospel service of Hospitality which it performs in the world. See Charism, Hospitality, Humanisation, Mission

AUMÔNIER

In French, the expression "Aumônier" is used to apply to the priest, Religious or layperson (pastoral carers) dedicated to providing pastoral care in the Spiritual and Religious Care Service (SRCS). See Chaplain, Ordained Ministers, Pastoral Carers.

BIOETHICS

Bioethics is the interdisciplinary study for the taking of ethical decisions regarding problems faced by different ethical systems due to medical and biological progress, in the micro-social and macro-social, micro and macro-economic spheres, and their repercussions on society and its values system, both in the present as well as in the future. More specifically it is the systematic study of human conduct in the field of life sciences and healthcare, examining this conduct in the light of values and moral principles. The method of work is basically through bioethical dialogue. The Order observes and promotes the ethical principles of the Catholic Church. (GS 50) Beginning with respect, always remaining open to theological and moral reflection, to dialogue with science and culture, and to the study of the realities of everyday life as lived by people. (GS 48)

CATHOLIC CENTRE

Nomenclature or official denomination applicable to every Apostolic Work of the Order. It is every centre or health and/or social structure, also according to the civil law, that is confessional because it proclaims, documents and recognizes, admits and publicly and privately confesses the full communion with the Catholic Church. For this reason, in a visible and perceptible form, it defends and promotes the values, the principles, the rights and the duties of the Church, according to the universal law and the law of the Order. (GS 49)

CHAPLAIN

The priest who performs his pastoral ministry in the Spiritual and Religious Care Service (SRCS) in one of the Order's Centres, of which he may or may not be the Director.

In some places, particularly in the English-speaking world, the term Chaplain is applied to all the pastoral carers working in an SRCS, whether or not they are priests. See, Aumônier, Ordained Ministers and Pastoral Carers.

CHAPLAINCY

This is the traditional English term for what we now call the Spiritual and Religious Care Service. See Spiritual and Religious Care Service.

CHARISMATIC MANAGEMENT

At first sight "charismatic management" appears to be a strange, not to say incompatible, combination of terms. The adjective "charismatic", with its powerful spiritual and religious connotations, would appear irreconcilable with the noun "management" that suggests the cold and rational language of economy. Nevertheless, with this choice of language the Order has captured an every day reality that has to be projected and lived daily in our Centres and Services, combining a management style of quality and efficiency with the Order's values, which are, hospitality: quality, respect, responsibility and spirituality. Consequently, charismatic management is not one of the many styles of management to choose from in the world of economy and trade, but a management style peculiar to our Order.

The concept of efficient management is frequently associated with the negative image of a process that seeks only gain, completely forgetting about the person. Efficient management may, on occasion, be uncomfortable, but it is not right to accuse it of indifference or even immorality, if its purpose is to offer a better service to the sick and needy. Another important aspect of charismatic management refers to our Co-workers, because only through charismatic management can we ensure that our Centres and Services maintain, on the one hand the warmth and charm of a family business, and on the other the implementation of the most modern management structures. (GS 92, 162)

CHARISM OF HOSPITALITY

The charism of Hospitality is the gift that the Spirit gave to St. John of God, enabling him to dedicate his life to the service of the others. This charism is shared and lived today by all the Family of Saint John of God (GS 47, 87, 94). See also: Apostolate, Hospitality: Humanisation, Mission

CHARTER OF HOSPITALITY

This document describes and defines the Apostolic Works of the Order. The Charter of Hospitality serves to provide fundamental guidance and offers a number of possibilities for tackling the many and varied questions regarding our mission and apostolate. It also contains important ideas and suggestions for developing and promoting links and ties within the Family of St John of God. Charismatic management is also described and defined in the Charter. (GS 49, 50)

CONSTITUTIONS

It is the basic book of proper Law, which governs, inspires and conditions the whole organisation of the Order. It is defined as the fundamental and proper Code of every cell of consecrated and apostolically associated life that, in harmony with universal Law, should: a) be drawn up by the founders and/or General Chapters; b) contain the constitutive and constitutional laws; c) be complete, detailed and permanent; d) be approved by a diocesan Bishop and/or the Holy See, including with regard to changes, authentic interpretation and

dispensations; e) as it is binding it must be faithfully and accurately observed by all. (GS 31, 183)

CO-WORKERS

The term "Co-workers" implies a fundamental attitude in the Order, in line with which the people who collaborate with the Order are not considered as mere employees, but as participating equally with the Brothers. As such they are equally responsible for carrying out the Order's mission. The degree of co-responsibility varies according to the position held at the Centre. The term "Co-workers" is, moreover, used in a very broad sense. It covers not only the persons and professionals who work in the Order's Centres, but also Volunteers and Benefactors. (GS 21)

EVANGELISATION

Evangelisation is the specific vocation of the Church: to bear witness, teach and preach the Good News of Jesus Christ. The essence of evangelisation is announcing salvation which frees humanity from sin (EN, 9,14). See Pastoral Care and the Pastoral Care of the Sick and the Social Pastoral Ministry.

EVANGELIZATION AND PASTORAL DIMENSION OF THE ORDER'S MISSION

In the Order this refers to the evangelizing action carried out in each of its Apostolic Works and the mission it has to evangelize the world of pain and suffering through the promotion of health care, socio-sanitary and social services and centres that provide comprehensive care to people. All who carry out their mission in any Apostolic Work are called upon to be active agents of the Order's Pastoral service and Mission, in the manner of St John of God, according to the values and principles of the Hospitaller Order. (Cf. GS 46, 49)

FAMILY OF ST JOHN OF GOD

Between the Order, a religious institute legally recognised by the Church, and its Co-workers a very close and deep communion has been established over time. This has been specifically documented in chapter two of the General Statutes. The persons and groups who are inspired by the ideals of St John of God make up the St John of God Family. (GS 20 – 22)

HOSPITALITY

This is the word which defines the mission, the charism and the spirituality of the Order, and which constitutes its central value. For the Religious of the Order it is the fourth vow, by which they dedicate their life at the service of the sick and needy people, under obedience to the Superiors, and even putting in danger their own lives. The interpretative key for the Order is in the Christian experience of the hospitality of St. John of God. In the Charter of Hospitality of the Order we can find its fundamental characteristics. See also Apostolate, Charism, Humanisation, Mission

HUMANISATION

A key element of our mission is humanization. Already present right from the start in the service and actions of John of God, this element acquired a new and richer significance in the document *On Humanization* written by the Superior General Br Pierluigi Marchesi. By humanization the Order means a model of service provision, care, rehabilitation and also management which is person-centred. (GS 48 – 52). Also see: Apostolate, Charism, Hospitality, Mission of the Order.

LECTIO DIVINA

Lectio divina is the public or private reading of the Holy Scriptures or Bible in a systematic, informed, quiet, reflexive, rational and contemplative manner. The Code of Canon Law, however, does not mention this term once. The General Statutes leave it up to the Provincial Directories to establish the norms for the practice of *lectio divina* in the Order's Communities. (GS 35)

MISSION OF THE ORDER

The principal characteristic of the **Order's mission is Hospitality**, based on the life and work of our Founder St John of God. In the Charter of Hospitality it states: "His Hospitaller attitudes were surprising, disconcerting, but they acted as beacons to point the way to new paths of care and humanity towards the poor and sick. He created from nothing an alternative model for the citizen, the Christian, and the Hospitaller serving those who were abandoned by all. This prophetic hospitality was a leaven of renewal in the world of care and in the Church. The model created by St John of God also acted as a critical conscience and guide to sensitise others to take up new attitudes and practise new ways of aiding the poor and the deprived." (Charter of Hospitality 3.1.8) (GS 1, 18, 19, 50). See also: Apostolate, Charism, Hospitality, Humanization

ORDAINED MINISTERS

Those who are ordained in the Catholic Church as priests or deacons, and perform their pastoral ministry in the SRCS in the Order's Centres. Announcing the Word and celebrating the sacraments of the specific parts of their pastoral work, together with many other things which they share with the other members of the SRCS. See Chaplain and Pastoral Carers.

PASTORAL CARE OF THE SICK AND THE SOCIAL PASTORAL MINISTRY

This is the Church's evangelising work in a specific form, on behalf, and in terms of people suffering from any kind of sickness, marginalisation or social exclusion, announcing and offering them the Good News of Salvation, as Jesus Christ himself did, respectful of the beliefs and values of every individual person (SG 53). See Evangelisation, Pastoral

PASTORAL

This refers to the Church's 'practical work', based on theological reflection, to perform the mission of evangelisation. It is performed in respect of three dimensions: the word (announcing, catechesis…), the liturgy in which Christ's sacramental presence is celebrated,

and the service of charity with real-life persons and with the testimony of life. See Evangelisation, the Pastoral Care of the Sick, Social Pastoral Ministry.

PASTORAL CARERS

People who are called to and trained for the Pastoral Ministry and form part of the SRCS in the Order's Centres and perform the pastoral activities planned for the Centre. Their core task is to announce the Good News of Jesus to the guests and their family members, which requires them to be able to creatively adapt the Gospel message to circumstances. They sometimes perform their pastoral work in a group, at other times individually, but always mindful of the fact that they have been sent by the Church. See Aumônier, Chaplain, Ordained Ministers.

PASTORAL COUNCIL

This is a group of persons working in the Centre representing different services or areas of activity. Other people may also be members of this Council, even from outside the Centre, when their contribution is deemed to be important. All those belonging to the Council must be sensitive to the pastoral situation and their main function is to reflect, direct and advise the SRCS in the performance of its pastoral mission in different areas within the Centre (CI 5.1.3.2). See Pastoral Team.

PASTORAL TEAM

This comprises persons belonging to the SRCS and those co-operating with them in various pastoral activities, normally on a part-time or voluntary basis. These are the Co-workers of the Centre, their family members, volunteers and also guest in the Centre itself. See Pastoral Council

SCHOOL OF HOSPITALITY

Nowadays one of the Order’s most important tasks is to transmit its values to members of the Family of St John of God. The future of the Order’s Centres depends heavily on Co-workers identifying with the Order’s ideals. Specific formation programmes have been started in the Provinces for this purpose, usually called “School of Hospitality”. (GS 24)

SPIRITUAL AND RELIGIOUS CARE SERVICE

A care service which all the Order's Apostolic Works must incorporate into their organisation, with the responsibility of organising and performing the pastoral care of the sick of the social pastoral ministry within the Apostolic Centre. Its main mission is to care for the spiritual and religious needs of the patient and guests, their family members and our Co-workers, respecting the freedom, values and beliefs of all people. It must be endowed with all the human and material resources it requires (GS 53). The following may be members: priests, Brothers, other religious and sisters, and co-workers who have been given an appropriate formation in the theology and practice of pastoral care. They must also be able to work as a team with the other services in the Apostolic Centre (GS 54). See Chaplaincy.

STATUTES - GENERAL STATUTES

Statutes are the detailed and interlinked provisions which, in direct compliance with higher norms, constitutional – if we are talking about the General Statutes -, statutory or directorial – if we are talking about Regulations -, are drawn up for corporations – the Order, Provinces, Houses – or for foundations. They establish a) in essence their purpose, constitution, rules and way of acting; b) in addition they contain further details concerning their members' life and actions, access to and separation from, each corporation or foundation. They are the second Code of the Order's life and mission in the chart of our proper Law, applicable directly from the Constitutions in conformity with the requirements of the times and places, in relation to the Church and the world. They are drawn up and approved by the General Chapter and are promulgated by the Superior General. The adjective "general" leads us to understand that other particular, sectorial, thematic, Statutes may or should be drafted which may be called by different names. (GS 183,186)

STRUCTURE OF THE ORDER

The Order is divided up into Provinces, Vice-Provinces, General Delegations, Provincial Delegations and Houses. Each of these is described in the General Statutes. When we speak of a House, we mean the Community and the Apostolic Work. We do not specify whether we are speaking of an Apostolic Work with or without a Community, or whether we mean a Community with or without an Apostolic Work. If reference is made exclusively to a Community or an Apostolic Work, it is done so explicitly. (GS 93 – 97)

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FORWARD

'I rue the day we set out on this journey', Angulo said to John, echoing what any of us would have said about the spontaneous, reckless, scandalous, decision John had made when he told his faithful co-worker that the two of them would be accompanying four women of ill repute to Toledo. Indeed why would John of God so quickly have agreed to such a venture when all it seemed to lead to was very predictable jeering and cat calls from the people they met on the way and open demonstrations of bad faith on the part of the women they were supposed to be helping. What stupidity, what a disaster, what an impossible situation to find yourself in. But our John did not see it that way. As he himself put it on another occasion "if I am being tricked that is their concern. I do what I do for the love of God." They had simply asked him to go with them and he had immediately said yes. What a radical act of respect towards people who in all probability had never in their lives been respected.

In the modern world of health and social care pastoral care is often ridiculed as a waste of time, energy and very precious human and financial resources. If it is on anyone's 'something we must do list' it would be very exceptional to find it as a priority, especially when it is realised that properly organised pastoral care is expensive. But let us be very clear about this, while so many people involved in health care may be saying how can we afford a luxury item like Pastoral Care, John of God is saying the very opposite; how can you afford not to have it!! Good, properly organised, professionally delivered Pastoral Care is an essential component of every Saint John of God healthcare setting. It is not something we add on to what we do. It is at the very core of what we are about.

Pastoral care has been described as 'wasting time, purposefully.' It is about listening to those who use our services and accompanying them on their journey as Jesus accompanied the disciples on the road to Emmaus and our brother John of God accompanied the women on their Toledo Journey. It is about respect and dignity for the individual person embroiled in our modern care systems. It is something we need to see a lot more of, it is something we need invest more in. No matter how good are services are, no matter how excellent the care, treatment or relief we provide, we cannot truly call ourselves after Saint John of God unless we also offer to accompany our service users in their search for meaning in the midst of all that is happening for them, just as John so willingly accompanied those who invited him to make that Toledo Journey with them. To be true to ourselves we must adjust our priorities to ensure that we un-apologetically bring pastoral care to the fore of the services we provide, so that, 'for the love of God', as John would say, we treat the whole person not just their isolated parts.

HOSPITALLER ORDER OF ST JOHN OF GOD