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## Pastoral Counselling of the Sick

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## Pastoral Counselling of the Sick<sup>1</sup>

### Abstract

In this article with the title: “Pastoral Counselling of the sick” I will present the meaning of Pastoral counselling, a unique form of counselling which uses spiritual and psychological resources for healing the persons who are in existential crisis. Pastoral counselling is necessary for finding possible solutions in order to acquire the balance of life, in relation with God, with other people and with the social environment.

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



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<sup>1</sup> Case Study: Ecumenical Chaplaincy of CHUV/Aumônerie Oecuménique du CHUV - Centre Hospitalier Universitaire Vaudois, Switzerland and Religious Assistance Service of the Hospitals in the Romanian Orthodox Church, Romania. This is the shorted form of the thesis presented as part of the requirement for the degree of a Master of Advanced Studies in Ecumenical Studies, University of Geneva, Switzerland, June 2013.

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

The main conclusion is that also in the Romanian Orthodox Church it might be important to develop ecumenical cooperation between confessions recognized by the Romanian Government. This could provide some unique opportunities for sharing and exchanging experiences and for mutual learning in the Pastoral counselling of the sick.

### Keywords

Pastoral Counselling, Spirituality, Ecumenical Dialogue, Interreligious Dialogue, Cooperation

## **1 Introduction**

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

The management of the present problems (secularization, the lack of the meaning of life, spiritual crisis, isolation, depression and addictions) is very difficult and it became necessary to look for people who could advice those who are in existential crisis.

In this context, Pastoral counselling is very important because it is a unique form of counselling, which uses spiritual and psychological resources for healing the whole person: mind,

body and soul. Pastoral counselling is necessary for the existential searches and for finding possible solutions in order to acquire the balance of life, in relation with God, with other people and with the social environment.

I choose the Pastoral counselling of the sick because of the experience I had during my period of internship at the Ecumenical Chaplaincy of CHUV (Hospital of Lausanne), deeply impressed by all the activities gearing towards the spiritual care of patients. My interest was to find out what the Romanian Orthodox Church could learn from the other Churches in Lausanne (Switzerland), who have already worked out a detailed Pastoral counselling program for the sick in order to offer religious assistance to the people.

Therefore in this paper I will analyse the services of the Ecumenical Chaplaincy of CHUV for the spiritual care of the patients and I will compare this with the services of the chaplains for the Pastoral counselling of the sick in the Religious Assistance Service of the hospitals in the Romanian Orthodox Church. It could be quite interesting to see how the realities of the Ecumenical Chaplaincy of CHUV might fit into the Romanian context. So I will analyse the possible answers of the Romanian Orthodox Church for the Pastoral counselling of the sick, in an ecumenical perspective.

## **2 Pastoral Counselling – Conceptual Elements**

### **2.1 The Meaning of Pastoral Counselling: Terminology and Distinctions between Pastoral Counselling and Pastoral Care**

In post war pastoral literature (since 1920) one can find “care” and “counselling” as synonyms, “their gradual distinction reflects the emergence of Pastoral counselling as a specialized

ministry”.<sup>2</sup> *Pastoral counselling* is a specialized type of pastoral care. According to the Dictionary of Pastoral Care: “*Pastoral care* is a branch that derives from the biblical image of shepherd and refers to the concern expressed within the religious community for persons in trouble or distress” and “*Pastoral counselling* is the utilization by clergy of counselling and psychotherapeutic methods to enable individuals, couples and families to handle their personal crises and problems in living constructively”.<sup>3</sup>

The American Association of Pastoral Counsellors (AAPC), the first association of Pastoral counselling in the world (1963), describes Pastoral counselling in its constitution as the “exploration, clarification and guidance of human life, both individual and corporate, at the experiential and behavioural levels through a theological perspective”.<sup>4</sup>

The pastoral office has from its beginning a meaning of therapeutic relationship. The most frequently used Greek word related to healing in the New Testament is *θεραπευω*, that means both “to serve” the divinity and “to care for, treat (medically), heal, restore”.<sup>5</sup>

*θεραπεία* means in the Greek a helping, serving, healing relationship and a *θεράπων* is one who helps, serves and heals. The Latin translation for “therapon” is “ministerium”, from which the word of “minister” (helper, servant) comes.<sup>6</sup>

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<sup>2</sup> R. J. Hunter (ed.), *Dictionary of Pastoral Care and Counselling* (Nashville: Abingdon Press, 1990), p. 849 (in this paper quoted as DPCC).

<sup>3</sup> A. V. Campbell (ed.), *Dictionary of Pastoral Care* (New York: The Crossroad Publishing Company, 1987), p. 198 (in this paper quoted as DPC).

<sup>4</sup> <http://www.aapc.org/about-us/brief-history-on-pastoral-counseling.aspx> - American Association of Pastoral Counsellors (08.04.2013).

<sup>5</sup> H. Clinebell, *Basic Types of Pastoral Care and Counselling – Resources for the Ministry of Healing and Growth* (London: SCM Press LTD, 1984), p. 55.

<sup>6</sup> Th. C. Oden, *Pastoral Counsel* (New York: Crossroad, 1989), p. 7.

If religious counselling and other secular therapies use particular practices, Pastoral counselling “is identified by its representation of the community that authorizes it, through a relationship to a pastor accountable to that community”,<sup>7</sup> so it is important to understand Pastoral counselling as “a spiritual counselling and not as a psychotherapy or therapeutic counselling”.<sup>8</sup>

*A pastoral counsellor* is a pastor who, “as a part of his or her ministerial responsibility, offers counselling to persons in need”.<sup>9</sup> Pastoral counselling is essentially interdisciplinary, so the pastoral counsellors “must learn to be as skilled in the methodology of psychology as they are in that of theology”.<sup>10</sup> Pastoral counselling combines “the tradition of pastoral work with the insights of the behavioural sciences”.<sup>11</sup>

Thomas Oden, one interpreter of modern Pastoral counselling, said that “Scripture is the most reliable source of understanding of God’s own caring for humanity and the world”.<sup>12</sup> According to Howard Clinebell, the first president of AAPC, the relationship between the practice of pastoral care and counselling and the biblical heritage is like a two-way street:

“the insights from the heritage illuminate, inform and guide the practice of these pastoral arts and this practice brings to

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<sup>7</sup> DPCC, p. 850.

<sup>8</sup> M. A. Coate, *Sin, Guilt and Forgiveness. The hidden dimensions of a Pastoral Process*, (London: Society for Promoting Christian Knowledge, 1994), p. 180.

<sup>9</sup> DPCC, p. 859.

<sup>10</sup> D. van D. Hunsinger, *Theology and Pastoral Counseling. A new Interdisciplinary approach*, (Michigan: William B. Eerdmans Publishing Company, 1995), p. 5.

<sup>11</sup> M. Jacobs, “Pastoral Counseling and Psychotherapy”, in: D. Willows and J. Swinton (eds.), *Spiritual Dimensions of Pastoral Care. Practical Theology in a Multidisciplinary context*, (London: Jessica Kingsley Publishers, 2000), p. 90.

<sup>12</sup> Th. C. Oden, *Pastoral Counsel* (New York: Crossroad, 1989), p. 103.

life basic biblical truths by allowing them to become incarnate and experienced in human relationships.”<sup>13</sup> Healing of sickness is a central motif in the New Testament. The parable of Jesus about the shepherd who left the ninety-nine to find the one lost sheep shows his deep concern for the individual in need (Mt. 18, 12-14).<sup>14</sup> His response to those who criticized him for eating with sinners: “Those who are well have no need of physician, but those who are sick” (Mk. 2, 17) showed his ministry’s orientation.<sup>15</sup> Pastoral counselling is a “ministry of the church, a dimension of the church’s unified ministry in the name of Christ”.<sup>16</sup> It is a unique form of counselling which uses spiritual and psychological resources for healing the whole person: mind, body and soul.

## 2.2 Modern Elements of Pastoral Counselling: Background, Beginnings and Development

Thomas Oden sees the roots of it in the Church Fathers<sup>17</sup>, but the historical foundations of Pastoral counselling can more clearly be seen in later centuries. Historian Brooks Holifield presented a variety of interrelated factors that contributed to the emergence of the Pastoral counselling movement, as: the growing interest since about 1870 in applying psychology to the work of ministry, the flowering of psychology of religion (William James, Sigmund Freud), the increasing use of psychological and counselling insights after the World War I, the surge of interest in psychology and the use of psychological and counselling approaches in ministry by pastors beginning in

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<sup>13</sup> H. Clinebell, *Basic Types of Pastoral Care and Counselling – Resources for the Ministry of Healing and Growth*, (London: SCM Press LTD, 1984), p. 49.

<sup>14</sup> *The Holy Bible*, New Revised Standard Version, Cambridge University Press, 2010.

<sup>15</sup> *Ibidem*, p. 57.

<sup>16</sup> J. Patton, *Pastoral Counselling: A Ministry of the Church* (Nashville: Abingdon Press, 1983), p. 10.

<sup>17</sup> See: DPCC, p. 857.

the 1920s.<sup>18</sup> In 1925, *Richard Cabot*, a physician and adjunct at Harvard Divinity School, published an article in the “Survey Graphic” suggesting that every candidate for the ministry receive clinical training for pastoral work similar to the clinical training offered to medical students.<sup>19</sup> In the 1930s, *Rev. Anton Boisen*, one of the founders of the *Clinical Pastoral Education*, placed theological students in supervised contact with patients in psychiatric and general hospitals.<sup>20</sup>

One of the most important persons in Pastoral Counselling field was *Seward Hiltner*. He expressed in his book: “Religion and Health” (1943) the influence of clinical training for clergy and also the concern for the relation of religion and health. His second book: “Pastoral Counselling” (1949), was the most authoritative document in this regard.<sup>21</sup>

In 1942, R. Rogers spoke for the first time about the “relationship therapy”, in which the person is the most important.<sup>22</sup> The approach centred on the person is most widely used today in Pastoral counselling.

The appearance of the American Association of Pastoral Counsellors (AAPC) in 1963 was significant for development of modern Pastoral counselling. This association has served “as a forum for discussion and debate about the nature of Pastoral counselling and its relationship to religious groups and to secular psychotherapy”. The first president of AAPC, Howard

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<sup>18</sup> B. Holifield, *A history of Pastoral Care in America: from Salvation to Self-Realization* (Nashville: Abingdon Press, 2005), p. 30.

<sup>19</sup> [http://www.spiritualcare.ca/association/download/cpehistory\\_stokoe.pdf](http://www.spiritualcare.ca/association/download/cpehistory_stokoe.pdf), Canadian Association for Spiritual Care (08.04.2013).

<sup>20</sup> <http://www.aapc.org/about-us/brief-history-on-pastoral-counseling.aspx>, (08.04.2013).

<sup>21</sup> DPCC, p. 857.

<sup>22</sup> E. Jurca, *Spovedanie si psihoterapie - Confession and psychotherapy* (Pitesti: Rotonda, 2008), p. 14.

Clinebell, wrote the book: "Basic Types of Pastoral Counselling".<sup>23</sup>

Arthur Caliendo, Senior Minister Emeritus, Marble Collegiate Church, New York City said that nowadays:

"It only makes sense that religion and psychology - each of which is concerned with the fullness of the human experience - should be recognized as partners, because they function as partners within the human psyche".<sup>24</sup>

### 2.3 Basic elements in Pastoral Counselling: Structure, Evaluation and Process

Structuring and evaluation are done in the counselling process "to develop the context in which it takes place, these two stages help to determine whether the concern of the counselee is proper to be managed with the pastor or with another helping person".<sup>25</sup> So, a pastoral counsellor must cooperate with other specialists in order to offer the best solutions.

The first stage of Pastoral counselling, *structuring*, emphasizes "the structure or the context of the counselling and the development of the relationship between pastor and the counselled person".<sup>26</sup>

*Evaluation* or *diagnosis* is also a contextual issue, because it is very important for a pastoral counsellor to help the people "to be aware of their real religious/spiritual personality", during the counselling process. The pastoral counselling relationship offers experience with a specialized person, who can be a "parent" for the people.<sup>27</sup> It is very important to help persons to find personal solutions, as Greeks say, "counsel is a sacred

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<sup>23</sup> H. Clinebell, *Basic Types of Pastoral Care and Counselling – Resources for the Ministry of Healing and Growth*, (London: SCM Press LTD, 1984).

<sup>24</sup> <http://www.aapc.org/about-us/brief-history-on-pastoral-counseling.aspx>, (08.04.2013).

<sup>25</sup> DPCC, p. 852.

<sup>26</sup> *Ibidem*, p. 853.

<sup>27</sup> *Ibidem*.

thing”, whereas “a bad advice is worst for the adviser” (*malum consilium consultori pessimum*).<sup>28</sup>

The pastoral counsellor must hear and understand the life-story as it is presented and must start to reinterpret it in a new perspective, in the light of faith and community.<sup>29</sup>

## **2.4 Providers, Recipients, Aim and Limits of Pastoral Counselling**

All Christians have a responsibility of caring for others, as though they were Christ: “Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me” (Mt. 25, 46) and they must follow the example of the “Good Shepherd”, Jesus Christ, because pastoral care is not only for clergy, but also for every Christian, as a mission.<sup>30</sup>

Pastoral counselling is not itself a profession but “a function performed by persons whose profession is ministry”.<sup>31</sup> Pastoral counsellors, ministers and laypersons, have a unique mission: “the church’s ministry is not viewed by the Christian community as being closed up in the sanctuary, but as being extended into the whole community”.<sup>32</sup> Such representative

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<sup>28</sup> Th. C. Oden, *Pastoral Counsel* (New York: Crossroad, 1989), p. 83; see: R. R. Carkhuff and W. A. Anthony, *The skills of helping*, (Amherst: Human Resources Development Press, 1979), apud H. Clinebell, *Basic Types of Pastoral Care and Counselling – Resources for the Ministry of Healing and Growth*, (London: SCM Press LTD, 1984), pp. 93-94.

<sup>29</sup> DPCC, pp. 852-853: the pastoral counsellor represents “a community and belief system which claims relevance for all of life and not just its crises. So it is difficult sometimes to identify when termination occurs. After this, pastoral counselees can maintain a relationship to the counsellor and through their relationship with the religious community”; see J. B. Cobb, *Theology and Pastoral Care* (Philadelphia: Fortress Press, 1979), p. 4.

<sup>30</sup> DPC, p. 188.

<sup>31</sup> J. Patton, *Pastoral Care in context - An introduction to Pastoral Care*, (Louisville, Kentucky: Westminster/John Knox Press, 1993), p. 55.

<sup>32</sup> H. W. Stone, *Crisis Counseling*, (Philadelphia: Fortress Press, 1987), p. 69.

persons can be or not in a specific offices in the Church, but they are authorized by the pastors, so they are experienced people who possess skills of psychology and religion. They are called “ministers”, “priests”, “presbyters”, “pastors”, “deacons” or “confessors”.<sup>33</sup>

Clebsch and Jaekle spoke about the *recipients* of Pastoral counselling and they said that this mission referred to “a common human experience, impinging on those within and outside the membership of churches, who suffer from distress and who lost the hope of life.”<sup>34</sup>

So, the main *aim* of Pastoral counselling is to support people who are in existential problems and who need help.<sup>35</sup>

Pastoral counselling has also some *limits*, every pastoral counsellor, however skilled, fails to help some people.<sup>36</sup>

## 2.5 Functions of Pastoral Counselling: Healing, Sustaining, Guiding, Reconciling

Clebsch and Jaekle, authors of the book: “Pastoral care in historical perspective”, have identified four main pastoral functions of Pastoral counselling: healing, sustaining, guiding, reconciling.<sup>37</sup>

1. *Healing* is that function in which “a representative Christian person helps another person to be restored to a condition of wholeness, improvement of spiritual insight and welfare.

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<sup>33</sup> W. A. Clebsch, Charles R. Jaekle, *Pastoral care in historical perspective*, (New York: Jason Aronson, 1994), p. 4.

<sup>34</sup> *Ibidem*, p. 5.

<sup>35</sup> DPC, p. 189.

<sup>36</sup> H. Clinebell, *Basic Types of Pastoral Care and Counselling – Resources for the Ministry of Healing and Growth* (London: SCM Press LTD, 1984), p. 428: “the seeds in counselling do not always fall on receptive soil; the counsellor’s job is to keep sowing, trusting the God-given growth forces in people and relationships and remembering that he or she is an imperfect instrument for communicating healing resources beyond her or himself”.

<sup>37</sup> W. A. Clebsch, C. R. Jaekle, *Pastoral care in historical perspective* (New York: Jason Aronson, 1994), pp. 43-59.

Pastoral healing involves the recuperation of the person's soul seeking to be healed from a specific problem".<sup>38</sup> In the healing ministry there are a lot of methods as: anointing, prayers, exorcism (using of sacred words and holy rites), medicine, sacramental ministrations, and psychological methods.

2. *Sustaining* consists of helping a person to endure and to overcome an existential problem. Pastoral sustaining has four tasks: the first task of *preservation* "helps the people to keep their faith, even if it is very less".<sup>39</sup> Second, this function "offered the *consolation* that actual losses could not nullify the person's opportunity to achieve his destiny in God".<sup>40</sup> Third, *consolidation* "of the remaining resources available to the sufferer creates a new mobilization for people".<sup>41</sup> Finally came *redemption*, that "helps a deprived person, who has embraced his loss and regrouped his remaining resources, begin to build an ongoing life that pursues its fulfilment and destiny on a new basis".<sup>42</sup>

3. The pastoral function of *guiding* consists of assisting persons to make difficult choices. Guidance employs two modes: "deductive guidance draws out the own resources of experiences and values for different decisions while inductive guidance lead the individual to adopt a set of values and criteria by which to make his decision".<sup>43</sup>

4. The *reconciling* function seeks to re-establish broken relationship between people and between people and God. This function employs two modes of operation: *forgiveness* and *discipline*.<sup>44</sup>

Christian pastoral care has employed the mode of *forgiveness* "in the sacramental acts of confession and absolution, for the

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<sup>38</sup> Ibidem.

<sup>39</sup> Ibidem.

<sup>40</sup> Ibidem.

<sup>41</sup> Ibidem.

<sup>42</sup> Ibidem.

<sup>43</sup> Ibidem.

<sup>44</sup> Ibidem.

restoration of right relations with God and the other people".<sup>45</sup> Without the ability of countenance "the possibility of forgiveness may be seriously impeded in their search for some peace of mind"<sup>46</sup>. Therefore Confession and repentance may be considered necessary preconditions to forgiveness as a reality in the life of human being.

After forgiveness, *discipline* can be regarded as a way of "helping persons from difficult situations in order to re-establish good relationships".<sup>47</sup>

In order to understand the need of Pastoral counselling it is important to know that sometimes suffering is related with the spiritual problems. At present, the biggest existential problem for human being is the absence of community as a result of the lack of interpersonal communication. Communication has become impersonal, the individual is promoted and not the person (so it is lost the personality of the human being, in communion), the individualism and self-sufficiency are emphasized (at the expense of community life and solidarity). Many people are confused, demoralized, and suffer from internal disturbances. They get to loneliness, isolation, depression and even suicide. In times of economic and moral crisis suicide cases rise nearly (for example, in 2011, in Romania there were 2.874 cases of suicide<sup>48</sup>). This can be interpreted as a direct result of the fact that many people didn't find the meaning of existence in communion, in exchanging and sharing with others.

These problems can be managed with the help of Pastoral Counselling, a unique form of counselling which uses spiritual and psychological resources for healing persons who are in

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<sup>45</sup> DPCC, p. 9.

<sup>46</sup> M. A. Coate, *Sin, Guilt and Forgiveness. The hidden dimensions of a Pastoral Process*, (London: Society for Promoting Christian Knowledge, 1994), p. 84.

<sup>47</sup> DPCC, p. 9.

<sup>48</sup> www.legmed.ro, National Institute of Legal Medicine "Mina Minovici", Romania (6.12.2012).

existential crisis. Pastoral counselling is not a profession, but a type of care offered by the Church, a function performed by chaplains.

### **3 Pastoral Counselling of the Sick in the Ecumenical Chaplaincy of CHUV (Aumônerie Oecuménique du CHUV – Centre Hospitalier Universitaire Vaudois), Switzerland**

#### **3.1 Ecumenical Chaplaincy of CHUV: History, Spiritual Guidance and Legal Framework<sup>49</sup>**

The religious presence accompanied the development of cantonal hospitals in Switzerland. During the construction of the hospital Bugnon from the canton of Vaud, in 1883, the deaconesses from Institute of Saint Loup, provided the pastoral care for the patients. In time, this presence has followed some of the evolutions of the hospital, including the mission of the university hospital, but also the spiritual care of patients. Since 1988, the chaplaincy has been an international centre for Pastoral training in listening and communication. In 2001, the chaplaincy became an ecumenical service of spiritual counselling.<sup>50</sup>

The main mission of chaplaincy service is to serve the spiritual needs of persons hospitalized in CHUV. The CHUV has the responsibility for the patients in hospital, but also to promote the activity of chaplains and their integration in the team of

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<sup>49</sup> In this part I will use the fieldwork research, the participative observation and the investigation of official documents. I decided to choose this ecumenical chaplaincy of CHUV, because I had an internship, for one week, during my research fellowship from Ecumenical Institute of Bossey. “Pastoral counselling” means in this context Spiritual Care. In the Ecumenical Chaplaincy of CHUV, through Pastoral counselling spiritual care is provided for the sick in the hospitals.

<sup>50</sup> Adapted from Aumonerie oecuménique du CHUV, Centre hospitalier universitaire vaudois, 2009, p. 1

caregivers. The chaplaincy service of CHUV implements the mandate entrusted to the churches by offering spiritual and religious care for the patients, through individual meetings and celebrations adapted to their needs. This service of the CHUV participates at the therapeutic purposes of the hospital and also assumes a training and research mission, in connection with the vocation of a University Hospital. In this way, it contributes to the professional development of medical staff, helping them to discover the human person in all its dimensions.<sup>51</sup>

In CHUV is a special institutional situation: there are chaplains, priests, pastors, deacons and laity engaged in the mission of spiritual care. They are mandated by religious communities, recognized by Canton of Vaud. In accordance with the constitution of Vaud, the Chaplaincy Service evolved in the context among missions exercised in common of the Churches from the Canton of Vaud (Law on the relationship between the state and the churches recognized by the public law – Loi sur les Relations entre l'Etat et les Eglises reconnues de Droit Public, LREEDP, 9 janvier 2007). So, the characteristics of the service reflect the close links maintained with the three institutions: the University Hospital of CHUV and the Catholic and Protestant churches.

The chaplains who exercise their ministry at the CHUV must avoid any kind of proselytism and must respect the legal frameworks: Loi sur la Santé Publique (LSP) art. 80, Arrêté de mise en vigueur 180.05 (RSV 14 mars 2007)<sup>52</sup>, Charte des Hospices (CHUV).<sup>53</sup>

In 2003, the Constitution of Canton of Vaud recognized the spiritual dimension of human being and in this way it provided a special context for spiritual care in hospitals (La Constitution

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<sup>51</sup> Ibidem, p. 2.

<sup>52</sup> Ibidem.

<sup>53</sup> [http://www.chuv.ch/chuv\\_home/chuv\\_qui\\_sommes\\_nous/chuv\\_char\\_pre/chuv\\_ddev.htm#chuv\\_char\\_ddev-patients](http://www.chuv.ch/chuv_home/chuv_qui_sommes_nous/chuv_char_pre/chuv_ddev.htm#chuv_char_ddev-patients), Centre hospitalier universitaire vaudois (6.04.2013)

vaudoise, article 169.1: “L’Etat tient compte de la dimension spirituelle de la personne humaine”).<sup>54</sup>

### **3.2 Mission and organization of the Ecumenical Chaplaincy of CHUV**

The Chaplaincy Service follows the three missions from CHUV: care, training and research and now it is integrated in the Management of care. The chaplains have the main objective to offer a *spiritual guidance* and to respond to the religious needs of the patients in CHUV. Therefore, the chaplains involved in the therapeutic aim of the CHUV, actively contribute to the overall care of the patient.

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

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

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

The Chaplaincy Service provides *training* for those involved in the religious and health organizations. These training activities

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<sup>54</sup> <http://www.admin.ch/opc/fr/classified-compilation/20030172/201303110000/131.231.pdf>, Les autorités fédérales de la Confédération suisse (28.05.2013).

are intended as a contribution to the overall care of the patient, including his personal history, spiritual and religious needs, as well as awareness of the interdisciplinary work between nursing teams and chaplains.

There are two directions of formation: training of the ministries (training in Clinical Pastoral Education, in collaboration with the Faculties of Theology it accompanies trainees to pastoral ministry, in collaboration with the training offices of Churches it supervises and trains ministers) and training of the medical and nursing staff (in an interdisciplinary perspective, in collaboration with the Faculty of Biology and Medicine). In the Chaplaincy Service, all the activities are practiced in an interdisciplinary perspective, because there is a clinical, but also a spiritual practice with patients.

The research work refers to the exploration and evaluation of the practice in an interdisciplinary context: construction of the objects of research, the models of evaluation of the spiritual distress, insertion of religion in a public institution of health, pursuing the exploration and evaluation of the clinic, in a Practical Theology perspective. In this service, development has also an important role: the Chaplaincy Service offers theoretical evaluations and training in the clinical practice and it contributes to the elaboration of projects related to the clinical life.

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

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

Chaplaincy Service and of two respondents of the Protestant and Catholic churches.

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

There is also a *council of training and research*, composed of representatives of the CHUV, of the Chaplaincy Service, of the Faculties of Biology and Medicine, of the Faculties of Catholic and Protestant Theology and of the churches.<sup>55</sup>

### 3.3 Services of Ecumenical Chaplaincy of CHUV for the Spiritual Care of the Patients

Between March 25<sup>th</sup> and 29<sup>th</sup> 2013 I enjoyed an internship at the Ecumenical Chaplaincy of CHUV (Hospital of Lausanne). In that period I observed some of the activities of this centre. In CHUV Hospital I had the first meeting with Cosette Odier, the coordinator of the Ecumenical Chaplaincy of CHUV. The first thing I found out was that the Constitution of Canton of Vaud, from 2003, emphasized the importance of *human being spirituality*. This Constitution provides legal framework for all the spiritual care activities from the Hospital, in an ecumenical perspective.

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

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

- to meet the patients, including the psychiatric ones, as well as the hospitalized children and their families;

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<sup>55</sup> Adapted from Aumonerie oecuménique du CHUV, Centre hospitalier universitaire vaudois, 1 september 2009, pp. 3-4.

- to organize group meetings with patients in some hospital services;
  - to help the patients and their families to cooperate with nursing teams;
  - to celebrate rituals adapted to the needs of the hospitalized people (rituals and sacraments: confession, anointing for the sick, Communion);
  - to celebrate different services and the Mass in every Sunday and days of festivities;
  - to celebrate together in an ecumenical manner, for several times in a year (4-6), on Sunday or on feast days;
  - to dedicate a time of meeting for the children from the Paediatrics service in every Sunday;
  - to maintain the patient or his relatives in connection with their community of faith (either Christian, Muslim, Jewish or other religion), at request;
  - to cooperate for different activities with health care providers, as part of their skills;
  - to support the activities for volunteers;
  - to provide the presence of guard 24h/24h and 7/7 days.<sup>56</sup>
- “Aumonerie oecuménique” has also a website: [www.chuv.ch/aumonerie](http://www.chuv.ch/aumonerie). A publication named: “Traces et empreintes” is carried out several times a year and it is distributed in the institution. On March 1<sup>st</sup> 2013, at CHUV Hospital in Lausanne, it was organized a conference: “Soins&Spiritualités. Des livres, des regards, des rencontres”. Many doctors and chaplains from CHUV attended this conference and they emphasized the importance of developing an ecumenical cooperation in order to offer an efficient spiritual care for patients. At this event, the chaplains highlighted the meaning of Pastoral counselling for sick people in hospitals. There are some differences between depression and spiritual crisis, so that besides medical treatment the spiritual care is required.

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<sup>56</sup> Aumonerie oecuménique du CHUV, Centre hospitalier universitaire vaudois, 1 september 2009, p. 5.

As a future perspective, the chaplains want to propose a gradual establishment of a spiritual assessment model for the inclusion of the spiritual dimension in the care and treatment projects (STIV model: sense of life, transcendence, identity and values; in order to show the difference between depression and spiritual suffering).<sup>57</sup>

## 4 Pastoral Counselling of the Sick in the Romanian Orthodox Religious Assistance Service in Hospitals

### 4.1 The religious assistance in hospitals in Romania: History, Legal Framework and Spiritual Guidance

The first medical institutions in Romania were established near the monasteries and they were called infirmaries (hospitals of the monastery).<sup>58</sup> In 1704, Mihai Cantacuzino found a monastery and the first hospital in Romania, Hospital Coltea from Bucharest.<sup>59</sup>

The second hospital also appeared in the capital of the country, being dedicated to St. Panteleimon. It was built by Grigore Ghica II between 1735-1752.<sup>60</sup> Hospitals built by the Romanian Orthodox Church near monasteries were for all patients, “irrespective of nationality and religion”.<sup>61</sup>

In art. 29 of the Romanian Constitution is mentioned that “religious denominations are autonomous from the state and

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<sup>57</sup> [http://www.chuv.ch/aumonerie/aum9\\_home/aum9-prestations.htm](http://www.chuv.ch/aumonerie/aum9_home/aum9-prestations.htm) (06.04.2013).

<sup>58</sup> E. Braniște, Ecaterina Braniște, *Dicționar enciclopedic de cunoștințe religioase*, (Caransebeș: Editura Diacezană Caransebeș, 2001), p. 66.

<sup>59</sup> D. B. Bădiță, *Pastorația bolnavilor* (București: Editura Cuvântul Vieții a Mitropoliei Munteniei și Dobrogei, 2012), p. 182.

<sup>60</sup> C. Ionescu, C. Romanescu, “Câteva opinii despre rolul bolnițelor mănăstirești din Moldova”, in: *Mitropolia Olteniei*, XXII, 1970, p. 47.

<sup>61</sup> A. Gălășescu, *Eforia spitalelor civile*, București, 1900, p. 547 apud C. Voicescu, “Mănăstirea și așezământul spitalicesc Sfântul Pantelimon de lângă București”, in: *Biserica Ortodoxă Română*, XCI, 1973, nr. 11-12, p. 1295.

are supported by it, including the facilitation of religious assistance in the army, in *hospitals*, prisons, homes and orphanages”.<sup>62</sup>

The law no. 489/2006 on Religious freedom and the general regime of denominations in Romania emphasizes in art. 9 that:

“The public authorities shall cooperate with denominations in matters of common interest and support their work (...) the Romanian State, by the competent public authorities, supports the work of spiritual, cultural and social development of recognized denominations in Romania”<sup>63</sup>.

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

The Status for the organization and functioning of the Romanian Orthodox Church (art. 135. 1) says that Romanian Orthodox Church is: “responsible for providing religious assistance in parishes, in army, in prison, in *medical system*, in social work and in educational institutions”.<sup>64</sup> This status stipulates that social and pastoral assistance should occur *without discrimination*.<sup>65</sup>

In 1995 the first cooperation protocol between the Romanian Patriarchate and the Ministry of Health was signed. It allowed religious assistance in hospitals, the chaplain having as purpose

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<sup>62</sup> [http://www.cdep.ro/pls/dic/site.page?den=act2\\_1&par1=2](http://www.cdep.ro/pls/dic/site.page?den=act2_1&par1=2) - Romanian Constitution, Chamber of Deputies, Romania (21.05.2013).

<sup>63</sup> <http://legeaz.net/legea-cultelor-489-2006/art-9-relatiile-dintre-stat-si-culte-culte> - Law no. 489/2006 on religious freedom and the general regime of denominations from Romania (20.05.2013).

<sup>64</sup> [http://www.patriarhia.ro/upload/documente/statutul\\_bor.pdf](http://www.patriarhia.ro/upload/documente/statutul_bor.pdf), - Status of Romanian Orthodox Church (20.05.2013): Art. 136. 2 mentions that “priests, deacons and church singers from parishes have the task to provide the religious assistance *to all categories of believers* in military units, prisons, *medical system*, social work and educational institutions across their parishes as many times as requested”.

<sup>65</sup> *Ibidem*, art. 137.4.

to ensure the religious assistance for the patients and for the medical staff and to build a chapel.<sup>66</sup>

In 2007 a cooperation protocol between the Romanian Government and the Romanian Patriarchate was signed in the field of social inclusion. According to this protocol the Romanian Orthodox Church is responsible to provide “*spiritual counselling with specialized staff*”<sup>67</sup>.

In 2008 it was signed a cooperation protocol between Romanian Patriarchate and the Ministry of Public Health in “Medical and spiritual assistance”, emphasizing the medical and charity dimensions.<sup>68</sup>

## 4.2 Organization and Role of the Religious Assistance Service in the Romanian Patriarchate

In the Romanian Patriarchate Administration there is a Sector for social-philanthropy matters. In this sector one can find an office of religious assistance for different state institutions: military units, prisons, *hospitals and social welfare institutions* (with 364 priests, 236 churches and chapels). In many hospitals the services still continue to be celebrated in amphitheatres, meeting rooms, hallways.<sup>69</sup>

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<sup>66</sup> [http://www.patriarhia.ro/ro/opera\\_social\\_filantropica/biroul\\_pentru\\_asistenta\\_religioasa\\_1.html](http://www.patriarhia.ro/ro/opera_social_filantropica/biroul_pentru_asistenta_religioasa_1.html), Religious Assistance Service(21.05.2013).

<sup>67</sup> [http://www.patriarhia.ro/ro/opera\\_social\\_filantropica/biroul\\_pentru\\_asistenta\\_social\\_filantropica\\_2.html](http://www.patriarhia.ro/ro/opera_social_filantropica/biroul_pentru_asistenta_social_filantropica_2.html), Social Assistance Service (21.05.2013): “The Romanian Government ensures optimal conditions in the centres of public providers of social services to conduct *spiritual assistance* of beneficiary persons, including by providing their own spaces in this regard, subject to compliance with fundamental rights and *freedom of religion* first of all.”

<sup>68</sup> [http://www.patriarhia.ro/\\_layouts/images/File/1216886201076490\\_400.pdf](http://www.patriarhia.ro/_layouts/images/File/1216886201076490_400.pdf), Cooperation protocol between Romanian Patriarchate and the Ministry of Public Health in “Medical and spiritual assistance” (21.05.2013): “The Romanian Patriarchate has the duty to provide spiritual and social support with specialized staff to the beneficiaries of the public centres of healthcare services”.

<sup>69</sup> [http://www.patriarhia.ro/ro/opera\\_social\\_filantropica/biroul\\_pentru\\_asistenta\\_religioasa\\_1.html](http://www.patriarhia.ro/ro/opera_social_filantropica/biroul_pentru_asistenta_religioasa_1.html) (21.05.2013).

His Beatitude Daniel, the Patriarch of the Romanian Orthodox Church, proposed on July 1<sup>st</sup> 2008 the establishment of a Pastoral Circle of chaplains, called “Communication and Communion” and appointed a Coordinator for the priests of all hospitals in Bucharest, in the person of Father Horia Nicolae Prioteasa.<sup>70</sup> The first meeting of chaplains Pastoral Circle was on August 4<sup>th</sup> 2008, at the Romanian Patriarchate and it had the theme: “Theological meaning of suffering and healing” and was chaired by His Beatitude Daniel, Patriarch of the Romanian Orthodox Church.<sup>71</sup>

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

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

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

In churches and chapels from hospitals there are Christian libraries with special books for the blind patients (books published in Braille).<sup>72</sup> The year 2012 was proclaimed in the Romanian Patriarchate as “The Year of Holy Unction and Patient Care”.

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<sup>70</sup> See: <http://www.preotispitalebucuresti.ro>.

<sup>71</sup> <http://www.preotispitalebucuresti.ro/2009/Rapoarte%20anuale/Raport%202008/RAPORT%20Activitate%20Asistenta%20religioasa%202008.pdf>, The Pastoral Circle of the chaplains “Communication and Communion” (21.05.2013).

<sup>72</sup> <http://www.preotispitalebucuresti.ro/2009/Rapoarte%20anuale/Raport%202008/RAPORT%20Activitate%20Asistenta%20religioasa%202008.pdf> (22.05.2013).

On May 15<sup>th</sup> and 16<sup>th</sup> 2012 it was organized an International Symposium, by the Faculty of Orthodox Theology in Bucharest and by the Educational Sector and Work with Youth of the Archdiocese of Bucharest. All the essays presented at this symposium have been published in a special volume.<sup>73</sup>

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

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

The Romanian Patriarchate, by combining social activity with religious assistance in the medical units, “managed to counter the proselytizing in many hospitals”<sup>74</sup>. This religious assistance offered by the Romanian Patriarchate demonstrates the need and the importance of the Church’s presence in the community and its involvement in the areas of social life, but it must be developed in an ecumenical perspective and in pastoral cooperation with denominations recognized by the State.

### **4.3 Services of the Hospitals-Chaplains for Pastoral Counselling of the Sick in the Romanian Orthodox Church**

In Romania, 86.7% of the country’s population is identified as Orthodox Christians<sup>75</sup>, so in the hospitals, the majority of the patients are Orthodox and there are also Orthodox chaplains.

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<sup>73</sup> See: Ș. Buchiu, D. Pestroiu (eds.), *Taina Sfântului Maslu și îngrijirea bolnavilor*, (București: Editura Cuvântul Vieții, 2012).

<sup>74</sup> [http://www.patriarhia.ro/ro/opera\\_social\\_filantropica/biroul\\_pentru\\_asistenta\\_religioasa\\_1.html](http://www.patriarhia.ro/ro/opera_social_filantropica/biroul_pentru_asistenta_religioasa_1.html) (22.05.2013).

<sup>75</sup> <http://www.recensamant.ro/pagini/rezultate.html> - National Institute of Statistics, Romania (22.05.2013).

In the pastoral activity, the chaplain must also possess some psychological education<sup>76</sup> and pastoral abilities.<sup>77</sup>

Fr. Horia Prioteasa, the coordinator of the chaplains from the Pastoral Circle "Communication and Communion", describes the religious activities of the hospitals in Romania, reminding the importance of the partnership with doctors and the fact that many of the doctors see the chaplain as a Confessor, also needing pastoral counselling.<sup>78</sup>

The chaplain's mission is focused on empowering the sick, "to make them to realize that they cannot remain passive in the disease, but on the contrary, they should strengthen their will to fight and to hope in God's help".<sup>79</sup>

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

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

- a. *psychological methods* - understanding of the suffering by the patient;
- b. *social cognitive methods* - in which priests understand the problems facing the patient;
- c. *informative methods* - to inform the sick that Church has various sacramental means, as the Sacrament of Holy Unction.<sup>80</sup>

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<sup>76</sup> I. C. Căndea, "Misiune și slujire în instituțiile social-medice", in *Revista Teologică a Mitropoliei Ardealului*, 2010, nr. 3, p. 79.

<sup>77</sup> L. Streza, "Preotul și îndatorirea sa pastorală față de credincioșii bolnavi", in *Mitropolia Olteniei*, XXXIX, 1987, nr. 1, p. 83.

<sup>78</sup> H. Prioteasa, *Interferența duhovnicească între tămăduirea trupului și a sufletului: Ce înseamnă să fii preot în spital?*, 28 mai 2012, [http://www.basilica.ro/ro/interviuri/la\\_interferenta\\_duhovniceasca\\_intre\\_tamaduirea\\_trupului\\_si\\_a\\_sufletului\\_ce\\_inseamna\\_sa\\_fii\\_preot\\_in\\_spital\\_1751.html](http://www.basilica.ro/ro/interviuri/la_interferenta_duhovniceasca_intre_tamaduirea_trupului_si_a_sufletului_ce_inseamna_sa_fii_preot_in_spital_1751.html) - The Press Center of the Romanian Patriarchate (09.05.2013).

<sup>79</sup> Ibidem, p. 212.

<sup>80</sup> Ibidem, p. 148.

As part of the religious support for the sick, the chaplains celebrate religious services in holidays and special days as on April 7<sup>th</sup> (World Health Day). The chaplain organizes in hospitals individual and group activities for the pastoral counselling of the sick and he cooperates with the medical staff. A chaplain also participates in cultural activities organized in hospitals, at conferences, symposiums, seminars, where the specific issues about religious assistance in medical structures are discussed.

The Romanian Orthodox Church provides not only religious assistance, but also medical care in some units established by the Church: *Providence Hospital, Sfântul Spiridon – Vechi*, a socio-medical center and medical offices near churches and monasteries.<sup>81</sup>

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

“Pastoral care of the sick is not restricted to the medical treatment. All the liturgical, educational, catechetical, pastoral, social, medical activities of the Church are healing ministry, preserving health or recovery of the health of the body and soul, of the health of the person and of the community”.<sup>82</sup>

In the Pastoral counselling of the sick is very important the relationship between sick, doctor and priest. Pastoral

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<sup>81</sup> <http://iasi.mmb.ro/4429-reteaua-unitatilor-social-filantropice-medice> - Metropolitan See of Moldova and Bucovina, Social Assistance Service (22.05.2013).

<sup>82</sup> Daniel, Patriarhul Bisericii Ortodoxe Române, *Preoții se roagă, medicii tratează, însă Dumnezeu dăruiește vindecarea*: [http://www.basilica.ro/ro/comunicate/bpreotii\\_se\\_roaga\\_medicii\\_trateaza\\_insa\\_Dumnezeu\\_daruieste\\_vindecarea\\_5536.html](http://www.basilica.ro/ro/comunicate/bpreotii_se_roaga_medicii_trateaza_insa_Dumnezeu_daruieste_vindecarea_5536.html) (10.05.2013): „This comprehensive understanding of the patient care by the Church is based on the fundamental truth that the source of life, health and healing is Christ, the Physician of our souls and our bodies. Therefore, for the healing of the sick, we can say that the priests pray, the doctors treat, but God gives healing or salvation.”

counselling involves dedication, patience, pastoral skills and prayers for the sick.

The religious perspective on disease is essential. The patients have to understand the care of God and to assume suffering in order to heal body and soul. The chaplain should provide to the patients a religious assistance adapted to the individual context. The chaplain should listen to the sick, should understand them, should be their friend and their confessor, and should teach them about the importance of the Sacraments in the healing process. Thus, by their activities, the chaplains provide religious assistance for patients, for the members of the patients' families and for the medical staff. In most cases, the cured patients appreciate the chaplains for religious assistance. They also request for prayers of thanksgiving for regaining their health and also express their gratitude to the chaplains as much as for the doctors.

## **5 Mutual Learning for the Pastoral Counselling of the Sick**

### **5.1 Similarities and Differences between Pastoral Counselling of the Sick in Switzerland and in Romania**

First of all I must highlight that there is a fundamental difference of context because Canton of Vaud in Switzerland is an ecumenical one. In 2000, the population was nearly evenly split between Protestants (40%) and Roman Catholics (34%).<sup>83</sup> Romania started also to be a multi-cultural and a multi-religious society, but the situation is completely different. According to the 2002 census, 86.7% of the country's population identified as Orthodox Christian, other major

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<sup>83</sup> <http://www.bfs.admin.ch/bfs/portal/de/index/themen/01/05/blank/key/religionen.html> - Federal Department of Statistics "Wohnbevölkerung nach Religion", Switzerland (22.05.2013).

Christian denominations include Protestantism (5.2%) and Roman Catholicism (4.7%).<sup>84</sup>

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

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

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

In Ecumenical Chaplaincy of CHUV one makes a difference between the spiritual and the religious approach on human being, due to the secular and multi-religious context.

In Ecumenical Chaplaincy of CHUV there are celebrated rituals, sacraments and services adapted to the needs of the hospitalized people, as Confession, Anointing for the sick, and Communion. This religious assistance is central in the Romanian hospitals too.

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<sup>84</sup> <http://www.recensamant.ro/pagini/rezultate.html> (22.05.2013).

The Romanian Orthodox Patriarchate is very active and develops a meaningful series of activities: meetings and cooperation between hospital priests and doctors, conferences, special broadcast and television programmes about health and spiritual care at the radio and television of the Romanian Patriarchate, cooperative partnerships for the construction of medical centres for the sick.

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

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

## **5.2 The Ecumenical Perspective: Communication and Cooperation between Churches for the Pastoral Counselling of the Sick**

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

The Romanian Orthodox Church is open to ecumenical dialogue, being a member of the World Council of Churches (WCC) since 1961 and of the Conference of European Churches (KEK) since 1964.<sup>85</sup> In the third week of every January, Christian Churches around the world participate in the "Week of Prayer for Christian Unity". Also Romania is deeply involved in this event of ecumenical communication and communion, when representatives of the Orthodox, Roman Catholic,

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<sup>85</sup> [http://www.patriarhia.ro/ro/structura\\_bor/istoric\\_bor\\_5b.html](http://www.patriarhia.ro/ro/structura_bor/istoric_bor_5b.html) (22.05.2013).

Armenian, Lutheran, Reformed and Greek Catholic Churches pray for the unity of the Church. In our religious services there are a series of prayers for the health of the sick.

In our time of communication and information, the Christian must express and promote an attitude of dialogue, tolerance and mutual respect. In hospitals it shouldn't be accepted any forms of proselytism, intolerance, religious fanaticism, self-sufficiency or suspicion. The purpose of religious inter-communication is the mutual understanding, cooperation for the common good, exceeding the doctrinal differences and emphasizing similarities, as starting point of communication and collaboration, in communion.<sup>86</sup>

To sum up, it is very important to overcome "communication barriers"<sup>87</sup> in order to find solutions and new perspectives. Communication between members who are involved in Pastoral counselling can provide some unique opportunities for sharing and exchanging experiences and for mutual learning.

### 5.3 Perspectives and Future Directions in Pastoral Counselling of the Sick

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

1. A development of *empirical research base* of the Pastoral counselling area. At CHUV Hospital, this direction is much accentuated: there is a special chaplain who is involved in research in the field of Spiritual care for the sick.
2. A special interest in discovering and developing the *pastoral care context*, in a spiritual direction (ethical, theological and ecclesiological perspective). The chaplains should offer common answers for the challenges of Bioethics.

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<sup>86</sup> D. Borțun, *Semiotică, Teorii ale limbajului* (București: Editura Comunicare.ro, 2010), p. 145.

<sup>87</sup> G. Georgiu, *Cultură și Comunicare* (București: Editura Comunicare.ro, 2008), p. 303.

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

4. Efforts to train more women in Pastoral counselling - for example, in Romania there are only men as chaplains;

5. Development of the field of Pastoral counselling in a new perspective of interconfessional and intercultural dialogue<sup>88</sup>;

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

7. Holistic understandings of human life as spiritual, biological, psychological, social and cultural and lifelong formation in personal, spiritual, and professional perspective<sup>89</sup>, in order to prevent the sickness and to overcome it easily.

As a future perspective, the chaplains from CHUV Hospital want to propose a gradual establishment of a spiritual assessment model for the inclusion of the spiritual dimension in the care and treatment projects (STIV model).<sup>90</sup>

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

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<sup>88</sup> DPCC, p. 858.

<sup>89</sup> <http://www.aapc.org/home/mission-statement.aspx> (20.05.2013).

<sup>90</sup> [http://www.chuv.ch/aumonerie/aum9\\_home/aum9-prestations.htm](http://www.chuv.ch/aumonerie/aum9_home/aum9-prestations.htm) (21.05.2013).