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Pastoral Counselling of the sick

**(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)**

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Table of Contents

Introduction

Chapter 1. Pastoral counselling – conceptual elements:

- 1.1. The meaning of Pastoral counselling: terminology and distinctions between Pastoral counselling and Pastoral care.....p. 7
- 1.2. Modern elements of Pastoral counselling:.....p. 9
- Background, beginnings and development*
 - Basic elements in Pastoral counselling: structure, process and evaluation.*
 - Providers, recipients, aim and limits of Pastoral counselling.*
 - Functions of Pastoral counselling: healing, sustaining, guiding, reconciling.*

Chapter 2. Pastoral counselling of the sick in the Ecumenical Chaplaincy of CHUV (Aumônerie Oecuménique du CHUV – Centre hospitalier universitaire vaudois), Switzerland:

- 2.1. Ecumenical Chaplaincy of CHUV: history, the framework of the spiritual guidance and the legal framework.....p. 15
- 2.2. Mission and organization of the Ecumenical Chaplaincy of CHUV.....p. 17
- 2.3. Services of Ecumenical Chaplaincy of CHUV for the spiritual care of the patients.....p. 18

Chapter 3. Pastoral counselling of the sick in the Religious Assistance Service of the hospitals in the Romanian Orthodox Church:

- 3.1. The religious assistance of the hospitals in Romania: history, the legal framework and the framework of the spiritual guidance.....p. 22
- 3.2. The organization and the role of the Religious Assistance Service in the Romanian Patriarchate.....p. 24
- 3.3. Services of the chaplains for the Pastoral counselling of the sick, in the Religious Assistance Service of the hospitals in the Romanian Orthodox Church.....p. 26

Chapter 4. Mutual learning for the Pastoral counselling of the sick:

- 4.1. The similarities and the differences between Pastoral counselling of the sick in the Ecumenical Chaplaincy of CHUV and in the Religious Assistance Service of the hospitals in the Romanian Patriarchate.....p. 29
- 4.2. The ecumenical perspective: communication and cooperation between Churches for the Pastoral counselling of the sick.....p. 31
- 4.3. Perspectives and future directions in the Pastoral counselling for the sick.....p. 33

Conclusion

Bibliography

Abstract

The thesis “Pastoral Counselling of the sick (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)” presents the importance 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 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.

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

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

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

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 (rituals and religious ceremonies). After 1989, the Church tried to develop its religious assistance, but after a long period of communism it was quite difficult to change the mentality of people and their opinion that the Church should not be present in the life of society.

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

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

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

My interest is to find out what the Romanian Orthodox Church can 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.

I will analyze 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 analyze the possible answer of the Romanian Orthodox Church for the Pastoral counselling of the sick, in an ecumenical perspective (communication and cooperation between Churches for finding solutions to the challenges of the Pastoral counselling of the sick).

The thesis is structured in four chapters. In the first chapter I will present the conceptual elements of Pastoral counselling: the meaning of Pastoral counselling (terminology and

distinctions between Pastoral counselling and Pastoral Care) and modern elements of Pastoral counselling: background, beginnings and development; basic elements in Pastoral counseling (structure, process and evaluation); providers, recipients, aim and limits of Pastoral counselling and functions of Pastoral counselling (healing, sustaining, guiding, reconciling). So I will use the historical and systematic methods in order to present the development of this area and to summarize the conceptual and basic elements of Pastoral counselling.

In the second chapter I will write about Pastoral counselling of the sick in the Ecumenical Chaplaincy of CHUV (Aumônerie Oecuménique du CHUV – Centre hospitalier universitaire vaudois), Switzerland. So, I will present the Ecumenical Chaplaincy of CHUV: history, the framework of the spiritual guidance and the legal framework. Then I will speak about mission and organization of the Ecumenical Chaplaincy of CHUV. And then I will present the services of Ecumenical Chaplaincy of CHUV for the spiritual care of the patients.

In the third chapter I will present the Pastoral counselling of the sick in the Religious Assistance Service of the hospitals in the Romanian Orthodox Church. I will start with the history, the legal framework and the framework of the spiritual guidance of the religious assistance of the hospitals in Romania. Then, I will present the organization and the role of the Religious Assistance Service in the Romanian Patriarchate. In the next section I will present 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.

In the chapter two and three I will use the fieldwork research, the participative observation and the investigation of official documents.

In the last chapter, “Mutual learning for the Pastoral counselling of the sick”, I will present the similarities and the differences between Pastoral counselling of the sick in the Ecumenical Chaplaincy of CHUV and in the Religious Assistance Service of the hospitals in the Romanian Patriarchate (I will use the analytical-comparative method). Here, I will speak about a new ecumenical perspective of contextualization, communication and cooperation between Churches for the Pastoral counselling of the sick. At the end of my thesis I will try to highlight the new perspectives and the future directions in the Pastoral counselling of the sick.

Chapter 1

Pastoral counselling – conceptual elements

1.1. 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”.¹

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”.²

The American Association of Pastoral Counselors (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 behavioral levels through a theological perspective”.³

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 “therapeuo” (θεραπευω), that means both “to serve” the divinity and “to care for, treat (medically), heal, restore”.⁴

“Therapeia” (θεραπεία) means in the Greek a helping, serving, healing relationship and a “*therapon*” (θεράπων) is one who helps, serves and heals. The Latin translation for “*therapon*” is “ministerium”, from which the word of “minister” (helper, servant) comes.⁵

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

¹ *Dictionary of Pastoral Care and Counselling*, General Editor Rodney J. Hunter, Published by Abingdon Press, Nashville, 1990, p. 849 (in this paper quoted as *DPCC*).

² *Dictionary of Pastoral Care*, Edited by Alastair V. Campbell, Published by The Crossroad Publishing Company, New York, 1987, p. 198 (in this paper quoted as *DPC*).

³ <http://www.aapc.org/about-us/brief-history-on-pastoral-counseling.aspx> - American Association of Pastoral Counselors (08.04.2013).

⁴ Howard Clinebell, *Basic Types of Pastoral Care and Counselling – Resources for the Ministry of Healing and Growth*, Published by SCM Press LTD, London, 1984, p. 55.

⁵ Thomas C. Oden, *Pastoral Counsel*, Published by Crossroad, New York, 1989, p. 7.

relationship to a pastor accountable to that community”,⁶ so it is important to understand Pastoral counselling as “a spiritual counselling and not as a psychotherapy or therapeutic counselling”.⁷

A pastoral counselor is a pastor who, “as a part of his or her ministerial offers counselling to persons in need”.⁸

Pastoral counselling is essentially interdisciplinary, so the pastoral counselors to be as skilled in the methodology of psychology as they are in that of theology”.⁹ counselling combines “the tradition of pastoral work with the insights of the behavioural sciences”.¹⁰

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”.¹¹

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 life basic biblical truths by allowing them to become incarnate and experienced in human relationships. In counselling, the biblical truths are illuminated by being applied and tested in the arena of human struggles and growth. So, in this sense, pastoral care and counselling are ways of doing theology”.¹²

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 (Matthew 18, 12-14)¹³. 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” (Mark 2, 17) showed his ministry’s orientation.¹⁴

⁶ DPCC, p. 850.

⁷ Mary Anne Coate, *Sin, Guilt and Forgiveness. The hidden dimensions of a Pastoral Process*, Published by Society for Promoting Christian Knowledge, London, 1994, p. 180.

⁸ DPCC, p. 859.

⁹ Deborah van Deusen Hunsinger, *Theology and Pastoral Counseling. A new Interdisciplinary approach*, Published by William B. Eerdmans Publishing Company, Michigan, 1995, p. 5.

¹⁰ Michael Jacobs, “Pastoral Counseling and Psychotherapy”, in: David Willows and John Swinton (eds.), *Spiritual Dimensions of Pastoral Care. Practical Theology in a Multidisciplinary context*, Published by Jessica Kingsley Publishers, London, 2000, p. 90.

¹¹ Thomas C. Oden, *op. cit.*, p. 103.

¹² Howard Clinebell, *op. cit.*, p. 49.

¹³ *The Holy Bible*, New Revised Standard Version, Cambridge University Press, 2010.

¹⁴ *Ibidem*, p. 57.

So, Pastoral counselling is a “ministry of the church, a dimension of the church’s unified ministry in the name of Christ”¹⁵. It is a unique form of counselling which uses spiritual and psychological resources for healing the whole person: mind, body and soul.

1.2. Modern elements of Pastoral counselling:

Background, beginnings and development

Thomas Oden sees the roots of it in the Church Fathers¹⁶, 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 post-World War I, the surge of interest in psychology and the use of psychological and counselling approaches in ministry by pastors beginning in the 1920s.¹⁷

In 1925, *Doctor 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.¹⁸

In the 1930s, *Reverend Anton Boisen*, one of the founder of the *Clinical Pastoral Education*, placed theological students in supervised contact with patients in psychiatric and general hospitals.¹⁹

One of the most important persons in the Pastoral counselling field was *Seward Hiltner*, who 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.²⁰

¹⁵ John Patton, *Pastoral Counselling: A Ministry of the Church*, Published by Abingdon Press, Nashville, 1983, p. 10.

¹⁶ See: *DPCC*, p. 857.

¹⁷ Brooks Holifield, *A history of Pastoral Care in America: from Salvation to Self-Realization*, Published by Abingdon Press, Nashville, 2005, p. 30.

¹⁸ http://www.spiritualcare.ca/association/download/cpehistory_stokoe.pdf - Canadian Association for Spiritual Care (08.04.2013).

¹⁹ <http://www.aapc.org/about-us/brief-history-on-pastoral-counseling.aspx> (08.04.2013).

²⁰ *DPCC*, p. 857.

In 1942, R. Rogers spoke for the first time about the “relationship therapy”, in which the person is the most important.²¹ The approach centered on the person is most widely used today in Pastoral counselling.

The appearance of the American Association of Pastoral Counselors (AAPC) in was significant for development of modern Pastoral counselling. This association has a forum for discussion and debate about the nature of Pastoral counselling and its religious groups and to secular psychotherapy”. The first president of AAPC, Howard wrote the book “Basic Types of Pastoral Counselling”.²²

Arthur Caliendo, Senior Minister Emeritus, Marble Collegiate Church, New 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”.²³

In the last chapter of the thesis I will try to present some perspectives and future directions in Pastoral counselling.

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”.²⁴

So, a pastoral counselor 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 counseled person”.²⁵

Evaluation or diagnosis is also a contextual issue, because it is very important for a pastoral counselor 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.²⁶

²¹ Eugen Jurca, *Sposedanie si psihoterapie (Confession and psychotherapy)*, Published by Rotonda, Pitesti, 2008, p. 14.

²² Howard Clinebell, *op. cit.*, p. 50.

²³ <http://www.aapc.org/about-us/brief-history-on-pastoral-counseling.aspx> (08.04.2013).

²⁴ *DPCC*, p. 852.

²⁵ *Ibidem*, p.853.

²⁶ *Ibidem*.

It is very important to help persons to find personal solutions, as the Greeks say, “counsel is a sacred thing”, whereas “bad advice is worst for the adviser” (*malum consilium consultori pessimum*), so the counselor must be very careful.²⁷

In this perspective, Robert R. Carkhuff and William A. Anthony presented in the book “The skills of helping” the essential helping skills that counselors need to learn:

1. *„attending and caring behavior*, including frequent eye contact, expressing interest by one’s posture and one’s facial expression,
2. *inviting the person to talk* about significant issues by open-ended questions and brief comments or gestures,
3. *careful listening and observing* of non-verbal messages,
4. *following the person’s lead*, avoiding switching topics, especially in the early stages of counseling, staying with the here-and-now flow of the relationship,
5. *empathetic responding* by paraphrasing the main thrust of the significant feelings and issues one has perceived and their meaning to the person,
6. *clarification* by summarizing the highpoints of what the person has communicated and thus checking out the counselor’s understanding of their meanings for the person,
7. *exploring* areas that the person has not discussed by asking focusing questions,
8. *confronting* as needed and appropriate in the context of affirming the person,
9. *understanding* the meanings, issues and dynamics of the problem and *making recommendations for help* based on this diagnostic insight”.²⁸

The pastoral counselor 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, because the pastoral counselor 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 counselor and through their relationship with the religious community”.²⁹

The practice of counselling by pastors “must be seen not only as one expression of Christian concern to respond to human needs in general, but also as a part of the distinctive pastoral work of making Christian faith effective in the lives of people”.³⁰

²⁷ Thomas C. Oden, *op. cit.*, p. 83.

²⁸ Robert R. Carkhuff and William A. Anthony, *The skills of helping*, Published by Human Resources Development Press, Amherst, 1979 apud Howard Clinebell, *op. cit.*, pp. 93-94.

²⁹ DPCC, pp. 852-853.

³⁰ John B. Cobb, *Theology and Pastoral Care*, Published by Fortress Press, Philadelphia, 1979, p. 4.

Providers, recipients, aim and limits of Pastoral counselling.

The providers of Pastoral counselling can be observed from the importance of the ministry in the Church. All Christians have a responsibility of caring for others, as though were Christ: “Truly I tell you, just as you did it to one of the least of these who are my family, you did it to me” (Matthew 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.³¹

Pastoral counselling is not itself a profession but “a function performed by persons whose profession is ministry”.³²

Pastoral counselors, 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”.³³

Such representative 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”.³⁴

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. The ministry of Pastoral counselling is directed to troubled persons and is aimed at supporting and helping them as individual persons”.³⁵

So, the main *aim* of Pastoral counselling is to support the people who are in having existential problems and who need help.³⁶

Pastoral counselling has also some *limits*, because there are many agencies that are acting for people who want to overcome the existential problems. Sometimes “the most caring pastoral act is referral to other persons or agencies better qualified to act”.³⁷

Every pastoral counselor, however skilled, fails to help some people: “as in Jesus’ parable of the sower, the seeds in counselling do not always fall on receptive soil; the

³¹ DPC, p. 188.

³² John Patton, *Pastoral Care in context - An introduction to Pastoral Care*, Published by Westminster/John Knox Press, Louisville, Kentucky, 1993, p. 55.

³³ Howard W. Stone, *Crisis Counseling*, Published by Fortress Press, Philadelphia, 1987, p. 69.

³⁴ William A. Clebsch, Charles R. Jaekle, *Pastoral care in historical perspective*, Published by Jason Aronson, New York, 1994, p. 4.

³⁵ *Ibidem*, p. 5.

³⁶ DPC, p. 189.

³⁷ *Ibidem*.

counselor'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 communicating healing resources beyond her or himself".³⁸

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, guiding, reconciling.³⁹

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. Pastoral healing involves the recuperation of the person's soul seeking to be healed from a specific problem". In the healing ministry there are a lot of methods such as: anointing, prayers, exorcism (using of sacred words and holy rites), medicine, sacramental ministrations, 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". Second, this function "offered the *consolation* that actual losses could not nullify the person's opportunity to achieve his destiny in God". Third, *consolidation* "of the remaining resources available to the sufferer creates a new mobilization for people". 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 fulfillment and destiny on a new basis".

3. The pastoral function of *guiding* consists of assisting persons to make difficult choices. Guidance employs two modes: "deductive guidance draw 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".

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*.⁴⁰

Christian pastoral care has employed the mode of *forgiveness* "in the sacramental acts of confession and absolution, for the restoration of right relations with God and the other people".⁴¹

³⁸ Howard Clinebell, *op. cit.*, p. 428.

³⁹ William A. Clebsch, Charles R. Jaekle, *op. cit.*, pp. 43-59.

⁴⁰ *Ibidem*.

⁴¹ *DPCC*, p. 9.

Without the ability of countenance “the possibility of forgiveness may be seriously impeded in their search for some peace of mind”.⁴² 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 situations in order to re-establish good relationships”.⁴³

In order to understand the need of Pastoral counselling it is important to know that sometimes suffering is related to 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 suffer loneliness, isolation, depression and even suicide. In these times of economic and moral crisis, suicide cases rise (for example, in 2011, in Romania there were 2.874 cases of suicide⁴⁴). This can be interpreted as a direct result of the fact that many people don't find the meaning of existence in communion, in exchanging and sharing with the others, the solutions for existential problems.

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

⁴² Mary Anne Coate, *op. cit.*, p. 84.

⁴³ *DPCC*, p. 9.

⁴⁴ www.legmed.ro, National Institute of Legal Medicine “Mina Minovici”, Romania (6.12.2012).

Chapter 2

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

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

In this chapter 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.

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

History:

The religious presence accompanied the development of cantonal hospitals in Switzerland. During the construction of the hospital Bugnon in the canton of Vaud, in 1883, the deaconesses from Institute of Saint Loup, provided the pastoral care for the patients. In time, this presence followed some of the evolutions of the hospital, including the mission of the university hospital, but also the spiritual care of patients. Since 1988, the chaplaincy has been an international centre for pastoral training in listening and communication. In 2001, the chaplaincy became an ecumenical service of spiritual counselling.⁴⁵

The framework of the spiritual guidance:

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

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

The chaplaincy service of CHUV implements the mandate entrusted to the churches by offering spiritual and religious care for the patients, through individual meetings and celebrations adapted to their needs. This service of CHUV participates at the therapeutic purposes of the

⁴⁵ Adapted from Aumonerie oecuménique du CHUV, Centre hospitalier universitaire vaudois, 2009, p. 1

hospital and also assumes a training and research mission, in connection with the vocation of the University Hospital. In this way, it contributes to the professional development of medical staff, helping them to discover the human person in all its dimensions.⁴⁶

The legal framework:

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

In accordance with the constitution of Vaud, the Chaplaincy Service evolved in the context among missions exercised in common by the Churches from the Canton of Vaud (Law on the relationship between the state and the churches recognized by the public law – Loi sur les Relations entre l’Etat et les Eglises reconnues de Droit Public, LREEDP, 9 janvier 2007).

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

The chaplains who exercise their ministry at CHUV must avoid any kind of proselytism and must respect the legal framework: Loi sur la Santé Publique (LSP) art. 80, Arrêté de mise en vigueur 180.05 (RSV 14 mars 2007)⁴⁷, Charte des Hospices (CHUV).⁴⁸

In 2003, the Constitution of the Canton of Vaud recognized the spiritual dimension of human beings and in this way it provided a special context for spiritual care in hospitals (La Constitution vaudoise, article 169 (1): “L’Etat tient compte de la dimension spirituelle de la personne humaine”).⁴⁹

⁴⁶ *Ibidem*, p. 2.

⁴⁷ *Ibidem*.

⁴⁸ 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)

⁴⁹ <http://www.admin.ch/opc/fr/classified-compilation/20030172/201303110000/131.231.pdf> - Les autorités fédérales de la Confédération suisse (28.05.2013).

2.2. Mission and organization of the Ecumenical Chaplaincy of CHUV.

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

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

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

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

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

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

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

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

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

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

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

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

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

There is also a *council of training and research*, composed of representatives of CHUV, of the Chaplaincy Service, of the Faculties of Biology and Medicine, of the Faculties of Catholic and Protestant Theology and of the churches.⁵⁰

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

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

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

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

⁵⁰ Adapted from Aumonerie oecuménique du CHUV, Centre hospitalier universitaire vaudois, 1 september 2009, pp. 3-4.

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

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

- to meet the patients, including the psychiatric ones, as well as the hospitalized children and their families,
- to organize group meetings with patients in some hospital services,
- to help the patients and their families to cooperate with nursing teams,
- to celebrate rituals adapted to the needs of the hospitalized people (rituals and sacraments: confession, anointing for the sick, Communion),
- to celebrate different services and the Mass on every Sunday and feast days,
- to celebrate together in an ecumenical manner, several times in a year (4-6), on Sunday or on feast days,
- to dedicate a time of meeting for the children from the Paediatrics service on every Sunday,
- to maintain the patient or his relatives in connection with their community of faith (either Christian, Muslim, Jewish or other religion), at request,
- to cooperate for different activities with health care providers, as part of their skill-training,
- to support the activities for volunteers,
- to provide the presence of guards 24 hours a day, seven days a week.⁵¹

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

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

The appearance of the book “Démence et résilience” was a special moment for all the people who were present, because it completed the series of “Soins&Spiritualités” (series published in CHUV), together with the books that were published already: Eckhard Frick, “Se laisser guérir. Réflexion spirituelle et psychanalytique“, Guy Jobin, “Des religions a la spiritualité. Une appropriation biomédicale du religieux dans l’hôpital”, Stéphanie

⁵¹ Aumonerie oecuménique du CHUV, Centre hospitalier universitaire vaudois, 1 september 2009, p. 5.

Monod, “Soins au personnes âgées. Intégrer la spiritualité?”. All these books contribute to the development of the scientific activity of CHUV, but also to a deepening of the spiritual counselling methods.

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

As a future perspective, the chaplains want to propose the gradual establishment of a spiritual assessment model for the inclusion of the spiritual dimension in the care and treatment projects (STIV model: sense of life, transcendence, identity and values; in order to show the difference between depression and spiritual suffering).⁵²

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

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

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

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

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

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

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

⁵² http://www.chuv.ch/aumonerie/aum9_home/aum9-prestations.htm (06.04.2013).

I also discussed with Annette the importance of speaking with the patients about existential problems. Annette told me that a chaplain pays more attention to existential problems, than a confessor priest. She thought that the confessor speaks only about the religious part of the life. I explained her that in Orthodox tradition, the mystery of Confession is also very important and the confessor also approached the main problems of the life.

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

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

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

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

The period of research fellowship at CHUV hospital was a unique period in my life, because I had the chance to observe the ecumenical perspective of all activities in the hospital! When you see how much people are suffering, you can only become humble and start to reflect about the treasure of life. We must pray for all our “brothers and sisters” who are in difficult situations, in poverty, in addictions, in diseases, in depression and try to help them, as Jesus taught us: “for I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, *I was sick and you took care of me*, I was in prison and you visited me” (Matthew 25, 35-36).

Chapter 3

Pastoral counselling of the sick in the Religious Assistance Service of the hospitals in the Romanian Orthodox Church

In this chapter I will also use the fieldwork research, the participative observation and the investigation of official documents.

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

History:

The first medical institutions in Romania were established near the monasteries and they were called infirmaries (hospitals of the monastery).⁵³ In 1704, Mihai Cantacuzino founded a monastery and the first hospital in Romania, Hospital Coltea in Bucharest.⁵⁴

The second hospital also appeared in the capital of the country, being dedicated to St. Panteleimon. It was built by Grigore Ghica II between 1735-1752.⁵⁵

Hospitals built by the Romanian Orthodox Church near monasteries were for all patients, “irrespective of nationality and religion”.⁵⁶

The legal framework and the framework of the spiritual guidance:

In art. 29 (5) of the Romanian Constitution, it is mentioned that “Religious denominations are autonomous from the state and are supported by it, including the facilitation of religious assistance in the army, in *hospitals*, prisons, homes and orphanages”.⁵⁷

The law no. 489/2006 on Religious freedom and the general regime of denominations in Romania emphasizes in art. 9 (3) that “The public authorities shall

⁵³ Pr. Ene Braniște, Ecaterina Braniște, *Dicționar enciclopedic de cunoștințe religioase*, Editura Diacezană Caransebeș, Caransebeș, 2001, p. 66.

⁵⁴ Diacon Dumitru Bogdan Bădiță, *Pastorația bolnavilor*, Editura Cuvântul Vieții a Mitropoliei Munteniei și Dobrogei, 2012, p. 182.

⁵⁵ Cristina Ionescu, Dr. C. Romanescu, “Câteva opinii despre rolul bolnițelor mănăstirești din Moldova”, în *Mitropolia Olteniei*, XXII, 1970, p. 47.

⁵⁶ Alexandru Gălășescu, *Eforia spitalelor civile*, București, 1900, p. 547 apud Pr. C. Voicescu, “Mănăstirea și așezământul spitalicesc Sfântul Pantelimon de lângă București”, în *Biserica Ortodoxă Română*, XCI, 1973, nr. 11-12, p. 1295.

⁵⁷ http://www.cdep.ro/pls/dic/site.page?den=act2_1&par1=2 - Romanian Constitution, Chamber of Deputies, Romania (21.05.2013).

cooperate with denominations in matters of common interest and support their work”, (4) “The Romanian State, by the competent public authorities, supports the work of *spiritual*, cultural and social development of recognized denominations in Romania”, (5) “The central public authorities may establish partnerships with recognized denominations in areas of common interest”.⁵⁸

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

The Status for the organization and functioning of the Romanian Orthodox Church, in art. 135 (1) says that Romanian Orthodox Church is “responsible for providing religious assistance in parishes, in army, in prison, in *medical system*, in social work and in educational institutions, as provided by law, protocols or agreements with public authorities” and in art. 136 (2), that “the priests, deacons and church singers from parishes have the task to provide the religious assistance *to all categories of believers* in military units, prisons, *medical systems*, social work and educational institutions across their parishes as many times as requested”.

This status stipulates that social and pastoral assistance should occur *without discrimination*, art. 137 (4).⁵⁹

In 1995 the first cooperation protocol between the Romanian Patriarchate and the Ministry of Health was signed. It allowed religious assistance in hospitals, the chaplain having as purpose to ensure the religious assistance for the patients and for the medical staff and to build a chapel.⁶⁰

In 2007 a cooperation protocol between the Romanian Government and the Romanian Patriarchate was signed in the field of social inclusion. According to this protocol, “the Romanian Government ensures optimal conditions in the centers of public providers of social services to conduct *spiritual assistance* of beneficiary persons, including by providing their own spaces in this regard, subject to compliance with fundamental rights and *freedom of religion* first of all. The Romanian Orthodox Church provides *spiritual counselling* with specialized staff to the beneficiaries of social services, organized by public and private providers”.⁶¹

In 2008 a cooperation protocol was signed between Romanian Patriarchate and the Ministry of Public Health in “Medical and spiritual assistance”, emphasizing medical and charity

⁵⁸ <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).

⁵⁹ http://www.patriarhia.ro/_upload/documente/statutul_bor.pdf - Status of Romanian Orthodox Church (20.05.2013).

⁶⁰ http://www.patriarhia.ro/ro/opera_social_filantropica/biroul_pentru_asistenta_religioasa_1.html - Religious Assistance Service(21.05.2013).

⁶¹ http://www.patriarhia.ro/ro/opera_social_filantropica/biroul_pentru_asistenta_social_filantropica_2.html - Social Assistance Service (21.05.2013).

dimensions: “The Romanian Patriarchate has the duty to provide spiritual and social support with specialized staff to the beneficiaries of the public centers of healthcare services”.⁶²

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

In the Romanian Patriarchate Administration there is a Sector for social-philanthropy matters. In this sector one can find an office of religious assistance for different state institutions: military units, prisons, *hospitals and social welfare institutions* (with 364 priests, 236 churches and chapels). In many hospitals the services still continue to be celebrated in amphitheatres, meeting rooms and hallways.⁶³

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

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

The first meetings of the chaplains Pastoral Circle was on August 4th 2008, at the Romanian Patriarchate and it had the theme “Theological meaning of suffering and healing” and it was chaired by His Beatitude Daniel, Patriarch of the Romanian Orthodox Church.⁶⁴

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

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

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

⁶² http://www.patriarhia.ro/_layouts/images/File/1216886201076490400.pdf - Cooperation protocol between Romanian Patriarchate and the Ministry of Public Health in “Medical and spiritual assistance” (21.05.2013).

⁶³ http://www.patriarhia.ro/ro/opera_social_filantropica/biroul_pentru_asistentia_religioasa_1.html (21.05.2013).

⁶⁴ <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).

In churches and chapels from hospitals there are Christian libraries with special books for the blind patients (books published in Braille).⁶⁵

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

On May 15th and 16th 2012 an International Symposium was organized (“2012 - The Year of Holy Unction and Patient Care in the Romanian Patriarchate”), by the Faculty of Orthodox Theology in Bucharest and by the Educational Sector and Work with Youth of the Archdiocese of Bucharest. All the essays presented at this symposium have been published in a special volume.⁶⁶

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

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

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

The Romanian Patriarchate, by combining social activity with religious assistance in medical units, “managed to counter the proselytizing in many hospitals”,⁶⁷ but I think it is a challenge for the Romanian Orthodox Church to try to cooperate in the Pastoral Counselling area, with different denominations recognized by the State.

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

⁶⁵<http://www.preotispitalebucuresti.ro/2009/Rapoarte%20anuale/Raport%202008/RAPORT%20Activitate%20Asistenta%20religioasa%202008.pdf> (22.05.2013).

⁶⁶ See: *Taina Sfântului Maslu și îngrijirea bolnavilor*, Coordonatori Pr. Prof. Dr. Ștefan Buchiu, Pr. Lect. dr. David Pestroiu, Editura Cuvântul Vieții, București, 2012.

⁶⁷ http://www.patriarhia.ro/ro/opera_social_filantropica/biroul_pentru_asistenta_religioasa_1.html (22.05.2013).

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

In Romania, 86.7% of the country's population is identified as Orthodox in the hospitals, the majority of the patients are Orthodox and there are also Orthodox

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

In pastoral activity, the chaplain must also possess some psychological knowledge: "before starting visit to the salons, he must be prepared psychologically with a great capacity of listening"⁶⁹ and with a lot of spiritual warmth, being the possessor of a "spiritual kit".⁷⁰

Father Horia Prioteasa, the coordinator of the chaplains from the Pastoral Circle "Communication and Communion", describes the religious activities of the hospitals in Romania, reminding one of the importance of the partnership with doctors and the fact that many of the doctors see the chaplain as a Confessor, also needing pastoral counselling.⁷¹

Thus, in the interview with the newspaper "Lumina" (Light) of the Romanian Patriarchate, Father Horia Prioteasa presented the daily activities of a chaplain: "Early morning we go into the hospital to the patients who have announced that they want to receive the sacraments. We do not intend to determine the people to have a more intense connection with God if they do not want it. Proselytism is forbidden in hospital... Then there is catechization of those who are preparing for surgery in order to be encouraged to pray, addressed also to the family; to fast for them, to pray, to do alms. It is important to pray also for the doctors. It is a common prayer of the sick, of his family, of the community. This is the Church, and when one member becomes ill, he has to be cured both bodily and spiritually".⁷²

The Pastoral care of the sick is not limited to visiting the sick, "helping them in a material mode, listening to them in a passive manner, it is more than these. It means to be

⁶⁸ <http://www.recensamant.ro/pagini/rezultate.html> - National Institute of Statistics, Romania (22.05.2013).

⁶⁹ Pr. Ioan Ciprian Căndea, "Misiune și slujire în instituțiile social-medecale", în *Revista Teologică a Mitropoliei Ardealului*, 2010, nr. 3, p. 79.

⁷⁰ Laurențiu Streza, "Preotul și îndatorirea sa pastorală față de credincioșii bolnavi", în *Mitropolia Olteniei*, XXXIX, 1987, nr. 1, p. 83.

⁷¹ Pr. Horia 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_in_seamna_sa_fii_preot_in_spital_1751.html - The Press Center of the Romanian Patriarchate (09.05.2013).

⁷² *Ibidem*.

involved body and soul for a person in need, to find all the resources in Christ and make the sick to feel Christ, who is the source of all the human health”.⁷³

The chaplain’s mission is focused on empowering the sick, “to make them to realize that they cannot remain passive with the disease, but on the contrary, they should strengthen their will to fight and to hope in God’s help”.⁷⁴

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

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

- a. psychological methods (understanding of the suffering by the patient),
- b. social cognitive methods (in which priests understand the problems facing the patient),
- c. informative methods (to inform the sick that the Church has various sacramental means, such as the Sacrament of Holy Unction).⁷⁵

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

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

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

The Romanian Orthodox Church provides not only religious assistance, but also medical care in some units established by the Church: *Providence Hospital*, “Sfântul Spiridon - Vechi”, a socio-medical center and medical offices near churches and monasteries.⁷⁶

His Beatitude Daniel, Patriarch of the Romanian Orthodox Church, analyzing the relationship between sick, doctor and priest highlighted: “Pastoral care of the sick is not restricted to the medical treatment. All the liturgical, educational, catechetical, pastoral, social, medical activities of the Church are a healing ministry, preserving health or recovery of the health for the body and soul, of the health of the person and of the community. This comprehensive understanding of patient care by the Church is based on the fundamental truth

⁷³ Diacon Dumitru Bogdan Bădiță, *op. cit.*, p. 240.

⁷⁴ *Ibidem*, p. 212.

⁷⁵ *Ibidem*, p. 148.

⁷⁶ <http://iasi.mmb.ro/4429-reteaua-unitatilor-social-filantropice-medicale> - Metropolitan See of Moldova and Bucovina, Social Assistance Service (22.05.2013).

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”.⁷⁷

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

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

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

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

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

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

⁷⁷ Daniel, Patriarhul Bisericii Ortodoxe Române, *Preoții se roagă, medicii tratează, însă Dumnezeu dăruiește vindecarea*, 30 mai 2012.
http://www.basilica.ro/ro/comunicate/bpreotii_se_roaga_medicii_trateaza_insa_Dumnezeu_daruiește_vindecareab_5536.html (10.05.2013).

Chapter 4

Mutual learning for the Pastoral counselling of the sick

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

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

First of all I must highlight that there is a fundamental difference of context, because the Canton of Vaud in Switzerland is an *ecumenical context*. In 2000, the population was nearly evenly split between Protestants (40%) and Roman Catholics (34%).⁷⁸

Romania has also started to be a multi-cultural and a multi-religious society, but the situation is completely different. According to the 2002 census, 86.7% of the country's population identified as Orthodox Christian, other major Christian denominations include Protestantism (5.2%) and Roman Catholicism (4.7%).⁷⁹

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

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

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

⁷⁸ <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).

⁷⁹ <http://www.recensamant.ro/pagini/rezultate.html> (22.05.2013).

If in the Ecumenical Chaplaincy of CHUV there is a difference between spiritual and religious dimension of human beings, in the Romanian hospitals, the religious dimension is the most important (the spiritual one is included in the religious dimension). In CHUV, by spiritual dimension is understood the spiritual part of life, but not also the religious one, because in a secular hospital, proselytism is forbidden, so the chaplains use an approach that is more a symbolic dimension of human being (the sense of life, the values of persons and how the people understand the transcendence).

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

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

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

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

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

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

The Romanian Orthodox Church is open to ecumenical dialogue, being a member of the World Council of Churches (WCC) since 1961 and of the Conference of European Churches (KEK) since 1964.⁸⁰ In the third week of every January, Christian churches around the world participate in the "Week of Prayer for Christian Unity". Romania is also deeply involved in this event of ecumenical communication and communion, when representatives of the Orthodox, Roman Catholic, Armenian, Lutheran, Reformed and Greek Catholic Churches pray for the unity of the Church. In the religious services there are a series of prayers for the health of the sick, so from this aspect it can be developed an ecumenical partnerships for hospitals.

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

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

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

In Romania it started to be also a multi-cultural and a multi-confessional society, so in the future there is need of an ecumenical perspective for the Pastoral counselling of the sick in hospitals. I think that in a century of communication and information, the Christian must express

⁸⁰ http://www.patriarhia.ro/ro/structura_bor/istoric_bor_5b.html (22.05.2013).

and promote an attitude of dialogue, tolerance and mutual respect. Christian must follow the command of Jesus Christ to love people, regardless of religion, communicating with them in the spirit of mutual respect, discernment and Christian love.

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

The purpose of religious inter-communication is mutual understanding, cooperation for the common good, exceeding the doctrinal differences and emphasizing similarities, as a starting point of communication and collaboration, in communion. The purpose of this communication could also help self-knowledge!⁸¹ Essential in this ecumenical dialogue is that one should not give up one's own beliefs, but have the chance to confess the beauty of one's faith, to affirm identity and openness to also learn other values, to respect and accept them, for mutual understanding and cooperation.

It is very important in this ecumenical dialogue not to start from the premise of imposing your views, but to propose and to find together with others, common ways for helping to overcome "communication barriers".⁸²

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

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

⁸¹ Dumitru Borțun, *Semiotică, Teorii ale limbajului*, București, Editura Comunicare.ro, 2010, p. 145.

⁸² Grigore Georgiu, *Cultură și Comunicare*, București, Editura Comunicare.ro, 2008, p. 303.

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

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

1. A development of an *empirical research base* for the area of Pastoral counselling. At CHUV Hospital, this direction is much accentuated: there is a special chaplain who is involved in research in the field of Spiritual care for the sick.
2. A special interest in discovering and developing the *pastoral care context*, in a spiritual direction (ethical, theological and ecclesiological perspective). The chaplains should offer common answers for the challenges of Bioethics.
3. An *increasing interest in the relationship between chaplains and doctors* and in understanding human problems and facilitating healing and growth.
4. Efforts to train more *women in Pastoral counselling* (for example, in Romania there are only men as chaplains, so it would be better if women are also trained in this mission).
5. Development of the field of *Pastoral counselling in a new perspective of interconfessional and intercultural direction*.⁸³
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 perspectives⁸⁴, in order to prevent 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).⁸⁵

A new trend with important implications for the future of Pastoral counselling aims at incorporating such high-tech communication instruments as computers, internet, teleconferencing and satellite communication networking in all dimensions of Pastoral counselling: clinical services, training, preventive education, research and interprofessional collaboration.⁸⁶ All these should be used in order to increase the quality of pastoral counselling of the sick.

⁸³ DPCC, p. 858.

⁸⁴ <http://www.aapc.org/home/mission-statement.aspx> (20.05.2013).

⁸⁵ http://www.chuv.ch/aumonerie/aum9_home/aum9-prestations.htm (21.05.2013).

⁸⁶ DPCC, p. 858.

Conclusion

In the beginning of my thesis I said that the Romanian Orthodox Church was excluded from the public space in the communist period and all its religious assistance was restricted. Now, the Romanian Patriarchate tries to develop the religious assistance in different public institutions, like in hospitals.

On one hand a lot of people think that Church should not be present in the society, but on the other hand they are struggling with existential problems as secularization, the lack of the meaning of life, the lack of interpersonal communication and communion, spiritual and moral crisis, isolation, individualism, depression, addictions of alcohol, drugs, absence of care, suicide.

In order to offer some answers for these problems, the Church proposed experienced people who possess skills of psychology and religion, called chaplains, who offer Pastoral counselling to those who are interested in this kind of helping. Pastoral counselling is a unique form of counselling which uses spiritual and psychological resources in order to help people to find possible solutions to acquire the balance of life.

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

So I analyzed the services of the Ecumenical Chaplaincy of CHUV for the spiritual care of the patients and I tried to see how the realities of this chaplaincy could fit in the Romanian context.

I reached the conclusion that if in Switzerland there is an ecumenical perspective of Pastoral counselling, in Romania there is a different context and the perspective of Pastoral counselling is more confessional than ecumenical.

In the context of CHUV Hospital there is an Ecumenical Chaplaincy with chaplains from different confessions and the services are ecumenical. In the Romanian hospitals there are only Orthodox chapels and a large majority of Orthodox priests and also Orthodox services.

In the context of Romania, where it started to be also a multi-confessional society, it is essential to develop an *ecumenical perspective* of communication and cooperation between different confessions for the Pastoral counselling of the sick.

I compared the religious assistance of the hospitals in the Romanian Orthodox Church with the spiritual care of the Ecumenical Chaplaincy of CHUV in order to emphasize the similarities and the differences between Pastoral counselling of the sick.

If in Ecumenical Chaplaincy of CHUV there is a difference between spiritual and religious dimension of human beings, in the Romanian hospitals, the religious dimension is the most important (the spiritual one is included in the religious dimension). But if there is only the religious dimension in hospitals, there is the risk of only religious perspective and a chaplain becomes more a pastor than a chaplain.

If the chaplains offer a religious assistance in the Romanian hospitals, in CHUV hospital from Switzerland, the chaplains cannot speak about the religious dimension, but only about the spiritual part of the life, because it is a secular hospital and an ecumenical context, where the proselytism is forbidden.

The proselytism is also forbidden in the hospitals from Romania, but there are some problems with proselytizing activities of some religious associations. I think it still remains a challenge for the Romanian Orthodox Church to try to cooperate in the Pastoral Counselling area, with different denominations.

There are also similarities between the means and the methods of the pastoral care for the sick used by the chaplains from CHUV and from the Romanian hospitals: special prayers and services for the sick, reading of Scripture, sacraments of Holy Unction/Anointing for the sick, Confession and the Holy Eucharist. The main difference is that in CHUV all of these methods are celebrated for all the patients, regardless their confessions, but in Romania these are celebrated only for Orthodox patients.

In the third week of every January, Christian churches around the world participate in the “Week of Prayer for Christian Unity”. In Romania there is also this event of ecumenical communication and communion, when representatives of different confessions are praying for the unity. In the religious services are prayers for the health of the sick, so from this aspect it can be developed an ecumenical partnerships for hospitals that can provide some unique opportunities for sharing and exchanging experiences and for mutual learning.

In the Romanian Orthodox Church it is important to develop a new perspective of ecumenical cooperation, as a future direction in the Pastoral counselling of the sick.

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.

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