# Seven Pastoral Principles for a Hospital Chaplain

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### *Introduction*

Hospital chaplaincy is both a challenging and an exciting experience of ministry. In this paper I shall be presenting and explaining seven pastoral principles which my pastoral experience helped me understand formulate, and integrate to consolidate my pastoral identity as a hospital chaplain. I shall support my explanation of these principles with pastoral encounters I had both locally and abroad. In referring to specific pastoral encounters, I have changed the patients and their family names so as to maintain their confidentiality.

### 1. *Respect*

My first pastoral principle is: *I consider every person to be a child of God and therefore deserves total respect for her/his own individuality, personhood, and decisions.*

Every patient is a unique human being with her/his own life story, family background, belief system, and life values. This sacred and unrepeatable uniqueness of the human person calls for a universal respect for the patient. As a matter of fact, the very first right which the *Declaration on the promotion of the Patients' rights in Europe* states: "everyone has the right to respect of his or her person as a human being".[1] This right is completely endorsed by my Catholic Christian legacy. My faith informs me that every human person is created in God's divine image. Even when we separated ourselves from God, through the person of Jesus Christ not only were we saved, but we were also made sharers of eternal life. Therefore, our own dignity "rests ... on the fact that [we are] called to communion with God."[2]

1. World Health Organization. *A Declaration on the Promotion of Patients' rights in Europe*. Right 1.1. Retrieved 9 November, 2006, from http://www.who.int/genomics/public/eu_declaration1994.pdf
2. *Cathecism of the Catholic Church*, 27. Retrieved 9 November, 2006, from http://www.vatican.va/archive/catechism/p1s1c1.htm #I

Gerard Egan presents respect as one of the foundational qualities for an effective helper. In Egan's view, competent helpers are those who harbour respect for their clients. In other words, "to be basically "for" them and communicate this in a variety of ways: by working hard with their clients, by maintaining confidentiality, by refraining from manipulation, by respecting their clients' values even when they differ from their own, and by prizing the self-responsibility of those they are helping."[3] Thus, respect is the underlying disposition which frees both the helper and the client. The former is freed from the messiah complex, that is "a psychological state in which the individual believes him/herself to be, or is destined to become, the saviour of the particular field, a group, an event, a time period, or in worse case scenario, the world".[4] In the case of the pastor this may evidence itself in the belief that the pastor knows better what the patient should do. On the other hand, the patient with a messiah complex would perceive that there would be little or no point in sharing with the pastor what is troubling her/him.

My pastoral experience taught me that respect for other people also includes responding sensitively to their present emotional state and respecting their personal choices. A case in point is my visit to Elizabeth. Her diagnosis read that she was suffering from cervical disk herniation. Being a mother of a two-year-old daughter, she told me that she was really missing her daughter as well as her husband. Elizabeth's surgery was the day before my visit. Visiting her I could sense how tired she was. Her silent and pale look helped me to understand that recovery for Elizabeth was still in its early stages. In my interaction with her I felt that she was disappointed that her recovery was not as quick as she had been envisaging before the operation. When a doctor interrupted to carry out more tests on Elizabeth, I calmly excused myself and left. After visiting four patients I went back to her to see how she was doing. Elizabeth with a low yet strong voice told me: "Sorry. I can't talk much. I have a sour taste in my throat from the surgery." At that moment I realised that it was time for me to take my leave and allow her to rest.

From this pastoral visit I learned that whilst it is true that as a pastoral carer I "[must] be open to all people who need [my] care and [my] time, acknowledging that they have the right to [my] services,"[5] I had also the duty to respect their individual

3. G. Egan, *The Skilled Helper,* Brooks/Cole, Belmont [2]1982, 36-37.
4. Wikipedia, *Messianic complex,* Retrieved 9 November, 2006, from http://en.wikipedia.org/wiki/Messianic_complex.
5. St Vincents & Mater Health Sydney, *Going the extra mile. Annual Review 2005-2006*, 1.

choices. That day Elizabeth taught me how to be for her by not being with her. The experience of visiting Elizabeth helped me comprehend that as a pastoral minister I can best respect other patients when I "befriend [their] true self and discover that it is good and beautiful".[6]

## 2. Faithfulness

My second pastoral principle is: *Being available and faithful to my ministry.*

Availability is the healthy balance of being with others and at the same time respecting their space in which they can grow. Robert J. Wicks' remarkable insight cannot go unnoticed on this matter. Being available to others also means "not endlessly worrying about [them] so that our personal tension rises to the point that we are overloaded and have no energy to care about anything or anyone anymore."[7]

When I succeeded in finding my pastoral middle way between letting the patients know that I am there for them and concurrently not becoming obsessed in helping them at all costs certainly made my pastoral ministry flowing gently and faithfully. The first episode that comes to my mind are the visits I paid to Julian. This forty-four year old man was suffering from a recurrent brain tumour. Within the space of three weeks I visited Julian eight times. Most of the time I used to find Julian sitting on the armchair watching TV. He preferred to leave it on during our conversations. I respected his preference. Our conversations centred on the shock he felt when he discovered that he had a brain tumour, on how much he was missing his children and the manner by which he was coping with his situation. I was truly amazed by Julian's courage. Although from time to time he would forget some words, he never gave up on holding a conversation with me. If he missed the word I would supply it for him. Furthermore, I was struck by the number of issues that we shared within a five-minute visit. Within this apparent limited time frame, Julian managed to talk about different topics from his life story. Bit by bit, every visit turned out to be a follow up on the previous one as well as a brief prelude to a new chapter in this long yet interesting emotional and spiritual journey.

6. Nouwen, H., *The Inner Voice of Love, A Journey Through Anguish to Freedom*, Doubleday, New York 1996, 49.
7. Wicks, R. J. *Availability ... The problem and the Gift*, Paulist Press, Mahwah 1986, 42.

Reflecting back on the way I ministered to this patient I learned that through my empathic responses Julian not only became aware of "[his] freedom to choose an attitude toward his life situation",[8] but also to nurture and let it grow within him.

Visiting a patient for a long time is not always a pleasant journey. There are times when it is really difficult to keep journeying with the person. This may occur due to a multiplicity of factors that the person concerned does not have any control over. A tangible example is that of Peter who was diagnosed with Lumbar occlusion. In the nine visits I paid to him I noticed how many different hardships this patient was experiencing. Besides the physical discomfort of his back, Peter had to put up with huge emotional instability. He felt he had been given false reassurances that he would be going home soon. Coming from the country, Peter had no family in the city. He just came here for treatment. Peter used to pass his days practically isolated in his own room. Visiting him I could feel his enormous loneliness and isolation. He helped me realise that "when a person is sick ...[s/]he is absorbed into a new inner strange personal land of mystery, lostness, isolation and dependence."[9]Peter allowed me to reach out to him as a friend. While sharing with me about how he was feeling he became interested in my pastoral work. Without compromising my pastoral integrity, I orientated my pastoral relationship with him in terms of "reciprocity of care, encouragement, love, ... support, ... [and] trust."[10]

Exciting as it can be, I learned that a faithful pastoral availability is solely possible when it leaves the patient with the full control of the situation. Given the nature of long-term visits, it is easy for these visits to develop into a friendship. It is essentially important for me as a pastor to be aware of the delicate nature of these visits. The best way I can minister to people like Peter is to keep a constant eye on such relationships by taking them to pastoral supervision. This will save me as well as the patient I serve from any ambiguities while assuring "that the visits continue to be pastoral."[11]

8. Gerald R. Niklas and Charlotte Stefanics, *Ministry to the Hospitalized*, Paulist Press, New York 1975, 17.
9. N. Autton, *A Handbook of Sick Visiting*, Mowbray, Oxford 1981, 17.
10. N. J. Ramsay, *Pastoral diagnosis. A resource for ministries of care and counselling*, Fortress Press, Minneapolis 1998, 122.
11. Glen Kofler *et al.*, *Handbook For Ministers of Care*, Liturgy Training Publications, Chicago $^{2}$1997, 41.

## 3. Compassionate companion

My third pastoral principle is: *Being a compassionate companion to the person through open and attentive listening and presence.*

Listening is foundational within the pastoral relationship. It builds a warming and trusting rapport between the pastoral carer and the person in distress. By using the reflective empathic listening skill, the pastoral person tries to "listen to *feelings* (as well as words) including feelings that are between the lines, too painful to trust to words."[12] From its nature the pastoral encounter calls for a verbal and/or nonverbal response, depending on the situation involved. The pastor gives her/his response to what was being communicated before by the person/s in crisis. The spiritual carer listens intently so as to facilitate the person's self-disclosure of thoughts and feelings. By "reflecting on the person's feelings or thoughts [the pastoral carer] helps [her/] him to gain insight into [herself/] himself and how s/[he] is ... cop[ing] with [her/] his situation realistically".[13]

Feedback from patients has taught me that when unconditional positive regard[14] is coupled with intent listening and empathic responses, people experience me as a compassionate presence to them.

The first story I want to present in this regard is that of Brian and Susan. After many attempts, Susan managed to have a child, Patrick, through artificial insemination. Everything seemed to fare well during the pregnancy until the devastating news that Patrick was born with severe internal malfunctions. Consultants told Brian and Susan that it would be a miracle if Patrick survived more than six months. One can only imagine the anger, frustration and grief this couple went through. Two days after I baptised Patrick, I went to visit Brian and Susan in the Post-Natal ward. Susan was located in the very last room of the ward.

12. H. Clinebell, *Basic Types of Pastoral Care & Counseling*. Abingdon Press, Nashville 1984, 75.
13. Gerald R. Niklas and Charlotte Stefanics. *Ministry to the Hospitalized*, 11.
14. For Carl Rogers unconditional positive regard occurs when "the therapist communicates to his client a deep and genuine caring for him as a person with potentialities, a caring uncontaminated by evaluations of his thoughts, feelings, or behaviours,"C/R. Rodgers(ed.), *The Therapeutic relationship and its impact*, The University of Wisconsin Press, Madison1967, 102.

It was an extremely emotional pastoral visit. The couple were grieving the loss of Patrick in different ways. Brian cried a lot during the visit. He was very much in touch with his own feelings of deprivation, unfairness, frustration, disappointment, anger, guilt, uncertainty, and hopelessness. He was grieving his lost opportunity to be a father of a healthy child.

With Brian I worked by picking up these feelings and reflecting them back to him through empathic responses. The underlying message that I was conveying to him was to "let [him] know that [I was] *trying* to understand [his] inner world of meanings and feelings."[15] I sense that Brian felt that I was with him during the conversation, in that he was not only able to express his feelings but to also encourage Susan to speak as well.

This pastoral visit taught me that grief has its process to undergo. Important as they can be, empathic responses are not the exclusive mode of ministering to people living through tough times. I learned this hard lesson when I tried to minister to Susan. Since "grief is a complex emotion,"[16] it was very hard for her to articulate her shock, frustration, grief, anger and fear. I was hoping that my empathic responses would "lance [Susan's] psychic wound, permitting the poison of [her] pent-up feelings to drain off."[17] But healing cannot be rushed. It just needs to take its time. This is when it is important to be with the persons, wherever they are, and not to assume to know what they might be feeling. Thus, this challenging pastoral encounter taught me that "the gift of time, and presence and shared agony is the best support."[18] I could offer to Brian and Susan during their life crisis.

## 4. Making spiritual assessment

My fourth pastoral principle is: *Making available spiritual resources, which best support and respect the religious and spiritual sensitivities of the person in distress.*

Irrespective of her/his own belief system, every person is engaged consciously

15. Clinebell, *Basic Types of Pastoral Care & Counseling*, 76.
16. Jackson, E. N. *The Many Faces of Grief*, Abingdon, Nashville 1977, 11.
17. Clinebell, *Basic Types of Pastoral Care & Counseling*, 76.
18. R. A Steward, 'When the Patient Is a Woman', in S.E. Cheston & R.J. Wicks(eds.), *Essentials For Chaplains*, Paulist Press, Mahwah 1993, 133.

or unconsciously in a life long journey of searching for "the meaning of [her/] his own existence."[19] For that matter, s/he "has the right to have his or her ... religious and philosophical convictions respected."[20] As a pastoral companion I am called to accompany the people I encounter in my ministry by helping them tap into their spiritual resources or traditions in order for them to find meaning, to unite and assimilate challenging experiencing of illness, suffering and death. Spiritual assessment is a solid means through which I can better assist people in crisis to discover their own life answers or understandings. Spiritual assessment "is a ... careful review of the spiritual needs and resources of a person."[21] Anthony's story illustrates how useful the spiritual assessment tool has been to my ministry.

During the four lengthy visits I paid to Anthony, the patient spoke a lot about his own spirituality. Being a genuine seeker, Anthony told me that he spent hours reading and reflecting about God. For Anthony there must be a God who is keeping the created world and its people going. The great prophets of the past, Buddha, Moses, Jesus, Mohammed etc, were simply pointers to this holy and mysterious God. Anthony felt scandalised by his belief that the great religions of the world advocated the killing of people in God's name. In Anthony's perspective, God is harmony, peace and contentment not hatred, wars and destruction. Therefore Anthony could not align himself with any world religion. For him, world religions gave a very distorted idea of the divine.

Anthony's experience of the holy made him "feel [spiritually] resourced"[22] and socially responsible. The more the patient continued to "shar[e] a wealth of material about [himself]"[23] the more I apprehended that God is not an ethereal principle for Anthony. God is met in sound moral values that should govern humanity's morality.

19. Vatican II: Pastoral Constitution *Gaudium et Spes*, 41. Retrieved 11 November, 2006, from http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_cons_19651207_gaudium-et-spes_en.html
20. World Health Organization, *A Declaration on the Promotion of Patients' rights in Europe*. Right 1.5. Retrieved 9 November, 2006, from http://www.who.int/genomics/public/eu_declaration1994.pdf.
21. Peter Fitchett, *The 7 x 7 Model For Spiritual Assessment: A Brief Introduction and Bibliography*. Retrieved 16 November, 2006, from http://www.rushu.rush.edu/rhhv/docs/intro%20v%204.pdf
22. Lucas, A. M. 'Introduction to The Discipline for pastoral care giving' in L. VandeCreek & A. M. Lucas(eds.), *The Discipline for Pastoral Care Giving: Foundations for Outcome Oriented Chaplaincy*. The Haworth Pastoral Press, New York 2001, 11.
23. *Ibid*., 9.

In Anthony's view, a firm morality is one that incorporates the following three tenets: (i) "Whatever you wish that [people] would do to you, do so to them" (Mt 7,12) (2) Take care of creation; and (3) Use your talents for the common good.

Anthony's comprehension of his relationship with a harmonious, creating and loving God gave him a meaning and a sense of vocation in life. Modelling his life on a creating God, Anthony understood that his vocation in life was that of preserving and developing what has been created by God's working hands. On the other hand, the patient was very much aware of his dependent rapport with the created natural world. Anthony's response to the ruthless manner by which the environment was being exploited, was to be responsible for his use of natural resources. He wanted to extend his caring responsibility even after his death. In fact, in his will he explicitly expressed his wish to be buried in the soil. He was convinced that his corpse would be of great benefit to the ground.

Anthony became very distressed when he realised that he would not sail in time to return to his family in New Caledonia. This meant that he and his wife's pension would be reduced by forty percent. Anthony noticed that he was running out of time. His immediate hope was that his medical tests would be finished in time for his return. His long-term hope was to regain his health. Since Anthony's hope had "its locus [in his personal] responsibility"[24] for his own health and well-being, he decided that it was wise to wait and get the results of his test.

Family was a foundational value for Anthony. In his perception, marriage was a "community of love"[25] which perfected and perpetuated life through the generation of children. He mentioned his wife quite often. He said that she used to visit him everyday. I imagined that she must have been giving him a lot of support. I sensed that since Anthony "trust[ed] in [the] relationship"[26] he had with her, he was more open to take risks in his situation.

In ministering to Anthony my "desired contributing outcome[]"[27] of caring was that amid the uncertainty, frustration, fear and anger he was in, Anthony could see

24. *Ibid.*, 15.
25. Vatican II: Pastoral Constitution *Gaudium et Spes*, 47, retrieved, 17 November, 2006, from http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_cons_19651207_gaudium-et-spes_en.html
26. *Ibid.*, 17.
27. *Ibid.*, 18.

in me a faithful, compassionate and effective God person. I hoped that my pastoral presence was helping him "deepen[] and extend[]"[28] his self while simultaneously enabling him to feel that "someone [was] car[ing] about [him], and that []he [was] truly heard and supported".[29]

In order to alleviate Anthony's emotional pain I formulated the following plan: (i) offering the patient the opportunity to talk about his views on spirituality; (ii) being a safe haven where his emotions are held and related with; (iii) encouraging him to find his own way of coping; and (iv) offering support for his wife.

My pastoral intervention with Anthony mainly consisted of "active listening to [his] personal sharing".[30] Anthony welcomed my "nonjudgmental relationship"[31] with him. He continued "to be open to [my] presence."[32] He made himself available to talk and expressed what was really relevant for him. The more I accepted him unconditionally, showed him hospitality, and validated his views, the more Anthony could explore his spirituality and start expressing his concerns regarding his illness and present life situation.

As his profile started to unfold, he realised that he had enough innate resources that would give him hope, meaning and adequate ways of coping. From time to time I would get feedback on my ministry from Anthony by asking him how the spiritual resources he had were truly helping him to give the best response he could to his current issues. Anthony always told me that he was feeling calmer about the whole matter.

Even if the plan did not work out thoroughly because I never got a chance to meet his wife, I felt that Anthony's change would also have helped her, lessening her stress and giving her some hope too. The difference in Anthony's life had undoubtedly been happening. Anthony's personal comments to me just before leaving the hospital assured me of the effectiveness of my pastoral plan with him: "Thank you very much for everything you did for me. You have been such a help

28. N. J. Ramsay, *Pastoral diagnosis. A resource for ministries of care and counselling*, 122.
29. Lucas, 'Introduction to The Discipline for pastoral care giving', 20.
30. *Ibid.*, 24.
31. *Ibid.*
32. *Ibid.*, 22.

to me". I was happy because I could see that my visits achieved their intended outcome: to be with Anthony in a caring and affirming way in order that he could draw his support from his spirituality and a supportive wife. The secret of my pastoral efficacy was in recognising that pastoral care was about the balanced continuum of "attending to the patient [and] 'doing something'";[33] that is a continuous, informing, challenging and supporting dialogue between action and reflection.

As my experience has demonstrated, assessing how to tap into the patient's spirituality and offer it back to her/him as a caring, respectful and loving invitation is vital for one's own entire healing. I also noticed that the relevance of my spiritual assessment remained useful if I kept checking with the patient the destination of the visits, that is to say, by being open, warming and available to Anthony. After all, "[my] "person" [was my] primary "tool" in both [my] intervening and assessing".[34]

## 5. Working collaboratively

My fifth pastoral principle is: *Working collaboratively by making appropriate referrals to local religious leaders and faith communities and to other health professionals.*

One of the basic professional duties of pastoral care is our "commitment to the [patients'] best interest".[35] Through my pastoral experience I have found that the most productive approach in addressing the needs of people in crisis is by working with other health professionals. It is impossible for one profession alone to cater for the patient holistically. It must necessarily seek the helping hand and the insights of other specialised sciences. If pastoral care intends to live up to its ideal of "mak[ing] caring specific,"[36] collaboration is the attitude it must embrace and foster. As a Christian I strongly believe that each profession actively participates and renders present in our times a saving aspect of Jesus Christ. Pastoral care is salvific when it purifies its action through reflection. Pastoral care is "contemplative ... in

33. *Ibid.*, 29.
34. *Ibid.*, 28-29.
35. R. M. Gula, *Ethics in Pastoral Ministry*, Paulist Press, Mahwah 1994, 60
36. J.Patton, *Pastoral Care in Context. An introduction to Pastoral Care*, John Knox Press, Kentucky 1993, 138.

action"[37] when it not only detects what it can do but also by having the courage of identifying what it cannot do. It becomes authentically a servant when it empties itself from any imaginary presumption and control and humbly refers the person to those who can best respond to the person's needs. In this way, pastoral care acts as one of "God's fellow workers" (1 Cor 3, 9), ascertaining that every person's right to receive the best available care.

The first time I worked hand in hand with other professionals was when I was journeying with Brian and Susan. From my very first visit I sensed that their story was too complicated for me to tackle on my own. When I talked to one of my fellow chaplains, he referred me to Joan, the Bereavement Midwife. She concurred with me that it made much more sense that both of us work together. We could enlighten each other's work. For four months Joan and I met periodically to discuss, inspire and sustain each other in the journey we were undertaking with Brian and Susan. The feedback which Joan gave me helped me to better focus my pastoral intervention on Brian and Susan's spiritual needs. The benefit which Joan received from my pastoral input was that she could better understand the complexity of Brian and Susan's situation. Thanks to our collaboration, Joan and I had a better and a clearer "vision with concrete objectives"[38] to accomplish.

The second story is that of John. He was a seventy five-year-old English man who was in Malta for a holiday. I met John at the Coronary Care Unit ward. The patient was an Anglican. I informed him of the possibility of having a visit from the Anglican priest. Being a practising High Anglican, John accepted my invitation. He explicitly asked me to notify the Anglican priest and request him to visit. After the visit I contacted Canon Tom Mendel of St Paul's Pro-Cathedral and let him know that one of his parishioners wanted to see him. Both Canon Tom and John were pleased. Besides serving as a bridge between the patient and his faith community, this pastoral visit taught me how pastoral care can be instrumental in promoting "the ecumenical spirit [through] practis[ing] ecumenical cooperation."[39]

37. Au, W. 'A Spirituality for Collaborative Ministry'in R.J.Wicks(ed.), *Handbook of Spirituality for Ministers*, Paulist Press, New York 1995, 401.
38. L.Sofield, and C. Juliano. *Collaborative Ministry Skills and Guidelines*, Ave Maria Press, Indiana 1987, 72.
39. Pontifical Council For Promoting Christian Unity. *Directory For the Application of Principles and Norms on Ecumenism*, 204. Retrieved 13 November, 2006, from http://www.vatican.va/roman_curia/pontifical_councils/chrstuni/documents/rc_pc_chrstuni_doc_25031993_principles-and-norms-on-ecumenism_en.html

The third experience I had of collaborative ministry occurred at the Dialysis unit. In one of my routine visits I met Doreen. She told me how concerned she was about Roger, another patient at the dialysis unit. Last time Doreen saw him, he said he wanted to die. He could not take it anymore. Doreen urged me to go to see him. Roger had been admitted to a ward. Following my visit I went to check who from Pastoral Care was visiting this ward. I found that my CPE colleague Donald was the pastoral person. I went up to the ward, found Donald and shared with him what Doreen had told me. Donald appreciated very much that I referred Roger to him. From the way Donald responded to me I could feel that my feedback had proved enlightening. He gained a clearer idea of how he could better minister to Roger. As a result of my feedback, Donald decided to revisit Roger. I went to the Pastoral Care Department very comforted knowing that I had referred Roger to Donald, that Donald felt illumined and supported in the journey he was undertaking with Roger and that Roger would get the care he needed.

These three experiences have made me more aware that the authenticity and relevance of pastoral care rests if it "create[s] a community in which [different professionals] collaborate with gentleness as a sign that [they] value one another's"[40] personalities and contributions.

## 6. My pastoral and personal integrity

My sixth pastoral principle is: *Promoting and maintaining my pastoral and personal integrity by respecting boundaries and confidentiality.*

Every professional pastoral carer should seriously be convinced that within or outside the pastoral relationship s/he has "the greater burden of responsibility [because s/he is] the one with the greater power."[41] Conscious of the unfortunate possibility that I can hurt and damage people under my care, I made it a point in my ministry "to keep [my] boundaries clear"[42] by maintaining a separate sense of self from those whom I serve.

When I started working in St Luke's one of my fellow chaplains emphasised with me on the importance of being prudent and constantly watching my boundaries

40. St Vincents & Mater Health Sydney: *Going the extra mile. Annual Review 2005-2006*, 1.
41. R. M. Gula, *Ethics in Pastoral Ministry*, Paulist Press, Mahwah 1994, 105.
42. *Ibid.*, 81.

while visiting patients, especially when visiting women and children. Because my lifestyle represents "God's presence in loving acceptance, healing or judgment,"[43] the amount of personal and professional responsibility that is expected from me is huge. Mindful of the Pauline principle of "put[ting] no obstacle in any one's way so that no fault may be found with [my] ministry" (2 Cor 6, 3), I started to minister to God's sons and daughters with utmost care and vigilance.

The first pastoral experience where my pastoral and personal integrity was put to the test was when I visited Sabrina, a twenty seven-year-old patient who had just been diagnosed with Chronic Myelogenous Leukemia. Sabrina had a three-week-old daughter. She was confined to her hospital room. Visitors had to put on masks when visiting her as her Immune System was weak. Sabrina desperately needed someone who simply gave her time to talk. She was feeling shocked, isolated, sad, uncertain and angry about her situation. The thought of being separated from her little one filled her with anxiety and frustration.

Sabrina appreciated my visit. For the first time during her hospitalization she was allowed to cry and express her innermost feelings about her current life story. By "establishing a warm accepting relationship with [her, Sabrina started] ... feel[ing] her worth."[44] Although I felt comfortable talking with her, I felt that the patient's needs were partly met. From a family systems perspective, Alexander, Sabrina's husband, also needed pastoral support. If he neglected the need that a third party would listen to his story, his marital relationship with Sabrina would have been at greater risk. After reflecting on what happened in my first pastoral visit, in my next visit to Sabrina I suggested to her if it was okay for me to meet both her and Alexander together. Sabrina accepted. When I met the couple I could feel that both of them needed my pastoral support. I took the opportunity to introduce myself to Alexander, let him know why I visited his wife and express my wish of wanting to visit them as a couple. Even though I kept visiting the couple regularly, there were instances when I sensed that it was not appropriate for me to visit. There were moments where the couple just wanted to be left alone, to enjoy each other's company within their comfort zone. My ministerial integrity informed me to respect their sacred space by not visiting them that day.

My visits to Sabrina and Alexander enriched my ministry in two ways. First, they

43. *Ibid.*, 12.
44. Gerald R. Niklas and Charlotte Stefanics. *Ministry to the Hospitalized*, 66.

made me more responsible to "respect their physical and emotional boundaries."[45] Second, they made me aware that I truly foster and safeguard my pastoral and personal integrity when I "respect the freedom of others."[46]

Confidentiality is "hold[ing] in trust what [vulnerable persons] do not want disclosed further without their permission."[47] Except in circumstances where withholding information from other health professionals would result in serious harm to the patients or others, for example when a patient speaks about feeling suicidal, confidentiality is to be strictly observed in all pastoral encounters. Holding in confidence what patients reveal to us does justice to the three values of personal dignity, fidelity and the pastoral relationship. When one's secrets are kept that person's personal dignity is preserved because s/he has some control over others' perception of her/him. Normally a person is ready to disclose personal information only if s/he senses the trustworthiness of the other.

I saw these three values at work in the story of Stephen. This little boy suffered a serious head injury when he was playing with a friend. In my fourth visit Stephen was recuperating after his third head operation in the Intensive Care Unit. By his bedside was Elsie, his grandmother, whom I had known since I was a child. Elsie recounted to me how she and her husband Stanley were on the brink of a marital breakdown. Her son Matthew, who deeply believes in the value of the family, did not like the mess his mother was in. For four months he did not contact her in the hope that she would stop her extramarital affair and return to her husband. Fortunately the story ended with a reconciliation. When Stephen's parents came to see him twenty minutes later I was very diligent in not divulging any information that would undermine Elsie's dignity, trust and her ongoing commitment to her faithful husband. Moreover, as a priest I am also duty bound, under the penalty of excommunication, to be completely silent after a penitent's confession. This is so because "the sacramental seal is inviolable."[48]

My personal and pastoral vocation as a minister of compassion urges me to be more committed in "reproducing the image of Christ and in particular in following

45. R. M. Gula, *Ethics in Pastoral Ministry*, 146.
46. *Ibid.*, 86.
47. *Ibid.*, 119.
48. *Code of Canon Law. Can.* 983 §1. Retrieved 15 November, 2006, from http://www.vatican.va/archive/ENG1104/__P3G.HTM

his example both in [my] personal and ...[my] apostolic life."[49] The more I respect boundaries and confidentiality the more I believe Jesus' compassion continues to heal and strengthen others, myself and the ministry I was called to embrace.

## 7. Commitment to my ongoing professional formation

My seventh pastoral principle is: *Undertaking and being committed to my professional, spiritual and human development through pastoral supervision, spiritual accompaniment, personal study, retreats, debriefing, taking holidays etc...*

Unfortunately for a good number of ministers, "ministry ... does not require continuing education, consultation or supervision."[50] One way of enhancing the effectiveness of my ministry and drastically reducing the risk of harming people, is to regularly go to pastoral supervision. Supervision is a privileged place where pastoral wisdom and monitoring is imparted within a personal periodic encounter with a supervisor. This "eternal learn[ing]"[51] experience continually shows me the humbling truth that: "ministers of care are human beings, and by definition, human beings are imperfect."[52] Couched within the action reflection model, the verbatim account which I present in every supervisory meeting gives me ample opportunity to reflect with my supervisor on my pastoral ministry.

One of the greatest benefits of this reflective journey is that of encouraging me to put myself into the suffering person's shoes. The crucial question with which my pastoral supervisor, Ms Jenny Washington, keeps challenging me is "how is it like to be this patient?" My pastoral practice and reflection consistently shows me how such a question is indeed decisive in my mode of being with patients. The pertinence of this timely pastoral check lies in its informing, focusing and adjusting my ministry. Because "individuality is found in feeling,"[53] role playing the patient's part not only assists me to detect the main issues or themes the person I visited was struggling with, but it also offers me different relevant pastoral ways to respond.

49. Pope Paul VI. Encyclical Letter *Sacerdotalis Caelibatus*, 31. Retrieved 15 November, 2006, from http://www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_p-vi_enc_24061967_sacerdotalis_en.html.
50. Sofield, L. and C. Juliano. *Collaborative Ministry Skills and Guidelines*, 100.
51. Gerald R. Niklas, *The making of a Pastorl Person*, Alba House, New York 1980, 20
52. Kofler Glen *et al. Handbook For Ministers of Care*, 55.
53. R.Bolton, *People Skills*, Simon and Schuster, Brookvale NSW 1987, 53.

Speaking from my own experience, supervision is an effective accountability exercise to God, the institution I work in, as well as to the people whom I serve. Thanks to my supervisor's objective feedback, while ministering to someone, I ask myself from time to time the following question: "whose needs are being met [in this relationship]?"[54] The value of this question lies in protecting and purifying my ministerial integrity from every thing that may potentially erode its trustworthiness. In this respect a constant check on how I am dealing with boundaries and transference[55] issues is making my ministry safer and more effective.

Another element, which is making me flourish as a pastoral minister is my continuing education. By subscribing to international journals of pastoral care, reading specialised material on different topics, attending seminars abroad, holding conversations with my fellow chaplains, giving talks as well as writing on certain topics in the newspapers and in the Malta Nursing and Midwifery Journal *Il-Musbieħ*, my ministry is all the time being refreshed by "intellectual insight".[56] My pastoral experience tells me that ongoing study is another means of genuinely caring for people who face life crisis.

To be a competent pastoral minister it is not enough for me to be "refined [by] professional skills and knowledge."[57] One of my pastoral ministry's foundations is the spiritual companionship that the Lord is giving me through my spiritual director. My spiritual companion highly encourages and challenges me to better fulfil my existential goal of being Christ in everything I am, do and think. Spiritual companionship is inviting me to integrate my experience with the mystical written experiences of other people. While empowering me in my strengths and pinpointing the weaknesses that impede me from further development, this lifelong spiritual companion is opening up for me areas in which I need to grow as a person and a pastor. I am addressing these new avenues of growth by proposing actions that can bring about a holistic change process of different levels of my being. Amid the

54. Gula, R. M., *Ethics in Pastoral Ministry*, 79.
55. Edward P. Shafranske defines transference as "the universal tendency to experience present relationships under the sway of past relational experience and conflict. Modes of perceiving, conceiving, and relating with a person are influenced by the effects of other, past, significant relationships, particularly those in which unresolved conflict exists," in 'The Contributions of Short-Term Dynamic Psychotherapy to Pastoral Psychotherapy'in R.J. Wicks & R.D. Parsons (eds.). *Clinical Handbook of Pastoral Counselling*, 2 vol., Paulist Press, Mahwah 1993, 117.
56. N. Autton, *A Handbook of Sick Visiting*, 135.
57. Gula, *Ethics in Pastoral Ministry*, 48.

dark nights that obscure my spiritual path, prayer, asking questions to my spiritual companion and "holding fast [to] what is good" (Rom 12, 9) are yielding for me a plentiful harvest.

Working with people in distress is making me more responsive for my being available to myself. The greatest advantage that emanates from such a habit is that "[my] relationships can flow out of a healthy attitude and a clear awareness of [my] motivations."[58] One of the most productive ways of ministering to myself is by endorsing "a certain contemplative distance from [my] busy activities in order to maintain perspective and to process [my] experience of work..."[59] Spending leisure times with my fraternity and friends, taking holidays, doing physical exercise and pursue hobbies are essential components of my personal and pastoral health. Vacations revivify my continuing ministry, invigorate my mind, my soul and my spirit and "set [me] out into the deep."[60]

## Conclusion

Biblically speaking, these seven pastoral principles of respect, faithfulness, compassionate companionship, making spiritual assessments, working collaboratively, maintaining pastoral and personal integrity and commitment to my ongoing professional formation which flow from my pastoral experience, "denote[] [my] completeness, [my] perfection, [and my] consummation"[61] both as an individual as well as a ministering person. Blessed am I if I adhere to them faithfully and teach them to others!

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58. Wicks, R.J. *Availability ... The problem and the Gift*, 3.
59. Au, W. 'A Spirituality for Collaborative Ministry', 400.
60. Pope John Paul II. Apostolic Letter *Rosarium Virginis Mariae*, 1. Retrieved 16 November, 2006, from, http://www.vatican.va/holy_father/john_paul_ii/apost_letters/documents/hf_jp-ii_apl_20021016_rosarium-virginis-mariae_en.html
61. M.H. Pope, 'Seven, Seventh, Seventy". In G.A., Buttrick(ed.), *The Interpreter's Dictionary of the Bible*, Vol 4, Abingdon Press, New York1962, 295.

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