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MISSIONARY MINISTRY IN HOSPITALS

Mircea Gelu Buta
Professor, MD, PhD, "Babes Bolyai" University,
Cluj-Napoca, Romania
E-mail: butamircea@yahoo.com

Iulia Alexandra Oltean
Lawyer, Bistrița-Năsăud Bar Association, Romania
E-mail: av.iuliaoltean@gmail.com

Abstract

At first glance, the role of the hospital priest is to provide spiritual support and guidance to both people with physical or mental suffering and their families in a time of crisis. The priest of charity, being ordained at the altar, is indebted first to God, then to his own expression of faith and sense of vocation, to the patient, but also to the hospital as an institution. All these obligations usually generate a tension between the spiritual process of pastoral practice and the institutional demands of the hospital. Finally, we ask ourselves, "To whom is the priest of charity indebted?"

Keywords: charity priest; vocation; engagements

Introduction

When we analyse the main activity of the charity priest we find that he assesses the spiritual needs, counsels and prays both for the suffering people and their families and for the caregiver. In addition, its presence is intended to provide an anxiety-free, peaceful atmosphere, especially in situations of crisis and/or bereavement. Carrying out his activity in a post-Christian culture, in a public space defined in non-religious terms, the charity priest, initially guided towards specifically Christian bioethical objectives, often acts unprofessionally, referring to standards imposed by secular morality.

Charity in history

There are people who imagine, due to the lack of a minimum of culture, that the priest entered the health facilities only after the fall of communism. In reality, we find priests among the Christian faithful since the first three centuries of the Church of Christ's existence, marked by great persecution, until the emperor Constantine the Great issued the famous edict from Mediolanum in 313, after which the worshipers of Christ were able to get out of the catacombs. Since its beginnings, the Christian Church has been accustomed to pray for the sick, through its priests, with anointing with oil, in the name of the Lord, according to the recommendations of Saint James. The care and healing of the sick was one of the concerns and moral duties of the Church. Among the charismas are also the "*healing*" ones.

During the period of the early Church, the sick were examined and cared for at home, some clerics learning medicine for this. Foreigners were accommodated and feasted, and Christians in prison were visited as much as possible. They were helped, under this medical aspect, including non-Christians. In the time of Saint Cyprian, Christians set the example of boundless devotion, caring for the sick and burying the pagan dead abandoned by their own people.

Caring for the sick, feeding the hungry, dressing the naked, as well as helping the needy, were expressions of love that were also manifested through charity, since Christian love is expressed through concrete help to fellow human beings.

At the end of the 4th century, thanks to Emperor Theodosius the Great, the Roman Empire became Christian. In that century of great flourishing of Christianity, monasticism, theology, charity reached high heights. Then Saint Basil the Great created a suite of philanthropic settlements, which were the size of a city made up of guest houses, housing intended for the sick and especially of a type of hospital from which our Church would also be inspired a few centuries later, raising infirmaries. These philanthropic settlements were called *vasiliades*, after the name of the founder.

During the Middle Ages, which displaced Antiquity, a consequence of the grounding of Christianity, when pagan institutions had declined or even disappeared, these Christian charitable establishments continued to flourish. In the second Christian millennium, François Rabelais wrote a cheerful masterpiece in a satirical, funny and extravagant manner, entitled *Gargantua* and *Pantagruel*, intended for the people in such a settlement to read.

As for Eastern Europe, marked by Christianity, in the case of our land since those three centuries - occasion for Arghezi to say "*The land of Dobrogea resembles that of Palestine. I think Jesus Christ must have walked here*." –, the ecclesiastical organization was very strong until the year 602, when the migrants invade and devastate. Until then, for three centuries, Scythia Minor was an imperial province of the Roman-Byzantine state. Therefore, we are partakers of the Church of Christ from the very beginning, as the space between the Danube and the Sea gave many bishops, including Teotimus, a participant in the first Ecumenical Synod.

We find traces of the Holy Unmercenaries in our Synaxarium and in most Christian church calendars. The holy martyrs, Holy Unmercenaries of the Church, Cyrus and John, are celebrated twice in Sinaxarium, the first time on January 31st. There are also three pairs of saints, Cosmas and Damian, also Holy Unmercenaries, the first from Rome, the others from Arabia and Asia Minor. Many of these penniless doctors who lived in the age of great persecution were also martyrs. We find them mentioned with both attributes.

The chain of Holy Unmercenaries has not ceased in the two millennia of Christianity, until today, and I will limit myself to naming only two giant saints who lived in the 20th century. It is about the great healer and Holy Unmercenary Saint Nectarius of Aegina, the other being a surgeon who operated only with the icon of the Mother of God nearby, this happening in the demonic Soviet Union. Saint Luke of Crimea (1877-1961) spent 11 years in Stalinist prisons. Towards the end of his life, his persecutors resigned. There are also parts of his relics in our country. I believe that Saint Nectarius of Aegina and Bishop Luke of Crimea are both confessors of Christ and Holy Unmercenaries.

Another great contemporary saint, John Jacob from Neamț, in addition to being a librarian at the monastery of Metania, also took care of the sick, an occupation he continued with love at the Holy Places. Near the Jordan, where he spent two decades, he left a beautiful memory even for the non-Christian patients.

In the 50s of the last century, in some prisons, the connection between the doctor and the priest reached incredible heights. The example of Nicolae Steinhardt, became an Orthodox Christian in Jilava, with a participation that was called ecumenical, was a brilliant episode, but not the only one. In the first volume of the *Orthodox Chronicle*, published by Timpul publishing house in Iași in 1994, the writer Dan Ciachir states the following: „*Between 1950-1954, at the Târgu-Ocna Penitentiary, where the tuberculous inmates, mostly young students, were saved by the disease from the ‹‹re-education from Pitesti››, were imprisoned, they had a less strict supervision, better conditions than in the other prisons, even with medicines and the dedication of some doctors, led by Dr. Margareta Danielescu, mentioned with gratitude by so many other inmates. Father Constantin Voicescu owes the very calling to the priesthood to the years spent in Târgu-Ocna: ‹‹As far as I am concerned, I want to emphasize from the beginning: the life in Târgu-Ocna, with its beauty and tragedy, is*

what led me to leave the study of geography who I was in love with and to opt, after the liberation in 1954, for theology and become a priest. I wasn't the only one»". (p. 131).

Moving from the penitentiary hospital to the regular one, throughout the period of the communist regime, with discretion and care, but also with the complicity of some doctors, many people were confessed and received communion on the bed of suffering. The priest came dressed in civilian clothes, brought the epitrachil and the Holy Communion in a bag, confessing and giving the Holy Communion to the faithful. Historian Stejărel Olaru, in his book dedicated to Maria Tănase, shows that the great artist died confessing and taking the Holy Communion at the hospital, before passing to the eternal.

The perception of the priest in Eastern hospitals

The late Archbishop and Metropolitan Bartolomeu Anania reminded the doctors years ago that it is not the disease itself that makes the patient sick, but the shock of breaking from normal life and suddenly being thrown into another life. That is why, he said, there is a need to rehumanize the hospital, and our Church has entrusted this mission to the priests in the hospitals. They have a very difficult mission, the Archiereus specified, because „*our people have a bad understanding of the priest at the head of a sick person. When the sick person sees the priest approaching with Holy Communion, he believes that this is the forerunner of his death, which he is not willing to accept. That is why the priest must be wise and cautious...*"

This is the place to say that, although the Roman Catholics have, like us, the seven Sacraments, for them the Holy Anointing has a different meaning, as can be seen from the name *estrema unzione* (last communion). In the Orthodox Church the purpose of the Sacrament of the Holy Anointing, which is served periodically in churches and monasteries, is healing the sick, and not their preparation for the world beyond.

Today, a few decades after the priest regained his rightful place in all areas of society, the "*models*" are mentioned, that he must take into account, especially in the medical field. One thing must be stated: any national Orthodox Church is a church of the masses. If the Roman Catholics cultivated personalities, both ecclesiastical and lay, and had hierarchs and priests highly valued in their halls, the Church of the East always relied on the people; moreover, its constitutive elements are: the clergy, the righteous people and the monks. The idea of renewal or, as some intellectuals erroneously chant, of "*reform*" arouses suspicion, opposition and fears. A great contemporary clergyman, who can also be considered an authentic Christian thinker, Father Teofil Părăian, said that he could not accept an organization like the Army of God because in the Church of the East, any attempt at innovation is a priori rejected, being considered a step towards heresy, disorder, conflict. Of course, both lay priests and monks know this, but there is the undesirable possibility that a younger priest will come up with innovations or invoke psychoanalysis, which would be very distasteful to the ordinary believer living in the world of the Orthodox Church. This can also be seen in liturgical language. We say in a prayer: "*You came down from on high, Merciful*", and the Greek Catholics say, if they had not given up in the meantime: "*You came down from altitude, Merciful*".

The Bible is not unitary from a philological point of view, but especially the interpretations vary from one cult to another. Some resort to the Masoretic text for the Old Testament; so it is with versions of Protestant or neo-Protestant inspiration. The Holy Scripture of our Church is, as Gala Galaction said, *a daughter of the Septuagint*. As for Nicolae Iorga, the great scholar reduced Lutheranism to "*a philological approach*". Ecumenism is an aspiration that, according to some, will never be fulfilled. Not only an Orthodox believer, but also a Roman Catholic could not use what is called the "*Cornilescu Bible*", which is nothing more than a translated Anglican Bible.

The mass church, the Orthodox Church, is one of living, not of experiments and unnatural rejections. We venerate the saints, led by the Mother of God, we prostrate before the relics and kiss them, we go with hundreds of thousands to the feasts of patron saints and in all spiritual pilgrimages. How could we abandon these landmarks of a faith that we profess and live for hundreds and hundreds of years?

This is why we must guard against illusions and errors. Because what does ecumenism mean? Originally, "*all the inhabited earth*." There was a time when the Patriarch of Constantinople, who became the Ecumenical Patriarch in the 6th century, was the archpastor of the Christians. That's why, when we talk about ecumenism, an expression of a character of Marin Preda comes to mind: "*There are possibilities that can be and possibilities that can't be*".

The multi-denominational priest

We live in a world poisoned by reason that some call post-Christian. We see that the Liturgical Life of Christendom, which over time sanctified all the elements of life, including the public forum, was marginalized being returned to the laity. In the public space of North America and Western Europe, Christianity has been privatized and no longer has a decisive role in public life. Thus, the moral and metaphysical commitments of society based on the understandings of Christianity were transformed into an articulation based on the assumptions of a secular social democracy. This secularization of public discourse has profound implications for the general bioethics largely accepted by hospital chaplains who claim to receive recognized hospital status, with office space and salary, but also to be included on medical teams. In exchange for such claims, hospitals as institutions try to impose their own wishes and rules on the priest.

In their work, hospital priests face both the skepticism of the institution's administrators and doctors regarding the spiritual realities of this life. In the created situation, priests are tempted to justify their activity by contributing to: a. Patient management, helping him to accept his illness and the prescribed treatment; b. The well-being of the patient by cultivating the feeling of love and peace; c. Patient and family satisfaction by providing religious rituals such as prayer and the Sacraments.

In the experience of more than 30 years that I have acquired as a hospital manager, I have found that some of the priests have fallen into the traps of multi-denominational pastoral care. Losing normativity, some of them were willing to pray with patients in the way they wanted, resorting to prayers that were not authentic to their own spiritual tradition. These generic prayers are seen by Engelhardt as harmful in themselves because they do not recognize the significance of confessional commitments, their metaphysical, soteriological and other implications (Engelhardt, 2003). Furthermore, the attitude does not come from a sense of the priest's responsibility to God, but rather aims to meet the patient's needs by respecting his autonomy. In the created situation, the hospital priest, who is in a position of moral authority, risks presenting himself in an inauthentic way even producing social, moral, psychological, spiritual and metaphysical damage resulting from the deception surrounding the so-called moral friendship between the parties. The patient is harmed to the extent that he is deceived into believing that someone with moral authority can become a moral friend to him, when in fact this is not the case. This deception may be used in some circumstances to gain the patient's trust, with the goal of divulging certain information that he could only share with a moral friend. As for the priest's injury, this could occur when he uses prayers contrary to his own metaphysical commitments (Kornu, 2022).

There is no single Christianity just as there is no single Christian bioethics. Christendoms are visibly separated by different taken-for-granted, social, epistemological, and metaphysical viewpoints that are the basis of conflicting situations. The aspirations of

contemporary Western culture centered on inclusion and tolerance led to the creation of the notion of non-ecumenical Christian Bioethics. However, the harsh words in the Gospels proclaim: "*I am the Way and the Truth and the Life*. *No one comes to the Father except through me*" (John 14:6). If such passages separate Christians from non-Christians, others give an impetus to proselytism: "*Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all that I have commanded you*" (Matthew 28:19-20). These passages are contrary to contemporary cultural values. Because of this, in order to be conciliatory, non-ecumenical Christian bioethics opposes a facile ecumenism that reduces the content of Christian morality to the lowest common denominator.

In the created situation, the Orthodox Church defends its "*exclusivism*" by maintaining a strong sense of the heretic and keeping its faith in the Holy Spirit as a distinct Person, permanently present in His work. Hence the difference between the Orthodox and the Catholic Liturgy. If in the first the Lord makes himself present with His Body and Blood by the call of the Holy Spirit, in the Catholic one by the words: "*Take, eat..., Drink from it all...*", only a connection is affirmed through remembrance and not by the Holy Spirit, between what was done at the Last Supper and what is being done now. Furthermore, for Roman Catholics the difficulty in understanding bioethics lies not only in its excessive and continuous emphasis on the role of reason in its new defining doctrines, but also in the fact that the post-Christian era in which we live is largely the consequence of the post-Vatican II failure (Tollefsen, 1999).

Clergy and Theology

Pastoral Theology is the discipline of Practical Theology, which deals with the study of pastoral care, that means with the systematic and methodical exposition of the norms guiding the pastoral activity of the priest in the parish, of the methods and means of counseling and enlightenment through which he can fulfill his missionary activity as a pastor soul of the believers with the aim of leading them on the path of salvation. Pastoral care has a close relationship with the practical theological disciplines: Liturgy, Homiletics, Catechetics, Church Law, regarding divine worship, the parish, the sermon, the rights and duties of the parish priest, but also with lay disciplines, especially Psychology. It is considered that a good priest and shepherd must first of all be a good psychologist, that is, a deep connoisseur of the human soul, which he has the duty to lead. Lately, especially in the Protestant and Catholic environment, a new specialty Pastoral Psychology has developed, of which Psychopathology deals with the study of the morbid forms of the religious life of people. Here is a field of research in which, through psychiatry and psychology, scientific thinking meets theology. Following each their own system of evaluation of psychic phenomena and a specific way of penetrating into their causal support, the two disciplines strive to meet in the effort to alleviate the pain of the soul and restore health. Both fields, trying to complement each other, meet in the person of the sufferer: psychiatry, by restoring the mental health of the person active in the social framework, and theology, by restoring the inner beauty of the one created "*in the image of God*" (Fc. 1, 26) (Baloyannis, 2015).

Another chapter of religious psychology is social pastoral psychology, which deals with the study of the concept of religious community; its formation, effects, evolution in the light of the factors that condition social life: the hereditary biological background, the geographical environment and the institutional characters acquired in the course of history (Emilianos Timiadis, 2001, pp. 135-146).

In a world in permanent development, sometimes chaotic, the only ones that do not change are Christian values: "*Jesus Christ is the same, yesterday and today and forever*" (Hebrews 13.8). What endures transformations are didactic strategies, that is, the methods

and means that make it possible to know the truths of faith. As for Christian pedagogy, it has as its foundation the divine teaching and starts from the practice of love of neighbour, of good, of virtues, of solidarity, of communion, concepts that were later introduced and used by other sciences, under the name of the purposes of various educational processes.

In a post-Christian, post-traditional culture there is currently a general lack of clarity regarding the role of priests and/or psychotherapists given that they apply different methods of spiritual versus biological explanations and treatment to the problems presented to them. For example, an intoxicated person on the street may be arrested by the police for a legal offence. So the police officer is exercising a legal role within a legal approach to intoxication. Also, drunkenness can be classified as a mental disorder when there is a psychologically or medically oriented psychotherapeutic approach. In the pastoral field, the priest can recognize the drunken person as a sinner who needs the forgiveness of his sin and correction (Delkeskamp-Hayes, 2010, p.3).

The confusion between roles and approaches is compounded by the general intellectual current that haunts the world. The psychotherapeutic movement that took shape at the end of the 19th century is part of a multifaceted effort to marginalize religious faith, especially Christianity. Freud and the school of psychoanalysis he created, like Karl Marx and Engels with dialectical materialism, attempted to provide the public with ambitious and comprehensive new justifications of the human condition. The result was that psychological forays into the subconscious became a general cultural aspiration. Even after the paradigm shift that took place in the middle of the 20th century, when biologically based explanations and therapies for behavioral tendencies and mental illnesses began to be presented, subconscious motivations and forces continued to shape the orientation of many. With religion reduced to an exhaustive cultural phenomenon, which is a projection of human needs and desires, its role as a source and guide to human development has been taken over by those who advocate psychological expertise on such needs and desires. This is why the pastoral counseling offered by Protestants and Roman Catholics has been largely reconfigured in psychological terms (Dober, 2008).

Since the church has traditionally been described as a "*hospital for sick souls*," one might falsely conclude that priests should function as therapists in such a hospital, for which they should acquire psychological and psychotherapeutic knowledge. The problem of psychotherapy lies in the position between psychiatry as a medical discipline and talk therapy which is structurally similar to pastoral counselling, but unlike it tends to impose its own norms on human development. As secular medical concepts of health exclude transcendence, psychological concepts of health posit the pathological nature of any sought-after access to transcendence. Instead, pastoral counseling appeals to the liberating impact of divine energies, accessible through the mystical presence of Christ in the Church, without which the counseled Christian remains enslaved by fallen desires, habits, attitudes, etc. In this way Christian therapy aims to replace the carnal mode of existence with a spiritual one. Such therapy tries to teach those of the world to become less "*of the world*" (John: 17-14). Since divine grace does not invade the unwilling, not even when it comes to the rebuke of the first transgression, that metanoia, which makes him receptive to the divine energies, a pastoral therapist can only support the sinner's attempt to encounter divine grace.

The dogma underlying the practice of psychotherapy is that discussion which leads to the elevation of the unconscious into consciousness which essentially promotes healing. Therefore, a traditional pastoral treatment will have to focus on a much more comprehensive realm of experience that is, informing fallen people of their divine vocation and helping them to actively cooperate with divine grace, which is ready and waiting to respond and support this cooperation.

When the priest calls the next person in line to go to the icon and confess, he is engaged in a spiritual act of inviting the believer to gather his repentance and focus on confessing his sins, so that he can receive forgiveness. But depending on the intensity of assimilation in prayer, a clergyman can reflect on the importance of the way he calls the faithful, how he looks at him while approaching the icon, the tone of voice he uses, etc. In other words, outside of an immediate Divine guidance, the priest engages in a psychologically focused activity, so his spiritual and psychological interventions overlap.

In conclusion, I emphasize that whenever a priest wishes to integrate secular studies into his priestly performance, he must ensure that such assignments do not leave any doubt as to their strictly preliminary and temporary character.

Conclusions

When we consider questions of the role identity, obligations and loyalty of the hospital priest, it becomes clear that various tensions underlie his work. First, there is an inherent tension between the spiritual process of pastoral practice and the institutional requirements of the hospital. If pastoral practice is unquantifiable and unlimited, a fact for which some categorize it as ineffective, medical activity is evaluated in economic terms. As a result, the priest working in the hospital has sought to orient his work towards professional standards that match the needs of the medical institution by trying to use spiritual assessment tools, billing codes, etc.

Another tension that presses the activity of the hospital priest is represented by the confessional identity and the interconfessional pastorate. In addition, the political role that hospital management assigns to the priest to support the policies of the hospital or the funders of the institution should not be neglected. Interrogating these realities, we finally ask ourselves who the priests who work in hospitals are rightfully indebted to.

Another question concerns how Orthodox pastoral care could benefit from the addition of knowledge, methods and attitudes developed by the secular disciplines of psychology and psychotherapy. It must not be forgotten, however, that the return to psychotherapy, rather than the return to the therapeutic spirit of traditional theology, offers a secularized substitute. Since the church has traditionally been described as a "*hospital for sick souls*" it is easy to conclude that priests act as healers of souls. Without the liberating impact of divine energy accessible through the mystical presence of Christ in the church, the counseled Christian remains enslaved by fallen desires, habits, and attitudes. That is why a proper Christian therapy aims to replace the carnal mode of existence with a spiritual one, thus restoring true human dignity through humility and repentance.

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