

# What Keeps People Well? A New Paradigm for Pastoral Care

**W**hat keeps people well? Why do some people stay healthy while others, exposed to the same health threats, become ill? Studies indicate that personal and communal relationships, a sense of meaning and purpose in life, and hope are essential for keeping people healthy. All these factors fit into a framework of faith and spirituality, according to Thomas Droege, PhD, professor of theology, Valparaiso (IN) University. He spoke at the Catholic Health Association's Twelfth Annual Institute for Pastoral Care Directors and CPE Supervisors in February.

The twenty-first century will be marked by an emphasis on spirituality and health promotion, Droege predicted, citing evidence of the importance of spirituality for health and healing. For example, he said death-camp survivor Viktor Frankl lived because he believed his life had meaning. And in a recent study, heart attack sufferers who lived alone were 50 percent more likely to have a second attack within six months than those who lived with someone.

"Everybody has spiritual needs—the need for meaning and purpose, for forming relationships, for reassurance, for forgiveness, for hope, for self-esteem," he said. A function of pastoral care givers, Droege told participants, is to help people meet those needs on both the horizontal level (through relationships and the formation of life goals) and the vertical level (through a relationship with God).

## NEW EMPHASIS ON SPIRITUALITY

Spirituality is not solely the province of pastoral care providers or the Church, Droege said. But he sees a reversal of the retreat of religion's healing claims before the advance of science's material remedies. In the coming century, medicine will no longer develop "magic bullets" to dramatically curtail mortality and morbidity, as they have in this century. Modern diseases such as cancer, heart disease, and AIDS will be diminished only by changes in life-style, he predicted, and life-

**M**odern diseases such as cancer, heart disease, and AIDS will be diminished only by changes in life-style, which take place through spiritual interventions, said Droege.

style changes take place through spiritual, not physical, interventions.

Leaders in healthcare are now emphasizing the well-being of the whole person, Droege said. They are no longer ignoring the fact that faith and spirituality have always been at the heart of health and healing. He defined faith as "expectant trust in that which promises help in time of need."

The profound effects placebos have had on organic illnesses demonstrate the power of this expectant trust—trust pastoral care givers can reinforce. "The faith that you have or don't have in the healing power of the presence of Christ will affect the expectant trust of the person you are caring for," he said.

## INVITING FAITH IN CHRIST'S HEALING

Droege warned pastoral care givers that in this century of science and technology, they must beware of self-negation and find ways to foster faith in the Church's ministry of healing. This is not easy for pastoral care givers, he cautioned, because they may have only one or two visits with a patient, and they must also overcome the skepticism, engendered by scientific advances, about the promise of Christ's healing presence.

He said that stories help people find meaning and order in the chaos of their disrupted world. Paying attention to the stories patients tell, rather than concentrating on the facts of their case histories, can reveal the meaning of illness—the faith factor—he said.

Imagery is a means to link patients' expectant trust in healing methods and persons with the meaning, or faith factor, in the stories patients tell, Droege said. Because imagery can communicate effectively through the mind to the body, it is a powerful resource for healing. He recommended that pastoral care givers use imagery exercises—for example, asking a patient to picture herself in a story from Scripture—as a tool for deepening the experience of Christ's healing presence (see **Box**).



Droege also told pastoral care givers to have balanced expectations. Expect Jesus to heal, he advised, but do not assume that healing will be instantaneous and supernatural. "To expect miracles is too much. To expect no healing at all and offer only consolation is too little."

### REDEFINING PASTORAL CARE'S MISSION

Balance is the essence of wellness, which Droege sees as at the heart of a new paradigm that is refocusing the medical model of healing. In this new paradigm, Droege advised, pastoral care departments must redefine their mission on two fronts—the hospital and faith community.

In the hospital, pastoral care departments should play a major role in the wellness center, ensuring that pastoral care givers are on the center's staff and that its director has a background in pastoral care.

In the community, pastoral care givers can work with churches, which are "by definition places of healing and health promotion," Droege said. He suggested that parish nurse programs are an ideal way to link the hospital and the faith community. Pastoral care departments, he said,

*Stories and ritual encourage creative responses to our experiences, explained Fr. Sullivan.*

should implement programs, workshops, and retreats for community members.

### HOLISTIC, SYSTEMIC PASTORAL CARE

Rev. Robert L. Kinast, PhD, said a pastoral approach that promotes wellness, rather than focusing on the problem of the current illness, is found in *Pastoral Care of the Sick: Rites of Anointing and Viaticum* (Catholic Book Publishing, New York City, 1983). Fr. Kinast, director of the Center for Theological Reflection, Madeira Beach, FL, contrasted the approach of the rite of anointing with the problem-centered approach of the three men who counseled Job after he had lost his health, home, and family. For them, Job's catastrophe represented a test of their theology, he said. In defending God's goodness and offering Job consolation, they failed to note what Job's experience meant to him. They did not see that Job's personal crisis had isolated him from his network of relationships and taken away his trust in life.

Moreover, the counselors angered God by not "speaking rightly of him," that is, by trying to explain God's actions on their own terms. In Fr.

## STORIES AND RITUAL

Stories and ritual are about hope. They stimulate the imagination and encourage creative responses to our experiences. This was the message of Rev. Gorman G. Sullivan, OCarm, DMin, STL, assistant professor of systematic theology, University of St. Mary of the Lake, Mundelein, IL, who advised pastoral care givers to recast stories to fit a person's experience.

Although Bible stories such as that of the Prodigal Son often seem to make no sense—as illness often makes no sense—Fr. Sullivan said we should look beyond the story. "Walk around within the text," he advised, "until you find a meaning and figure out the experience that gave rise to the story." Stories and

ritual create the possibility—the hope—of experiencing the healing presence of Jesus by identifying with others' experiences, he said.

Fr. Sullivan said ritual and stories let us hear God's word, revealing God's will regarding an illness. They help people to reach "conversion," that is, to entrust themselves to God, as Jesus did on the cross, even though they do not understand the meaning of their suffering. Finally, ritual and stories



Fr. Sullivan

promote union and peace with God and one's experience.

Fr. Sullivan, who is assistant director for the Chicago archdiocese's Center for Development in Ministry, suggested that pastoral care givers can use stories to enhance their praxis. He challenged the audience to identify Scripture stories that have particular meaning for them and then find ways to act out that meaning without speaking. For example, he suggested that a care giver might find nonverbal ways to say to a patient that God loves him, such as sitting with him or rubbing his back. Such an exercise is an example of the imaginative responses that stories and ritual can provoke, he said.



Kinast's analysis, the story implies that the "proper response both theologically and pastorally to illness and suffering, especially that of the innocent, comes only from God's perspective." Job acknowledged this throughout his ordeal even though he was unable to comprehend what was happening to him.

In contrast, the rite suggests a holistic approach different from the counselors' problem-solving emphasis, Fr. Kinast said, and allows pastoral care givers to "speak rightly of God." According to the rite, he said, pastoral care is concerned with:

- The whole person, not just the person's illness. The rite says visitors to the sick should offer both physical relief and spiritual comfort.
- All the person's relationships. The rite relates good health directly to fulfilling our role in society.
- The systems in which the person functions. The rite suggests a wider role for pastoral care in promoting wellness through all the systems that address illness—for example, the family, the medical and insurance systems, and the Church.

In the rite, illness is not explained away but is seen within the pattern of a person's whole life—"a new moment in the person's process of living."

Fr. Kinast said Pope John Paul II's 1984 apostolic letter, *On the Christian Meaning of Human Suffering*, also sees the sick person as "someone in process." The letter, he said, "reduces illness to the larger context of the person's life process of moving into the kingdom of God." Fr. Kinast pointed out that John Paul's apostolic letter notes that the plan of God, which illness can reveal, is the promotion of well-being and the prevention of the causes of illness throughout one's life.

### THE CORE CHALLENGE

This view challenges pastoral care givers to elucidate the positive meaning of sickness. "That's the core challenge of pastoral care: to be able to name the meaning and value sickness has for the person as a whole and for the person's contributions to others," Fr. Kinast said.

But he said the rite does not make clear what the value of suffering is. Thus, in his view, the value of illness and suffering lies in its "revealing power" as a "contrast experience." He likened ill-

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ness to the suffering of the oppressed poor, whose experience contrasts so starkly with that of their oppressors that it reveals what correct experience should be.

Sickness reveals that we should fight against illness and suffering and "carefully seek the blessings of good health so we may fulfill our role in human society and in the Church," he said. "Sickness contrasts with health as a stimulus for change in the direction of a greater integrity and wholeness in the person's life."

Since the sick may become immersed in anxiety and the loss of direction and trust in their lives, Fr. Kinast said pastoral care givers must become spokespersons for their patients. They can offer patients' experiences to others as part of a continuing search for the revelation of God's perspective on wellness. "We try to be their prophets as pastoral care givers who always see the whole person and try to name what the person's illness reveals," he advised.

Fr. Kinast said this role is the basis for a new paradigm of pastoral care: to assume that illness will reveal something of God's perspective, and not to assume that we already know what that perspective is—"to speak rightly of God."

### REDEFINING PASTORAL CARE

If, as Droege predicted, the "cold war" between medicine and religion is ending as healthcare professionals adopt whole-person healthcare, pastoral care givers must adapt. No longer will crisis- or problem-oriented care be adequate. These approaches are too limited in their ability to promote wellness by caring for the whole person and to help patients "hear God's word" and find meaning in their sickness. As Droege recalls, "The making of meaning is clearly a matter of faith that calls for pastoral rather than medical care." And that pastoral care will have to be imaginative and creative.

Droege and Fr. Kinast suggested an armamentarium for fulfilling this role, from writings such as Pope John Paul II's apostolic letter and *Pastoral Care of the Sick* to imagery and stories. It will be up to pastoral care givers, using these and other resources, to define the mission and paradigm for pastoral care in the century ahead.

—Judy Cassidy