

NEW REALITY, RENEWED THEOLOGY

Chaplains, Pope Francis And the Healing Encounter

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The theology of Pope Francis has tremendous influence on how the Catholic health care ministry should view pastoral care. Images and themes such as the culture of encounter, accompaniment and the field hospital are woven into the Catholic health care lexicon. But what do encounter, accompaniment and field hospital mean, on a practical theological level, for those of us who provide pastoral care and for our encounters, especially with patients at the end of life?

Pope Francis' rich images point to new opportunities for theological renewal within all of the church's ministries. First, the church's mission is not a cloistered one, enclosed in a cathedral with high walls differentiating, if not sequestering, itself from its community. The mission is not self-centered and more concerned with its own functioning than the plight of others. It is constantly assessing others' needs and struggles. It is enmeshed with community, possibly indistinguishable from community. If mission were movement, outward-towards-others describes the movement, not inward-toward-self.

Second, appreciating the church and its mission as healing encounter is a helpful ecclesial model. We are using the term ecclesial model here to speak of a view or perspective of the church. Healing was chosen intentionally over other terms such as curing.

Curing entails physical restoration, which may not always be possible. Healing involves wellness while acknowledging the interconnectedness of mind, body and spirit. On the one hand, a cured

condition or disease in a person does not mean she has health (was healed). On the other hand, healing can occur absent a physical or bodily cure.

POPE FRANCIS AND THE HEALING ENCOUNTER

The Gospels are replete with examples of healing. A paradigm passage is Luke 4:40, Jesus "laid his hands on each of them" and healed them.¹ Healing multitudes of people is a recurring theme, as in Matthew 14:14, 14:34, 15:29-31. It is reasonable to presume that healing includes social restoration,

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meaning return to the community after illness isolated the people who were sick or disabled from others. In *Everybody Leads*, Chris Lowney states, "It's been estimated that 700 of the Gospel's 3,700



verses somehow involve healing accounts.”²

The *New Testament* also refers to encounters that Jesus encourages his followers to undertake. He instructs the disciples to go to people to teach, heal and be present (Mark 6:7-13). Shortly before his passion, Jesus speaks in parable about the judgment of nations, which involves seeing God in encounters with others (Matthew 25:31-46). In Paul’s First Letter to the Thessalonians, he guides his congregation’s encounters with others, “Admonish the idle, cheer the fainthearted, support the weak, be patient with all,” (1 Thessalonians 5:14-22) and so on.³ These healing stories also are encounters. Biblical passages clearly support the centrality and the risk of going out to encounter others, rather than being or remaining sequestered (all talk and no action).⁴

Encountering God happens in two ways for Pope Francis. First, it is contemplative, within prayer and discernment, often while doing St. Ignatius of Loyola’s *Spiritual Exercises* and *Examen*.⁵ Second, encounter happens while meeting others. Sr. Gill Goulding, CJ, STL, PhD, summarizes Pope Francis, “[E]very Christian is invited to share in the redemptive work of Christ; Christians are called ... to encounter others, to dialogue with them, without fear.”⁶ Clearly, the pope demonstrates this in his own actions, such as washing the feet of Muslims, kissing the disfigured and inviting the differently abled to full participation in liturgy. The use of encounter here is primarily in the sense of encountering others, not self.

Arguably, encounter has at least two dimensions. One is spiritual/incarnational. Ignatian spirituality is at the heart of the spiritual/incarnational encounter for Pope Francis. *The Spiritual Exercises* call us to “seek God in all things.” Francis advances this by explaining that God is everywhere; we need to know how to find God to be able to proclaim God in the language of each and every culture.⁷ In a 2014 address, Francis stated:

Remember that the Church was born “on the move,” that Pentecost morning. Draw close to the poor and touch in their flesh the wounded flesh of Jesus. Let yourselves be guided by the Holy Spirit, in freedom; and please, don’t put the Holy Spirit in a cage!⁸

In 2013, on the Feast of San Cayetano in Buenos Aires, Pope Francis reminds us that Jesus and the saints are with us in our encounters, and that meeting those in need “multiplies our capacity to love.”⁹

Another dimension of encounter is reflective/developmental. Sin, woundedness, unity, diversity and peacemaking all are pivotal to the

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reflective/developmental encounter. Francis is more than aware of the sin and woundedness of humanity. The dangers of individuals being isolated, even for the “sake of purity,” include self-centeredness and corruption.¹⁰ He compares shutting out opportunities for learning and forgiveness to illness:¹¹ “I prefer a Church which is bruised, hurting and dirty because it has been out on the streets rather than a Church which is unhealthy from being confined and from clinging to its own security.”¹²

Similarly, people should be conscious of undue self-centeredness and self-absorption, as well as excessive pride and self-importance, because these lead to blinders that obscure others’ plight:

[N]o one in the renewal can think of himself or herself as being more important or greater than the others, please! Because when you think of yourselves as more important or greater, disaster is already on the horizon!¹³

Groups of people, including Christians, face similar dangers. Francis warns about exclusivity within the church, explaining that “‘parallel journeys’ are a danger” because seeming safety in a like-minded group is a façade for spiritual and developmental stagnation and complacency.¹⁴

PASTORAL CARE APPROACHES

Health care reform has had dramatic impact on our health care ministries. New treatment modal-

ities and more stringent admission criteria have led to lower inpatient volumes. At the same time, readmission penalties and improved care in non-acute settings have led to higher inpatient acuity levels, as well as the need for more robust spiritual care in the ambulatory and home settings. Our system, Mercy Health, purposely has invited our chaplains outside of hospital walls into outpatient settings. We encourage their participation in chronic disease management groups and consultation with patients after difficult diagnoses in all care modalities.

Of course, as with other disciplines, these new demands have stretched our resources. The result of an expanding scope is less time in acute care for chaplains and different expectations for our spiritual care departments. This has led to redefinition of “work” for our chaplains, as previous responsibilities (such as initial encounters) have shifted to volunteers. Trained volunteers, such as pastoral visitors, as well as church and parish pastors, attend to lower acuity situations in hospitals. Board-certified chaplains attend to higher acuity situations, such as grief, loss and distress, often at the end of life.

The stakes are high for these encounters.

Some recent feedback about pastoral accompaniment seems at odds with this changing landscape. In an overview of the 2015-2016 *Pathways to Convergence* project examining end-of-life issues in Catholic health care, the author notes:

A few [participants on the task force] raised a strong voice that accompaniment should reflect a *pastoral theology of invitational evangelization*, suggesting that those whom we offer palliative care to should be invited, even explicitly, to an encounter with Christ in order to find meaning in their life and to see the reality of redemptive suffering that is available only through him [emphasis in the original].¹⁵

The choice to suggest a specific interpretation of invitational evangelization seems out of place, given the larger, and arguably, richer concepts of the healing encounter and accompaniment.

We cannot know the intent of those few on

the task force who raised strong voices for invitational evangelization. The term may have allure to some with long-term pastoral relationships. For instance, invitational evangelization is not a hit-you-over-the-head method, often quoting the Bible and preaching the Word, in the Christian tradition. But neither is it the subtler evangelism that seeks to transform others through role modeling and exemplary behavior of a life well-lived, including assisting others, through a particular faith.

Many evangelist approaches are difficult because they polarize, prompting responses that range from impassioned allegiance to defi-

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ant confrontation.¹⁶ Chaplains and caregivers using an evangelist approach could catalyze misunderstandings and misperceptions, such as patients believing they are being proselytized. For instance, “The term has been too narrowly construed as preaching by a few rather than as witness through practices of love of God and neighbor,” and proclaiming salvation through Jesus is “difficult for some to hear at first.”¹⁷ A Catholic dictionary defines evangelism as the “zealous preaching of the Gospel, commonly applied to persons or religious bodies that are dedicated to converting people to Christ.”¹⁸

The spiritual care groups National Association of Catholic Chaplains, Association of Professional Chaplains, Neshama: Association of Jewish Chaplains and Association of Clinical Pastoral Education are skeptical of explicit evangelization.

The National Association of Catholic Chaplains cautions against pastoral visitors proselytizing, evangelizing or recruiting.¹⁹

The Association of Clinical Pastoral Education trains chaplains not to evangelize.²⁰



The Code of Ethics (130.13) for the Association of Professional Chaplains specifies, “Members shall affirm the religious and spiritual freedom of all persons and refrain from imposing doctrinal positions or spiritual practices on persons whom they encounter in their professional role as chaplain.”²¹

The National Association of Catholic Chaplains’ Code of Ethics for Spiritual Care Professionals has a similar statement.²²

We acknowledge that invitational evangelization may be an effective pastoral approach when used by parish clergy in the context of a sustained, ongoing relationship.

If equating evangelism with proselytization is an understandably common issue, then encouraging those who are suffering to encounter Christ is not the solution. Servant/lifestyle evangelism, as exemplified by Pope Francis, is a much better approach for several reasons. First, it is central to and inseparable from Catholic health care. Embodying mission and values is servant evangelism.

Second, many recognize the quote often attributed to St. Francis of Assisi about preaching the Gospel always, when necessary using words. Catholic health care participates in the legacy of service to continue the healing ministry of Jesus.²³ It was what foundresses such as Catherine McAuley did by starting ministries of healing and teaching for the poor and underserved.

Third, it is paradigmatic of Pope Francis’ healing encounter and other associated approaches such as the culture of encounter, accompaniment and the field hospital. The focus of servant/lifestyle evangelization is outward-towards-others, not inward-towards-self, embodying “the last will be first, and the first will be last.” (Matthew 20:16)

Fourth, it is our concern that aggressive attempts at evangelization will brand Catholic health care negatively, thus pushing away people who are most vulnerable and ascribing an agenda of proselytizing to our ministries. Servant/lifestyle evangelization is a form of accompaniment and encounter, so there is not a need to refer to evangelization at all.

REFLECTING ON APPROACHES AND ENCOUNTERS

There are boundaries for chaplains and others who facilitate health care encounters. Preaching, recruiting, proselytizing and evangelizing are not

appropriate for encounters with those who are suffering. Invitational evangelization, specifically, could be rife with misunderstandings that alienate those we serve.

Some chaplains and caregivers may still seek further, specific guidance for healing encounters. Keeping the ever-listening God at the center is a start.²⁴ The next step is to take time to be reflective about spiritual/incarnational and reflective/developmental features of encounter. It is not self-absorbed nor self-centered to provide your own healing encounter, as long as doing so does not adversely impact encounters with others. The following rubric with questions and reflections may advance this next step:

- How does the expanding scope of disciplines like pastoral care reflect in my understanding of healing encounter? For instance, how does my understanding of the healing encounter change or stay the same? (For example, do I think of it as more like a field hospital now?)

- How can we use the concept of the healing encounter to transform ourselves? How are we inward-focused, isolated or blinded to seeing God in others?

- Before or after encounters, recall an instance where you were part of or witnessed proselytization, direct evangelism or other inappropriate accompaniment. What did this reveal about accompaniment? For instance, how was it directed towards others or towards self?

- Ask yourself, what are the subtle ways that I might impose my views on others? How might this reflect my own needs?

- What are examples of accompaniment or healing encounters within the church, for example, the work of Fr. James Martin, SJ, with the LGBT-QI community? How do such examples give a new interpretation to what church ministry means?

- Reflect on the ways that churches and ministries can better work together to strengthen the quality or increase the number of healing encounters.

A frequent discussion within Catholic health care involves the distinguishing factors of Catholic health care when compared with other-than-Catholic providers. Common responses seem to be excellent mind-body-spirit and end-of-life care as an alternative to the Right to Die movement.

Pope Francis' healing encounter and associated behaviors mentioned here further excellent care. We believe the healing encounter model, with its accompanying approaches, behaviors and reflections, are practical steps to embody a culture of encounter, accompaniment and the field hospital. If done correctly, they will distinguish Catholic health care from its counterparts.

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NOTES

1. One could substitute *healing* for *curing* in the Gospels, as many examples exist of mind, body, spirit, and social restoration. Healing appears in some passages, such as the healings at Gennesaret (Mark 6:53-56).
2. Chris Lowney, *Everyone Leads: How To Revitalize the Catholic Church* (Lanham, Maryland: Rowman & Littlefield, 2017), 50.
3. The Church of England adapted this passage as a commissioning for confirmands, also known as The Great Commission or the Pauline Commissioning. Some Protestant denominations still regularly use The Great Commission.
4. Francis, *Evangelii Gaudium*, para. 88.
5. Francis, *The Name of God Is Mercy: A Conversation with Andrea Torielli* (New York: Random House, 2016).
6. Gill K. Goulding, *A Church of Passion and Hope*, (London: Bloomsbury T&T Clark, 2016), 282.
7. Francis, with Antonio Spadaro, *My Door Is Always Open: A Conversation on Faith, Hope and the Church in a Time of Change* (London: Bloomsbury, 2013), 102.
8. Francis, Address to Participants in the 37th National Convocation of the Renewal in the Holy Spirit, June 1, 2014. http://w2.vatican.va/content/francesco/en/speeches/2014/june/documents/papa-francesco_20140601_rinnovamento-spirito-santo.html.
9. Francis, Transcript of the Video Message to the Faithful of Buenos Aires on the Occasion of the Feast of Saint Cajetan (San Cayetano), Aug. 7, 2013. http://w2.vatican.va/content/francesco/en/messages/pont-messages/2013/documents/papa-francesco_20130807_videomessaggio-san-cayetano.html.
10. *Evangelii Gaudium*, para. 97.
11. *Evangelii Gaudium*, paras. 91, 93, 97.
12. *Evangelii Gaudium*, para 49.
13. Francis, Address to Members of the Catholic Fraternity of Charismatic Covenant Communities and Fellowships, Oct. 31, 2014. http://w2.vatican.va/content/francesco/en/speeches/2014/october/documents/papa-francesco_20141031_catholic-fraternity.html.
14. Massimo Faggioli, *The Rising Laity: Ecclesial Movements since Vatican II* (Mahwah, NJ: Paulist Press, 2016), 135.
15. MC Sullivan et al., "Pathways to Convergence: Examining Diverse Perspectives of Catholics on Advance Care Planning, Palliative Care, and End-of-Life Care in the United States," *Health Progress* 98, no. 6 (November-December 2017), 79.
16. Lacey Warner, "Evangelism," in the *Dictionary of Scripture and Ethics*, ed. Joel Green (Grand Rapids, Michigan: Baker Academic, 2011), 287.
17. Warner, "Evangelism," 287.
18. John Hardon, *Modern Catholic Dictionary* (Bardonia, Kentucky: Eternal Life, 1999), 197.
19. The National Association of Catholic Chaplains, *Summary of Responses from Members Regarding Preparation and Use of Volunteers in Pastoral Care Settings*. www.nacc.org.
20. Carole DiZeo, "A Listening Ear," *NACC Now* 197 (May 11, 2015). www.nacc.org/nacc-now/nn-issue-197/.
21. Association of Professional Chaplains Code of Ethics www.professionalchaplains.org/Files/professional_standards/professional_ethics/apc_code_of_ethics.pdf.
22. National Association of Catholic Chaplains, *Code of Ethics for Spiritual Care Professionals* para. 103.3, www.nacc.org/wp-content/uploads/2017/01/Code-of-Ethics-for-Spiritual-Care-Professionals-2015-2012.pdf.
23. Juliana Casey, *Food for the Journey: Theological Foundations of the Catholic Healthcare Ministry* (St. Louis: The Catholic Health Association of the United States, 1999), 47.
24. Lowney, *Everyone Leads*.

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