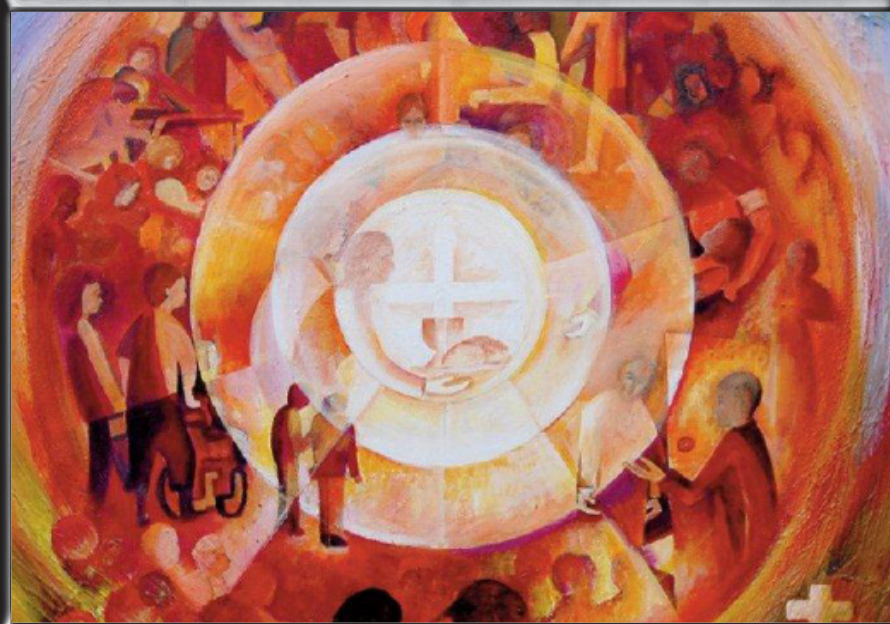


---

# Pastoral Care

in the manner  
of Saint John of God



Keys to the Hospitaller Order's model of spiritual care

---

## Introduction

Publication of the document “Pastoral Care in the Manner of Saint John of God” (Rome 2012) marked an important milestone in the field of the spiritual care provided by the centres of the Hospitaller Order. The most important aspects of Pastoral Care in the manner specific to the Order were taken up in that document to guide those responsible for providing pastoral care.

One of the concerns of the General Commission on the Pastoral Care of the Sick was to ensure that this document would be known and appreciated by all our centres, and it therefore proposed to produce a simpler handbook for use as guidance, taking up the key elements of our pastoral care model using a more pedagogical approach.

This handbook, which we have entitled **“Keys to the Hospitaller Order’s model of spiritual care”**, offers another way of acquainting the public with the model of Pastoral Care in the manner of Saint John of God, set within the broader framework of holistic care, focusing on the people in sickness and need, and their loved ones and all those who are engaged in our Hospitaller work.

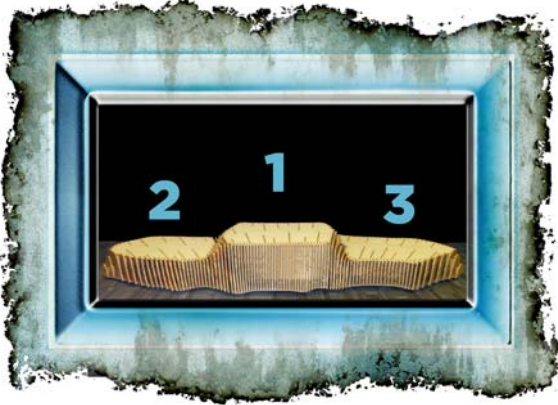
The General Commission was mainly responsible for this task, endeavouring to simplify the contents of the benchmark document and make it more accessible to everyone involved in the provision of care. Each chapter has been divided into three parts for pedagogical purposes: the first part, entitled “Podium”, takes up the three key ideas dealt with in each chapter. The second chapter, entitled “Concepts”, takes up and defines at least five core concepts, while the third chapter, entitled “Stop, think and act”, identifies the practical aspects set out in each chapter. The final chapter contains an original presentation of different sectors of pastoral care, based on testimonies of different people engaged in pastoral care work. These experiences help to show the wide variety and the wealth of the pastoral care provided in the manner of Saint John of God, and show the commitment to so many people intent on providing it.

We are very happy today to offer this instrument to the officials responsible for the Spiritual and Religious Care Service, trusting that it will prove a useful means of spreading the model of care which the Order is promoting among our Co-workers, and our guests and their loved ones.

All that remains for me to do is to thank the General Commission on the Pastoral Care of the Sick and Social Pastoral Care, and all those who have collaborated with us, by providing contents and the pedagogical method and presentational layout, for all their efforts and for their enthusiasm and commitment. We are also grateful to all those people who are working, day by day, to carry the Good News to those suffering from sickness and need, as the most eminent expression of the Hospitality which defines and guides us.

Br. Benigno Ramos  
General Councillor

## CHAPTER I - THE EVANGELISING AND PASTORAL DIMENSION OF THE HOSPITALLER ORDER



I - PODIUM OF THE MAIN IDEAS

### **1<sup>st</sup> Idea – The Hospitaller Order’s mission is evangelisation.**

With the gift and the Charism which Saint John of God received, and of which we are also the depositories in the Church, the Order evangelises on the basis of a specific reading the Gospel of Jesus Christ, in terms of Mercy and Hospitality.

### **2<sup>nd</sup> Idea – Our works have an evangelising and pastoral dimension.**

The way in which we evangelise in practice is through Hospitality. Hospitality is the Charism which the Brothers practise by virtue of their Religious consecration. Our Co-workers also practise Hospitality by virtue of their baptismal consecration as members of the laity, and others do so, by virtue of their specific religious beliefs, and their human and professional motivations. The Charter of Hospitality sets out the principles and values which the Order strives to put into practice in its daily work.

### **3<sup>rd</sup> Idea – All the Order’s Centres must have a Spiritual and Religious Care Service.**

Spiritual and religious care make a decisive contribution to the performance of the evangelising and pastoral mission of each Centre. We must provide the type of care which taken account of every dimension of the human person: biological, psychological, social and spiritual. Only care that covers all these dimensions, at least as a working criterion and as an aim towards which to strive, can be deemed holistic or comprehensive care.



## II – CONCEPTS

**Evangelisation.** This lies at the root of the Order’s mission, as its foundation. It consists of following in the footsteps of Jesus of Nazareth, the Good Samaritan (Lk 10,25), and living and bearing witness in our daily lives to the gift we have inherited from John of God, in a new way and as a response to the needs and expectations of those who suffer.

**The prophetic dimension of Hospitality.** As members of the Family of Saint John of God we are called to live and practise Hospitality, taking upon ourselves the task of awakening awareness of the drama of personal poverty and suffering, speaking out for the voiceless, and opposing the culture of hostility, by proposing Hospitality as an alternative, a Hospitality which promotes people’s health, dignity and rights.

**Principles.** These are the guidelines governing the work of the Order in every Centre. They generally make suffering men and women, and their needs the centrepiece of their hospittaller work, drawing on the Order’s professionalism and Catholic identity.

**Values.** Our four core values spring from Hospitality: quality, respect, responsibility/accountability and spirituality.

**Pastoral care.** This is the Church-in-action, “practical action”. In other words, it entails promoting the dimension of the Word (proclamation), the sacramental presence (liturgy) and service to people in their real-life situations (charity) through our testimony of life.

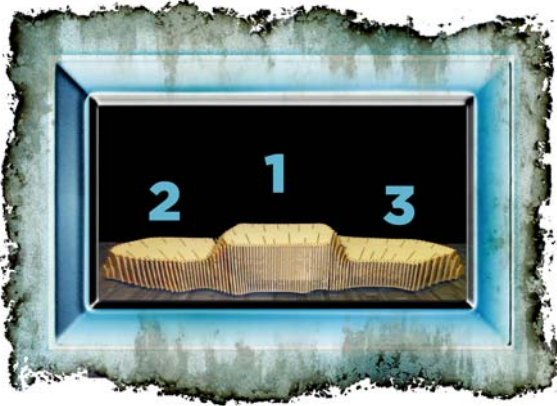


### III – STOP, THINK AND ACT

In practical terms my pastoral work must be based on:

- 1 – Ensuring that all us who are working in a Centre belonging to the Order feel responsible for evangelising and bearing witness to charity, even though we may not necessarily share the same religious beliefs.
- 2 – Consciously bearing in mind the testimony of Jesus of Nazareth and Saint John of God, allowing ourselves to be inspired in practice, in our daily lives, by the parable of the Good Samaritan.
- 3 – Delivering pastoral care on the basis of the Order's principles and values.
- 4 – Ensuring that the Spiritual and Religious Care service forms part of the multidisciplinary dynamic of each Centre.
- 5 – The need to provide spiritual care to everyone, without imposing it, seeking to respond to their actual needs.

## CHAPTER II - THEOLOGICAL-CHARISMATIC FOUNDATIONS OF THE PASTORAL CARE OF THE SICK



### I - PODIUM OF THE MAIN IDEAS

#### **1<sup>st</sup> Idea – Our mission.**

The purpose of all Pastoral Care of the Sick inspired by Holy Scripture is to deliver the message of the Kingdom of God as proclaimed by Jesus Christ. The Order's centres, which form part of the Church, have the mission of evangelisation the sick and needy according to the holistic care model based on the example of Christ and St John of God.

#### **2<sup>nd</sup> Idea – Our charism.**

John of God always linked his practical commitment to his neighbour with concern for their spiritual well-being. The driving force behind his evangelising work was his personal experience of the love and the salvation of God. The Order's Brothers and Co-workers share the charism of Hospitality. The parable of the Good Samaritan can also be interpreted in terms of the merciful and liberating love of God for humanity, a love which drives people to love, and to give themselves. This is the biblical foundation of Hospitality and what is most specific to our evangelising work.

#### **3<sup>rd</sup> Idea – Our commitment.**

In our Centres, pastoral accompaniment is one of the fundamental rights of the people for whom we care, their loved ones and all our Co-workers.



## II – CONCEPTS

**Fundamentals of Pastoral Care.** The purpose of all pastoral care based on Holy Scripture is to deliver the message of the Kingdom of God. Jesus had a special love for the poor, the oppressed and the needy. The account of the meeting on the road to Emmaus in Lk 24,13-35 is an illustration of pastoral care viewed as accompaniment. The Pastoral Care of the Sick is a ministry which “touches” humanity. It is prophetic, God-inspired and performed from the perspective of the Good Shepherd. The Church’s mission is the comprehensive promotion of the human being.

**The pastoral mission of the Church.** The mission of the whole of the Church is evangelisation. The Order’s centres share this mission to the poor and the needy by fostering a comprehensive, holistic care model expressed through our testimony of life and word. Testimony of life is a proclamation, albeit silent, of the Good News, which is very powerful and effective in evangelisation. Nevertheless, bold and authentic proclamation of the Kingdom of God is very important for all genuine evangelisation.

**In the manner of Saint John of God.** John of God served the poor and the sick as a means of tangibly proclaiming salvation and as a practical manifestation of God’s love for all humanity. The power that drove his constant evangelising ministry was his own personal experience of God’s love and His salvation. He also succeeded in changing society’s awareness of and towards the poor and the needy. He lived his vocation with hope and trust in God. The whole purpose of his life was to love God and his neighbour.

**The Hospitaller Family.** The Brothers share the Charism of Hospitality with their Co-workers. Evangelisation through Hospitality is the distinctive feature of the Order. The parable of the Good Samaritan (Lk 10,29-37) is its biblical foundation, a model of holistic care, in which evangelisation takes place in a caring relationship, which is always a two-way process. This love of our neighbour practised in terms of Hospitality becomes evangelisation. For many people, this will be the “only Bible that they will ever read in their lives” (Forkan, D., *The Changing Face of the Order*, 1.3)

**Pastoral accompaniment.** All the people we care for have a fundamental right to pastoral accompaniment and support, regardless of their religion or their vision of life. And this applies equally to their loved ones and to all the Co-workers in the Order.

As pastoral caregivers we must therefore allow ourselves to be moved by God's love and be attentive to people's spiritual needs. And we must do so with empathy and respect, through the testimony of our lives and our words. The particular path of evangelisation which the Order treads is the path of Hospitality.





### III – STOP, THINK AND ACT

In practice, in my pastoral work I must bear in mind that:

1 - The Church's mission is evangelisation. The Order's centres therefore have the mission of evangelising the sick and needy by applying a holistic care model, following the example of Jesus Christ in the manner of Saint John of God.

2 - Everything I do plays a crucial role in the work of evangelisation. My testimony of life must be consistent with my proclamation of the Gospel.

3 - I must view everyone who needs me as my neighbour, and I must view myself as their neighbour.

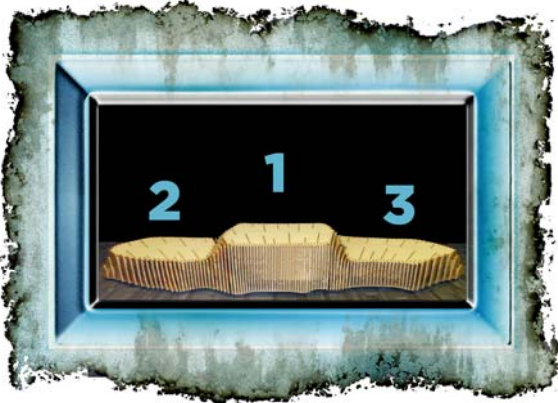
4 - All the people I care for, regardless of their religion or vision of life, have a fundamental right to be given pastoral accompaniment.

5 - As a pastoral caregiver I must allow myself to be moved by God's love, and also by the spiritual needs of the people for whom I care, fostering a model of holistic personal care.

6 - Since pastoral care is prophetic, defence of human dignity when it is under threat, and a commitment to social justice, are inherent parts of it. This requires us to live in a continual process of renewal and to keep up-to-date at all times.

7 - My personal care has its limitations. Committing myself to Jesus the Good Shepherd and holding Him up at all times as my model will help me lead people to open up to the horizon to hope.

## CHAPTER III - PASTORAL CARE IN THE PRESENT DAY CONTEXT



I - PODIUM OF THE MAIN IDEAS

**1<sup>st</sup> Idea – The spiritual dimension is a constituent part of the human being, and it is here that the religious experience is situated.**

The spiritual dimension and the religious dimension are not one and the same thing, even though both of them are mutually related. All religious experience is spiritual, but spiritual experience does not always require a religious allegiance.

Spirituality refers to the meaning in life, and raises the great questions about human existence and opens us up to transcendence. It ranges far beyond a religious structure alone.

Religious experience presupposes a personal choice, and develops within an organised structure, sharing experiences of faith and conduct, and being expressed through symbols and rites. It therefore presupposes a sense of community and tradition.

**2<sup>nd</sup> Idea – Care for the person must be comprehensive/holistic.**

Providing care to meet spiritual and religious needs requires an approach that can appreciate the value of all the dimensions of the person. When we take responsibility to care for someone, we meet their primary need without neglecting the other needs.

Care must be based on personalised, tailored assistance for our guests and their loved ones, depending upon the specific features of each sector (mental health, people with disabilities, the elderly, the homeless, general hospitals etc.).

**3<sup>rd</sup> Idea – Spiritual and Religious Care Services (SRCS) must take account of the diversity of experiences.**

Our societies are increasingly becoming more plural today, which makes it necessary to hold an open dialogue between all faiths and ideological convictions. Pastoral caregivers must therefore recognise people's spiritual needs and be properly trained to minister to them in this plural environment.



## II –CONCEPTS

**The spiritual dimension.** This is one of the dimensions of the human being and refers to the meaning of life, and raises the great problems regarding human existence. This dimension comprises each individual's values and beliefs. The spiritual dimension refers to the aspects of human life that transcend everything we perceive through the senses.

**The religious dimension.** This is the human being's ability to live the experience of a believer. It entails opting for a specific historical religion, a specific God, a specific and oriented doctrine which offers believers a scale of values capable of responding to the great questions which people ask themselves. It is manifested through a specific choice of faith and entails understanding it and living it daily. It is the specific historical manner in which an individual has decided to measure his or her spiritual strength.

**Comprehensive/holistic care.** Care which takes account of all the dimensions of the human person (physical and biological, psychological, social and cultural, and spiritual). These dimensions must be handled by well-trained, competent and responsible professionals.

**Religious diversity.** Religious diversity is based on “the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.” (Universal Declaration of Human Rights, Art. 18)

**Working as a multidisciplinary care team.** Specialist areas, working together, in the pursuit of a common objective.

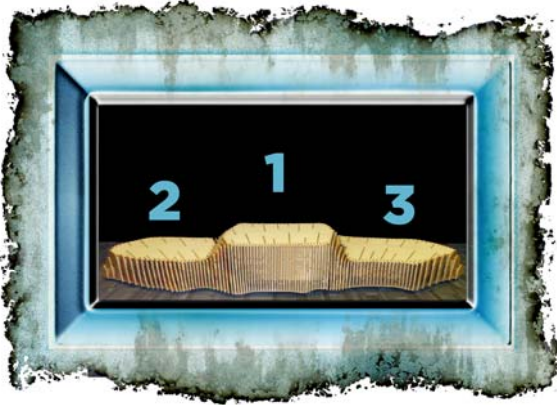


### III – STOP, THINK AND ACT

In practical terms, my pastoral work must comprise:

- 1 – Conducting a diagnosis to identify the person's needs, working with the multidisciplinary care team, in order to propose forms of treatment using appropriate instruments and spiritual and religious actions.
- 2 – The ability to work as a team, offering concrete proposals according to the needs identified.
- 3 – Personalised care, tailored to meet the specific features of the service and in respect of the individual person's religious and ideological convictions.
- 4 – Care targeted mainly at the people in our care, but also at their loved ones and our Co-workers.
- 5 – Religious and sacramental practice which is close to the people concerned and tailored to meet the demands of each sector.

## CHAPTER IV - MODEL OF SPIRITUAL AND RELIGIOUS CARE



I - PODIUM OF MAIN IDEAS

### **1<sup>st</sup>- Idea - Coordinated work.**

In all our Centres, personal care entails having to satisfy the spiritual and religious needs of our guests through the coordinated work of the whole team, as a quality response to the kind of care that is intended to be comprehensive and holistic, in the sense that it must take account of all the constituent dimensions of the human person.

### **2<sup>nd</sup>- Idea – Our care process.**

Caring for spiritual and religious needs whose objective is to ensure the holistic and comprehensive well-being of the person and to facilitate integration and teamwork, comprises 4 phases:

1. Pastoral diagnosis to detect the needs of the guests and their loved ones.
2. Setting objectives in response to this diagnosis.
3. Personal treatment through concrete and feasible pastoral actions.
4. Evaluating the whole process which necessarily implies self-monitoring to enhance and/or redirect it.

### **3<sup>rd</sup>- Idea – Important points to be borne in mind by pastoral caregivers.**

The Pastoral Caregiver must be a member of the health care team, and approach care with the conviction that:

- Accompaniment is a sensitive task which cannot be imposed.
- People must be accompanied and supported in their state of weakness, showing respect for their particular psychological condition without trying to act as a spiritual director.
- Each person cared for is the real protagonist of the whole process.



## II – CONCEPTS

**Spiritual and religious needs.** Spiritual needs have to do with the fundamental direction of the person's life, and are manifested above all in the quest for a meaning of events, and what motivates us to act and the criteria for taking conscious informed choices. Religious needs arise whenever a person has identified the benchmark for his or her spiritual growth with one specific historical religion, and are expressed as explicit requests to take part in the practices of that religion (rites, liturgies, etc.). The basic needs in this regard are:

- *To give meaning to what one is experiencing.* It is built up on dialogue with self, with others, with the world and with the Transcendent.
- *Reconciliation:* seeking communion and personal integration with self, with one's neighbour, with nature and with the God.
- *Symbols:* confronted by another and distinct reality, people look for symbols with which to relate, and to express their experiences through rites and liturgy.
- *Transcendence:* what ranges beyond the limitations of one's own being, and is experienced as the need to be feel linked to the Other, to God. It also signifies continuity beyond death and beyond this world.

**Pastoral diagnosis.** The diagnosis takes place in the pastoral care process to detect the spiritual and religious needs of the user, using appropriate instruments for the purpose. It is a matter of establishing the person's true condition, and how they live and what they need and under the circumstances.

**Pastoral treatment.** Having completed the diagnosis, pastoral treatment must be applied through concrete, possible and typical actions in the field of spiritual care. Examples of such actions may be frequent pastoral visits, active and respectful listening, celebrating sacraments, accompanying the grieving, respecting and caring for and facilitating religious care for people of other faiths, advising and counselling our guests and their loved ones to deal with ethical dilemmas, providing emotional support. All these actions must be provided as a result of interdisciplinary teamwork.

**Evaluation of the process.** This is the phase of which we evaluate the pastoral treatment already provided. This forms the basis of the quality of our pastoral care. It provides the guests with truly therapeutic spiritual and religious care. There are practical instruments whereby to evaluate the care provided, and they have to be known, used, expanded and optimised.

**Pastoral history.** Pastoral history is an instrument whereby to gather the spiritual and religious data on the guests in our care, and must form part of the guests' clinical history, as an extremely powerful tool which is still little used in our Centres. It demands the necessary degree of privacy and confidentiality, data protection, and training and discipline on the part of the Pastoral Caregiver.



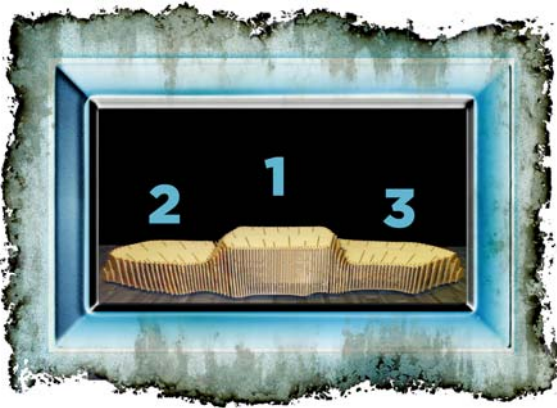
### III – STOP, THINK AND ACT

In practical terms, my pastoral care work must comprise:

- 1 - The need for continuing formation to satisfactorily drive forward the Pastoral Care Process.
- 2 - Designing a model of spiritual and religious care tailored to meet the real-life situation.
- 3 - Teamwork, as an essential condition for provision of quality spiritual care.
- 4 – Accompaniment, which must never be imposed, and always enable the guests to be main players in their own healing process, respecting their cultural and religious diversity.
- 6 - Ensuring that people of other faiths are able to receive pastoral care.



## CHAPTER V - SPIRITUAL AND RELIGIOUS CARE SERVICE (SRCS)



I - PODIUM OF MAIN IDEAS

### **1<sup>st</sup> Idea – All the Hospitaller Order’s Centres must have a Spiritual and Religious Care Service (SRCS)**

The main purpose of the SRCS is to meet the spiritual and religious needs of the people being cared for as well as their loved ones and our Co-workers in our Centres. Working in conjunction with the other services, it contributes to the full performance of the Centre’s healing mission.

### **2<sup>nd</sup> Idea – The SRCS provides individual accompaniment to meet the spiritual and religious needs of those in our care.**

The key to individual spiritual and religious care is good accompaniment of the life process or the individual’s experience of faith. Its purpose is to enable the person to meet their God, whoever he may be for them, and to help them to explore their beliefs and values, and what they consider to be sacred in life. The mission of pastoral care is to offer support and provide assistance to enable people to become integrated with self and with others, and to help people relate to the transcendent.

### **3<sup>rd</sup> Idea – Spiritual care, through the pastoral visit, should offer all the therapeutic resources available to meet the needs of the individual person.**

It is crucial to lay down criteria for the pastoral visit. It is equally crucial for the pastoral caregivers to have the skills needed to detect spiritual needs in their pastoral practice. The pastoral caregiver, mainly in cases in which our guest identifies with our Gospel proposal, must also offer prayer and celebrate the sacraments, in a creative and unifying manner.



## II –CONCEPTS

**The Spiritual and Religious Care Service.** This is the service in the Centre that guarantees and provides the type of care which will meet the spiritual and religious needs of the guests, their loved ones and our Co-workers.

**Spiritual accompaniment.** The purpose is to meet the spiritual needs of the guest being cared for in the Centre.

**Religious accompaniment.** This hinges around pastoral care, which essentially means prayer, liturgy and the administration of the sacraments. When the guest so wishes, the Service will facilitate contact with ministers of other faiths and dominations.

**Pastoral care methodology.** This is the pastoral plan of action which lays down the bases for pastoral care, defining the services offered, the instruments available, and details of the work to be performed set out in an annual pastoral programme. It also contains ways of evaluating the activities of the whole service.

**Pastoral diagnosis.** This is the output of the evaluation of the spiritual and religious needs of a particular individual, designing personalised intervention which lays down both the specific objectives to be attained and the actions to be performed in order best to meet the spiritual needs that have been detected.



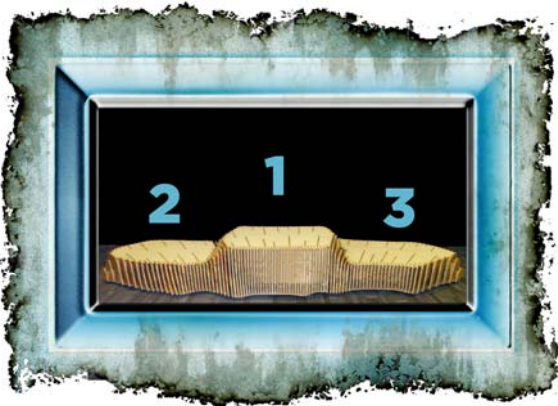
### III – STOP, THINK AND ACT

In practical terms, my pastoral care work must comprise:

- 1 – Making a structured and organised response, comprising a pastoral action plan, a specific programme for it, and the evaluation of the individual measures and the work performed by Service.
- 2 – A creative and healing religious offering with resources tailored for each individual person.
- 3 – A proposal for action, based on personalised care, with clearly identified needs, done in coordination with the professionals belonging to the multidisciplinary teams in the Centres.
- 4 – A contribution, fostering and contributing to humanisation in the manner of St John of God.
- 5 – A pedagogical and innovative contribution to the Church's pastoral mission.

## CHAPTER VI

### PASTORAL CAREGIVERS



I - PODIUM OF MAIN IDEAS

**1<sup>st</sup> Idea – *The people engaged in the Pastoral Care of the Sick and the Social Pastoral Care of those who feel called to accompany vulnerable people in the process of evangelisation.***

Taking their inspiration from the attitudes of Jesus, the pastoral caregivers accompany the sick and needy, above all through words, deeds and actions. These attitudes are a lifelong commitment, so that the message of the Gospel is a message which reaches through to the people being cared for, not only by what the caregivers say, but above all by the way the caregivers live their lives.

**2<sup>nd</sup> Idea – *As believers, we are all called to be pastoral carers among the sick and needy.***

The Brothers, Co-workers (Employees and Volunteers), the sick themselves and their loved ones, are all involved in the process of evangelisation, committed to the mission of proclaiming the Good News, each one according to their own vocation, responsibility and specific dedication. We can all be evangelisers, and all of us must be ready to allow ourselves to be evangelised so that each one gives and each one receives in the process.

**3<sup>rd</sup> Idea – *Formation, a crucial requirement to ensure sound pastoral care.***

Caring for people's spiritual and religious needs entails taking on a huge responsibility, and appropriate and adequate formation is needed to undertake this task skilfully and professionally. When providing spiritual care, interpersonal relations play a crucial role and take on special features in this environment, so that the pastoral caregiver must be competent in using the skills and techniques which facilitate this relationship of care. There are various schools available today providing wide-ranging and high-quality formation in this field and the Hospitaller Order is also offering this kind of formation at various levels.



## II – CONCEPTS

**Pastoral workers or caregivers.** These are people who, from the viewpoint of the faith, are able to respond to the concerns of people who are sick and needy. They are called to this Church service to motivate, integrate and help people in the process of proclaiming the Good News. The Church considers that an essential part of their mission is to make God's love present, particularly when people are at their most vulnerable.

**The spirituality of the pastoral caregiver.** They model themselves on Christ, particularly in his Easter mystery. The pastoral caregiver performs a service despite their own vulnerability, yearning for the values of the Kingdom, and feeling in communion with others performing the same mission, with those who pray and joyfully celebrate the gift of faith.

**The attitudes with which to perform the mission.** They are the same attitudes that Jesus showed us through his life: generous service, free giving, solidarity, hope, accepting one's own sufferings, mercy and hospitality.

**We are all evangelisers.** Every believer is jointly responsible for the mission of evangelisation and we must be receptive and reach out to this annunciation of salvation. This was John of God's dream: that his poor and sick guests were given holistic care including care of their spiritual dimension. This is why we have people in our centres whom we call pastoral workers or pastoral caregivers, and similar. And all of us (Brothers, Co-workers, Ordained Ministers, and our guests and their loved ones) know that we are committed to this process, and that we reach out to others to allow them to show us the ways to be able to live the spiritual side of our lives with a greater energy.

**The formation of pastoral caregivers.** Even though we are all called to be bearers of the Good News, we have different levels of responsibility for it and therefore we have different needs as far as our

formation is concerned. Systematically and professionally caring for the spiritual needs of the sick and needy entails taking on a huge responsibility, and requires us to possess spiritual competence. It demands appropriate formation to be able to perform the mission entrusted to us, through specifically designed and appropriate programmes and structures.



### III – STOP, THINK AND ACT

In practical terms, for my pastoral care work:

1 – I must be mindful that being a pastoral caregiver working with vulnerable people is always a special vocation.

2 – I must be mindful that in order to be a true pastoral caregiver I have to live a spirituality which reaches out and is sensitive to those most in need, as Jesus himself has shown us.

3 – Hospitaller attitudes of welcome, free giving, mercy, hope ... should always be present in every dimension of my life.

4 – I have to live with the certitude that I can be a “pastoral caregiver” in every situation and whatever my responsibility in my personal life, in other words, to proclaim the Good News at all times in the world of pain and marginalisation.

5 – To perform this Church service it is not enough merely to be “well-intentioned”; it is necessary to undergo appropriate preparation and continuing formation and training depending on my level of the responsibility.

6 – When setting up the pastoral team, we have to bear in mind all the different people involved in the evangelisation process.

## ***Testimonies***





## Pastoral Care of people with intellectual disabilities

**By Lourdes Casas Rodríguez – Centro San Juan de Dios, Valladolid (Spain)**

My experience of working to provide spiritual and religious care to people with intellectual disabilities has been, and still is, an exciting challenge which helps me to discover everyone, every day, as a unique being, created and loved by God.

Taking part in the process of the personal development and growth in the faith of these people has enabled me to experience personal and group accompaniment in which the celebratory aspect has always played an important part, in which I have learnt to continually incorporate our lives into the celebration, and in which I have learnt to feel that I am true member of the community in which every individual person is unique, and truly belongs to it, respecting everyone's different pace of life. We place all our skills and gifts at the service of the community, to enrich one another as a Christian community and to support each other to make up for our own limitations and shortcomings.

Another aspect has also been crucial: the increasing development of my own creativity, to place it at the service of adapting the Word of God, and bringing it closer to people with intellectual disabilities. The world of symbols and symbolic language has always played a specially prominent part, with the sole purpose of offering people with the disabilities a full, and accessible and high-quality pastoral experience.

Lastly, I would like to emphasise how these people make it so easy to practise Hospitality, to welcome in each person and create a place to meet their neighbours, the community and God. For this I can only be thankful.



## Pastoral Care of the terminally ill

**By Fr Hermann Berger – Klinikum St. Elisabeth, Straubing (Germany)**

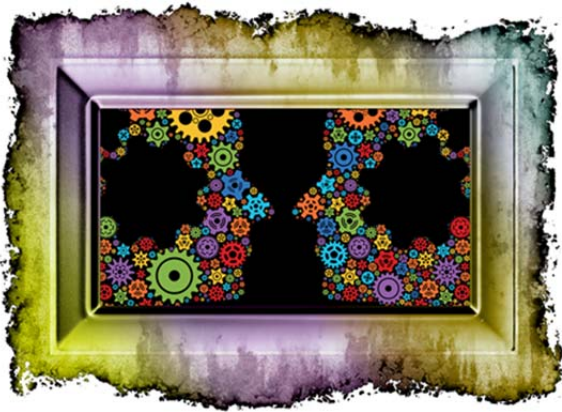
When people meet, it is often the first moment that clinches everything. I constantly experience this when I first meet a patient in the palliative care unit. I knock at the door, enter, and introduce myself. And I believe I immediately understand what the person is thinking to himself. “My God, the priest! I must be really ill! Why a priest? I have not been inside a Church for ages...” These and other similar thoughts are what I read on the faces of the person before me. If I manage to create these, and similar fears, this is already a success. In these cases, a joke or a smile can have a great impact.

It is indispensable for professionals to perform effective pastoral care in the world of palliative medicine. In this sense, I consider myself very fortunate.

What does a chaplain do in the palliative care service? Not much, really, in the sense that what is most important for me is above all to be present, but without too many demands. By being present in this way I can begin to develop my accompaniment of the patient. It is obvious that pastoral care is always an offer, which the patient can accept or turn down. But in all this, I have the advantage of having time on my side!

My pastoral work is essentially to offer to talk, pray, bless, and administer the sacraments. It is very important for the purpose of redemption and reconciliation for the patient to be able to recount their own personal history of life and faith.

As far as my personal experience is concerned at least, prayer can be a kind of hammock for the patient, in which he is able to allow himself to fall. This also applies to patients who are no longer completely lucid. We also do a great deal to work with their loved ones who are grateful for this kind of help. When a patient dies, I leave their loved ones to say their goodbyes with a prayer, and invite them to bless the departed themselves. I consider my work as a palliative care chaplain to be a great challenge, and a great gift.



## Pastoral Care of the mentally ill

**By Ivani Cruz – Casa de Saúde S. João de Deus, S. Paulo (Brasil)**

I used to work in the finance industry, with a good academic background and very keen to learn. When I retired, I realised that I was approaching a new stage in my life even though I was already working as a volunteer at the time. I prepared myself by taking courses and detailed planning to see how and where I should work, and this is how I found the opportunity to work with the Casa de Saúde São João de Deus (CSSJD), where I could bear witness to my faith by helping my neighbours and promoting the glory of God.

In this work I have found the magic formula which has always guided my life: to be useful, to be happy and to continue learning. And to work in pastoral care we need a special vocation, throwing ourselves body and soul into our daily work with patients and Co-workers, and performing work which contribute to the humanisation of our services.

Over my two years of dedication to the CSSJD, I have continued to grow in every sense and I am thrilled with my work. I am now the coordinator of the Pastoral Care, Humanisation and Voluntary Service branch of the CSSJD, and my work stands on four basic pillars: sensitisation, appreciation, welcome and environment. My work relates to every sector of the CSSJD, through projects for the patients and Co-workers.

I would like to sum up my experience in these few words: the experience of being able to live fraternity, to perform a social work and to spread and apply the Charism of the Saint John of God, which is “Hospitality”, elevating the self-esteem of some of the people who come to the CSSJD in a state of great vulnerability.

There is still a great deal to be done to consolidate the humanisation work guided by the Charism of Saint John of God and the activities stemming from it. And I know one thing for sure: the path ahead demands an innovating, enterprising and fraternal spirit.

And so let us go forward. We have achieved a lot already, but everything still lies ahead of us.



## Pastoral Care of the Elderly

**By Bro. Yanka Sharma – St Thomas the Apostle, Poonamallee (India)**

More people are than ever before are alone, defenceless, and abandoned by their own families. They need help. This is why the Church, and more precisely the Order of Saint John of God, is lending a helping hand through homes for the elderly scattered in many different parts of the world.

As a Brother of Saint John of God I have experience looking after the elderly, and I have often seen that it is not so much physical care or meeting basic needs that these people are anxious about, but rather the need for someone to sit down with them and listen to them about their achievements, their failures, their joys and their sadnesses. They also yearn to be able to satisfy their spiritual needs. I have witnessed their enormous joy and happiness at being with me, listening to me and my experience of faith in God who loves us all, boundlessly.

I can vouch for the fact that elderly people are treated very well in our elderly care homes, but I still find it hard to accept the fact that at the end of their earthly life these people feel abandoned by their own families. I have sat down by their side, supporting them and giving them words of the encouragement to my experience of faith. And I have seen huge changes in them. They are happy and feel a sense of interior peace and happiness, as a result of being reconciled with the past.

What I am trying to say is that the Pastoral Care of the Sick is the core component of the holistic care given to the elderly.



## General Hospital Pastoral Care

**By Bro. John Oppong – Saint John of God Hospital, Asafo (Ghana)**

Mónica Adu comes from Sefwi-Nkonya and she is 32 years old. She was a patient in our Hospital for three days, from 25 to 27 May 2015. She was admitted half-dead, after a failed suicide attempt. The doctor gave her first aid and called in the Pastoral Care of the Sick team to take this young woman into their care. She was able to pray and receive counselling from the Pastoral Care Office. Through this interaction, it was found that Monica had tried to kill herself because her husband had threatened to divorce her for infidelity. She could not bear the shame of it, or the likelihood of losing her husband. She made up her mind to kill herself to end it all. She was brought to the Hospital after swallowing poison. When she recovered from the effects of the poison, she begged the members of the Pastoral Care of the Sick team who had helped her to speak to her husband, because he was going to reject her. We prayed for her and her husband.

We talked with her for long time and then we invited her husband to do the same. In the end, he agreed to forgive her, and they were reconciled. A few days later, we went to her village and we saw that he had buried the past, and they were living happily together as husband and wife.



## Social Pastoral Care

**By Bro. Juan Antonio Diego Esquivias - Albergue Santa M<sup>a</sup> de la Paz MADRID (Spain)**

The word 'HOME' has many connotations, because it means more than merely a roof over your head and a door.

We therefore try to place ourselves in the shoes of rootless people, without a family, and without benchmarks, getting into scrapes and sometimes coming out the worse for it. And this has been my experience over many years in our Shelters and in particular in our pastoral work.

In my experience, we must identify with their situation and then silently enable them to feel deep and close contact, from day to day, to instil a sense of certainty in their minds, that they are truly important to someone.

With a wide variety of different activities, liturgical celebrations, moments of prayer, occasions for dialogue and listening... this image gradually emerges with concrete faces of the God who is always waiting at the door, waiting, welcoming and forgiving them. In the most difficult times of aridity, due to sickness or death, deeply profound meetings take place, ranging from people who do not wish any members of the family to know anything about them, to those who open up their hearts and reveal the deepest corners of their being to the person who is willing to listen and hug them, and leave them with a prayer.

The pastoral care of excluded people speaks of closeness, taking off one's shoes, and listening.



## Pastoral Care of Co-workers

**By Giovanni Cervellera – Centro Sant’Ambrogio, Cernusco sul Naviglio (Italia)**

When I started working at the centre I realised that it was not only the patients who needed to be listened to, understood and accompanied, but many of our Co-workers did, too. In over 20 years of working there we have organised many activities to foster the professional and personal growth and development of our Co-workers. The fundamental point, however, has always been personal relations. Being with my colleagues I have seen that when a network of good relations has been created, people are motivated in their work and a peaceful atmosphere is created which immediately impacts on relations with the patients. Moreover, an environment in which there are good relations becomes more economical, futile quarrels and misunderstandings are avoided, less time is wasted on trying to clarify people’s roles and the tasks of each employee .

Working in the social and healthcare world is often wearing for the workers, because an extra touch of humanity is demanded of them. Any support that is a given is always good to relieve the stress. We must never become indifferent to people’s welfare, and always remain confident and hopeful. I remember once saying in class that, “whatever our job, each one of us can bring influence to bear in our working environment”. A colleague who had refused for several years to attend any kind of formation course eventually came along one day, and confessed to everybody: “I have waited 10 years to join this course because I did not want to admit the truth of something that I once heard, namely, that each one of us has a joint responsibility to create good atmosphere among colleagues”.