



## THE PASTORAL COUNSELING FOR THE TERMINALLY ILL

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### **Abstract:**

Help and relief in the body, comfort and consolation in the spirit means, pay attention to the whole person of the patient, in his global reality, realizing not only of all its physical, psychological, relational, social and spiritual. The partner wild with pleasure to learn in order to be close to the sick, to be able to offer them a' presence of love and competent service. It is important for every person to know what are the motives of the act while carrying out a visit, which is a true' therapeutic ministry. Aware that, by the patient is not going to spend a bit 'of time, let alone to vent on him our problems and our concerns: in fact, already has enough and not add more. All the sick wherever they are, living situations of suffering, still await a visit from the aid, relief, comfort and consolation, in body and in spirit.

**Keywords:** pastoral counseling, sick, service, ministry therapeutic

### **1. The History of Pastoral Counseling**

Pastoral counseling is that ministry of the believing community, which is implemented through a special kind of relationship between a competent pastoral worker and a person seeking help, with the aim of promoting in the latter, along with overcoming their difficulties, a growth at personal, interpersonal and spiritual. (Balderas, 2000). The care of souls, practiced through the centuries, have always found their placement forms of aid addressed by pastoral workers - especially priests - to individuals and groups. Of these, however, only the spiritual direction has hired its own structure and a precise methodology, these requiring a specific preparation. Other meetings, aimed at helping people in the tight grip of existential problems, emotional and spiritual were generally entrusted to the natural dispositions and good gobs of pastoral workers.

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Towards the middle of the twentieth century has shown a need to impress a larger effect to all the forms of ministry expressed through individual meetings and dialogue with people in need or who want to make a journey of growth. The stimulation for this operation came from the world of human sciences, especially psychology and various psychotherapies. When it was born the Pastoral Counseling in the United States - and, in particular, in Protestant circles - have been the cradle of this modern form of pastoral counseling (Szenartoni, 1992). Then disseminated rapidly in Anglo-Saxon countries, it has found a suitable ground rather in the Latin countries. While in American theological faculties there are programs geared to the attainment of academic degrees in Pastoral Counseling, while, are rare courses of this discipline turned into European ones. It's important, takes shape, especially if one takes into account that much of the pastoral ministry are based on the meeting and dialogue. Moreover, in the forms of transcendence therapy, support, encouragement and consolation, pastoral counseling is one of the most anticipated activities by patients and health personnel.

And is also a need felt by the medical and nursing class to improve their relational skills. *"The hospital, in fact, is the place where, more broadly, the technical and relational aspects intersect in action help you."* (Giusti, 2004). To better understand the Pastoral Counseling is useful to distinguish the different disciplines of helping relationships, including: Counseling and psychotherapy, Psychological Counseling, Pastoral Counseling and Spiritual direction. The impact and influence in the welfare of the sick and especially the terminally ill.

### **1.1 Pastoral Counseling and Psychotherapy**

Psychotherapy and Counseling can be distinguished on the basis of the destinations, that continue and the methods they use. In general counseling dealing with situations of anxiety or pain or preventive field of mental health. Counseling is concerned with the daily problems of the customer, the conscious activities such as making decision and problem solving, as well as asks for a shorter treatment compared to psychotherapy. Psychotherapy deals with stable and dysfunctional problems, pathological situations, with healing or staff reorganization. (Felthman, 1995). Psychotherapy considers the intrapersonal dynamics, emphasizing the internalization (insight) plus the change, the past more than the present, and lasts for a longer period of time.

However, there is an overlap between the two all, helping relationships. In fact, a lot of counseling and psychotherapy is very important to ends up, or having the same functions psychotherapy. (Danon, 2003).

## 1.2. Pastoral Counseling and Spiritual Direction

The differences relate to the story, the place-context in which CP and spiritual direction are implemented and, enclose all, and their purpose. William A. Barry, collaborator of the famous book "The Practice of Spiritual Direction"; It defines spiritual direction as a pastoral form given by a Christian to another which enables that person to pay attention to personal communication of God to him, to answer this personal communication of God, to grow in intimacy with God and live the consequences of the report (Barry, 1985). The core of spiritual direction is the same relationship between the person seeking the direction and God. As a form of pastoral counseling, spiritual direction uses all the listening skills and abilities of the practice of counseling. The difference between counseling and spiritual direction is: the first almost always denotes a professional relationship between counselor and client, while the second is a fraternal relationship between two believers (Balderas, 2000).

The spiritual director is not necessarily a professional, but must be humanly and spiritually mature willing to walk in each other's company, with each other and not just for nature remains a free report. The counseling aims to help a person to clarify a personal situation that is difficult to face alone. Once resolved, then the process of counseling is considered finished.

Spiritual direction is permanent however, he continues. Though spiritual direction does not exclude the clarification of psycho-social problems and personal concerns, the fundamental purpose is the spiritual growth of the direct and the Director. (Balderas, 2000). In the treatment pastoral counselor aims to accompany people to deal positively with the problems: grief, failure, fear of death, divorce, educational problems, loneliness, doubts, illness, existential questions, etc. (Brusco 1992).

## 1.3. Counseling Pastoral and Psychology

The Association of Pastoral of counselors defines pastoral counseling as: "*a process in which a pastoral counselor uses ideas and principles advanced by the disciplines of theology and sciences of behavior in working with individuals, couples, families, groups and social systems to the achievement of wholeness and health*" (Danon, 2003). Pastoral counseling presumes faith in a God who together is the author of creation and the last agent of all transformations of redemption. (Danon, 2003).

While "*The psychology provides valuable data, even indispensable, warning against an abstract moralism and remembering the existence of a deep human anguish and suffering that can be otherwise easily not experienced and not sufficiently considered*" (Giordani, 1981). In addition, the pastoral counselor to the study of psychology does entail the risk to be able to exchange for genuine spirituality demonstrations, which have the disease and, at

the same time, stresses the importance of making the truth on himself to avoid undue projections about the people I met.

The other function of psychology is to propose deep innovations in the methodology of the report and of the dialogue. The Pastoral Counseling rests on a borrowed man's vision, not by psychology, but by Anthropology Theological. In fact, considered from a theological point of view, the struggle pursued by man to overcome the conflicts that hinder his path has a different meaning from that assigned by psychology. Also takes on a different meaning to the liberation which is the aim of psychotherapy is both the Pastoral Counseling. (Colombero, 1986).

## **2. The process of Pastoral Counseling**

The Pastoral Counseling is a process that begins even before the meeting between the adviser and the sick person or both, in need of help. Several authors, in fact, speak of the importance of the initiative in Pastoral Counseling, meaning by this term the set of attitudes and gestures that allow the pastoral counselor to go towards those who, sick or not, are in need of help and to make themselves, these, available to them. In health care settings it is easy to find people, especially in the field of long-term care patients, - who need a relationship of well-structured help. Therefore, by observing the behavior of people, greeting them, visiting them in families, in the hospital, in the workplace, etc. you can seize the moment most propitious for help that may be able vital for their welfare and their salvation. (Giusti, 2004).

The pastoral counselor conveys the welcome to the person met through a set of attitudes and basic skills like: attention, empathic understanding, positive regard, genuineness, and concreteness. The importance of listening attention in Pastoral Counseling is underlined by every psychological and pastoral school in addition to the common feeling of the people. When a patient feels heard, he feels to be worth to the interlocutor's eyes. In this sense, Colombero speaks of listening as a *"spiritual act" that is impossible if "interiority is absent; the true listening is possible only in the silence of the rest"* (Colombero, 1986).

Those with active listening skills, can grasp not only the content but also the sentiments expressed by the sick is; ("What time is it?" "Go to sleep, the night is still long!" The true meaning of the phrase is that it is difficult to sleep).

Empathy is the ability to understand what the patient is experiencing and also communicate that understanding. An attitude of empathy involves the ability to see things from the patient's point of view, including his experience as his own, while maintaining a sufficient emotional distance, which is necessary to ensure objectivity in

its assessment of the situation. *"No one can assist those chessmen, without participating with his whole being to the painful situation, without running the risk of injury."* (Sondrin, 2004).

The empathic response is the fact that it does not stop to judge what has been communicated by the sick, not the work interpretations, does not offer immediate solutions, but, centering on you the patient, the 'reflects' what he has communicated in terms of feelings, concepts and content and, 'reformulating' the whole thing, in different words.

The feeling is considered a basic need of every human person, a concept that takes various names: unconditional acceptance, where the sick person is a person with a value-dignity, independent of his disease; respect and esteem for her any ideas different from mine; confidence, showing him to believe in him, in his resources and capabilities to be able to face any situation; (Franta, 1988).

The authenticity that according Nowen, *"takes place on two levels: intrapersonal, when the pastoral counselor leaves emerge into consciousness, and accepts as its own, any feelings, thus implementing an integration of experience and consciousness; interpersonal, when one is willing and free to communicate to the patient their moods, thus carrying out an integration of experience and communication"* (Nowen, 1984). Both the pastoral counselor is the psychological are called to be empathic, authentic, to consider positively its sufferers. However, while the latter does so because he is convinced that without such attitudes is unlikely to implement the therapeutic process, the first is motivated by the fact that these attitudes are reflected in the relationship of God to man.

### **3. The action of counseling for the terminally ill**

Now this action phase starts already during the phase of reception and discernment, pastoral counselor must endeavor to encourage the person to help an opening to the courage and hope, instilling confidence that you have access to new experiences, new possibilities, new activities, to different ways of believing, living and feeling his illness (Sandrin, 2004).

Sometimes it can happen that the same sick party, later acquired self-understanding, self-propose concrete initiatives to be open to a change. When it does not, it is up to stimulate advisor to develop an action plan or, at least, to collaborate on this project. The main stages of this process are to set some concrete and achievable objectives, identifying the forces that favor and hinder the growth process, in selecting the actions to be taken, in determining the steps to be done, and finally, test the process. The purpose of the CP is to bring the sick person, or, in any event, in need of help to become autonomous in the management of their own lives, stronger in facing the

difficult period of the disease and better oriented in the human and spiritual growth process.

In establishing the relationship with those who suffer, do not let themselves be guided by the mentality of the contract, but rather from that alliance. In human affairs, it is called to participate through his ministry; he struggles to read in the light of faith, the moments of the human heart, so deep and so contradictory, in their often unconscious relationship with the will of God. (Balint, 1988).

### **3.1. Concrete case**

To better understand let me offer a case experienced during my weekly visits to the hospital of Shkodra.

A process that began with a lady named Alicia, May 20, 2015, for a duration of 6 meetings. Hospitalized in the oncology department, nr.10 room, which eight months ago, the head is a tumor was diagnosed, and' 48-year-old housewife, married, with three children.

Let's start the meeting by presenting the first impact shows looked very sad, my visit he likes, cause waiting for me,' cause I knew my presence, greets me and then beckons me to sit down, wishes to speak, and in same time is accompanied by sad and painful breaths, seems aware of his bad, asks: Why me?, seems angry with God, with family, with the past, he feels responsible for the family, she is asked to continuous: what did I do?, afraid to talk about death, and at the same time, want to open the cause speech feels that his situation gets worse... and sett.

### **3.2 Personal Reflection**

I brought this case, Why has involved me in person, and then it seems to me useful to have some guidance may be proposed for Pastoral counseling in the context of serious situations, such as this case. Why, in these contexts they are expressed and live a world of emotions, problem: decision making, addressing personal conflicts, and you get to the vital and existential reconciliations. Alida is evil is angry with God, with himself, with his family, because his illness is a real trauma. This has led to close Alida thus every true relational contact. Do not plan to be accepted by God, by family, others, and feels a burden to everyone.

- I tried commotion when Alida began to "unlock" talking about his problems and pain that involves him, questions that gradually could do, the resources that drew.
- I used Attention, capturing the nuances of his verbal language and not, by participating in its silences, to better understand his state of mind, especially

when the sadness and relief required a concrete closeness, seizing his suffering, his fears to face difficult times such as death.

#### **4. The Pastoral Counselor and the terminally ill**

It is not easy to meet the patient or rather, the man who suffers. It is often hard and tiring. And yet, in suffering that the person lives a tear in the body and spirit, and her suffering is a sign, a message, a cry that must 'know how' welcome. The meeting with the sick person requires adequate preparation:

- At cultural level: it is important to 'know' and 'know-how'; example and service given that the patient can understand the solidarity and can be born or reinforce in him a discourse of faith;
- A psychological level: an interpersonal relationship with a person must be established, which is going through a difficult time in their lives;
- Spiritual and religious level: it is to make a profound encounter with a person to grow in their humanity, to meet with his humanity and spirituality. It offers the patient a service of love, as a reflection and testimony of that love of God, of which the pastoral worker wants to be a humble, yet valuable and concrete tool. (Frankl. 2006). A Pastoral Counselor who goes to visit the sick must be asking questions like;
- Who am I why I'm entering in the room of the sick? Where is God in this experience?
- What is my personal experience of illness, suffering and death?
- Why I am working on such a service?
- What I hope to get and give? What do I expect from this experience?

#### **5. Recommendations**

Introduce yourself and always ask the name of the other. Respect the need for privacy of the other, (Browsers, 1974). Cultivate the art of observation, taking verbal and non-verbal cues, in order to better understand the person and his inner world. Let the sufferer to lead the dialogue and decide how they intend to prove, target it without questions or direct the relational exchange. To distinguish their needs from those to helping, live with the silence, as well as to communicate especially in those circumstances in which the regret and the outburst of stakeholders, - the incurable diseases received light or losses, silence and solidarity fraternal respect. No need to defend the Lord, when the embittered patient seems to place it on the 'dock'.

In fact, God is great and all-powerful enough to defend himself and has no need of collaborators, who can hear the cries of his creature's wounds, and not of lawyers, who defend it. Be open and frank dialogue on difficult issues and hot topics, when the sufferer it warned the need, but also know how to respect its various defense mechanisms, when he cannot do without, (Berry, 1993). Pry on prayer or other religious resources, when the patient requests it. Discretion on what the patient says, about his situation, against the same family. Love and visit the sick one draws relief for our human and spiritual life, because we will be supported by prayer, by the example and the words of those we meet, we visit and help.

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