

9AM

**Axel Liégeois** welcomes the 35 Flemish chaplains who join us today and who had the courage to come to Blankenberge so early in the morning. But they won't be disappointed!

**Cheryl Holmes** (Spiritual Health Victoria, Australia) lectures on "Finding our place: spiritual care in Australian healthcare".

Cheryl points out that in Australia such a lecture would start with a thanksgiving to the land, showing respect to the original inhabitants and their centuries old spirituality.

What is the context? Religious affiliation in Australia is changing: a growing number of people identifies as 'spiritual' but not 'religious'. Spiritual care in Australia is given both on a professional as on a voluntary basis, mostly from Christian organisations. Professional development and professional supervision are growing.

Cheryl works for "Spiritual Health Victoria" which has been developing continuing education and professional development programs for spiritual care practitioners since many years already. These change with the changing context in which the practitioners have to work.

A simple, very beautiful cartoon of an Australian artist expresses well what spiritual care is about, illustrating these words:

"Let it go, let it out  
Let it all unravel  
Let it free and it can be  
A path on which to travel"

Among Australian spiritual caregivers a survey was organised in 2016 and 2017. It resulted in a National Consensus Conference with 68 participants, looking for real steps forward, not just critiques and suggestions of what should be done. There were representatives from the political, academic, medical, ... worlds. They came up with 10 policy statements, including f.i. the need for paid professional spiritual/pastoral care workforce in hospitals and for all patients to have an assessment of their spiritual needs. The Conference resulted in a number of projects, but the job is never over. Continuing effort is necessary.

Paradoxically our strengths as spiritual caregivers can be our weaknesses, Cheryl says. We have to work with sensitivity and vulnerability, but at the same time we have to be clear about what we do. It is of great importance to be able to define what spiritual care is. In Australia, overall efforts are being made for more kindness and compassion in healthcare. In this context, the language of 'pastoral' care has been translated into the language of 'spiritual' care, introducing 'spiritual intervention codes', namely 'spiritual assessment', 'spiritual counselling, guidance or education', 'spiritual support' and 'spiritual ritual'. This approach goes together with a focus on wellbeing.

Cheryl quotes a patient who testifies of the deep experience of rediscovering her values, thanks to the courage to be vulnerable and honest, not fleeing the classes that scared her most.

"It is that simple and that difficult", she concludes.

**Daniel Grosseohme** (Cincinnati Children's Hospital Medical Center, USA), works 25% as a chaplain and is 75% involved in research. He is a priest in the Episcopal Church, however not employed in a congregation. He has a background in both physics and theology.

By listening to people, Daniel has learned to love their questions. It happens more often in the hospital, at the bedside, than in the parish, that people ask the really important questions about God or faith, is his experience. In a paediatric context, the convictions and beliefs that people hold, do not seem to work any longer. The understanding of God turns out to be too small, for instance after a suicide attempt, when they stick to the image of a God who is angry with them because of that, instead of God feeling sadness for them. It is also challenging, for instance when an infant dies before it is baptized: do you baptize a deceased baby?

As a chaplain in a paediatric department, Daniel has had the growing experience that God is bigger than what people usually hold Him to be. Prayers are a good way of presenting people with this other image of God, rather than sticking to 'certainties'.

His first research as a chaplain, started with a closer look at the notebook in the hospital chapel: who is it that people pray to? God? Jesus?

His experiences as a research chaplain, has made his awe for God grow, both through exchanges with the young patients and their families and through his research. It has taught him to talk less to God, to use less words at the bedside and to pray without words, using images, icons (f.i. identifying with the beloved disciple at the foot of the cross, which is what a chaplain does when he is with parents who have lost a child).

Children die too. Even though in society death is sanitized and hidden, this is the reality in a paediatric ward. It seems unnatural and morally wrong, leading to questions 'why me?', instead of 'why not me?'.

The gospel gives the command to care for one another, including everybody. In a paediatric ward, it is self-evident to involve parents and siblings in the care for the patient, whereas this is not at all the case in adult departments. Why is that so?

Chaplains in the USA are more aware now of their interventions as an act of care, doing more than just listening. To have a spiritual home as a chaplain is essential. Not all questions need to be answered, but it is important that people can voice them.

Daniel mentions a number of very young patients – children and teenagers – giving proof of humour, strength, resilience, who give him the strength to be there when others can't, to keep listening and talking and staying at the bedside even in the most difficult situations. "The chaplains go where the rest of the Church people don't want to go", is what Daniel heard saying. It is his – any chaplain's – way of being "Immanuel", God-with-us.

Worth mentioning are also these words of Teilhard de Chardin that are very dear to scientist-chaplain Daniel: 'To pursuit knowledge, is the highest form of revelation'.