

Monday, 9AM

**Daniel Nuzum** is presenting a lecture on “Nurturing Spirituality in Healthcare Chaplaincy Education through Clinical Pastoral Education (CPE)”.

Daniel starts saying that CPE tries to have students travel **from “head knowledge” to “heart understanding & expression”**. One of the challenges in hospital chaplaincy is to have the courage to look, together with the patient, at what is in front of this person, i.e. the “cliff” s/he is confronted with, instead of turning one’s back to it and trying to keep patients away from that “cliff”.

There have been criticisms in the past that CPE deals with psychology in the first place, focussing on “how you feel” (and mostly the most difficult feelings, neglecting the positive ones). Therefore the critical question was where spirituality (and ministry) is in all this, yet, according to Daniel **spirituality is right in the heart of CPE**.

CPE is a robust training. The practice of connecting with self – other – community, is very demanding. Not a single student who did the training said it was “nice”.

Daniel introduces the idea of **“spiritual generosity”**. Therefore he refers to the book “How to get the most out of Clinical Pastoral Education” (by Gordon J. Hilsman). For that, it is important to befriend your own spiritual development, to be aware of stages of spiritual development and to the stories that come up (narratives of heritage, events that overwhelm us, ...). Daniel testifies of his own experience when his twin sons were born at 32 weeks, how much he felt vulnerable in front of their vulnerability, and how one of the midwives made a picture of a tree, with a text: “From small acorns grow mighty oaks”. This gesture, and the text and picture kept him going in those insecure days. A picture of two lovely boys, identical 7-years old brothers, shows how his story continues.

The goal of CPE is **integration**, nurtured by spirituality, i.e. by a focused and nurtured awareness of our spirituality. Its fruits are self-care, supervision, team care, building resilience, and spiritual nurture. The spiritual outcome is to have an integrated person, spiritual depth, spiritual dynamism & imagination, spiritual competency (functional), and spiritual joy (personal: to be a beacon of love, joy, hope & authenticity). The goal of CPE is to have the gap between chaplain and patient overcome by this integrated spirituality. As chaplains we have to meet the needs of the patient in the first place. In that, all chaplains, of whatever tradition, are colleagues.

The next speaker this morning is **Corinna Schmohl** (Klinikum Stuttgart, Germany). The title of her lecture is “A Knowledge of Non-Feasability and Mystery of Life and a Sense of Coherence”. She works in palliative care and oncology, and is part of the ethical committee of the hospital, one of the largest in Germany. Some 850.000 people die in Germany every year, 90% of them in hospital.

According to Corinna, spirituality goes **beyond** the question of finding meaning, search for identity, reflection about existential questions of life etc. Chaplains should not shy away from spiritual needs and from addressing them directly. In the palliative department, however, this is not always easy. Many therapists surround the patient, which is a good thing, but may also be overwhelming. Sometimes that is simply exhausting and therefore not (only) helpful.

Seriously ill people have a very good sense of the person in front of them that wants to help them. Already the chaplain’s almost unique possibility to see a patient in real purposelessness can change a great deal atmospherically – also in the chaplain, if s/he is open to it. To **actively be in the presence of a patient**, even in silence, is of great value, for by *actively* doing nothing the other may be able to

bond with his/her own spiritual needs. At the same time, it appeals to the chaplain's spirituality and the ability to stand in this vulnerability.

A hospital is a place of **intense religious pluralism**, and therefore chaplains are challenged to clarify their own theology, in a sharper way than is the case in an homogeneous context. Also the frequent encounter with severe suffering may change one's faith with time. This sometimes raises the question of finding and feeling at home in a **spiritual community**.

The palliative department developed mourning rituals, f.i. by making a colourful star for every deceased patient of the past year, commemorative services or bedside rituals. Members of the nursing staff are closely involved and get more enthusiast about this spiritual aspect of care, is Corinna's experience.

Corinna gives us this "**take home message**": pastoral care represents a knowledge of non-feasibility and mystery of life, and the great importance of relationship and connectedness in life and in dying. Being there and dwelling on the situation is an important accomplishment that also nurtures our own spirituality. Further research could contribute to strengthen our sense of coherence, internal resources and spirituality.

**Note** that Corinna wrote a book on the topic that appeared in a *medical* series: "Onkologische Palliativpatienten im Krankenhaus. Seelsorgliche und psychotherapeutische Begleitung. Münchner Reihe Palliative Care. Stuttgart: Kohlhammer (2015).