

Baarn, 7 juni 2012.

Ladies and gentleman,

I want to thank the organization for inviting me to make a short statement about the main topic of this Consultation: interdisciplinary cooperation in healthcare institutions. You now know I'm Jan Hein Mooren. I'm a member of the board of the Dutch Humanist Association, the organization who unites people with a humanist life stance. I'm also lecturing in methods of humanist spiritual counseling at the University for Humanistics, the smallest and youngest university in the Netherlands (it is based in Utrecht). At this university humanist spiritual counselors are trained. They are the secular colleagues of chaplains in hospitals, elderly homes, correctional institutions and the Dutch army. Although I' a clinical psychologist from origin, I'm deeply involved with spiritual counseling and I think this partly explains my presence here today.

Interdisciplinary cooperation indeed is quite a challenge for spiritual counselors. It has been a matter of some debate in the forgoing almost 40 years, but not in a systematic way. This issue pops up occasionally, like flowers in the desert after a shower of rain, just to disappear as quickly as it came. And I have the impression that – at least in the Netherlands – when the issue was raised more often than not spiritual care was on the defense. I will not go extensively into the reasons for this. Sufficient now is to say that secularization and scientific developments are some of the reasons why religion had to hand over her right to define what is wrong with people and what is the best way to treat them. Related to these developments is the conclusion that in terms of professionalization the medical disciplines have been hugely successful, while for a long time spiritual care was on the retreat.

The main question concerning cooperation between spiritual counselors and medical professionals is – at least in my eyes – not how to proceed. We

should first think about what is at stake for spiritual counseling in interdisciplinary cooperation. What is there to gain and what to lose? Of course in the end the well-being of the patient should be the litmus test. But some things can be said beforehand. The main question for me is: will spiritual care be able to preserve its own character and its own traditional rights. Or will it identify itself too much with the medical professions and borrow from them the language of diagnosis and treatment. One can also formulate this question in another way: what kind of a profession spiritual care wants to be amidst the medical professions? The medical discourse differs from the spiritual discourse, and these differences matter. If spiritual care wants to preserve its own identity, what kind of discourse is necessary to foster interdisciplinary cooperation?

Let me be clear about one thing: I welcome interdisciplinary cooperation. If clients gain by it, all the better. But I also am convinced that keeping her own character is required for offering patients the best spiritual care possible when illness forces them to make fundamental choices about their lives; when we have to bow our heads and admit that medical skills and knowledge have reached their limits; and when spiritual comfort is all that's left to give.

Thank you.

Jan Hein Mooren

jhm@uvh.nl