

**Universitate Babeş-Bolyai Cluj-Napoca**  
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**Şcoala Doctorală de Teologie „Isidor Todoran”**

**Pastoral counseling and psychosocial assistance to people with  
disabilities**

**SUMMARY**

**Coordinator:**

**Arhim. Prof. Univ. Dr. Cristian (Teofil)  
Tia**

**PhdStudent:**

**Mureşan Dorina Gabriela**

**Cluj-Napoca**

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The present thesis, titled Pastoral Counseling and Psychosocial Assistance to Disabled People, aims at increasing receptivity to people with special needs and combating the prejudices that society has over the target group of research.

The fundamental concept of research is the need to promote a non-segregational attitude towards people with disabilities who, like their peers, must not be discriminated against because of any criterion and even less because of their external aspect.

The investigation was stimulated by the fact that as a social worker, the author manages a Social Assistance and Counseling Office for People with Locomotor Disabilities, located in the Diocese Center, Alba Iulia.

The central point of the prologue is to review the legislation regarding people with disabilities in various countries and to present the institutions that are responsible for both their approach and the provision of social services and / or benefits.

The first chapter provides a lot of information; of all this, the first category refers to the types of disability and the ways in which the various diseases are addressed to in the medical world, underlining at the same time the fact that the disability is not a defining aspect for the sufferer. We have described a number of illnesses illustrative of all categories of disability (these are types of deficiencies that are broken down – it depends on the affected organ - into: physical, somatic, auditory, visual, neurological, psychic, associated and polyhandicapped).

The brief analysis of various diseases is justified by the desire of the author that they should be equally known at the informational level by specialists other than physicians, in order to prevent the exclusion or even labeling of people affected by them.

I have paid special attention to the delimitation of the fields of neurology and psychiatry, because in the collective mind there is often a confusion between the two, due to the fact that they both study the brain, omitting that they have different perspectives. Considering that over

time the deficiencies have been seen by means of three conceptions: medical, social and biopsychosocial, I have also analyzed them.

Moreover, the mechanisms by which the society tends to marginalize certain groups that differ through one or more characteristics from the majority have also been described in the first part of the thesis.

The second part presents the evolution of the Romanian social assistance system starting with the period of the voivodates and reaching up to the present day, because I consider it is very important to know the evolution of the Social Assistance throughout the history.

A traumatic aspect for the possible beneficiaries of social services during the communist era is the fact that, during the previously mentioned period, the Social Assistant profession was removed from the job nomenclature and therefore no support could be provided through it.

Because I consider that good communication is a crucial condition for effective counseling, I have devoted the second chapter to describing it and its subdivisions; the first is represented by the nonverbal communication in which the true connotation of messages is sustained or denied by the various physical positions that can authenticate or change their meaning.

I then emphasized the importance of another form of communication, the paraverbal communication, in which the significance of transmitted messages can be altered by the voice of the interlocutors.

In the description of the verbal communication I have also emphasized the role of active listening as a concrete way by which a specialist who is counselling a person (regardless of his / her situation) is outlining his interest through short and stimulating statements that determine the interlocutor to become aware of the psychological resonance between himself and the expert.; the last one may belong to one of the following professional categories depending on the specifics of the case: doctors, clergy, social assistants, psychologists, lawyers, etc .

In the case of people with deficiencies, the categories of professionals whose counseling is used are generally the members of the first four categories.

Since good communication is simultaneously stimulated and facilitated by questions, I have highlighted their types and roles; because the specialists have noticed and specified the contribution of the questionnaires in the communication process, a personal contribution of the author of the present thesis consists in emphasizing their importance in counseling.

Excepting the three main ways of communication, I have also emphasized the relevance of the metalanguage, as well as the fact that, through it, there can be transmitted completely different meanings compared to the expressed words, sometimes coming across to messages opposite to them which are perceived by the interlocutor only at the subconscious level.

I could not ignore the impact of the verbal clichés on communication either, which can warn the interlocutor that the subsequent information is the essence of the discussions.

At the same time, the necessity of involving the beneficiaries soliciting counselling in order to solve their problems was revealed.

In the initial part of the next chapter, the reader is offered an ideological itinerary among the visions about sufferance of the great religions (Mosaic, Buddhism, Islam, Hinduism) to later emphasize the Christian vision, in which suffering is metamorphosed by the crucifixion of the Savior, from a meaningless experience into a facilitating one of divine-human closeness.

The Christian is invited to imitate the Savior by accepting and assuming the potentially difficult experience that he is going through (not always suffering) so that he finally finds it beneficial in spiritual terms.

The reason for addressing the cause of suffering as the lead-in part of counseling for disabled people is that the emergence or existence of a disability worsens the conception of Divinity, the purpose of human life and the universe itself. That is why the person in the situation previously mentioned tries to find explanations for the meaning of the experience he is going through.

At the core of the chapter the idea of counselling stands out and it is perceived both as a psycho-emotional advocacy process and as a counseling process that can be used to help peers both by specialists and ordinary people, as well.

After a brief presentation of the personality and temperament functions, some important aspects are clearly and shortly described: counseling deontology, the characteristics of efficient counselors as well as the necessity of engaging clients in their own problem, as they are not allowed to adopt a victim mentality that just waits to be provided with solutions.

An essential element for good counseling is the therapeutic alliance, a relationship which is the basis for the collaboration between the specialist and the beneficiary, concerning the psychosocial development of the latter. It is then detailed the transfer and the countertransfer which can be understood as phenomena by means of which the counselor and the specialist

perceive each other mutually and at the same time it is highlighted the way in which each transferential and countertransferential image influences the two social actors of the counseling by modifying their behavior.

The most important transferential images are: idealizing the counselor, perceiving him as a frustrating person, referring to him as a visionary and perceiving the specialist as a nonentity.

Among the countertransferential images we mention the following: the countertransfer of identification which has the highly-protective counter-transfer as an alternative, other forms of contratransfer are: the benign, the rejecting and the hostile ones.

We specify that the approach of the transferential and countertransferential perceptions in a thesis belonging to the field of pastoral counseling is justified by the fact that it was noticed that without ignoring the sanctifying capacity of the grace received by the clergy to religious ordination, priests who know these psychological images better understand the behaviors of the laity with whom they interact, whether or not they are their penitents.

We note that according to psychologists, the specialist's resistance to various types of counter-transfer increases at the same time with the development of work experience.

Considering the fact that this doctoral thesis falls within the field of pastoral counseling, a personal contribution of the author is represented by the attempt to formulate some theological approaches for each countertransferential image.

We clearly specify that in these perceptions there are two opposite poles from a psychological point of view: the over-identification in which the specialist approves all types of behaviors and attitudes of the assisted people and the misidentification of the perception in which the client is seen only as one of the many cases which the specialist works with, and that explains why his annoyances and inner struggles tend to be ignored by formulations that betray the desire for non-involvement in helping the person.

A good part of the analyzed chapter deals with the presentation and the detailed description of different types of counseling as well as the illustration of the differences between counseling and psychotherapy.

At the same time, the distinction between psychological counseling and psychotherapy, as well as the distinction between counseling and confession has been emphasized given the fact that confession represents a Holy Mystery, while counseling (regardless of its nature) remains a specific process for the teluric universe.

In spite of this, any vocational and experienced counselor will have to show great care that his affirmations do not hurt the soul of the person he is helping again, and, if necessary, to maintain or, as the case may be, correct the image of God in the soul of the beneficiary.

In case of need, if the specialist receives information that he can not solve because that information belongs to the pastoral compatibility, he can guide the assisted person towards the intensification of his connection with the spiritual father or towards the creation of a spiritual connection with a priest, unless this connection has been created previous to the meeting between the laic specialist and the assisted person.

We mention that in the case of persons with disabilities a potential priest must not lose sight of the aspect of physical functioning and not condemn the persons who confess in a possible confession that they have not been able to come for a long time at the Church, because many of these persons are abandoned by families if they are not educated at the psychopastoral level in the idea that the disability is simultaneously regarded as an extra life experience of the person going through it and a challenge for his / her family who must intensify the connection with the Divinity in order to mature spiritually and not to prove cowardness by leaving the suffering person.

After clarifying the meaning of the terms: incapacity, deficiency and disability follows the presentation and the detailed description of the psycho-perceptive stages of the deficiency as they are lived and experienced by both the person with special needs and his / her family.

We offer a brief presentation of them: the first of these is the finding of disability, it is characterized by the tendency towards physical isolation in relation to the society, the desire to withdraw from the socioprofessional life (if the disease occurred after the beginning of the active life).

From the spiritual point of view, the occurrence of two extreme states can be noticed: the desire of the suffering person to get the healing even by means of a miracle and the rebellion towards God caused by the fact that the person does not understand why He caused him / her to pass through the previously mentioned experience or circumstance.

For a better psycho-spiritual assistance of the person, it is advisable to maintain or intensify the connection between him and his / her own confessor and spiritual father, who must prove that he has the ability to relate to the person with disabilities as a whole, being not

obstructed by appearances and simultaneously aware of the natural character of the inner embarrassment and struggles at this stage.

The next phase is the attempt to identify the purpose of the deficiency and its role in the person's life. It is characterized by the tendency of the suffering person to find answers to a series of rhetorical questions about the relevance of the new state of health, the thought that this may be the consequence of a sin of the predecessor generations which ended up with a genetic modification.

In the situation mentioned above, the beneficial solution is both the collaboration between the family and his / her member with disabilities manifested through non-abandonment, and especially the maintenance of the nuclear family together connected with a professionally-mixed team made up of the following specialists: physicians, clergyman, psychologists, social workers, etc.

Although it is necessary to collaborate with all those mentioned, in the first phase a very important role for the beneficial passage of this stage lies with the priest, who must know that the image of the sanctifying God appears within it and he can correct it first through accepting the inner bothering embarrassment of the case and later emphasizing that in Christianity God has a paternal relationship with all believers, which is why the disease should not be perceived as a punishment.

The next stage is the appearance of the opinion that God has ceased his help with the suffering person; it comes when, as a result of the inner troubles and bothering, the person with special needs transforms his prayer into a monologue with God, addressing only questions about the meaning of suffering in his / her life, the potential message that the Creator is willing to convey and the seeming silence of the Divinity, who seems to no longer pay attention to him / her.

The most intense reaction that occurs at this stage is the spiritual balance of the person between the quest for answers to these interrogations and an acute inner struggle caused by the thought that he / she was forgotten by God.

The positive solutioning of this stage implies a good collaboration with a priest who can clarify the false image about God that the person has built, explaining to him that he has not been abandoned, but only challenged to continue the mystical evolution in his less observable

assistance. At the same time, the cleric will have to explain to the person that because of His omnipresence, the Demiurge is always there.

It should not be forgotten that only in Christianity appears the idea of assuming suffering by the Divinity for the realization of objective salvation, which is why all suffering people of the world are no longer alone on the stage of history, and their illness receives the meaning of a mystical experience.

Another stage is represented by the acceptance of suffering, this stage is not associated with any divine pseudo-imagery, but it is accompanied by intense psychospiritual fatigue generated by the inner struggle of the other phases.

The beneficial solution of this state is the acceptance by the clergy of the feelings that arise within it, and also the reception of the information received as being the components of an abreaction which he must facilitate so that the soul of the counselled person could obtain (whether or not he is the penitent) a state of inner silence.

Two other perceptions of the person with disabilities in relation to his illness are: accepting suffering and looking for a job. With regard to the first one, disability does not appear to be a limiting factor any longer, but it is perceived as an additional life experience that the person is free to make it available to the society, provided that he is professionally integrated.

If the person with disabilities goes through a series of stages of perception of the illness, neither his family is free from inner struggle; the first stages that the family group goes through are: shock and counter-shock. The first of these is generated by the thought that the sufferer has become totally non-functional; therefore, a complete mess appears and it is generated by a multiplicity of factors that make the family think that the person with disabilities has become a burden since the change in health. In order to successfully pass this phase, it is necessary that all specialists called (belonging to the same categories as in the case of people with disabilities) work and collaborate with the family to support her psychospiritually and to convince her not to abandon the disabled member.

The next stage is represented by the fear that the appearance of the handicap has limited the possibility of interaction and communication of the suffering person with the family members.

Another shocking idea is that according to which in the initial phase the patient's health problem can not be resolved without medical help.

A subsequent phase of the shock occurs if, after a long period of time, the person does not heal, and the family not only finds no psychosocial explanation of the phases the person goes through, but also has the tendency to consider itself damned by the Divinity because of the existence of a disabled member within it.

Starting with the doctors who are the first category contacted, all specialists who interact in their work with families with disabled people have to support them from the perspective of their professional competence, without omitting their collaboration to support the family as a whole.

The last chapter of the thesis addresses the theme of the Christian priesthood with its three main branches: a spiritual one belonging to the Savior being specific to His Divine-Human Person and at the same time representing the source of the other two which are the holy Priesthood and the universal priesthood.

The fundamental ideas of the chapter are represented by the need for collaboration between clergy and laic people for the spiritual assistance of their fellow men, as well as the obligation of the laity to maintain through the counselors the correct image of God in the souls of the assisted people. Without challenging the superiority of the clergy, the chapter analyzes the role of all Christians regardless of gender in the life of the Church.

We note that although the various sectarian groups all make an offer of the so – called revival of spiritual life through "re-gospeling," they try to capture particularly the attention of people with disabilities when they need help.

Important evidence of the recognition of the universal priesthood by the Divinity is the existence of icons both as objects of worship and as illustrations of the human being transfigured by holiness to which all Christians, irrespective of gender, grace or health, can reach, since disability is limited to terrestrial life.

If, in different families with disabled members, people, irrespective of their state of health, are not perceived as being some candidates for holiness, in this situation the clergy have the role of correcting unpleasant views, explaining to the family that negative experiences of life are not always punitive, as well. The members of the specified category can emphasize this fact by outlining the idea that Christianity only accepts the realization of objective salvation through the chenoitic incarnation of the Savior who, by assuming the human nature, revealed His own

Father as having a relationship of paternal love not only with Him but also with all those who have accepted the Christian doctrine.

Viewed in this perspective, suffering no longer appears as a punishment, but as a means that the Holy Trinity as a whole uses in order to bring the disabled person and his / her family closer to It. At the same time, the specialists previously mentioned will have to psycho-spiritually assist families with disabled people to help them not to create the image of sanctioning God of the punishments of their forefathers by altering the genes of the successors, telling the disabled person that he / she is going through this life experience because of the predecessors' sins. Priests will point out that if this conception is created, it will result in a sense of hatred directed against both the forerunners and the limiting situation that the person with special needs is facing.

In order to prevent this, the shrine religious officials will emphasize the fact that it is normal for the person in question to seek answers to his / her rhetorical questions, but that the whole family and especially the parents do not have the ethical right to affect the image of God in his / her soul. In order to prevent a sense of lack of importance for the society that the person with deficiencies can live, it is beneficial to have a beautiful collaboration with and between all the mentioned specialists, but especially (in the specified cases) between the priests and the social workers so that the members of the first professional category warn the priests of the cases of locally disabled people and develop a program of pastoral visits, including the entire parish and especially those cases.

Thus, in their capacity as divine messengers and opinion leaders, clerics will prevent situations such as: non – attendance of religious service at the Church by disabled abandoned persons or single-parent families in which the remaining alive parent needs assistance in transporting the suffering and non-capacity of the community to engage in supporting all people who need help in the form that they ask for (not financially).

The conclusion of the thesis is that all specialists can not isolate themselves in their own sphere of knowledge but they definitely must collaborate for the common evolution of the members of society with the help of the Church and all the experts must prove that society does not want to deny its inclusive character by marginalization and / or the rejection of all groups different from the majority by one or more features.

