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FACULTY OF REFORMED THEOLOGY

PhD thesis summary

Logotherapeutic Hospital Pastoral Care in Psycho-Oncologic Context

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Summary

The thesis entitled *Logotherapeutic Hospital Pastoral Care in Psycho-Oncologic Context* was elaborated within the scope of the Babeş–Bolyai University, Faculty of Reformed Theology, Ecumenism PhD School, the specialization being applied theology (pastoral psychology). The author is a Roman Catholic priest who works in one of the most important medical centers in Romania, namely in Târgu-Mureş. The main scope of the thesis is to present the effect and effectiveness of the application of logotherapy in hospital pastoral care, especially in the psycho-oncologic team-work. Being a researcher and a priest, I have chosen this theme because I saw the lacks in the local sick-nursing. The motivation needed for proving my hypothesis comes from some successful cases of working with sick people.

In the introductory part I state – on the evidence of the experiences gained in hospital pastoral care for five years – that locally the patients of the Oncology constitute that sensitive target group in which the pastoral presence, as well as the spiritual care is increasingly justified.

In order to achieve my goal – being aware of my hard mission – I have looked for a method that is able to rise spiritually the critically sick patients and can give them back the sense of life, and finally, can prepare them for the meeting with Jesus Christ, that is the Meaning, the Logos.

My starting-point was the statement that in the center of today's psychic disorder is life that has lost its purpose, and it manifests in the phenomenon of existential neurosis. The one who has set this diagnosis up, was the Viennese doctor-philosopher Viktor E. Frankl (1905–1997). He also developed logotherapy, that serves for curing the psychical disorder called by him noogen neurosis or existential vacuum. This latter movement that cures through activating the Logos in us, has proven to be a good mediator between psychotherapy and spiritual care. Today's psychopathology can be the trigger or even the result of a critical somatic disease. Surely, this can be related to the fact that, besides other critical diseases, the number of the cancerous diseases has increased exponentially, being the leading endemic disease all over the world. The logotherapy's effectiveness tested in psycho-oncologic interventions is widely acknowledged. My question waiting for answer is: is the priest-directed hospital spiritual care based on logotherapy and Logos-therapy expedient among the oncology patients?

The first chapter includes the clarification and explanations of the basic concepts in order to prove the interdisciplinary functionality of three relatively new fields, namely the logotherapy, the hospital pastoral care and psycho-oncology. After all, in the case of the logotherapy's psychotherapeutic trend, as well as of the professional Christian hospital pastoral care and psycho-oncology, we can find new phenomena of psychology and spiritual care that, in my opinion, must be defined accurately, especially as my thesis wants to prove

the successful compatibility and effective application of the above-mentioned therapies in the oncology.

I start with presenting the meanings of the word Logos (the Word, word, meaningful concept, speech), and after analyzing it in the context of philosophy and Gnosticism, the Biblical and dogmatic Christology, the Church's Magisterium, the contemporary Catholic theology, the ecumenical dialog, the Christian spirituality and mysticism, as well as logotherapy, I gradually reach those interpretation I want to work with. Summarizing the Logos' discussion placed in the theology's light, we have to remark the followings: The basic meaning of the Greek word Logos is: word, meaningful concept, speech, message. In the ancient Greek philosophy it was the working principle penetrating and directing the cosmos. In the idealistic philosophical systems it is the abstract world law, its synonyms are: word, mind, language, speech, thinking, proof, research, system, wisdom, logic. The Old Testament's wisdom literature speaks about the Logos as the personalized wisdom manifested by God in the creation of the universe (see Proverbs 8:31–36; Wisdom 7:22–30, 9:1–2). The equivalent Hebrew word, *dabar* had also active meaning. Philon Jewish philosopher (13 B.C.–45/50 A.D.) presented the Logos by connecting the Greek philosophy with the Old Testament's wisdom books. According to him, the Logos is the divine pattern and the example of the ultimate activity in creation. In John's Gospel the Logos is the preexistent Word (see John 1:1–14; 1John 1:1–2; Revelation 19:11–16). After the Council of Nicea (325) both expressions of Logos and God's Son refer to the second person of the Holy Trinity. Thus, the basic meaning of the Logos (*verbum*) is: word, the Word. In the language of the church and in the theological thinking he Logos (*Verbum*, the Word) means the second person of the divinity, the Son of God, the Lord Jesus Christ, whose embodiment is the base of the human's salvation, and who is the beginning, the center and the purpose of everything.

The Logos of logotherapy as mind (intelligence, meaningful moment) and as spirit, is the human's fundamental determinant, and from an ontological view it belongs to another dimension, as the soul and the body. The spiritual dimension directs to the category of value-mind. The root of the word mind (*Logos, Sinn*) is traced back by the logotherapy's dictionary to the meaning of the Old High German expression of *looking for a place, directing towards a goal*. In logotherapy mind is the most valuable possibility from among those which can be achieved in a given situation. The basic meaning of the word *therapy* is: treatment, cure, while its actual meaning is: to respect, to serve, to look after. The meaning of the root (servant, attendant) is used only in psychotherapeutic compounds, and that is I'm actually interested in. According to Viktor Frankl's existential analysis the main source of the modern man's tension is that he has lost the sense of life, and the aim of the therapy is giving back this sense (Logos). Thus, logotherapy is the cure that is aimed at finding the sense and value of life.

The hospital is a health institution intended for caring and curing sick people. A clinic is a university hospital serving both the medical training and research. From the point of view of pastoral care, the two terms have the same meaning, as the technical terminology speaks about hospital or clinical spiritual care. Pastoral care is the work of the priest, a pastoral service, spiritual care.

It is the priest's scope of duties that can be characterized by the collective notion of spiritual pastoral care or spiritual care. The pastoral theology and pastoral psychology are also at the priest's disposal with their particular and useful methods. In general, before the Vatican Council II (1962–1965) it was the activity of the priest's service, spiritual care, after the council it became the duty of God's people. Particularly, it is the assistance for the individual and groups (the sick, the prisoners, the soldiers, the students etc.) given by the priests through the way of faith, mainly in the transitional, critical situations, Thus, it is an activity determined by time and concentrated on a particular situation. The guidance takes a distinguished place within spiritual care, where the priests bases his work on the attentive, sympathizing listening, creating the possibility for the one looking for guidance to explore his own situation of conflict. Then they look for the solution, for the divine calling together. Thus, hospital pastoral care is the spiritual attendance of the hospitals' personnel, with special regard to the spiritual care of the patients. Since the location of this basically religious process is the secular institution of the hospital, an independent sector of the practical theology, namely the hospital spiritual care has developed. It means a unique field of work operating with the authority of the church and with ecumenical responsibility, having particular conditions and requirements, so it is not a version of the congregational pastoral acre. In the first place it focuses on the spiritual support of the patient, who can receive the curing God's presents of grace with the mediation of the priest. It has a specific place, since it is not subject to ordination, except when it requires delivering the sacraments to the patients. However, it is the most ideal case when the hospital spiritual caretaker is an ordained priest whose hospital mission perfectly fits within the efforts of oncopsychology.

Psychology is the scientific study of the behavior and the mental processes. The experimental psychology systematizes the external and internal phenomena of the spiritual life, searching for its laws. Oncology is a section of medicine dealing with tumors, including the research, the pathology, the clinical practice and therapy of the malignant tumors. Consequently, psycho-oncology (oncopsychology) as a scientific field deals with the prevention, diagnostics, curing and overcoming possibilities, as well as psychosocial rehabilitation of the patients suffering of malignant tumors in order to improve their quality of life and provide their well-being.

The logotherapist priest serves the recovery of the soul and the spiritual salvation even on the ground of hospital pastoral care, within the patients with cancer, since he is the one who carries and at the same time demonstrates the Logos. He is the one who can provide the spiritual recovery for all the suffering patients, and for the Christian sick can

provide even more: the spiritual salvation, mainly through delivering the sacraments for them.

The second chapter presents Viktor E. Frankl, the Austrian neurologist, psychiatrist and psychologist, the creator of the logotherapy and existence analysis, called the third Viennese school after the Freudian psychoanalysis and the Adlerian individual psychology.

During the World War II Frankl spent three years in different concentration camps. The image of man and theory elaborated by him has gained their first, tragic confirmation through these experiences. This chapter presents the logotherapy developed by him, particularly analyzing it through the prism of revelation, faith, theology, religion, despite the fact that his founding work, mind-centered therapy was intended only in the second place for solving problems of such origin. Since in the first place Viktor Frankl's logotherapy provides assistance for today's neurotic man who experiences a crisis, is helpless, worrying, anxious, suffering from phobias, obsessions.

The therapy taking effect through the intellect can be applied as a special curing and guiding method for the feeling of purposelessness, existential emptiness, as well as for symptoms manifesting in addiction or depression. As it strives to entirety, Frankl's logotherapy acknowledges the human's spiritual nature, it emphasizes its orientation toward the values, as well as the freedom of will, the responsibility, the importance of the life's sense that can be found, understood and accomplished in every human life situation. In fact, the therapy is aimed at analyzing the patient's life regarding its existence, at motivating him to find the prevailing intelligence, at helping him with adequate methods to find and accomplish he himself the intellect, as well as the intelligent, constructive forming of his life.

After presenting the main stages of the development of logotherapy, I consider Frankl's religious life and I speak about its features related to logotherapy. Then I summarize the logotherapeutic answer given for the question of intellect/intelligence (that is the axis of the chapter or even of the whole thesis) in the light of the theoretical and practical theology. Later I deal with the logotherapy's bridge role between psychotherapy and spiritual care, and finally I build up a clear, Bible-based and philosophical therapeutic model that relies on the principles of logotherapy.

Frankl has been being spell-bounded by the question of life's sense until his death. He has made every effort – with his expertise, wisdom and conscientiousness – to give a comprehensive answer for this, and he has subordinated to this his whole life-work: as a doctor, philosopher and humanitarian man. In the developmental process of logotherapy it is worth dwelling on those stages that gradually but firmly contributed to the formation of an independent, re-humanized, tested and popular psychotherapeutic tendency.

Victor Frankl has spoken relatively rarely and in a low key about definitely theological-religious questions, since his opinion was that personal religion must be hidden from the public. In his point of view religion is a basically existential phenomenon that must

be take care of and practice in the one's private sphere. However, the philosopher who is thinking earnestly about the sense of life, the scholar who is teaching trustworthy, the doctor who lives for his profession must be a believing Christian man, since the question of intellect is a question of God at the same time, while the human service is also a God-service. This is valid for Frankl's case, too, whose life was the life of a faithful Jewish man. His human greatness and advanced values have fed on the Old Testament's revelation. He has believed in transcendence that surpasses the human and his world, and he has propagated that the way to the ultimate intellect, that is the Transcendence (God) leads through accepting the everyday tasks. He has emphasized for many times that the human creature can be understood only as God's image. The psychotherapeutic/spiritual caring method created by him, namely logotherapy is also inconceivable without Frankl's Jewish origin, though the pristine demand for looking for and finding the sense of life is not subject to religious denomination, but it is a universal phenomenon.

The heritage of the first two Viennese psychotherapeutic schools was only partially taken on by Viktor Frankl, since logotherapy and existence analysis draws on different philosophical dimensions, so much that Frankl's scientific achievement can be interpreted even independently from psychoanalysis. This is especially true for those texts where Frankl discusses the religious phenomena in their philosophical and psychological contexts. The analyses related to religion and religiousness belong to the main objects followed by logotherapy and existence analysis, we might as well say they are the milestone of the liquidation of psychologism.

Only two books of Viktor Frankl deal thoroughly with God-seeking, faith and theology, religion and religiousness, namely the spiritual dimension and its relationship with psychotherapy. He thinks that if somebody wants to take psychotherapy seriously, he cannot evade its confrontation with theology. The purpose of his logotherapeutic method is exploring the unconscious' spiritual nature, declaring the human's unconscious religiousness as being the personality's inner harmony. The first step on this way is analyzing the conscience and the dream, as well as revealing the transcendence of the conscience. Thus we can discover the human's unconscious direction toward God within the unconscious intellectuality, called by Frankl unconscious religiousness. The tendency according to which in the Western society the people struggling with mental problems switches in large numbers from the priest to the neurologist and mental specialist, means that the doctor will shortly take over the role of spiritual care from the priest. However, Frankl states that – as logotherapy cannot replace, only completes the proper psychotherapy – the medical spiritual care cannot replace the spiritual care performed by a priest. He emphasizes that logotherapy ends where theology begins, and admits that in the optimal case the two purposes complete each other and not exclude each other.

According to the interpretation of the fundamental theology the Christian answer for the question regarding the sense of life, that interprets itself as a theistic hypothesis, can be

summarized as it follows. We are rightly wishing for a future in which our transcendent fulfillment of striving after cognition and morality, as well as the victory of our wish for happiness and justice become true. The transcendent fulfillment of these intellect-oriented life purposes can be reached for most of the people, or even for everybody. From the perspective of the faith in God the human life will show a totally different aspect. From a theistic point of view the human life does not end irreversibly with death. This means on the one hand that the frustration of striving after a moral and good life is not necessary to be definitive and irrevocable, and on the other hand that the small signs of a successful life can be seen as the promise of life's entirety. From this perspective the faith in God really appears as glad tidings. The reason for the existence of such a hope consists in the situation in which the human meets a really intellectual life that is the event of God's freeing act at the same time. The Christian answer given for the question regarding the sense of life presents Jesus Christ's life, death and resurrection as a transcendent life.

From the point of view of pastoral spiritual care and logotherapy, we are mainly interested in the pastoral guidance, since in the clinical pastoral work the focus is moved to the individual and his problem. The problem can be a conflict, a decision or a crisis. From an ecclesiological view we can state that the pastoral guidance takes place in the perspective of the church's general mission. The relationship between theology and psychology was not always unclouded, only the council documents have brought significant changes. Seeking the dialog with psychology does not mean that theology and spiritual care want to make a profit out of the knowledge of psychology and psychotherapy, but it assumes that the sciences acknowledge each other as autonomous. Logotherapy is in the focus of our research because its anthropology can be totally compatible with the Biblical image of man. The single device of the logotherapeutic guidance is language; therefore it can be considered a type of the so-called helping discussions. Logotherapy is not value-neutral; it thinks essential analyzing what the patient says, focusing on its values, reality and sustainability. The examining reflection of the logotherapeutist takes place in a dialogical form. The purpose of the logotherapeutic guidance is to make the patient follow his/her conscience certified by his/her most inner value scale. For the one who doesn't believe, conscience is the ultimate instance, while for the believer conscience is the voice of the transcendence, and therefore is transcendent itself. Logotherapy wakes up the voice of the human's intellectual capability, namely the conscience that helps making different between right and wrong, good and bad, the meaningful and meaningless. In the spirit of the dialog with logotherapy we can state that in general the pastoral guidance begins already when the priest as a spiritual care taker turns towards the suffering man without having any intention. To sum up, the task of the spiritual care taker priest adopting logotherapeutic methods in pastoral guidance is to help as a midwife. In the pastoral guidance that holds a respectful dialog with logotherapy we can find the right viewing angle: we are valuable and important, the mankind needs us, and we can prove this by perfectly fulfilling our mission. One of the

official Roman documents dealing with sanitary spiritual care has also declared about logotherapy, considering it a morally exceptional form of psychotherapy, and accepting it if practiced by psychotherapeutists having sublime moral sense.

The ones who work as helping professionals – mainly the spiritual care takers – must get themselves acquainted by all means with the basic ideas of the practical life's philosophy, they must learn to think philosophically about the sense and values of life. Therapy-philosophy wants to promote the professional competence and expertise of the helpers, while it moves securely and providing security on the borderline of philosophy, psychology, psychotherapy and theology. Regarding the relationship between philosophy and therapy it is obvious that Viktor Frankl's philosophy is connected with some of his key experiences that culminate in the question of the life's sense. Therefore his therapy cannot avoid the question that the human is mostly interested in and challenged by. The leading concept of the philosophy dealing with therapy is Logos suggesting that psychotherapy cannot miss the question "Where can I find the sense of my life?". As a demonstration for this, the specialists have elaborated a model grounded both philosophically and biblically that is acceptable even in practice and is useful for the helping professionals, especially for the psychotherapeutists and pastoral care takers. If we are looking for a symbol that contains instruction as intellect orientation and intellect orientation as searching the way, the symbol of *Exodus* is evident. Decomposing this symbolic story can lead to two directions. On the one hand to the philosophy of existence, if we explore in exodus a motion through which everybody is concerned, on the other hand to the theology of existence, if we conceive God as a god sending the human to his own way. Thus, the concept of exodus is important both for the philosophically thinking psychotherapeutist and the spiritual care taker theologian who help the man which trust them in order to find his way. The priest working in a hospital who adopts the philosophy of logotherapy – as a travelling companion and leader like Moses – has to help his sick brother/sister in the midst of the known doubts and certainties to accept and revalue his/her difficult situation, to opt for the greatest value and to persist in it, and to provide the resources needed for undertaking the obstacles and efforts of the wandering in the desert.

The third chapter presents the modern history of the clinical spiritual care that is a branch if applied theology, then outlines the characteristics of the Catholic hospital pastoral care. The church has always considered the care of the sick its obligation. Although it had to transfer the task to the secular power, as the medicine became more and more secular, the example and order of Jesus Christ was the permanent scale of every curing activity and professional medical ethics. While in the classical curing the help was the doctor's intervention, today the real doctor considers himself the assistant of the curing nature, the psychotherapeutist refers to the independence of the patient, and the priest rediscovers his role in the technicized hospital. If we want to describe the Christian hospital pastoral care as an independent pastoral area, we have to start from the definition of the Christian hospital

pastoral care. It is a helping service performed by Christians who insist on the particularly Christian religious truths, relies on Christ as the center of the helping relation, and applies the knowledge declared by God to him. Since the hospital spiritual care is a quite complex institution with medical and natural-scientific object, it is different from the priest's traditional visit at the sick people. Thus, the hospital pastoral care is a complex psychic and spiritual assistance, its method is the value transmission with therapeutic effect, namely the curing presence, empathic listening, non-directive seeking of sense, a helping relationship that occurs in a spiritual field, more precisely in God's presence. The priest working in the hospital is the person having clerical qualification who is charged by the church with helping its sick believers in practicing their religion. It is desirably for this person to have expertise in spiritual care, beside his clerical experiences, since the prerequisites for the professional hospital spiritual care are knowledge of mankind and of the self, empathy, learning the methods of the non-directive helping discussion, taking into consideration the non-verbal communicational aspects, knowing the methods of crisis intervention, treating adequate to the Christian tradition's symbols and ceremonies, as well as taking into consideration the conditions of the special institutions.

The chapter presents the history of hospital spiritual care only from the beginning of the 20th century, because at this time started the modern hospital pastoral care to be outlined and appreciated in the health system. In the period between the beginning of the 20th century and the end of the World War II we can find quite many significant events in the history of the clinical spiritual care in Târgu-Mureş. Today Târgu-Mureş is a real hospital city with many patients. There are many sick people who are far away from faith and church, but in the particular situation of illness they become more sensitive to the reception of spiritual values. With such challenges the priest can help them not only by words of comfort, but even by transmitting the gift of conversion and salvation. Visiting of many hospitals and clinics, reviewing and caring the Catholic patients require a consistent work. The clinical spiritual care taking place in an intermediary space socially symbolizes that the church does not neglect the great social area of the public health, but it wants to address it from an anthropological, ethical, pastoral point of view. This requires a certain multidisciplinary cooperation, the clinical spiritual care being a connecting link between the scientific-technical and the religious world and their different way of thinking.

The approach towards illness and the view of the spiritual care of the sick have changed a lot in the course of time: sin – propagating God's curing word; taking into consideration the personal situation of the patient – reassurance, reading from the Bible, praying; depth psychological, psychosomatic conception of illness – concern for the other person, empathic, person-centered discussion; the doctor's activity focuses on the organic manifestation of suffering, while the spiritual care taker concentrates on the ones relating to language (since both of them deal with the whole person, they should cooperate intensively for the benefit of the patient); aims that partially have been realized but as a whole they are

still unfulfilled ideals; spiritual care means accompanying people during their crisis in connection with the Christian faith; the spiritual care of the sick is transformed into hospital spiritual care that has to deal with the atmosphere, communicational culture of the whole institution; today the stay in the hospital gets shorter and shorter, therefore the patient and the spiritual care taker meet only once. Persistent accompanying is required only by the patients suffering in chronic disease or the dying persons.

Considering the place and role of the hospital spiritual care takers they bear a feature that distinguishes them from the other professionals and even from the relatives: they work as the delegates of the saints, they remind of God, the transcendence, as well as of the fact that we cannot dispose of life and death. They are the specialists of the Christian faith's symbolic-ritual offertories, as well as of the questions asking for the sense of life, of the sin, responsibility and forgiveness. To be a third travelling companion near the patient in the new world of the hospital, among the challenges of the disease that tries the whole personality, on the way back and in the stages of farewell – this is the real vocation of the spiritual care taker, the most beautiful miracle of the meetings. The hospital pastoral care in Târgu-Mureş is directed by the instructions established at the Council of the Alba Iulia Archdiocese (2000), as well as the protocol between the Archdiocese, the Health Department, as well as the hospital management of Târgu-Mureş. At ten years distance of time we can state that the service of hospital spiritual care has become widely known, but is far from the perfect realization.

As for the spiritual state and care of the cancerous patients, it should seem strange, but according to some expert's opinion the cancerous patient are loved the most by God, because they have time for conversion. The long or intensive suffering helps the patients to put the values to place. However, it is not so easy to accept the changed situation. The cancerous people experience the tension between life and death. The accompany of the spiritual care taker always takes place in a zone between the possibilities of mortal danger and life. Through these experiences the patients look for their own lives. First of all they are seeking among the criteria and measures of medicine and they make decisions according to these. The cancerous people ask about life, and they get recipes. Some of their sentences show how friends and relatives, healthy and sick people can become estranged as a result of the awful disease. There starts a process, during which the relationships between the patients themselves, as well as between them and the members of the therapeutic service, the spiritual care takers become stronger and gain importance. Therefore, the spiritual care must be there on the oncology when they experience the farewells from such relationships, considering not only the patient and his/her family, but also the patient and the personnel.

In the process of the suffering people's pastoral psychological care one of the most important steps is helping the patient to make sense his/her own experience of suffering. The dialogs of the regular hospital visits are laced with a common question: what is the sense of suffering? Often the answer for this question arrives when the patient combines his/her

situation with some values like a relative, the family, the sense of fulfillment, self-realization, the benefit of others, God etc. In many cases the way leading the patient in giving sense of his/her disease, depends on the relationship with the other person who accompanies him/her. It was said with good reason that suffering is meaningful only if it is beard for the love of the other person.

The particular features of the Catholic hospital spiritual care taker's status and function coincide with the characteristics of being a priest. The priest is the person who carries and gives a qualitative plus also in the hospital spiritual care. The priest's existence is not autotelic and it loses its sense if it is out of an essential gesture pointing to Jesus Christ and subordination to his church. The primary task of the priest is to profess God's Word, to practice the pastoral service of unity, and his spirituality exists in the unity of the pastoral service and the relation to Christ. Priests are ordained to profess the gospel, take care for the believers and officiate the mass. Among these three tasks the priest's immolation is the most important one, since the Eucharist contains the church's whole richness. The order indicates rather a chronology, a clerical program. Thus, the mission of the priest in the hospital is also to make the God-image engraved in the people's soul visible and bright. This demand lives in anyone of us, mainly when we are suffering, and the priest should remind us of this demand. However, the priest can fulfill this reminding task only if he approaches the sick fellow-traveler with priestly love. The priest has to become Christ's priest from inside, his priestly activity must arise from inside, not for meeting an external demand, and the superficial activities must arise from this inner spiritual content. He can develop this inner spirituality through identifying with the sender and the addressees of his mission. The pastoral work carried out for the believers means the experience of the sacrificing love in the various situations of the everyday life. However, in order to being able to transmit love to others, he has to give himself up to Christ that serves for the priest's perseverance.

According to the council, the essence of the priesthood is the participation in Christ's triple service (teaching, sanctifying and leading). The ordination of the priest does not deal exclusively with the sanctifying task, since the celebration of the Eucharist and the sanctifying service is an important task of the priest, but not the only one. Thus, the sacrament of the church order gives ordination and charge for practicing the universal clerical service. These basic functions are at the same time the basic activities of the church: martyria, diaconia and liturgia. Since church is perceptibly realized in the word's evidence, in the acts of the Christian social work and in celebrating the liturgy. Moreover, in performing the liturgy the church not only develops, but also manifests itself as in one of his basic functions. These functions are the conditions of each other and cannot be totally separated from each other. Nevertheless, liturgy must be a primary and significant part of the priesthood. This qualitative priority means that liturgy has a determinant significance in the priestly activity as well. Among the three main clerical functions the priest working in hospital pastoral care can reach his believers through performing his liturgical task

culminating in presenting the Eucharist, namely the Holy Communion. Thus, the priest in working in the hospital can provide the patients God's curing presence and love through public praying and delivering the sacraments. Those who meet personally by the sacramental meetings the source and author of life, namely Jesus Christ, this changes their life that will be different and more. Since according to the teaching of our faith in the Eucharist our Lord, Jesus Christ is really present, and thus he is the source and peak of the whole Christian life, it is multiply true for its sub-fields, e. g. for the life and activity of the priest working in hospital. Regarding the close relationship between the Eucharist and he church order, we can state with good reason that the basic element, the heart and center of the priest's service is the Eucharist, that is the real presence in time of Christ's single and eternal sacrifice. The Eucharist – as the sacramental memory of Christ's death and resurrection, as the real and effective visualization of the single redeeming sacrifice, as the peak and source of evangelism and of the Christian life – is the beginning, the way and the aim of the clerical service, since every church service and apostolic activity is closely related to Eucharist. As Eucharist is the source and power of every clerical activity, the prospering spiritual care is also inconceivable without the divine nutrition.

Calling the saints to the people's aid, asking for their intercession through the related characteristic prayer is one of the most popular genres of the people's godliness. This can be experienced in the hospitals as well, mainly in those departments where the patients and their close relatives are fighting with critical diseases, and especially in the oncology. Although calling the saints, who are God's best friends, to the people's aid, does not belong to the primary methods of spiritual care, yet in some cases can become a spot of the Catholic patient pastoral care and an effective weapon, mainly in the fight of the cancerous patients and their relatives who spend a lot of time in hospital. Among the popular prayers said in the oncology I point out only the novena that generally is related to the intercession of a certain helping and curing saint. The novena is a period of time (nine months/nine weeks/nine days) spent with intensive praying of waiting and asking prayers. We usually start a saint novena when we ask the intercession of a saint in a very important problem. When we do this, we cannot wish that God relieved us of our burdens. However, we can surely count on their fraternal help: as a result of their intercession and life-example we gain grace and power from God, in order to follow Jesus and bear peacefully our everyday cross.

The curing activity of Jesus Christ, namely the unity between professing his glad tidings and curing was an enormous and powerful sign of the fact that God's country had started on the earth. Already in the early Christian communities there were signs called charismas (gift) and signs that were counted among the sacraments. Some individuals within the Christian community have got gifts for building and strengthening the church. For the Christians the sacraments are the visible manifestations of the divine forming grace. Because of their Biblical and theological basis the sacraments are the signs of the recovery through enlightenment. The sacraments are the tangible manifestations in space and time of God's

continuous redeeming and curing activity, the essence of the sacramental activities is a certain recovery and salvation. The sacraments yield what they mean, namely they induce those real impacts of which signs they are, and they create exactly what they symbolize (real symbols). Thus, the sacrament induces the curing effect through its sign aspect. The sacraments are the most effective when they are delivered to and are received by such persons who understand the meaning of the sacramental signs, answer them faithfully and try to keep them alive in their lives even after the time of the delivering. All the seven sacraments are effective signs that bring us recovery and the wholeness of life. The religious symbolical acts – concentrated in the sacraments and the liturgy – can be seen as the primary place and method of the divine curing. At this point I would have dealt with all the seven sacraments and all the symbolical acts of the church. But I confined myself to the Eucharist that is essential from the point of view of our thematic and I presented its curing function through the example of the *sacramenta maiora*. The most worshipful Eucharist among the other sacraments has the richest meaning, since it means itself, the Logos that incarnated and is present for us under the sacramental sign. In the Eucharist the curing power of the religious symbolical acts can be definitely shown. It reminds us of those feasts where Jesus ate together with the people. These meals can be characterized by a total compassion and empathy. They are much more than satisfying the instinct of hunger. The person can restart to believe in his life's value and sense, because he/she experiences: he is somebody, God's man who is loved by God. This opens new perspectives for his life. Jesus' public meals with the people were communal reconciliations. The peace created here symbolizes that in God's country nobody is lost. The Eucharistic meal reminds us of Jesus' last supper before his death. His farewell supper expresses that the darkness of life has also place in Eucharist, and that eating and drinking refer to the future as the signs of the wish for living, when crossing the darkness of death we can be with him. Thus we can understand that Eucharist can be comprehended as the symbol of resurrection. This aspect is supported also by the Emmaus story: the followers realize during the common meal that Jesus' acts have sense even beyond death. In the therapeutic discussions we can see with regard to Eucharist that this not a special variation of psychotherapy, even if we use some interpretational categories of psychoanalysis, but we play the drama of our life in the story o Christ's redeeming acts that is concentrated in celebrating the meal. The connection of our depths and the depth of the divine love makes us utter the yes for ourselves and the world, it predicts where our way leads and where should it leads. This is the human's wish for recovery that cannot ease no kind of psychotherapy developed by humans. Such an interpretation certainly remains temporary, since it cannot express perfectly the symbolical plus value, and it doesn't need this.

The necessity of building a bridge between psychology and theology has existed for a long time. The idea comes from the second Vatican Council that considered desirable the opening towards psychology, and it declared that in pastoral care the priests need

psychological competence and knowledge in order to be able to fulfill their task. The object of the priests in not to become psychologists through their pastoral psychological training, but to become better priests. Generally we can say that the development of psychology has brought two important realizations for priesthood. One of these is that during pastoral care we must hold a mirror in front of ourselves in order to live an adequate spiritual life. Thus, pastoral psychology is a prophetic branch for theology and priesthood. On the other hand the newer psychology emphasizes much more the positive powers, the reserves, the capacities and the possibilities of the personality, than the old one. Besides, it focuses less on the losses, the pathological phenomena; instead it concentrates on the positive things of the self that can be used by the person during becoming himself. The incentive and fundamental formula of the effective cooperation between practical theology and psychology is Jesus' practice. According to the gospels he professed the glad tidings of God's world, and he cured the sick people. He has sent his followers as well to profess the glad tidings and to cure the sick people. This means that the priest has the task in Jesus' track to profess the glad tidings, as well as to cure and liberate. Jesus has said many times after curing: your faith had cured you. He does not mean the particular faith that is included in the catechism, but the trust in God articulated differently: in the faith in the future, in the fact that we don't give up ourselves, we are not desperate. Jesus considers this a religious act.

The so-called Emmaus model illustrates the theological model of helping in the terminology of theology, in fact in five aspects: it appears as the new, more meaningful therapeutic variation of standing beside and going along with, stopping (*diakonia*), exploring the meaning of the Bible (*martyria*), breaking the bread (*liturgia*) and leading toward the goal (*koinonia*). This model is adequate for presenting the phenomena, psychological components and processes of the life crisis, as well as the guiding principles and methods of the pastoral helping in a way in which it pictures the extremely complex reality behind the apparently simple and clearly describable principles. The spiritual care working according to the Emmaus model must not neglect the empirical knowledge of the early Christian congregations according to which the last step toward turning to ourselves – and at the same time to the recovery from sadness and blindness – takes place in the common celebration of the Eucharistic meal. Indeed, it is not easy to discover such things in our masses. However, from a pastoral psychological view it is advisable to look at liturgy (*leiturgia*), the celebration of the sacraments, the religious blessings, the consecrations and rites with therapeutic interest. Some of the liturgical acts have deep therapeutic meanings hidden in us. There is a crucial curing power in us that leads the humans to themselves and beyond themselves. It is evident that we apply this view in the pastoral service related to the sacraments.

The fourth section summarizes the most important aspects of psycho-oncology proceeding along a sketchy professional protocol, focusing on the relations between this field and spirituality.

Cancer is the most frequent malignant tumors. Oncologic diseases are the greatest enemy of mankind even today, at the beginning of the third millennium. The cancerous morbidity and mortality is increasing in the last few decades. According to the population statistics in the developed and middle developed countries after the cardiac and circulatory diseases cancer is the second leading cause of death. In Romania, contrary to the relatively moderate cancerous incidence, the cancerous mortality has increased in the last few years, and today it reaches the European average. As a result of adopting the advanced diagnostic analyses and oncologic therapies the number of the patients who have successfully survived the malignant cancer is increasing. Besides, helping on the adequate quality of life in every stage of the disease has become an important aspect. In 2000 the Charta from Paris declared the 4th of February the World Cancer Day in order to the idea of the fight against cancer should live in the humans' heart and thought all over the world. On the annually organized World Cancer Day the Health Organization of the United Nations focuses the attention of the society on the importance of the fight against cancer, and at the same time it calls upon to a common effort for the sake of easing the international burden of cancer. According to the preamble of the above mentioned formal declaration with ten paragraphs the improvement of the cancerous patients' physical, spiritual and social well-being, namely their quality of life is a primary goal. This is the connection point where the Christian spiritual care – in our case as an integral part of the psycho-oncologic team work – can do a lot in the interest of the responsible realization of this warning of the charter. Since the beneficial result of religion and religiousness, faith and prayer, spiritual care and leading, the activated spiritual component in fighting against cancer is backed up by many therapeutic interventions, as well as studies summarizing their results.

Jimmie C. Holland (*1928), who is considered the founder of psycho-oncology, in his first large-scale manual outlines the beliefs related to cancerous diseases, the early attempts for therapy, their development, the inflow of psychology, psychiatry and sociology into oncology, the formation and development of the multidisciplinary cooperation, including the change of information between the above mentioned experts and the oncologists. From the sixties these processes significantly contributed to the birth of oncopsychology in the eighties. The effective prevention and successful curing of cancer require the respect of the international experiences, the wide change of view regarding the responsibility of the preservation of health, the collaboration between the experts of the different sciences, as well as the interactive cooperation between the patients, relatives and experts. The individual's, the family's, the society's and at last, but not eat least the church's responsibility connect in prevention and curing. Among the newer researches there are attempts that want to use psychotherapy with prophylactic intention. It is a proven fact that if we want to correct the traumas suffered in the patient's earlier personality, the one before the cancer, or if we adopt psychotherapy in the early stage of the disease, the prospects for recovery are more favorable. The bases of the psychotherapeutic patient leading are the

following: support, help and stimulation. Its first step is strengthening the patient's relations from the outside world with the doctor, the assistant, the family, God. The next one is the continuous care that helps the relation with the environment and the adjustment with support and advice. Finally, it is important that the patient can always count on his/her care takers, supporters, and priest.

In the last twenty-five years the new field of oncology, namely the oncopsychology got more and more attention from the patients, relatives and experts, because the interest toward the psychological, social and behavioral aspects of the prevention, check-up and treatment of the cancerous diseases is increasing. Today the rapidly developing, multilevel oncologic attendance includes the provision for the concerned persons' (patients, relatives, experts) psychosocial well-being, quality of life, and especially the support of spiritual struggling mechanisms. Regarding the definition of psycho-oncology, as well as the preconditions of its integration into oncology we can state that oncopsychology is a discipline being on the borderline, named bio-psycho-social branch of science that belongs to oncology, psychology, psychiatry and sociology at the same time. The dimensions of psycho-oncology are: examining the effects of the cancerous diseases on the spiritual functioning of the patients, relatives and experts, realizing the complex helping according to this (psychosocial dimension), the role of some spiritual and behavioral factors in the risk of the cancer's development and in the survival, as well as starting the formation of view and its extension to the whole population (psychobiological dimension).

On the field of oncology, due to the development of oncotherapies the multidisciplinary cooperation is more and more frequent among the experts with different qualifications: oncologists, clinical psychologists, psychiatrists, mental-hygienic experts, social workers, nurses, assistants, physiotherapists, dietetic consultants, speech therapists, spiritual care takers, priests working in hospital, volunteers work together for the sake of the patients' rehabilitation. The continuous, constructive cooperation of the qualified spiritual care takers with the members of the oncologic team is undoubtedly one of the most important aspects of the professional integration of oncopsychology. The curability of the cancerous patients is affected by quite a lot factors: the histological type of the tumor, the time of the diagnosis, the age, general condition and other diseases, as well as the premorbid and actual psychosocial characteristics of the patient and so on. The mortality causes by cancerous diseases is extremely high, it increases dynamically and today it is the second leading cause of death. Stopping and turning back this tendency is task requiring a well-organized, multidisciplinary cooperation, with the precondition of a thoroughly developed professional protocol. The main object of the oncopsychological professional protocol is to draw the attention to the cancer's psychological, social and behavioral aspects. The oncologic work team can be completed by an expert proceeding psycho-oncologic activity, but its basic condition is the mutual interest and the motivation regarding the holistic curing and multidisciplinary cooperation. Otherwise (e.g. without adequate arrangement and expert,

in case of unprocessed opposition, in lack of supervision etc.) the oncopsychological work can lead to the inefficiency of the patients' psychosocial care and as a result of this can cause failure, tension, fiasco. This process requires interested experts who are able to develop, careful organization, balanced cooperation and much time. In the institutions examining and curing oncologic patients in the case of the chosen and cooperative patients, as well as those applying by reason of personal motivation the applied psychological methods are the intentional counseling, the emotional support, the psychological care, the non-verbal and verbal individual/group psychotherapy, participation in self-helping, club movements, as well as the treatment with psychopharmacons. The experts of psycho-oncology can activate in three fields: these are clinical work, research and teaching. The main object of the clinical work is examining the cancer, informing the patient, as well as comprehending and treating the spiritual reactions and processes developed as the result of oncologic interventions/treatments with the help of psychodiagnostic methods (first interview, test analyses) and support/care/psychotherapy/medication. The main objects of the teaching activity are: providing the formation of view through transmitting the modern psycho-oncologic knowledge and skills to the nurses, assistants, physiotherapist, doctors, psychologists, psychiatrists, dietetic experts, stomatherapists, speech therapists, social workers, priests and other experts who take part in the prevention of cancer and the psychosocial attendance of the patients and their relatives in the course of the examination, treatment and rehabilitation. The experts must draw attention to the importance of the humanistic, ethic and spiritual values through the medical attendance, especially in the case of the patients being in the terminal phase. According to our actual knowledge and experience developing the general oncologic model is realistic and practical for the oncopsychologists. Since it is wide-known that there are many types of the cancerous disease, and its course differs from person to person. The cancerous patients are also different; there are no two similar cases from psychological point of view. Compared to the frequency of the disease and the number of the patients all over the world there are few grounded research results and psychotherapeutic experience. The lack of experts and the increased fluctuation is typical. Therefore the uniformized psycho-oncologic protocol, namely the detailed elaboration, regulation and execution of the psychosocial helping and treatment would result in impossible consequences for the patient, his/her family, as well as the treating personnel. According to the opinion of the oncologists and oncopsychological experts with clinical experiences in this field, the starting point is the course of the cancerous disease. It shows many similarities, it can be divided into phases and at the same time it makes possible taking into consideration the patients' special problems. Besides, the patients must be grouped according to their age (adolescents, young adults, middle-aged, elderly), and according to the category of his/her disease: is it probably curable, asymptomatic (chronic) or incurable. The psycho-oncologic professional protocol can be also completed with the following additional information: whether the given expert work

with cancerous patients on the surgical, intensive, head and neck, internal/chemotherapeutic, hematological, ray therapeutic, gynecological, dermatological, neurological, neurosurgical, orthopedic, urological department or the transplantation section. It is a view of fundamental importance that the examination, treatment, care and control of the oncologic patients should be lead by their consultant oncologist starting from the examination and in fact till the very last. The oncologic care, control of the permanently asymptomatic/recovered patients is justified for decades because of the relapsus, as well as the risk of developing a second tumor. The incurable patients are treated and accompanied till death by their consultant oncologist, initiating even other experts into the therapy, if needed. In the development of the oncopsychological professional protocol it is practical to take into consideration the stages of the disease's course on the bases of skilled psyco-oncologists'/mental hygienic experts' experiences, because these are the elements of the everyday reality. We have to touch upon also the special questions, such as: the oncologic examinational, interventional, treating methods; physical changes, damages; main adaptation problems; the occasional psychological aspects of the oncologic screening tests that are hopefully more and more general etc.

Although the cancerous disease attacks the body, but from the moment the patient gets to know it, the tumor starts to devastate also in his/her psychic and social territory. According to the psycho-oncologic view in the pathology of the cancerous disease with multifactorial origin the psychosocial factors have an important role, since these can contribute to the lasting or worsening of the chronic disease. The religious practice as a psychosocial factor and an extremely important device for the improvement of the quality of life indirectly influences the state of health through the different modulator factors among which the most important are: the instrumental, emotional and social supportive role of the religious community, the directions (e.g. praying) and prohibitions (e.g. eating) of the religious system, the focusing meditative practices, as well as providing the steady cognitive framework required for enduring the chronic stress and processing the experience of trauma, that gives sense, persistence, acceptance and self-confidence. Religion neutralizes the effect and experience of the situations causing stress, and thus it gives a possibility for applying more effective strategies for tackle. Religiousness increases the experiment of the emotional and social support through belonging to the group, despite the fact that presumably it does not influence directly the self-effectiveness and the adjustment to the disease. On the other hand, according to some researches the religiousness, the religious practice increases the quality of life and the psychosocial functionality in the case of cancerous patients only if it is associated with high level of sense-discovering. In other words, the high score on the religiousness scale without a high score of intellect/wisdom correlates negatively with the quality of life. For example in a significant percent of the patients with breast cancer religiousness helped on finding sense in the everyday activities. It is also important to mention that the religious cancerous patients being in the final stage accept with greater

probability the lifetime lengthening treatments (e.g. aggressive oncologic interventions, reanimation from clinical death and artificial respiration), than the non-religious ones. Besides, in the decisions regarding treatment of the patients with lung cancer being in the final stage the religiousness, the faith in God have a central role, after the suggestions of the consultant physician. Religiousness has proved to be more important in the list of the factors determining the treatment, than the potential of recovery and the side-effects.

According to critical researches not the religious practice itself, but the determined personal convictions decrease the cancerous patients' symptoms of distress. In the case of the considerably religious and convinced atheist patients the level of anxiety is lower compared to the middle/transitional category. Here we have to mention also that the uncertain, self-wasting religiousness (e.g. the patients think that God punishes and leaves them through the cancerous disease) significantly increases emotional distress, embarrassment, depression, exhaustion and pains, while decreases the physical and emotional well-being and the quality of life. Despite the fact that in the psycho-oncologic bibliography the clinical usefulness of religiousness and spiritual well-being is not unanimously clarified, the exclusion of religion's, faith's role can overburden the oncologic patients and can lead to the denial of the multileveled, complex effect of the cancerous disease. It is thought-provoking that a great proportion of the cancerous patients consider that the medical system barely has answered to his/her spiritual claims or it hasn't answered at all, while it is proven that the spiritual support coming from the medical, treating system significantly increases the quality of life. Besides, it is justified that in the case of the oncologists, religion, faith occupies the last place in the precedence of the factors influencing the treatment. Thus, the disregard of the spiritual, religious problems, nevertheless they influence negatively the cancerous patients' well-being and quality of life, often remain unobserved. Therefore the role of the helping profession and of the church must become more stressed on the field of the working with cancerous patients. Spirituality, religion and prayer life are significant parts of the patient's mental life, independently of the fact that his/her related thoughts are accompanied by positive or negative emotions. The therapist has to explore the questions of faith, philosophy of life, religious affiliation, and has to come to know the most important object of the intermediary space, namely the representation of God. Independently of his own religious or spiritual commitment, he must treat his patients through the principles of abstinence and neutrality. Denying the question of spirituality, religion and religiousness leads to a selective tuning that results in a splitting, and as a consequence it definitely hinders the achievement of the therapeutic goals. On the other hand, if we pay more attention to religiousness in the context of tackle, we can create a more complex image of the patient as he/she is tackling for the life's sense in a hard period of his/her life. The counselor must be lead by this image when decides what is the best support.

The fifth section wants to validate the practice of the theoretical part in three main points. In the first practice-theoretical point I deal with the aspects of the priest's help when he is working with a patient suffering of a critical disease. The professional priest is a man who is knowledgeable about God's matters, and as a theologian he can speak about these in a human manner. Thus, his task is to profess the sense of the human life on the basis of the salvation manifested by Christ. His priestly assistance is characterized by the fact that he places himself at his fellow-creature's disposal, while they get help in his faith for rediscovering themselves and for believing in Christ who can give sense for our life and death and where they can find intelligible answer for their existential questions. For the ordained priest this task means a special mission. Here belongs also the authorization that what happens in faith among people; he reinforces it in the respect of the sacraments. If we make further researches, we can realize three things that can help the priest: the helper has to build up a real human relationship with the patient, thus they can talk about the personal existential problems of the latter; the helper as an outsider must not come with ready-made solutions but he has to seek as the travelling companion of the patient how can the interpretation of the Christian life assist in solving the particular problems; in an ideal case it can peak in delivering of the sacrament within the scope of a sacrament that is suitable for the given situation. So the priestly assistance is related to a human problem dealing with the sense of the human life, often in connection with a particular event where people try to get an answer. The task of the ordained priest is to make God and his love present in a special way in the life of his fellow-creatures, both as a symbol and reality. However, the sacraments cannot realize this only because Jesus himself is the properly sacrament of the world, the particular symbol and realization of God's presence. In a similar way we can say about Jesus' church that it can be seen as the sacrament of life.

The second, similarly practice-theoretical point formulates the rules directing the adequate attitude of the logotherapeutist pastoral-spiritual care taker priest that must comply with during his work with patients, mainly in the case of the more or less incurable sick people. Generally our accelerated world offers two alternatives for the priest, spiritual care taker working in the postmodern pastoral care, mainly in one of its special areas. Hardly has he occasion for creating a desirable situation for spiritual care, however it is important to grasp the spiritual care as a process during which the two talking partners get in touch with each other. It lasts for several appointments and can spread into a pastoral attendance or therapy in the middle or long run in which they contract with each other as far as possible about the central issue and the aim of the conversations. It is a much more frequent situation where the consultative conversation takes place, but the relation remains a single event. In this latter case the basic question is: how can one lead a conversation in a short time that remains faithful to the task of the spiritual care taker, but at the same time it can give a Christian, liberating assistance in a particular situation of life, crisis or conflict. It's a fact that the short, informal meetings are much more frequent, independently of the location

where they take place. In the case of intentional meetings the conversations taken place near the hospital bed lasts ten or twenty minutes, while the time of the accidental meetings in the corridor of the hospital decreases to its half or quarter. It is obvious that a quite wide scale of the human communication can appear and fruit even within the frail minimal structure of the human encounter. Thus, the question is not whether spiritual care takes place during these conversations. It is the following: how can we form the spiritual/pastoral care in those lightning-fast conversations that determine the most the everyday lives of the spiritual therapists. Nevertheless, there is a wide-ranging experience, again and again, that they cannot manage these conversations. The logotherapy-based spiritual care places devices at their disposal in order to form these conversations in such a way that they can bring nearer the spiritual caring intention of the solution. In this way it is practicable for the new possibilities of life to take effect within the scope of the everyday conversations in a theologically responsible and communicatively effective manner. It is an obligatory expectation from the today priest/spiritual care taker that they have to know and occasionally adopt these useful instructions, wise pieces of advice and tested principles.

In the first sub-point of the third, specifically practical point I justify the successful applicableness of logotherapy in the case of cancerous patients. I do this through several, relatively short and not so much elaborated case studies that are published by different therapeutists (psychiatrist, psychotherapeutist, psycho-oncologist, physician, logotherapeutist, thanatologist, priest) and selected by myself from the psychotherapeutic literature. In the second sub-point I publish a much longer, well-elaborated sample case in four scenes selected from my own practice in hospital pastoral care. It justifies the stable bridge aspect and effective partner nature of logotherapy in the Christian spiritual care, more precisely in the helping and sanctifying priestly attendance of the oncologic patients. Its functioning was proven by the structure built up through connecting the two models described above (Exodus and Emmaus), as well as the steps directing from spiritual care to spiritual lead (presence, listening, sense seeking – prayer). The four exemplary meetings – despite their deficiencies – illustrate the way on which the priest charged with hospital pastoral care can accompany the believing patient suffering of a critical disease to the closest, namely to the meeting with Jesus, by alloying the special techniques of logotherapy with the particular “tricks” of the spiritual conversation, as well as with oncopsychological knowledge and experience.

The multi-step overview of the case follows the steps and regularity, namely the methodology of the hospital patients’ spiritual attendance. Regarding the used bibliography I have considered authoritative the sources published till the end of 2012 available for me.

Keywords
Logos, logotherapy, hospital pastoral care, psycho-oncology, sacramental pastoral care