

A Christian Orthodox point of view

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In order to answer the first question I chose a story from the “Sayings of the desert fathers”, known also as “Apophthegmata Patum”. Those writings come from the early Christian times, particularly from the so called ascetic tradition.

I made that choice mainly for two reasons:

- a. They correspond to the question of narrative theology.
- b. In the orthodox Christian tradition, asceticism refers not only to the “ascetical struggle” of the solitary spiritual fighter in the desert or in the monasteries but to the struggle of the Christian life at large.

Nevertheless, the ascetic fathers are bright examples of going through every possible way in order to achieve the task of developing the virtues and frustrating the vices.

The little story is the following:

“A brother questioned an elder, saying: ‘here are two brothers. One of them leads a solitary life for six days a week, giving him self much pain, and the other serves the sick. Whose work does God accept with the greater favor?’

And the elder said:

‘Even if the one who withdraws for six days were to hang him self up by his nostrils, he could not equal the one who serves the sick’.”

If we put into account how valuable the solitary life is in the orthodox Christian tradition and the fact that this statement comes from an ascetic father of the early Church, we can assume at least two things:

- a. Pastoral care for the sick – in contemporary words chaplaincy- is and has to be even more a very essential and central part of the ministry of the Church.
- b. Committing to care for the sick is as valuable and spiritually fruitful as asceticism.

Going to the 2nd question, I could simply say that the pastor and the chaplain at large represent God and the Church as the Body of Christ. It is there where the ascetic task and the pastoral presuppositions meet, as “we cannot cure the soul of others or help people without having changed ourselves”. In that theological context we can realize that both the main scope of spiritual guiding and the main concern of chaplaincy are beyond the individual problem solving or the behavioral guidance.

The ultimate purpose of the pastoral intervention is to assist and provide the spiritual growth. That doesn't mean in any sense to neglect the physical or psychological or practical needs and dimensions of the patient's situation and do whatever possible about them. But in the end, the major concern is the reaching of “God – like-ness” of the human being, into which a person grows through his or her free choices regarding both God and other persons.

We need to remember that, the chaplain is not dealing with the physical (somatic) disease only but mainly with the “spiritual” problem, which is what the patient will make of his/hers physical problem, while his/her faith towards God or his/her loss of faith and bitterness against God may increase. So the pastor has to help the suffering person to discern in a way of finding a meaning in the unavoidable pain and sorrow. The chaplain has to help or guide the patient to discover that in the middle of the problem the meaning of his/her existence might be hidden.

We shouldn't also forget that a somatic illness might sometimes be the only open window to face the ultimate issues of life and make it clear and visible how we need to struggle for spiritual growth towards God. This task is evidently on the very centre of an ecclesiastical chaplaincy.

Coming to the 3rd question, I need to clarify first that spiritual growth and maturity means also to get rid of all the "idols" we have created and discover what is truly necessary in order for us to "cooperate" with God and recompose our self – image. And, as we all know, only in communion with God a person becomes him or her self.

In the Christian Orthodox Tradition communion with God cannot be understood out of the sacramental life of the Church. Consequently the organization of the spiritual healthcare needs to balance between the sacramental care and the spiritual counseling and general support.

Chaplaincy, as we know it in modern hospitals, is a quite new development. It will take –at least for some of us- time to establish equilibrium between the traditional sacramental pastoral care and the new needs and demands.

So far, hospital pastoral care in the Orthodox Church is provided mainly by the priests with the aid and support of lay people who are either volunteers or more officially involved.

I hope and I wish that the exchange of experience between all the religious traditions will help all of us to find the balance between the fundamentals of our tradition and the needs of the modern world.