

INTRA-CHURCH DIFFERENCES AND TENSIONS IN HEALTH CARE CHAPLAINCY

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An old recipe for rabbit stew begins with the injunction: "Catch the rabbit ". Obviously the person who wrote the recipe was taking nothing for granted.

Likewise, I would like to clear a few things up:

- The terms differences and tensions refer to the difficulties which chaplaincy in the health world encounters within the ecclesial community. These difficulties are, then, considered as obstacles or challenges. Obstacles are the route to growth, says Zen philosophy. And we know that difficulties, seen as challenges, have a theological character. They are the appeals of God do something to make the promotion of the Kingdom of the Lord more effective.
- What I have to say refers to the Italian scene and in a special way to the catholic ecclesial community.
- As I go about evaluating the situation, I will try to harmonise the attitudes of the two main characters in the following anecdote:

The eagle, the king of the birds had increasingly heard, over a period, about the astonishing qualities of the nightingale. As a good ruler, he wanted to know if what he had heard was true and, to make sure he sent two of his functionaries, the peacock and the skylark to find out how things stood They were to evaluate both the beauty and the song of the nightingale.

The two fulfilled their mission and came back to the eagle.

The peacock was the first to speak: "The nightingale has such a modest plumage that it borders on the ridiculous: in fact this annoyed me so much that I didn't pay the least attention to his song. "

The skylark said, "The voice of the nightingale was quite literally enchanting and so I completely forgot to pay attention to his plumage. "

I will group my reflections under six points.

1. Catholic chaplaincy in the health world has a precise place in the setting of the catholic ecclesial community. The figure of the chaplain is recognised in the Code of Canon Law and, on the part of ecclesiastic authority, there has been an effective effort to induce the State to juridically recognise the presence and the activity of chaplains in health institutes.

In this positive picture there are two shadow areas:

- a. Juridical recognition is limited to priests. Deacons, religious and lay are excluded. This is a restriction, which many chaplains, who would like to integrate into chaplaincy other persons who have different and complementary charism, have to put up with, So, we Italians are invidious of what is happening in many other European countries.
- b. The attention of the church hierarchy to the juridical configuration of the chaplain in the health world is not accompanied by an equal effort to improve his image. In too

many cases, Bishops still nominate, as chaplains, priests who are old or sick and, for many priests, being nominated as a hospital chaplain is equal to being punished.

2. Within the structure of health care chaplaincy things have progressed quite well. Over and beyond the Pontifical Council for Health Pastoral, a Vatican body for the whole Church, there is, in Italy, a National group for health pastoral, which is backed up by regional and diocesan groups. And even if all do not function, as they should, basic orientations have been set down.

The shadow in this area lies in the non-existence of an association of chaplains and health workers in the health world that is recognised by the Italian Episcopal Conference. The present A.I.Pa.S (Italian Association for health pastoral) was begun in 1985 by four religious orders (Franciscans, Capuchins, St. John of God and St. Camillus). This came about because the various efforts of ecclesiastical authority to set up an association of chaplains were shipwrecked due to power struggles.

The current situation can be described as follows: on the one hand A.I.Pa.S wants to remain free, is it does not want to fall under the control of the Italian Episcopal Conference; on the other hand the Episcopal Conference is aware of the Association, thinks highly of it, respects it, but it does not give it the authority that would be important if it is to make a greater impact on the ecclesial scene.

The advantages and disadvantages of this situation seem to be well described in a page from the Gospel (John 20, 1-8).

The evangelist speaks of the apostles Peter and John who, having received the news of the empty tomb from the women, ran to the tomb on Easter Sunday. Peter represents the church hierarchy which cannot run very fast, that gets there with a certain amount of difficulty and is attentive, as should be, to the total reality, to order, to orthodoxy and to correct practice...

John, however, reflects the others who make up the people of God, more charismatic, more free and fluid. So they run faster and can follow up their intuitions more readily. But John's faster pace also had an effect on Peter; it stimulates him, and pushes him to run more quickly.

However, that John's quicker pace is not a sign of independence is indicated by the fact that once he had arrived at the tomb, the apostle whom Jesus loved did not go in, but waited so that Peter would be the first to enter.

The current statute gives the A.I.Pa.S movement, creativity, initiative, efforts at new projects without ignoring the resource of church authority.

3. Good progress can be reported on the formation scene. In Rome, there is an academic Institute for pastoral health theology and there are many non-academic formation centres. Also literature on pastoral health has grown well. One of the most significant efforts has been the publication of a Dictionary of Pastoral Health Theology (Ed. Camilliane, Torino, 1977, 1444pp.).

But one can find shadows here too. While there are formation structures, access to them is rather off-putting. This is due to many factors the most important of which is the non obligatory nature of specialised formation for priests working in the health world and the absence of parameters that would indicate what formation ought to be had by those, who while not being priests, wish to become involved in pastoral health. The consequence of being allergic to specialised formation is not without its impact on the quality of the service on offer.

4. Chaplains are ageing. While one admires the dedication of so many chaplains who remain on station in the active ministry despite advancing age, one cannot ignore the

signs of tension between generations: different mentalities, differing pastoral methods, and resistance to change...

5. One of the finest fruits coming from theological reflection over the past fifty years is without doubt the elaboration of an Ecclesiology of Communion. In this new ecclesiology of communion is presented as organic, that is in its diversity and complementarity, as is clearly enunciated in "*Christifideles Laici*", a document of the Catholic Church. "Church communion is formed, more precisely, as an organic communion, analogous to that of a living body: it, in fact, is characterised by the co-presence of diversity and of complementarity of vocations and of conditions of life, of ministries, of charisms and of responsibilities" (n. 20). Thanks to this diversity and complementarity every member finds himself in relationship with the entire body and offers it his own contribution. The putting into practice of the principles of ecclesiology is rather slow. Resistance to change can be seen also in the pastoral or health sector, especially in the relation between priests and laity, men and especially women_, and in this one can see the influence of the dynamics of power. Whilst thinking of these difficulties, I have a wish in my heart that I will express by telling you of an experience I had many years ago, at a meeting of various ecclesial groups made up of priests, religious women and men and laity. At the beginning of the meeting, a simple scene was acted out. There was a contest between the various colours of the rainbow. Each colour insisted on its own importance at the expense of the others. Green pointed to the sight of the meadows and the woods. Yellow stressed the splendour of the sun. Red insisted on the strength of its own symbolism. Blue invited us to look at the sky on a beautiful day ...At a certain moment, a voice from on high was heard inviting the colours to stop this useless arguing and trying to impose their views on others and instead to find a form of collaboration that would be creative and peaceful. And so the rainbow was born.
6. Despite the celebration of two Synods of Bishops for Europe, with rich documentation, a European opening for pastoral workers in the health world is still very restricted. The interest in what is happening in health care ministry in other European countries is small, it certainly does not hold a candle to the interest in the euro or football. Among the factors that lie at the base of this are language and a certain parochialism, that dies hard.

Conclusion

In conclusion, I can say that the health, care chaplaincy song, like that of the nightingale, is truly beautiful, is the fruit of faith and giving, is nourished by the desire to announce and to carry to those that suffer and to those who are involved in helping the sick and in promoting in health the merciful love of Christ. And the plumage, well, there is no doubt that there is work to be done if we are to make the beauty of the song more attractive and more accessible to the women and men of our time.