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The High Tatras *by Jerzy Choinacki*
published by Wydawnictwo Secesja

Message of His Holiness Benedict XVI for the Fifteenth World Day of the Sick Seoul, Korea – 11 February 2007

Dear Brothers and Sisters,

On 11 February 2007, when the Church keeps the liturgical memorial of Our Lady of Lourdes, the Fifteenth World Day of the Sick will be celebrated in Seoul, Korea. A number of meetings, conferences, pastoral gatherings and liturgical celebrations will take place with representatives of the Church in Korea, health care personnel, the sick and their families. Once again the Church turns her eyes to those who suffer and calls attention to the incurably ill, many of whom are dying from terminal diseases. They are found on every continent, particularly in places where poverty and hardship cause immense misery and grief. Conscious of these sufferings, I will be spiritually present at the World Day of the Sick, united with those meeting to discuss the plight of the incurably ill in our world and encouraging the efforts of Christian communities in their witness to the Lord's tenderness and mercy.

Sickness inevitably brings with it a moment of crisis and sober confrontation with one's own personal situation. Advances in the health sciences often provide the means necessary to meet this challenge, at least with regard to its physical aspects. Human life, however, has intrinsic limitations, and sooner or later it ends in death. This is an experience to which each human being is called, and one for which he or she must be prepared. Despite the advances of science, a cure cannot be found for every illness, and thus, in hospitals, hospices and homes throughout the world we encounter the sufferings of our many brothers and sisters who are incurably and often terminally ill. In addition, many millions of people in our world still experience insanitary living conditions and

lack access to much-needed medical resources, often of the most basic kind, with the result that the number of human beings considered "incurable" is greatly increased.

The Church wishes to support the incurably and terminally ill by calling for just social policies which can help to eliminate the causes of many diseases and by urging improved care for the dying and those for whom no medical remedy is available. There is a need to promote policies which create conditions where human beings can bear even incurable illnesses and death in a dignified manner. Here it is necessary to stress once again the need for more palliative care centres which provide integral care, offering the sick the human assistance and spiritual accompaniment they need.

This is a right belonging to every human being, one which we must all be committed to defend.

Here I would like to encourage the efforts of those who work daily to ensure that the incurably and terminally ill, together with their families, receive adequate and loving care.

The Church, following the example of the Good Samaritan, has always shown particular concern for the infirm. Through her individual members and institutions, she continues to stand alongside the suffering and to attend the dying, striving to preserve their dignity at these significant moments of human existence. Many such individuals – health care professionals, pastoral agents and volunteers – and institutions throughout the world are tirelessly serving the sick, in hospitals and in palliative care units, on city streets, in housing projects and parishes.

I now turn to you, my dear brothers and sisters suffering from incurable and terminal diseases. I encourage you to contemplate the sufferings of Christ cru-

cified, and, in union with him, to turn to the Father with complete trust that all life, and your lives in particular, are in his hands. Trust that your sufferings, united to those of Christ, will prove fruitful for the needs of the Church and the world. I ask the Lord to strengthen your faith in his love, especially during these trials that you are experiencing. It is my hope that, wherever you are, you will always find the spiritual encouragement and strength needed to nourish your faith and bring you closer to the Father of Life. Through her priests and pastoral workers, the Church wishes to assist you and stand at your side, helping you in your hour of need, and thus making present Christ's own loving mercy towards those who suffer.

In conclusion, I ask ecclesial communities throughout the world, and particularly those dedicated to the service of the infirm, to continue, with the help of Mary, *Salus Infirmorum*, to bear effective witness to the loving concern of God our Father. May the Blessed Virgin, our Mother, comfort those who are ill and sustain all who have devoted their lives, as Good Samaritans, to healing the physical and spiritual wounds of those who suffer! United to each of you in thought and prayer, I cordially impart my Apostolic Blessing as a pledge of strength and peace in the Lord.

From the Vatican, 8 December 2006

BENEDICTUS PP. XVI

In the Face of the Actual Suppression of the Human Being there can be no Compromises or Prevarications

ADDRESS OF HIS HOLINESS BENEDICT XVI TO THE PARTICIPANTS IN THE SYMPOSIUM ON THE THEME: "STEM CELLS: WHAT FUTURE FOR THERAPY?" ORGANIZED BY THE PONTIFICAL ACADEMY FOR LIFE, HALL OF THE SWISS, CASTEL GANDOLFO, SATURDAY, 16 SEPTEMBER 2006

Venerable Brothers in the Episcopate and in the Priesthood,

Distinguished Ladies and Gentlemen,

I address a cordial greeting to you all. This meeting with you, scientists and scholars dedicated to specialized research in the treatment of diseases that are a serious affliction to humanity, is a special comfort to me.

I am grateful to the organizers who have promoted this Congress on a topic that has become more and more important in recent years. The specific theme of the Symposium is appropriately formulated with a question open to hope: "Stem cells: what future for therapy?".

I thank Bishop Elio Sgreccia, President of the Pontifical Academy for Life, for his kind words, also on behalf of the International Federation of Catholic Medical Associations (FIAMC), an association that has cooperated in organizing the Congress and is represented here by Prof. Gianluigi Gigli, outgoing President, and Prof. Simon de Castellvi, President-elect.

When science is applied to the alleviation of suffering and when it discovers on its way new resources, it shows two faces rich in humanity: through the sustained ingenuity invested in research, and through the benefit announced to all who are afflicted by sickness.

Those who provide financial means and encourage the necessary structures for study share in the merit of this progress on the path of civilization.

On this occasion, I would like to repeat what I said at a recent Audience: "Progress becomes true progress only if it serves the human person and if the human person grows: not only in terms of his or her technical power, but also in his or her moral awareness" (cf. *General Audience, 16 August 2006*).

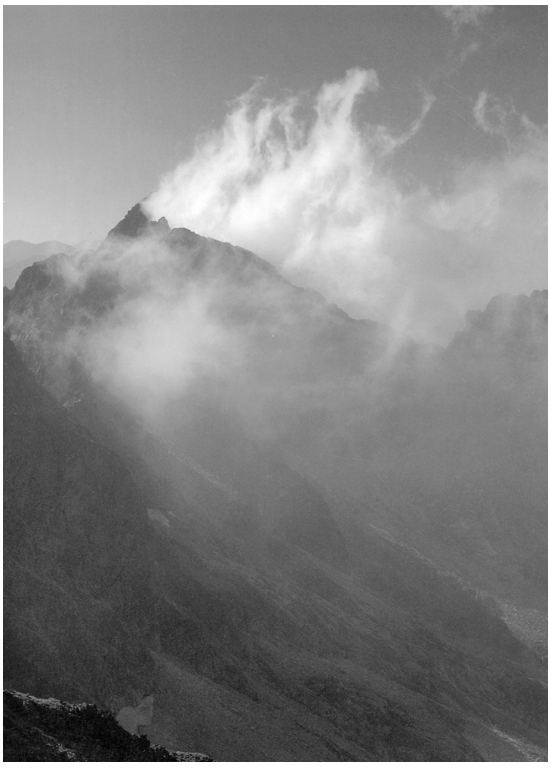
In this light, somatic stem-cell research also deserves approval and encouragement when it felicitously combines scientific knowledge, the most advanced technology in the biological field and ethics that postulate respect for the human being at every stage of his or her existence.

The prospects opened by this new chapter in research are fascinating in themselves, for they give a glimpse of the possible cure of degenerative tissue diseases that subsequently threaten those affected with disability and death.

How is it possible not to feel the duty to praise all those who apply themselves to this research and all who support the organization and cover its expenses?

I would like in particular to urge scientific structures that draw their inspiration and organization from the Catholic Church to increase this type of research and to establish the closest possible contact with one another and with those who seek to relieve human suffering in the proper ways.

May I also point out, in the face of the frequently unjust accusations of insensitivity addressed to the Church, her constant support for research dedicated to the cure of diseases and to the good of humanity throughout her 2,000-year-old history.



If there has been resistance – and if there still is – it was and is to those forms of research that provide for the planned suppression of human beings who already exist, even if they have not yet been born. Research, in such cases, irrespective of efficacious therapeutic results, is not truly at the service of humanity.

In fact, this research advances through the suppression of human lives that are equal in dignity to the lives of other human individuals and the lives of the researchers themselves.

History itself has condemned such a science in the past and will condemn it in the future, not only because it lacks the light of God but also because it lacks humanity.

I would like to repeat here what I already wrote some time ago: Here there is a problem that we cannot get around; no one can dispose of human life. An insurmountable limit to our possibilities of doing and of experimenting must be established. The human being is not a disposable object, but every single individual represents God's presence in the world (cf. J. Ratzinger, *God and the World,* Ignatius Press, 2002).

In the face of the actual suppression of the human being there can be no compromises or prevarications. One cannot think that a society can effectively combat crime when society itself legalizes crime in the area of conceived life.

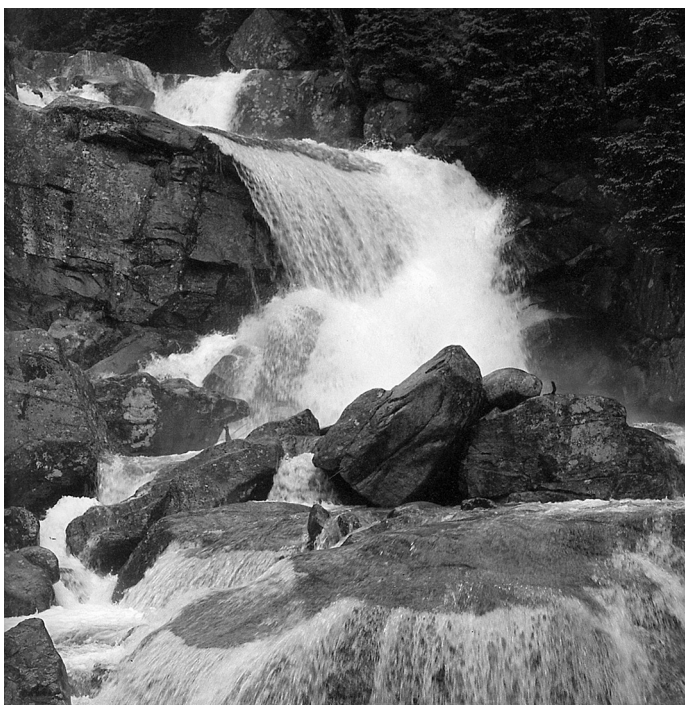
On the occasion of recent congresses of the Pontifical Academy for Life, I have had the opportunity to reassert the teaching of the Church, addressed to all people of good will, on the human value of the newly conceived child, also when considered prior to implantation in the uterus.

The fact that you at this Congress have expressed your commitment and hope to achieve new therapeutic results from the use of cells of the adult body without recourse to the suppression of newly conceived human beings, and the fact that your work is being rewarded by results, are confirmation of the validity of the Church's constant invitation to full respect for the human being from conception. The good of human beings should not only be sought in universally valid goals, but also in the methods used to achieve them.

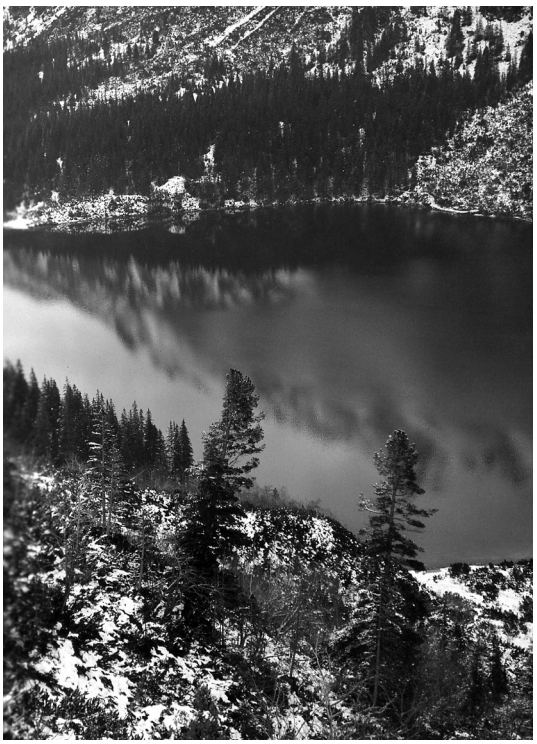
A good result can never justify intrinsically unlawful means. It is not only a matter of a healthy criterion for the use of limited financial resources, but also, and above all, of respect for the fundamental human rights in the area of scientific research itself.

I hope that God will grant your efforts – which are certainly sustained by God who acts in every person of good will and for the good of all – the joy of discovering the truth, wisdom in consideration and respect for every human being, and success in the search for effective remedies to human suffering.

To seal this hope, I cordially impart an affectionate Blessing to all of you, to your collaborators and to your relatives, as well as to the patients who will benefit from your ingenuity and resourcefulness and the results of your work, with the assurance of my special remembrance in prayer



Topics



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The Rights of the Mentally Ill

1. The Dignity of the Mentally Ill Person

To be concerned about the rights of the mentally ill means to take responsibility for a large number of people who are often forgotten about by health care systems and state administrations. Given that the Church has the mission to come to the help of the poor, mentally ill people are a privileged part of the family of the needy who are the recipients of pastoral care in health.

In reality, mental disturbances now affect about a thousand million people in the world and are responsible for about 10% of health care expenditure in industrialised countries, as was pointed out by the *World Development Report* in 2000. According to the classification of the World Health Organisation, these pathologies affect perhaps one thousand five hundred million people and involve their family relatives in problems of care that at times are difficult to deal with.

More specifically, in the light of the statistics presented in 1996[1] by the international conference organised by the Pontifical Council for Health Pastoral Care on human mental disturbance, behaviour disorders linked to cases of real mental illness affect over a half of the world's population with very grave consequences for the spiritual equilibrium of families and the sustainability of the health care economy.

In their action of assuring the rights of all citizens, the various States of the world have tried to formulate laws that aim at the protection of mentally ill people as subjects of rights and members of society who should be taken into account in civil life.

The fact remains that still today, albeit to varying extents according to different cultures and civilisations, a mentally ill person and his family are treated with detachment and often closed up in an unbearable loneliness that leads to social exclusion.

To this is added an excessive medicalisation that with time tends to separate health treatment from psychological, social and emotional support, with deleterious consequences for the sick person who has to be rehabilitated and for his family. Lastly, it is often the case that the very legislative instruments created to protect the mentally ill person have the effect of making even more difficult his social integration because his participation is not assured when decisions have to be taken about him.

The aim of the listing of the specific rights of the mentally ill should be the same as the objectives of the whole of the social organisation which should be directed towards the common good, the protection and the promotion of the welfare of everybody without distinctions of race, religion, sex or social condition.

At the basis of life together in society is the right to the defence of the dignity of every human person as the foundation of all the other individual and social rights. Without a convinced adherence to the value represented by the human person at every stage of his life and in every condition of health, this right and other rights run the risk of being reduced to pure and simple proclamations of good intent that do not have an effect on the real organisation and working of institutions.

Side by side with the formulation of individual rights in the various laws, reference should always be made to the moral question of the dignity of the mentally ill person who as a human person is the bearer of rights.

From this ethical belief arises a culture of human rights which are seen as an expression of the needs for development of every person translated into the idea of duties-rights. Without the culture of ethics, the risk is run of annulling the very value of law which tends to regulate the lives of all citizens in order to achieve a peaceful life together in society with respect for everyone.

In the specific case of mentally ill people, the World Health Organisation places the question of rights at the centre of its approach to the mentally ill.

At the international conference that has already been referred to, Dr. Hiroshi Nakajima stated: 'whatever the mental incapacities or disturbances that afflict a person, that person has the right to receive care and medical treatment as well as social, psychological and human support which allow him to have access to the highest autonomy and wellbeing'.[2]

In order to make this right effective, the World Health Organisation advises against shutting up mentally ill people in structures characterised by custody, and proposes, instead, that they should be placed in places of care suited to their condition. This represents an important shift in the defence of rights because it tends to see the sick person as a being endowed with intellectual faculties and able to use them if he is in a 'humanised' context.

2. Rights and the Defence of the Mentally Ill Person

On the basis of the statements at the level of principle of the World Health Organisation, for at least twenty years the associations of psychiatry, families and at times ex-patients have formulated a series of declarations of rights:

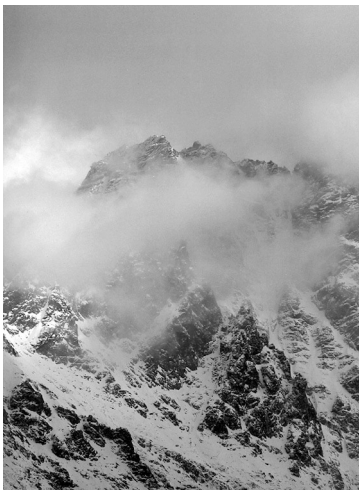
1. *The right of a mentally sick person to enjoy the same fundamental rights as all other citizens, including the right to lead a life that is as normal as possible.*

2. *The right to treatment suited to the kind of pathology that is present and treatment which has exclusively therapeutic goals.*

3. *The right to the protection of the patient who is subjected to obligatory health care treatment against possible therapeutic abuses and an unjustified prolonging of coerced treatment*.

4. *The right to be informed on the kind of treatment to which he is subjected and the consequent right to consent or dissent, albeit within the limits imposed by the mental pathology of the individual concerned*.

5. *The defence of these rights in the case of mentally sick people admitted to legal mental asylums*.[3]



The constitutional charters on which are based the laws of modern democracies are based on these principles and see the safeguarding of the common good as an institutional purpose of the state. In particular, the right to suitable care and treatment in the case of mentally ill people *must include the right not to be distanced from one's habitual place of residence and one's own family relatives except in particular and exceptional cases*.

Within the framework of these rights should be included the right to active participation in civil life and thus to *rehabilitation at the level of work*.

The reference made above to medical treatment directed exclusively to therapeutic ends brings out the risk of prescriptions that we may define as being punitive or convenient. At times an excessive use of psychotropic drugs used in the place of old methods of containment, which do not always have the aim of reducing the mental disturbance, belongs to such a definition.

The right to appropriate care and treatment concerns two categories of questions and issues. The first concerns experimentations on mentally ill people which must have a prevalent therapeutic purpose and not that of pure and simple scientific research in order to safeguard their possible rehabilitation. The second concerns a suitability of the treatment to the type of mental disorder present in the individual rather than to another typology or a general mental illness.

The fact emerges with clarity that rights aim at the defence of the person in his most intimate constitution and not only the defence of society against possible disorders produced by the presence of mentally ill people within the social fabric.

As regards the capacity for consent, it is necessary to emphasise that only in a limited number of cases can we encounter a total incapacity on the part of a sick person to provide consent to the best treatment proposed.

It is licit to state here that in the majority of cases it is the duty of medical doctors together with psychologists, educators, nurses and social workers to inform the person with a mental disturbance in the most specific and accessible terms possible about the treatment that is to be administered and his right to accept it or reject it.

Lastly, respect for the dignity of the mentally ill person is expressed in the defence of professional secrecy: that the patient's privacy is guaranteed so as to avoid, as well, the perpetuation of the social stigma attached to him and the group to which he belongs, is a precise right of the patient and his family.

These original rights that rightly put the mentally ill person on the same level as every other citizen are followed by certain specific rights.

First of all, the right not to be seen as a dangerous individual in relation to himself and to other people, as was thought for a long time, even though the intervention of public authority can find a justification and a foundation in obligatory health care treatment. It is precisely from a correct interpretation of this form of treatment that one evinces the intention of legislators who seek to defend first and foremost the health of a person with a mental disturbance and for this reason temporarily reduce his freedom during the period of treatment that has to be administered in an emergency situation.

The right *to civil defence and penal defence* of the mentally ill person is of the same nature. Civil defence involves a series of measures that seek to protect both the patient and other people from the juridical consequences of civil acts carried out by the patient himself. The juridical realities of interdiction and non-responsibility that have been introduced to protect the possessions and the goods of the patient himself belong under this heading.

Penal defence, on the other hand, fundamentally involves a series of norms that take into consideration the person both as the author and as a victim of a crime.

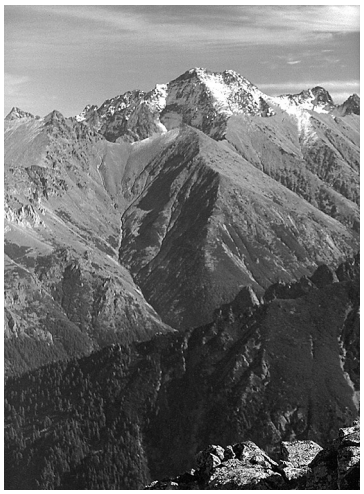
The first aspect fundamentally concerns the responsibility and the treatment of individuals that have been acquitted because of mental infirmity and for whom admission to a judicial hospital is necessary.

The second aspect largely concerns the incapacity of an individual who is mentally ill to provide consent that is valid in juridical terms. Thus there is the right upheld by adequate laws to be defended in cases of carnal violence, in the doctor-patient relationship, and in matters connected with consent to therapeutic ends, abortion or any act that suppresses the conscience of a person with mental disturbance.

Reference should be made lastly to the right to *defence at the level of insurance* of a mentally ill person which takes form in the right to compensation at the level of pension rights in the case of illness caused or aggravated by work, in addition to the right to enjoy the social assistance envisaged for the rehabilitation and the

social integration of a person with a handicap who must not be discriminated against.

From the question of rights one moves to the broader issue of ethics. I thus reproduce here certain articles of international documents designed to promote the welfare of mentally ill people. In these the link between rights and ethics and between deontology and morality clearly emerges.



3. The Declaration of Hawaii

With the intention of making clear the deontological nature of the profession and to act as a guide for every psychiatrist, certain written rules are indispensable. At the time of the General Assembly of the World Psychiatric Association the following ethical norms were established for psychiatrists throughout then world:

1. The goal of psychiatry is to contribute to the health, the personal autonomy and the development of individuals.

2. Every patient must be offered the best treatment possible and must be treated with the care and the respect due to the dignity to which all human beings have a right, in addition to respect for his capacity to decide about his own life and health.

3. The therapeutic relationship between the patient and the psychiatrist is based upon a reciprocal agreement. It requires trust and respect for confidentiality, openness, cooperation and mutual responsibility.

4. The psychiatrist must inform the patient about the nature of his situation, the consequent diagnosis and the therapies envisaged and the prognosis.

5. No treatment should be applied against the will of the patient or independently of that will, unless the patient is incapable of expressing his own will. Only in these cases and for grave reasons can recourse be made to forced health care treatment.

6. When these circumstances no longer exist the treatment must be suspended to allow the patient to express his consent to the treatment.

7. The psychiatrist must never use the powers of his profession to maltreat individuals and groups and must be aware of the fact that his personal wishes, feelings and prejudices must never interfere with the treatment.

8. The psychiatrist is always obliged to professional confidentiality unless the patient himself or interests of a higher nature free him from this duty.

9. The development and the dissemination of psychiatric knowledge requires the active participation of patients themselves. As a result it is necessary to obtain the informed consent of the person involved to present his case or publish the results of an experimentation. Whatever the case, anonymity must be assured and the personal reputation of the person must be safeguarded.

10. Every patient has the right to withdraw from an experimentation at any moment or for any reason, thereby also ending voluntary treatment, research or a teaching programme underway. This decision does not preclude his right to treatment (Honolulu 26 August 1977[4]).

4. The Madrid Declaration. Conclusion

The patient must be accepted in the therapeutic process with the right of equality. The relationship between the therapist and the patient must be based upon confidentiality and mutual respect on the basis of which the patient can take free and informed decisions. The duty of the psychiatrist lies in providing the patient with relevant and significant information that allows him to take reasonable decisions in line with his own norms, values or preferences.

Only in this way can one combat stigma and discrimination. From this point of view the infinite particular situations relating to forced internment, research and treatment should be reconsidered.

If psychiatry and the neurosciences in general are able to overcome the barriers against mental illness, to activate communication with the most alienated of the alienated, to look for the truth with those who are dominated by an autistic truth, then research will be possible.

If the opposite occurs, psychiatry will disappear as a discipline and as a practice and the neurosciences will collapse having lost the meaning of their mission (The World Psychiatric Association, 1996[5]).

Rev. PIERLUIGI MARCHESI OH.

Father Pierluigi Marchesi OH left us and returned to the house of the Father in 2001. He was Prior General of the Hospital Order of St. John of God (Fatebenefratelli) for twelve years, member of the Pontifical Council for Health Pastoral Care from its foundation onwards, and President of the AISAC (International Association of Catholic Health-Care Institutes).

He dedicated himself to the training of health-care professionals and his works were published by Velar-elledici in 2006 under the title 'Umanizzazione storia e utopia' ('Humanisation: History and Utopia')

Note

[1] J. M. BERTOLETE, 'Malattie mentali nel mondo: dati epidemiologici', *Dolentium Hominum*, 34, 1997, 40-43.

[2] H. NAKAJIMA, 'Programmi ed attività di salute mentale dell'OMS', *Dolentium Hominum*, 34, 1997, 11-12.

[3] AA.VV, *The Protection of Persons Suffering from Mental Disorders* (AIDO, Syracuse, 1981).

[4] World Psychiatric Association, *Hawaii Declaration* (1977, 1983), *Selare*, 82, March 2000, 42-45.

[5] World Psychiatric Association, *Madrid Declaration* (1996), cited in *Dolentium Hominum*, 34, 1997, 58.

The Catholic Church and Conjugal Sexuality

THE HUMAN BODY: THE SUMMIT OF CREATED MATTER

Shaken by admiration for its discoveries and its power, mankind often discusses anxious questions about the contemporary development of the world, about the place and task of man in the universe, about the meaning of its own individual and collective efforts, and also about the ultimate purpose of things and men.[1] On the one hand, the pluralism of conceptions of life and the world, historicism with its consequent relativism in relation to truth, and distrust in the capacity of man to reach absolute truth, and, on the other, confidence in science and scientific-technological progress, believed to able to solve all the problems of man, have changed the certainty of religious culture and the face of Christian civilisation in the continent of Europe.[2] In a specific way and in an increasingly worrying way, we perceive a loss of the meaning and the significance of sexuality, in general, and of conjugal and familial sexuality, in particular. One need only think of free and '*de facto*' cohabitations placed on the same level as '*de iure*' marriages, the increase in divorce, the civil legalisation of gay marriages with the right to adopt children, and even more topical, the discussion, so many times in a way that does not correspond to scientific truth and even less to ethical criteria, of assisted procreation, cloning and the use of frozen embryos for therapeutic purposes and so forth. Faced with this situation, and in the light of the final document of the tenth congress of the FEAMC held in Bratislava,[3] it seemed to me to be useful to present certain key points of the teaching of the Catholic Church on conjugal sexuality. First of all I will stress how the human body is the summit of created matter. Then I will clarify some characteristics of conjugal sexuality. From there I will go on to the third point: an absolute 'no' to divorce and a relative 'yes' to annulment. Lastly, as a fourth point, I will clarify the two inseparable meanings of the conjugal act, the proper, specific and exclusive expression of conjugal love.

The Human Body in the Image of God

'Then the Lord God formed man of dust from the ground, and breathed into his nostrils the breath of life; and man became a living being' (Gen 2:7). These are the words of Genesis with which God Himself reveals that the body of man shares in the dignity of being in the 'image of God' because he is animated by a spiritual body. As regards sexuality in general, and conjugal sexuality in particular, it should be further emphasised that this value of being in the image of God applies both to the body of a man and to the body of a woman. 'So God created man in his own image, in the image of God he made them; male and female he created them' (Gen 1:27). The *Catechism of the Catholic Church* (*CCC*) states on this point: ''Being man' 'being woman' is a reality which is good and willed by God: man and woman possess an inalienable dignity which comes to them immediately from God their Creator. Man and woman are both with one and the same dignity 'in the image of God'. In their 'being-man' and 'being-woman', they reflect the Creator's wisdom and goodness''.[4] In order to avoid all misunderstandings, and this point should be noted well, God is not in man's 'image'. God is neither man nor woman. God is pure spirit and thus in him there is no place for the difference between the sexes. Thus when we state that man and woman are in God's image we mean that 'the perfections' of man and woman reflect something of the infinite perfection of God: those of a mother and those of a father and husband'.[5] 'By calling God 'Father', the language of faith indicates two main things: that God is the first origin of everything and transcendent authority; and that he is at the same time goodness and loving care for all his children. God's parental tenderness can also be expressed by the image of motherhood, which emphasises God's immanence, the intimacy between Creator and creature. The language of faith thus draws on the human experience of parents, who are in a way the first representatives of God for man.[6] But this experience also tells us that human parents are fallible and can disfigure the face of fatherhood and motherhood. We ought therefore to recall that God transcends the human distinction between the sexes. He is neither man nor woman: he is God. He also transcends human fatherhood and motherhood, although he is their origin and standard: no one is father as God is Father'.[7] The human body, and this is what should be emphasised, thus expresses a 'divine' language that is proper and specific to the conjugal sexuality of a man, a husband and father, and of a woman, a wife and mother. 'God created man and woman *together* and willed each for the other. The Word of God gives us to understand this through various features of the sacred text. 'It is not good that man should be alone. I will make him a helper fit for him' (Gen 2:18). None of the animals can be man's partner. The woman God 'fashions' from the man's rib and brings to him elicits on the man's part a cry of wonder, an exclamation of love and communion: 'This at last is bone of my bones and flesh of my flesh' (Gen 2:23). Man discovers woman as another 'I', sharing the same humanity'.[8] In the divine plan, all of this is first of all and above all true and verifiable in the sexual relationship between the two spouses.

Conjugal Sexuality

It is very significant that Holy Scripture not only opens with the account of the creation of man and woman in the image of God but also closes with the vision of the 'marriage of the Lamb' (Rev 19:7-9). From the beginning to the end the Word of God talks to us, in fact, about marriage and its 'mystery', its establishment and the meaning that God has given to it. In Holy Scripture we find its origins and its purpose, its various 'historical-salvific' expressions, as well as its difficulties derived from original sin and personal sins, but also its sacramental renewal in the New Covenant of Christ and the Church.[9] Overall, God the Creator is the author of the intimate communion of life and of conjugal love, founded by God Himself and endowed with laws that are specific to a conjugal pact. The vocation to marriage was thus written into the very nature of man and woman as they came from the hand of the Creator. Despite the numerous changes down the centuries, in the various cultures, social structures and spiritual attitudes, there nonetheless exists in all cultures a sense of the greatness of the conjugal union. I would like to emphasise how the Fathers of the Second Vatican Council stressed these common and permanent features: 'the well-being of the individual person and of both human and Christian society is strictly closely bound up with the healthy state of conjugal and family life'.[10] It should be observed that the vocation to marriage is written by the Creator into the very nature of woman and man. Indeed, God, who created man for love, also called him to love, the fundamental and innate vocation of every human being. God, who is Love (cf. 1 Jn 4:8,16), after creating man, male and female, in His image, wanted, through their mutual love, to reveal His absolute and unfailing love with which He loves every human being. The author of *Humanae Vitae* wrote: 'Marriage, then, is far from being the effect or chance or the result of the blind evolution of natural forces. It is in reality the wise and provident institution of God the Creator, whose purpose was to establish in man his loving design. As a consequence, husband and wife, through that mutual gift of themselves, which is specific and exclusive to them, seek to develop that kind of personal union in which they complement one another in order to co-operate with God in the generation and education of new lives'.[11] With this 'personalistic' conception of conjugal sexuality, Pope Montini unmasks the falseness of every 'biologistic' criticism of the authentic Magisterium of the Catholic Church and its official morality. The approach of the Church reveals, first and foremost, the interpersonal gift of the woman, wife, and of the man, husband, and only afterwards is there a move to the generation and education of children, emphasising that this is co-operation with God. In other terms, the mutual personal giving of the husband and wife is above all directed towards mutual perfection. This demonstrates that all of those who accuse the Church of 'procreationism' falsify the teaching of the Church. The morality of 'conjugal sexuality' is perfectly and completely in harmony with the account of Genesis: 'Therefore a man leaves his father and his mother and cleaves to his wife, and they become one flesh' (Gen 2:24). Now, it is not difficult to understand that marriage denotes, as an intrinsic property of its being, an unfailing unity of two human existences, equal as persons but different sexually. For that matter, the Lord demonstrates this when he reminded us of what was, at the outset, the design of the Creator: 'So they are no longer two but one' (Mt 19:6). 'In his teaching Jesus unequivocally taught the original meaning of the union of man and woman as the Creator willed it from the beginning: permission given by Moses to divorce one's wife was a concession to the hardness of hearts (cf. Mt 19:8). The matrimonial union of man and woman is indissoluble: God himself has determined it: 'what therefore God has joined together, let no man put asunder' (Mt 19:6)'.[12]

No to Divorce and Yes to Annulment

As a consequence, the legalisation of divorce with the explicit right to a new marriage clearly contradicts this explicit will of God. This is why the Catholic Church, even though it tries to understand more and in a better way the dramatic character of certain conjugal states that are in crisis, can never engage in compromises with the contemporary pro-divorce culture. The only thing that the Catholic Church can do, and it has been doing this for some time, is to see if God has really joined certain conjugal ties. The possibility of declaring a conjugal union 'void', that is to say that it never existed, is the master road for solving certain conjugal cohabitations that have become irreversibly compromised. Indeed, aware that sexuality exercises an influence on all aspects of the human person, in the unity of his body and his soul, the Magisterium of the Church evaluates in particular the affectivity, the capacity to love and to procreate and in a more general way the aptitude for forming bonds of communion with others.[13] It is worth noting that this evaluation corresponds to the full to the dignity of each human being, specifically as a person. 'Being in the image of God the human individual possesses the dignity of a person, who is not just something, but someone. He is capable of self-knowledge, of self-possession and of freely giving himself and entering into communion with other persons. And he is called by grace to a covenant with his Creator, to offer him a response of faith and love that no other creature can give in his stead'.[14] This dignity as a person is thus a divine gift of equal measure to man and to woman because both of them, in fact, have been created in the image of God a person.[15]

At this point, and here I realise I am going against the mainstream, the importance of the vocation to chastity is evident, that is to say to the positive integration of sexuality within the person. 'Sexuality, in which man's belonging to the bodily and biological world is

expressed, becomes personal and truly human when it is integrated into the relationship of one person to another, in the complete and lifelong mutual gift of a man and a woman. The virtue of chastity therefore involves the integrity of the person and the integrality of the gift',[16] and as a consequence the inner unity of man, male and female, in his corporeal and spiritual being. Let it be made clear, with regard to the integrity of the person, that chastity maintains the integrity of the powers of life and love that are placed in man and woman, ensuring not only the unity of the person but also opposing any behaviour that would impair it. It tolerates neither a double life nor duplicity in speech.[17] The personal dignity of a man and a woman requires them to act out of conscious and free choice, as moved and drawn in a personal way from within, and not by blind impulses in themselves or by mere external constraint.[18] Overall, chastity includes an apprenticeship in self-mastery which is a training in true human freedom. This self-mastery, and this is what of interest to us, is ordered to the integrality of self-giving. Chastity makes the man and the woman who practice them witnesses to the faithfulness and tenderness of God. Such are the criteria for the assessment of a conjugal communion of life and love, united by God and thus indissoluble or annullable. Paul VI was right when he wrote in 1968: 'These considerations give us the opportunity to address those who are engaged in education and all those whose right and duty is t provide for the common good of human society. We would call their attention to the need to create an atmosphere favourable to the growth of chastity in such a way that true liberty may prevail over licence and the norms of the moral law be fully safeguarded'.[19] This is why I have sought to present a correct idea of sexuality in general and of conjugal sexuality in particular.

It remains to me address certain solid beliefs about the real values of life and the family, above all in relation to the question of responsible procreation.

The Two Inseparable Meanings of Every Act of Conjugal Love

'The question of the birth of children, like every other question which touches human life, is too large to be resolved by limited criteria, such as are provided by biology, psychology, demography or sociology. It is the whole man and the whole complex of his responsibilities that must be considered, not only what is natural and limited to this earth, but also what is supernatural and eternal'.[20] What has been said hitherto in this paper has emphasised that the creation of the male and the female is in a proper and specific way ordered to the conjugal love of man and woman. The corporeal intimacy of the husband and wife becomes in their marriage bond a sign and a pledge of a spiritual communion between two persons who are at one and the same time equal and different. Their acts concern the intimate core of their beings as human persons as such. Thus conjugal sexuality is expressed in a truly human way only if it is an integral part of the love with which the man and woman are committed to each other totally until death.[21] It is then that their acts not only foster the meanings of mutual self-giving but also produce a reciprocal personal enrichment in a joyous mutual gratitude. 'The Creator himself… established that in the [generative] function, spouses should experience pleasure and enjoyment of body and spirit. Therefore… the spouses do nothing evil in seeking this pleasure and enjoyment. They accept what the Creator has intended for them'.[22] The Creator thus intended that through their union the spouses should achieve the twofold end of conjugal love: the good of themselves and the transmission of life. 'These two meanings or values of marriage cannot be separated without altering the couple's spiritual life and compromising the goods of marriage and the future of the family. The conjugal love of man and woman thus stands under the twofold obligation of fidelity and fecundity'.[23] With respect to fecundity, conjugal love naturally tends to be fruitful. 'A child does not come from outside as something added on to the mutual love of the spouses, but springs from the very heart of that mutual giving, as its fruit and fulfilment.'[24] In relation to this natural paternal and maternal fecundity of the unitive love of a husband and wife, the Church, which 'is on the side of life',[25] 'teaches that each and every marriage act must remain open to the transmission of life'.[26] Called to transmit life, the spouses share in the creative power and the fatherhood of God. Thus the spouses are responsible co-operators with, and interpreters of, the love of

God the Creator. This doctrine, expounded on numerous occasions by the Magisterium of the Church, is based on the inseparable connection – established by God and which man cannot break of his own accord – between the unitive significance and the procreative significance inherent in the act of conjugal love.[27]

In safeguarding both these two essential aspects, the unitive and the procreative aspects, the conjugal act integrally maintains the sense of mutual and true love and its ordering to the very high vocation of a man and a woman to the responsible transmission of life. And it is this responsible motherhood and fatherhood that God has entrusted to them in creating them man, male and female. A child is not an object to which one has a right, there is no right to a child, but only to the conjugal act that is open to the procreation of a child. It is the child to have the natural right, that is from God, not only to be the fruit of the specific act, which is specific and exclusive to the conjugal love of his parents, but he also has the right to be respected as a person from the moment of his conception.[28] With all this it is not my intention to underestimate the suffering of couples who find that they are sterile. Indeed, I would not only like to encourage research directed towards reducing sterility but I also hope that such research produces unprecedented results.

I would like to be able to honour Pope Wojtyla, of most venerable memory, by concluding with his words written in his apostolic exhortation *Familiaris consortio*, (n. 28): 'With the creation of man and woman in His own image and likeness, God crowns and brings to perfection the work of His hands: He calls them to a special sharing in His love and in His power as Creator and Father, through their free and responsible cooperation in transmitting the gift of human life: "God blessed them, and God said to them, 'Be fruitful and multiply, and fill the earth and subdue it.'"(Gen 1:28) Thus the fundamental task of the family is to serve life, to actualize in history the original blessing of the Creator-that of transmitting by procreation the divine image from person to person'. Here the evaluative ethical criterion as regards responsible procreation is clearly indicated, namely the originality of human generation that derives from the very originality of the human person. John XXIII had no doubts on the matter: 'The transmission of human life is the result of a personal and conscious act, and, as such, is subject to the all-holy, inviolable and immutable laws of God, which no man may ignore or disobey'.[29] This personal act is the intimate union of the husband and wife, who in giving themselves totally to each other give life. It is a unique and indivisible act that is *at the same time* both unitive and procreative, conjugal and parental.[30] Thus the application to man of biotechnologies derived from the fertilisation of animals, with the aim of making possible various interventions on human procreation, raise grave questions of moral acceptability. Indeed, the various techniques of artificial reproduction, which would seem to be at the service of life and which are frequently used with this intention, actually open the door to new threats against life because they are unworthy of human procreation since the human body, being in the image of God, is the summit of created matter.[31]

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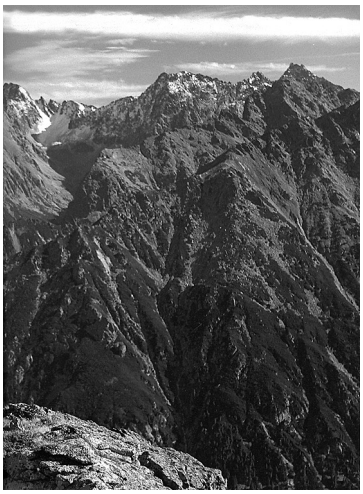
Notes

[1] Cf. *Gaudium et spes*, n. 3.
[2] Cf. Episcopato Italiano, *L'Evangelizzazione del mondo contemporaneo* (Elle Di Ci, Turin,1974), n. 4.
[3] Cf. *Orizzonte Medico*, July-August, 2004, p. 23.
[4] *CCC*, n. 369.
[5] Cf. *CCC*, n. 370.
[6] The proof of this representation is offered and confirmed by the fourth commandment of the Ten Commandments. Indeed, 'The fourth commandment opens the second table of the Decalogue. It shows us the order of charity. God has willed that, after him, we should honour our parents to who we owe life and who have handed on to us the knowledge of God. We are obliged to honour and respect all those whom God, for our good, has vested with his authority' (*CCC*, n. 2197).
[7] *CCC*, n. 239.
[8] *CCC*, n. 371.
[9] Cf. *CCC*, n. 1602.
[10] The Second Vatican Council, *Gaudium et spes,* n. 47. Cf. also CCC, n.1603.
[11] PAUL VI, *Humanae Vitae,* n. 8,
[12] Cf. *CCC*, n. 1614.
[13] Cf. *CCC*, n. 2332.
[14] *CCC*, n. 357.
[15] JOHN PAUL II, Apostolic Letter *Mulieris dignitatem*, n. 6.
[16] *CCC*, n. 2337.
[17] Cf. *CCC*, n. 2338.
[18] Cf. *CCC*, n. 2339.



[19] PAUL VI, *Humanae Vitae*, n. 22. I here quote the reaction that the author of *Humanae vitae* wanted to provoke: 'Everything therefore in the modern means of social communication which arouses men's baser passions and encourages low moral standards, likewise every obscenity in the written word and every form of indecency on the stage and screen, should be condemned publicly and unanimously by all those who have at heart the advance of civilization and the safeguarding of the outstanding values of the human spirit. It is quite absurd to defend this kind of depravity in the name of art of culture or by pleading the liberty which may be allowed in this field by the public authorities' (*ibidem*).
[20] PAUL VI, *Humanae vitae*, n. 7.
[21] Cf. John Paul II, Apostolic Exhortation *Familiaris consortio,* n. 11.
[22] PIUS XII, speech of 29 October 1951, quoted in *CCC*, n. 2362.
[23] *CCC*, n. 2363.
[24] Cf. *CCC*, n. 2366.
[25] JOHN PAUL II, Apostolic Exhortation *Familiaris consortio,* n. 30.
[26] I would like to observe on this point that I use the phrase 'must remain open to the transmission of life' for two reasons. Firstly, because Pope Montini uses it expressly: '*ut quilibet matrimonii usus ad vitam humanam procreandum per se destinatus permaneat*' (*HV*, n.11). Secondly, for reasons of a moral order – it avoids any form of biologism; for that matter recourse to infertile periods involves non-openness.
[27] Cf. *CCC*, nn. 2366-2367.
[28] Cf. Congregation for the Doctrine of the Faith, Instruction *Donum vitae,* II, 8; see also *CCC*, n. 2378.
[29] JOHN XXIII, Encyclical *Mater et Magistra,* III, in *AAS* 53, 1961, 447.
[30] Cf. JOHN PAUL II, 'Udienza generale', 16 January 1980, in *Insegnamenti* III/1, 1980, 148 ss.
[31] Cf. JOHN PAUL II, Encyclical *Evangelium vitae,* n. 14.

Pain and Suffering: a New Approach?[1]

1. One's Own Experience as a Point of Departure

Very few aspects of human reality have been, are and will be experienced, contemplated, described, studied, thought about and expressed in its various manifestations, as much as suffering. The sciences, literature, the plastic and scenic arts, philosophy, theology, religious expression, whether liturgical or popular (and in their mass expression, the mass media), are the scenarios in which suffering appears, on various occasions, as an ingredient of the human condition, so obvious and at the same time so inseparable from that condition, and also so resistant to an understanding that is satisfactory at a rational level.

Despite this fact, and without neglecting this very abundant source of information, I would like to make it clear from the outset that it is my belief that one cannot manage to *really* know what suffering is if one does not look into its depths, which can form an abyss, and enter it through experience[2] *al vivo,* experiencing it within oneself and through an assiduous presence next to those who suffer.

For this reason, I believe that to engage in a reflection on such a universal, complex and enigmatic subject requires, to begin with, a locating of this experience in the personal context of the person who provides it, that is to say a clarification of the terrain in which the person who decides to address such an undertaking moves, and the perspective or perspectives from which he does this. In my specific case, the terrain in which I move is that of the experience of Christianity from the perspective of my priestly mission, with almost thirty-five years of experience in this ministry, all of which, practically, I have passed in the field of pastoral care for the sick and those who look after them, within the sphere of public health care and with the rhythms of its significant and constant development over this period of time.

Catholic pastoral care and health care are, therefore, the fundamental contexts that have nourished and still nourish my experience of suffering. What I will say about them is what I myself have experienced over the years side by side with sick people and health-care workers – family relatives, health-care professionals, pastoral workers and volunteers – where these latter allow the former to transfer upon them a part of their suffering. It is certainly the case that this increasing experience led me to a reflection that is nourished and continues to be nourished not only by what is experienced in my relationships with suffering people but also by the testimonies of the past and the present that belong to the scenarios to which I referred in the previous paragraph. In the final analysis what I am offering those who read this paper is the outcome, of varying degrees of ripeness, of this reflection.

2. Suffering Filtered or Perceived at a Distance

I wanted to begin this paper by emphasising my personal and immediate experience as the pathway to a genuine perception of suffering because we are increasingly invaded by a *commercialised vision* of suffering,[3] available to everyone, which is offered every day by the press, radio, television and cinema, through news, reports or films, in which there appear to the full people who are suffering intensely because of accidents, natural catastrophes, atypical or merely dramatic illnesses, conflicts in human relationships or extreme forms of violence.

A characteristic of this commercialised vision that I want to stress here lies in the fact that despite the enormous drama released by many of these images or accounts, they are almost always transmitted and seen as *mere events*, that is to say *filtered* experiences – on by no means a few occasions they are manipulated by the mass media that transform them into news[4] and transmit them – and seen by readers or viewers *at a distance* in relation to those that are suffer them in the first person. As a consequence, what happens is that this vision, despite the horrors that it involves, which are frequently presented to the full, allows us to continue our normal lives without great problems, at least at the level of appearances, because it leads is to think that suffering *is always something that happens to other people*. This is a very great error which frequently has a heavy price.

Is the same thing happening when one experiences suffering within oneself as when one helps sick people who are suffering a great deal and their family relatives? Undoubtedly not, although in the case of health-care, pastoral or voluntary workers people usually believe that *they are already habituated to seeing people suffer*.

3. The Semantic Confusion between Pain and Suffering

In the case of the word 'suffering' something similar happens to what was said about 'experience' (cf. section 2): it, too, is not without confusion as regards the attribution of its meaning, above all because of the fact that habitual language usually exchanges it with 'pain' and to the point that both appear as synonyms for each other. This semantic interchange seems even to be consecrated by the Spanish Dictionary which defines the

term 'suffering' in terms of 'affliction', 'pain' and 'grief'. In the field of medicine, reference in all naturalness is made to 'foetal suffering' in obstetrics and to 'spiritual pain' in palliative medicine. The same thing happens with the language used by the Magisterium of the Catholic Church, which is very scrupulous as regards precise expression. Without having to go too far, the Apostolic Letter of Pope John Paul II on the subject of this paper is *Salvific doloris, on the Christian meaning of human suffering*.[5]

Not even the scholarly disciplines and forms of knowledge that try to clarify with the greatest possible precision the meaning of the realities referred to by these two words seem to provide greater clarification on the point. The International Association for the Study of Pain (IASP) defines pain as an 'unpleasant sensorial and emotional experience associated with a real or potential tissue injury or anyway described as such'.[6] For the most recent Catholic theology, suffering 'is a both physical and mental feeling of loss, damage or lack'.[7]

4. Affliction, Pain and Suffering

I would not like to commit the sin of ill-placed audacity bordering on petulance but I believe that we can make an attempt at greater clarity and precision in the use of the meanings of these two terms because this will enable us to eliminate or to mitigate all misunderstandings that have been produced – or which are still being produced – in the assessment of the human and humanising realities of pain and suffering. Or at least I will try to do this because this subject deserves this propensity for precision. With respect to 'clarity', Ortega y Gasset said that this must be the *courtesy of philosophers*.

To honour the precision to which I refer above, and beginning with an overall view of a human being according to which *everything in him* has consequences for *him as a whole*, I will call 'affliction' that general perception – indeed rough perception if you will allow me this term – of an injury by which a person feels that he is affected in all the aspects of his being. Beginning with this there are those who call 'suffering' human affliction that has origins or repercussions that are prevalently of a *mental* character and confine the term 'pain' to alluding to discomfort of a prevalently somatic character. I myself adopted this terminology for a rather long period of time because this distinction helps us to assess, for example, the different nature of human and animal suffering. But what is of interest to me now is to help to distinguish with great precision the human and humanising value, the beneficial or injurious value, of pain and suffering. I think that in order to honour this attempt it is necessary to proceed with caution.

As I have seen and perceived from my own pastoral and health-care experience over the years, pain is primarily the affliction produced by the *impact* and the *invasion* of a reality that arrives, wounds and damages the person that it afflicts; an injurious reality that to begin with is not generated by the person who suffers it – except in cases of confirmed psychopathologies – but comes at times from within the self. It is damage which, against the will of the person who feels in its grip, transforms that person into a person in pain and a person who is a patient.

In expressing pain I have seen that sick people see themselves more as the *objects of passive affectation* than as *active subjects* endowed with spontaneity and initiative. Their exclamations are usually, for example, the following: 'my head hurts me', 'the wound', 'the indifference of other people', 'the lack of interest of my family', 'abandoned by God'…This is how I hear sick people afflicted by pain of the body or the soul express themselves: seeing their own organism or person, things and circumstances that are in themselves different, as the subject of their pain; seeing pain from its appearance as an extraneous sudden reality that can be rejected. And in seeing them from this perspective, I came to believe that a person is responsible for the pain that he consciously inflicts on himself or that he provokes in other people when he acts upon them as an injurious agent. To recapitulate, and bringing into this sphere the terminology applied to illness by that leading thinker Pedro Laín Entralgo,[8] I see pain as a *disorder that is suffered and felt as damage and affliction*.

As I see things, with suffering the contrary occurs. My experience has led me to see suffering as a *painful reaction* that most of those people who are struck by pain generate in themselves and beginning with themselves in order to combat it and eliminate it or to try, when they are unable to do this completely, to bring it to tolerable limits and to accept living with it because, in the end, they perceive or feel that from then on it will be their inevitable, although unwanted, companion.

The phrases that I have heard over the years employed by suffering people have in the great majority of cases a grammatical structure that is significantly different from those phrases mentioned above and used in relation to pain. In these phrases the person who suffers is an active subject whereas pain and its cause are relegated to the condition of an indirect or circumstantial complement: 'I am suffering because I have a pain in my head', 'because of a wound', 'because of people's indifference', 'because I am abandoned by God'… As I see things this semantic change could not be more significant. To paraphrase Thomas Sydenham,[9] who described illness in terms of *conamen naturae,* a *effort by nature* to eliminate the damage produced by the morbose agent that has brought it about, we should say that suffering is the *conamen personale, an effort by the whole of the person* to deal with the attack and the invasion of pain.

From this I deduce that the essential thing in the sphere of pain is the injurious attack and the consequent affliction. In the context of suffering the protagonist is the person who, in suffering pain, does not resign himself to being a mere patient but reacts in order to fight it as an active subject. In principle, pain is uncertain and unexpected; suffering is, instead, reactive, original and self-determined. Pain usually always holds the initiative; in suffering the initiative lies, to begin with, with our organism and often, after that, with our mental, social and spiritual resources, that is to say the person as whole. Pain, from its origins onwards, imposes itself on us, whereas we can achieve command over suffering. And, in a reflection on this subject from the point of view of the *humanisation of health*, pain seems to me to be *pre-human*, uncertain, involuntary and not a matter of responsibility, whereas I see suffering as being born from *the innards of man*, a subject to be loved or rejected, modulated or directed through the exercise of intelligence, the will and a freedom that is limited but with a sufficient margin of manoeuvre and thus of responsibility.

A sonnet by José Luis Martín Descalzo expresses this better than I have done in the lines above because it does so with the precision and depth specific to poetic language, which is much more revealing that scientific or philosophical language when it comes to addressing the description of the interiority of man. For this reason, I cannot resist writing it down because it is the suffering expression of a sick person in pain:

Never, pain, can you make me afraid,
You can raise my eyes to weeping,
Dry my tongue, muzzle my singing,
Break my heart and break me down,
You can shut me up behind bars,
Destroy the castles that I build,
Anoint all my hours with your horror.
But you can never make me afraid,
I can love on a chair of torture,
I can laugh even when pierced by your lances,
I can see in the dark night,
I arrive, pain, where you can not.
I decide my blood and its thickness,
I am the lord of my hopes.

I leave to the reader the task, which I think is simple and gratifying, of finding the correspondence between what I have expressed about the difference between the character of pain and the character of suffering and the contents of this poem.[10] I believe that the observations that I make on this question, although rather thin and summarising in character, constitute a base for approaching, beginning with the perspective of the world of health and health care, that great question which together with the ineluctability of death has concerned or concerns each person during his journey through life in this world: whether to have pain and suffer because of illnesses makes us more human or whether it dehumanises us.

5. Pain and Suffering as Factors of Humanisation

Perhaps adopting an overly schematic approach in the preamble to the answer that I am trying to offer, I should to begin with make two observations which – once again beginning with my own experiences – involve facts that are equally observable. First of all, the awareness that each person has in the normal use of his perceptive and intellectual faculties of the fact that both pain and suffering are two inseparable ingredients of the human condition: we are born, we live and we die attacked by pain, and as a consequence we generate suffering without any of us being able to avoid any level of co-existence with these ingredients.[11] *To be human* implies, amongst other things, to feel pain and cause pain, to suffer and to make others suffer.

From this point of view, pain and suffering are two realities that are genuinely and obstinately *human* however much they may be undesired in most instances. The constant and ineluctable human aspiration to health is not in contradiction with what Garcilaso de la Vega, Azorín and Pedro Laín Entralgo call the 'painful feeling' that afflicts everyone because they are persons and live as such.

The second observation is

connected with the fact, evident for me as well, that in looking for the meaning or sense of pain and suffering it is necessary to divide human beings into two graded categories: the category of those who see in pain and suffering no beneficial meaning or sense and the category of those who, although they recognise that pain must always and in principle be fought with all the resources that the person subject to it has available, believe that it can generate, and indeed does often generate, a so-called *health-inducing* suffering. There is no unanimity but instead a profound and diversified division in opinion as to the humanising or dehumanising character, beneficial or injurious, character of pain and suffering.

6. 'I Entered Knowing not Where, I Stayed there Unknowing, Rising above Every Science'[12]

(St. John of the Cross)

This line from the mystic of Avila came into my mind when I was thinking about how to prepare the reader for a fitting understanding of what I will attempt to demonstrate below. I remembered it and wrote it down because it exactly describes how I often feel in the presence of those in pain and those who are suffering who reveal in front of me their intimacy, thereby showing me a panorama of *pain without light*,[13] a *dark night without meaning and the spirit*[14] or what the hymn of the divine office calls, employing fine metaphor, 'believing pain'. To draw near to the world of human pain and suffering brought about by illness, the window of those who experience it themselves, in their loved ones or those who take care of them, is an experience that can be transformed into a scientific fact and thus one that can be measured at the level of the organism, and – up to a certain point – at the mental level as well. Starting from here, however, this experience moves alternately between what is evident and what is nebulous, between what can be expressed and what is ineffable, and between knowledge and *non-knowledge*.

The gestures, modes, manifestations and expressions of the pained and the suffering help those who observe them and share in their trials with care to measure the character and intensity of their afflictions and to provide remedies that the person at the time looking after them has accumulated through previous opportunities for encounter or, in the case of health-care professionals, those people who with ever greater efficacy implement pharmacological, clinical, surgical, psychological or psychiatric research. I will deal with this shortly in this paper.

But these very manifestations of pained and suffering people inform those people to whom they are addressed of their symbolic value. That is to say, beyond the data that can be measured, they express with much greater clarity ideas and feelings that cannot be reduced to pure reasoning. As Cassirer well observed,[15] a symbol is the *language of the spirit* and those who see it or listen to it perceive that through it they are invited to penetrate an area there they are not able to orientate themselves in a clear way and employ only the human introspective instruments that are available. For this reason, such people perceive that they *are present not knowing* a notable part, at the least, of what is presented to them specifically because the *beseeching eyes of the observed person are not in a state of suspense*.[16] Thus I have encountered and continue to encounter people in pain and people who are suffering, of great qualities, that express their interior affliction in my presence: submerged in a cognitive and practical ambivalence, the outcome of puzzlement, I feel in relation to what I have in front of me, and, beginning with that, to what I perceive *in pieces*.

For this reason, the offering of my experience to my readers requires me to share with them this problem that continues to present itself, as well as the paths for a solution that have been adopted with the rhythm of my years as a pastoral worker, that is to say a human, spiritual and religious workers. The problem, as it presents itself to me, may be formulated in the following way: are those who take care of people in pain and suffering people ready to give their help from *knowledge not knowing, transcending every science*? I consider this a *key problem in the humanisation of health* in relation to pain and suffering. To reduce it to the terms of contemporary and dominant health-care language, this is a problem that involves a disproportion between the magnitude of needs and the limits of the human means allocated to meeting them. In terms of pastoral care in health, the problem is that of a concrete capacity to achieve an accommodation – both on the part of those who are in pain and those who are suffering and of those who take care of them – between the humility involved in human weakness, limitation and abandonment, and the boldness, which is also human, the fruit of the ineluctable impulse to self-transcendence, *to go beyond* all the orders of our being and existing.

7. A Radical Disagreement about the Humanising Capacity of Pain and Suffering

I have always been very dismayed at the observation that arises when seeing the quantity of living, written or image-communicated testimonies to be encountered – a very small quantity in the context of the immensity of manifestations offered both by the present time and by past history – on the meaning and sense, or non-sense, of pain and suffering. One is dealing here with an observation not so much about the very numerous differences that exist between many of these testimonies

bearing on the subject of this paper but about the diametrically opposed and irreconcilable approaches to be found in them. Given the limited space available to me in this paper, I am obliged here to refer to only some examples by way of an illustration.

I place before my readers, first of all, Job, the prototype of the suffering sick person in universal literature and Judeo-Christian Holy Scripture. In contradicting the belief that Satan expresses in front of Jehovah about the immense attachment of human beings to life, that is to say: man is ready to give everything that he has for his life (Job 2:4), the suffering Job, oppressed by the excess of his sufferings, curses the day he was born, regrets that he was not miscarried[17] and at the height of his despair exclaims: I would prefer to be suffocated, I would prefer death rather than these pains! (7:15). Without reaching phrases as dramatic as these from this Biblical figure, I have been the witness of the bitter laments of many sick people expressed in terms that are very similar to those that Guadalupe Amor employs in this short poem:

Nights with my eyes open,
Nights of terrible flights,
Going beyond my heartbeats,
Going beyond my passions,
My worries are not calmed,
My senses are almost dead.
Unspeakable anxiety and worry
Are there in the dark.
Everything goes round in the night.
Is filtered through my soul.
And I call out to have calm:
My God, my God, for how long?

For all those sick people whose situation in one way or another matches that pathological situation and situation of the soul of Job, pain is an abominable and atrocious evil that must be combated at any cost. And the suffering that comes from it is an unfair, inhuman, radically unbearable, and in definitive terms, dehumanising price to pay.

However, faced with this kind of testimony I can also describe others which, without in any way concealing the range, the depth and the dramatic character of the sufferings experienced by their protagonists, allow a small spiral of hope or allow a horizon of hope to be seen. As a significant example of this, together with the poem by José Luis Martín Descalzo which has already been quoted I would also like to quote the following by Amado Nervo in which he expresses his feelings of sorrow for the loss of a beloved person:

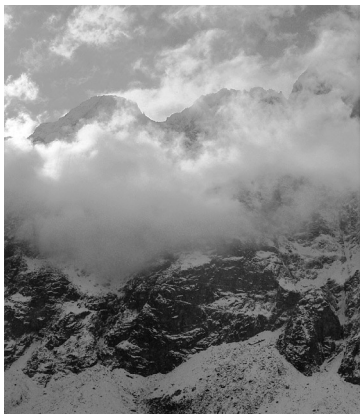
My God, I offer you my pain.
This is all that I can offer you!
You gave me a love, a sole love,
A great love!
Death stole it from me.
Only pain remains.
Accept it Lord:
It is all that I can offer you!

Once the radical disparity in the assessment of the human and humanising character of pain and suffering has been observed, albeit in a brief and schematic fashion, I believe the moment has come to answer the question that was posed to me. Beginning with my background in the health-care field, I will face up to this answer by presenting, first of all, a *clinical picture* of people in pain and of suffering people that have come to me for help.

8. A Pastoral-Clinical Picture of Patients

I will begin with three considerations. First of all, I am convinced that if we use the terms involved correctly there are no illnesses but only sick people; no pain but people in pain; and no suffering but people who suffer. The second consideration is that I see that each human being is unique and unrepeatable in his way of feeling pain and reacting and suffering in relation to his pain. The third consideration is to invite the reader to see the observations that follow only as a general draft or an *identikit*, which will help them initially to see how sick people live out their afflictions.

When an illness irrupts and takes up dwelling within a person it constitutes, first of all, a *painful surprise*; secondly, it is an *obligatory halt* on the journey of life. The first observation about pain that has to be addressed by a sick person is the fact that *something unexpected* has arrived, something that, in addition, threatens to change the lifestyle with which that person previously was familiar up to that moment, something that he had seen in other people which he must now see in himself, with the further negative fact that *today illness is experienced with greater trial than in other epochs because we are less ready to shoulder it*.[18]



The sick person gradually *exteriorises and gives form* to the major change that the illness, which has laid him low, provokes within him, and, together with knowledge about the diagnosis that has been made by the medical doctor – not always in a way that is clear and accessible to the level of education and state of mind of the patient – he perceives new feelings that come from his body. His body is no longer the silent and obedient companion on which the patient was used to counting when he was healthy but a sort of troublesome and rebellious intruder who has threatening features that were previously unknown, and which requires that he pays much more attention to it that when he had good health – attention that is often full of physical pains of

varying levels of intensity and of anxieties and worries of the soul. Starting with this condition, the sick person begins to look back with regret on the health that he has lost, which for him meant what Laín Entralgo calls not feeling one's body and the silence of one's organs.[19]

However, it is not only his body that demonstrates the patient's weakness to him; *the whole of his person* feels without strength, feels fragile and feels vulnerable. In addition, the very character of a lasting illness, and the slowness in effecting diagnostic tests and therapeutic treatment, which are very frequent occurrences in our health service, mean that the sick person moves from having the very busy life of a healthy person, which allowed him just enough time to relate to himself, to having a great deal of time to observe himself, perceive himself and feel himself much more accurately. Inevitably he comes to question that *image* of himself that had been created before he fell ill. There thus begins a painful itinerary that can lead him to wound himself or to grow and mature.

'We are nothing', sick people often say; poor me, who will free me from this body directed to death, they ask themselves like St. Paul (Rom 7:24) when observing the temporary character of his condition. Placed in front of themselves, they experience the coming forth of the deepest of questions that previously they had not been able, or had not known how, or had not wanted, to pose: *what is the meaning of my life? Why have I fallen ill? What have I done to end up like this? What is the point of suffering as I am suffering? What will happen to me? How can God allow this? Why is this happening Lord?*

The search for help in this situation, and the search for people to talk to who can help him to answer such questions and to unload the anxiety that such questions generate, forces the sick person to come out of himself and to observe other people more carefully because he feels much more *dependent* on them than he was before. This feeling of dependence can be painful for his character but it can be even more painful when those who surround the patient (family relatives, friends, health-care professionals, pastoral workers and volunteers) do not do what is expected of them in an adequate way. There are times when the patient asks for more than others are prepared to give, especially when he is infused with feelings of great selfishness and thinks that he is the only person who suffers. At other times, however, it happens that those who are entrusted with looking after him are not up to his needs, and this provokes logical reactions of bitterness, resentment, distrust and frustration in him.

In addition, today sick people suffer not only because of a possible lack of understanding on the part of those people who talk to them but also because of the kind of care that is offered by a health-care system organised in a way that has as its starting point a set of structures that, unfortunately, may not only assure efficacy and quality at the level of care but also oppress or *maltreat* specifically those to whom should be given the greatest restoration or relief possible. Today, the *care relationship* between a patient and those who take care of him runs the risk of always being distant and instrumental and less human, near and interpersonal. The advances in medicine have involved great advantages as regards the treatment of syndromes and symptoms of pain but they have also led to psychological, social and spiritual debilitation in relation to pain and suffering.

9. A Clinical-Pastoral Picture of the Family Relatives of Patients

In most families the prolonged illness of one of its members nearly always produces a painful wound in the body of the family, a set of pains and sufferings of varying kinds. Some of its forms are a pure reflex and extension of the pains and sufferings of the sick person but there are others that arise naturally from the family and which, to summarise, are as follows.

First of all, the suffering that arises in a large number of families that are very ready to help, as far as they can, their sick family relatives, and whose causes can be a lack of material resources, the inadequacy of homes, a working day that is incompatible to varying degrees with the provision of such help, etc.[20] At other times, however, these causes are of strictly personal character. The sick person does not change solely in relation to himself; he also changes in relation to his family relatives, for whom it is often difficult to understand the reactions and the alterations of his mood which beforehand, when he was healthy, they did not encounter. It is not unusual to hear a family relative say with displeasure, referring to the sick person: 'they don't recognise him; he is not what he was'.

Without reaching such extremes, a long-lasting illness implies for the family a constant accumulation of sufferings that come both from those that are witnessed in the sick person and which they often do not know how to relieve and from those that are openly transferred from him to those he considers most suitable, in principle, to sharing them with him. In this sense, a family needs even greater help than the sick person which, when it is provided, is transformed into a benefit for him.

Lastly, one should mention the need that the family has to find a transcendental meaning both in the sufferings of its sick member and its own sufferings. V. Frankl has well brought out the destructive character of suffering without a meaning.[21]

10. A Clinical-Pastoral Picture of Health-Care Workers as Patients

It is a common view that health-care workers are, as a general rule, *beyond* the pains and sufferings of the patients

that they look after and of the family relatives of these patients. In fact, as I observed above, it is not unusual to hear both patients and their family relatives state in convinced tones, when addressing health-care workers: 'You are used to seeing people suffer'.

The reasons for this view seem to be three in number. First of all, the image that society has of health-care personnel, who are seen as mere technicians of health and healing, and whose efficacy must involve, as a system, a cold objectivity that is insensitive to the pain and suffering experienced by other people. For that matter, the very training that they receive has involved hitherto the primacy of scientific disciplines over disciplines involving personal care. Lastly, the activity of by no means few of them tends to transform their *uniform* and their *approach* into a barrier that immunises them against the enormity of the suffering that they witness every day and they treat.

However, the majority of health-care personnel do not know how to channel in a satisfactory way the transfer of the sufferings that they receive from their patients and their family relatives or to *detach themselves* in a suitable way from such sufferings. For this inability they may come to pay a price at the level of their minds and their spirits that it very high. In addition, health-care personnel belong to that list of categories which in our society receive the highest number of complaints both through the mass media and legal actions (ombudsmen, courts, letters in the newspapers and journals) and directly from the general public. Some of these complaints arise because of authentic negligence or bad practice on the part of health-care personnel but most of them are due to the structural and functional defects of the health-care system which they, too, suffer in the front line of duty and at every moment. For this reason, they feel that they are not understood and even maltreated, and this is something that are used to expressing; and with good cause.

11. A Clinical-Pastoral Picture of Voluntary Workers and Pastoral Workers

The contemporary interest in voluntary work and the increasing demand for it are often not accompanied by sufficient concern (at times this is even non-existent) about the care, support, and accompanying that these people need in order to heal the *wounds* that they receive in providing care and in order *to detach themselves* from the sufferings transferred onto them by those to whom they provide care. This is a problem that secular health-care institutions, the Church and Christian communities have not yet properly addressed. I will make an – of necessity – brief reference to this matter so as not to lengthen my paper.

12. The Possibility of Humanising Pain and Suffering

Despite what was said above[22] about the semantic confusion over pain and suffering in the field of the medical sciences and the limited ability of these sciences to understand pain and suffering and treat them,[23] it is here that greater precision is being obtained as regards knowledge about the nature of the physiological and mental aspects of pain and about therapeutic remedies designed to combat pain with increasingly incontestable efficacy.

12.1 Medicine and pain[24]

Medicine has made enormous advances in the study and treatment of physical pain. In summing up the discoveries and the results of this study we can say that *clinical pain* should be divided into two categories: *acute* pain and *chronic* pain. The differences between the two are so specific that they should be seen as two entities that are totally different.

Acute pain is pain that begins in a sudden way, caused by a traumatic lesion or by illness. Acute pain performs an important biological function: it informs the individual and warns him that *something is wrong* and that consequently he must seek medical help. For medical doctors, acute pain has great diagnostic utility. Most of the problems that are associated with it can be suitably controlled with pharmaceuticals, anaesthetics, pain killers, nerve blocks or other forms of treatment, With such remedies, or spontaneously, acute pain tends to disappear with time through the process

of scarring – if a wound has been the cause – or because of the disappearance of the irritating harmful stimulus in other cases.

In contrary fashion, *chronic* pain has no biological value but acts as a *corrosive process* that imposes severe physical, emotional, spiritual and even economic stress on the individual who suffers it, as well as on his family and on society. Any painful situation that does not respond to conventional forms of treatment and which lasts for six months or more should be seen as an example of chronic pain.

Chronic pain in its turn can be divided into two types: *benign* chronic pain and *malign* chronic pain. In the case of *benign* chronic pain the symptoms are connected with a physical problem that is not progressive and does not constitute a threat to the life of the individual concerned. *Malign* chronic pain is associated with potentially terminal or fatal illnesses and a typical example of this is the pain that accompanies various kinds of cancer. In such cases, the pain is a signal of the progressive deterioration in the health of the patient. Psychologically, and at the level of the soul, this pain comes to be the cause and the symbol of profound suffering and even of despair.

Recently, another classification of *clinical* pain has appeared which divides pain into *somatic* pain and *visceral* pain,[25] with emphasis being placed on this last which is said to be *produced by lesions and illnesses that strike the internal organs*. This is a symptom that is habitual in most acute and chronic syndromes of pain of clinical interest. Its neurophysiology is still not very much known about but the distinction between this kind of pain and *somatic* pain has been proposed *because it is seen as being relevant and necessary as it makes a distinction at the level of the origins of the lesion and emphasises that the neurophysiological mechanisms of visceral pain are distinct from those involved in somatic pain. The therapeutic approach to visceral pain has to be directed towards understanding it as a painful entity into which different kinds of pain may flow, from purely visceral pain to neuropathic and osteo-muscular pain*. Today it is hoped that genomics will identify treatment for visceral pain although this is a research area that has still be explored.

12.2 Relief, the antidote to pain

All the medical responses to human suffering have or should have as their aim the relief of the patient, where this is understood as the action or the effect of attenuating, mitigating or making less burdensome (but never eliminating completely) the set of sufferings of varying kinds associated with the experience of illness. Hence the famous saying, when correctly understood, that medicine is once again turning into a watchword: *treat often, sometimes heal, always console*. Relief understood in these terms is, as regards those who offer it and those who experience it, effective but humble in its aspirations with positive but always limited effects, and never complete in its elimination of human suffering.[26] It seems that this is how the mindset of clinical medicine understands it, thereby going beyond the chimera of the total elimination of pain and suffering by technical means that received very severe criticisms during the 1970s.[27]

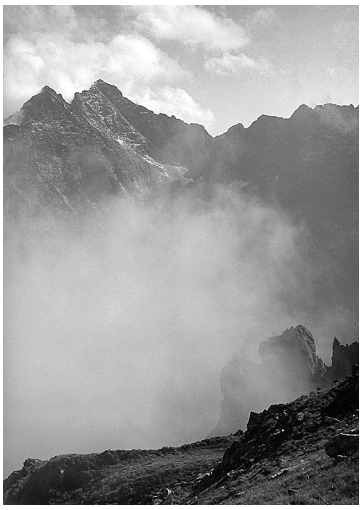
Today, *pain units* and *palliative medicine* manage to eliminate malign chronic pain or to reduce it to perfectly tolerable limits in the absolute majority of cases treated in line with these two forms of medical care. In this growing efficacy I perceive a real fulfilment of the aspirations that were present in ancient medicine as is borne witness to by the voices of some of its most eminent representatives.[28]

12.3 Comfort: a stimulus and vehicle of suffering

First of all I would like to go back to reminding the reader that I understand suffering as a *reaction* to pain. Only in this way can one understand why I describe consolation as its *stimulus and vehicle*. Given this, I should add that I do not know a better definition for comfort than the one that appears at the beginning of chapter 40 of the book of the Prophet Isaiah: 'Comfort, comfort my people, says your God. Speak tenderly to Jerusalem' (Is 40:1). According to this text and its numerous parallels, to comfort means to know how *to speak to the heart*, that is to say to the interior world[29] of a human being afflicted by pain. Comfort, contrary to the superficial opinion that is usually held of it, does not involve speaking loving and not very compromising words to sick people but, rather, possessing the art[30] that is needed to *not leave beseeching eyes in suspense*. It requires, prior to persuasive oral ability, readiness to help, magnanimity and personal devotion; in definitive terms, it requires overflowing love. Comfort must be directed towards *providing help, to alleviating* (cf. Lam 1:16s) a disconsolate person through the invitation that the comforter makes to him to look for spiritual strengthening, and the offer of his personal and above all else internal energies. It is, therefore, that means that continues to have validity even when the other antidotes to pain are not successful. To summarise, comfort is the stimulus with which softly, firmly and slowly a man in pain is encouraged to create a reaction of liberating suffering in relation to pain or the vehicle by which he is helped to channel this reaction once it has been generated in his person.

In providing comfort, the lenitive instruments that are provided with increasing efficacy by medical research and psychological strategies can come into play. However, they remain at the most *basic help* without managing to become the authentic core because this is the outcome (and here I come back to speaking beginning with my personal experience) of a wisdom acquired

through the cultivation and implementation of spiritual values that are connected with a supreme taking into account of a neighbour in need. In a few words, comfort is an effective crystallisation of *overflowing love* which the New Testament calls *agape* or charity, and its consequences: inner peace and personal maturation. From the point of view of Christian and pastoral care, comfort is the great humanising response to pain, the most worthy and mature outcome of suffering.



12.4 The poetic and sapiental understanding of pain, suffering and comfort

What I have just said introduces the reader to a world of realities and meanings whose perception and understanding completely rises above the realm of scientific-technical knowledge and from certain points of view also philosophical knowledge. However, this is the world in which my experience about pain and suffering has specifically taken place. For this reason, before proceeding, I think it is advisable to clarify what kind of knowledge I adhere to, above all to acquire and communicate this experience. I do so, once again, through the distinguished thinker, Laín.[31]

To express adequately a vision of reality in relation to some of its specific aspects – the fact of living, love, the context, pain, suffering, death, etc. – the mind is offered three pathways: an objective description of what is perceived, the creation of concepts and the invention of metaphors and symbols. There is a close kinship between metaphors and symbols. A metaphor is the essential and almost constant theme of the formal elements of poetic language. Ortega said that *poetry is metaphor*, and added that *metaphor is an intellectual procedure through whose mediation we manage to apprehend what is beyond our conceptual strength*. What true poetry essentially offers – together and beginning with its aesthetic charge – is *a specific way of acceding to reality and penetrating it mentally*. A poet, faced with the unfathomable bottom of reality, takes words from common language to which he and his sector do not usually concede greater meaning than that of the *topos*. But in creating poetry these words are employed to refer to realities that are very different from those indicated by common language, thereby ensuring, and this is certainly the case, that the relationship between the vulgate meaning of such words and the meaning that they acquire through their transfer into a poem is not arbitrary and absurd but susceptible to certain understanding on the part of the reader.

For this reason, I have habitual recourse to poems to understand and make understood my experiences in relation to human realities such as pain and suffering. Without underestimating the scientific-technical language that I hear being used, for example, by the health-care professionals I often work with in providing care to sick people, and with whom I share some of their terminology, the most specific form of expression of my vocation and my care-providing activity is that of *poetic* language,[32] indeed, as I will point out below, language which is called by Laín as well, *sapiental* language.

Max Scheler called salvation knowledge that knowledge which, whatever the religious and ethical assumptions of the person who looks for it or possesses it, has as its primary aim an upright orientation towards an achievement of the ultimate meaning of life. As I, said, Laín Entralgo, strives to call this *sapiental* knowledge. The whole of religious literature, in the broadest sense of the term – ascetic, parenetic, philosophical or theological (this last understood as *itinerarium mentis in Deum*)[33] – seeks to generate sapiental knowledge in the soul of the reader. All other forms of knowledge – scientific, philosophical or poetic – have by definition a penultimate meaning. Only when one focuses in on the search for or discovery of the ultimate meaning of reality or the realities to which they are applied,[34] do the above-mentioned forms of knowledge acquire the condition of sapiental knowledge, a pathway of access to personal salvation and even the general salvation of mankind and the cosmos.

It is precisely this last form of knowledge that I have received, accepted, and cultivated as that which is most suited to the way in which I conceive the realisation of my life and which has been entrusted to me to transmit to others and to help them to develop it with so much decisiveness by me as discretion and respect. This brings me to begin the last part of this paper in which I offer the reader what is most genuine and appropriate in my experience of pain and suffering, that which, drawing year after year from the sources of my Christian faith,[35] testing it with those with whom I form a community of believers in space and time, and with those who, although they do not profess my faith, share with me the task of caring for sick people in a context which, thanks be to God, is increasingly inter-disciplinary in character, and the task of reflecting on various aspects of this care, is everything that, with varying degrees of expressive success, I will try to expound. In doing this I hope that I will not be incomprehensible or a translator/traitor as regards the Christian meaning of pain and suffering.

12.5 The pastoral understanding of pain and suffering

a) in the Bible

The first source of my faith is the revelation of God which, embodied in human language, comes to illuminate, beginning with the Biblical texts, the darkest corners of humanity. My assiduous reading of the Bible enables me to see to what deep point this *book* takes seriously the reality of human pain. It does not seek to conceal it, camouflage it or minimise it. On the contrary, it immediately points out that it is *an evil that should not exist* and is compassionate towards those who are afflicted by it. From Holy Scripture was raised an immense cloud of cries and laments which are so

frequent that it gave rise to a specific literary genre – lament. The psalms are full of these cries of affliction and the litany provoked by pain is extended until the *loud cries and tears of Christ* in the face of death (Heb 5:7). This rebellion of sensitivity begins with the observation that pain is a universal evil[36] in relation to which nobody resigns themselves in principle.

With this basic horizon, the Bible, which is so profoundly sensitive and sincere in relation to pain, does not try to excuse God but, on the contrary, argues that nothing escapes His control.[37] The Israelite tradition never abandons the audacious principle formulated by Amos: 'Is a trumpet blown in a city…unless the Lord has done it? (Am 3:6; cf. Ez 8:18-22). Statements such as this give rise to extreme reactions[38] in front of the spectacle of pain as a paradigmatic exponent of evil in the world. The Israelites knew how to distinguish the causes of pain that was produced by illnesses of a natural kind, or specific wounds or the consequences of old age. But they also attributed pain to the existence of malign powers that were present within the universe and were hostile to human nature, above all they attributed t to *sin*, which was held to be at the origins of every misfortune, as was repeatedly expressed by the friends of Job in their interpretations of what was happening to him. However none of these causes, neither nature nor chance, nor the universal influence of sin or malediction, nor even Satan, in the approach of the Old Testament, were not subject to the power of God. The lacerating reality of pain *put God into doubt*: He was above all else He who was involved in this scandal. For this reason, the prophets could not understand the happiness of the impious and the ill-fortune of the upright,[39] and Job set in motion a trial of God and asked Him for explanations,[40] scandalised as he was at feeling that he was the recipient of undeserved pain.

Prophets and sages of the Old Testament, oppressed by pain but sustained by their faith, progressively entered its enigma and mystery.[41] They discovered the *purifying and educative value*[42] of the suffering generated by pain and ended up by seeing an effect of divine benevolence in such suffering as well.[43] Thus the Old Testament explains the meaning of the premature death of a sage (Wis 4:17-20) and the blessedness of a sterile woman and a eunuch (Wis 3:13ss). Thanks to this progressive understanding, Jeremiah moves from rebellion to a new conversion.[44]

Lastly, as regards the Old Testament, a value of *intercession and redemption* was appreciated in suffering, as emerges in the pained prayer of Moses (cf. Ez 17:11ss; Nu 11:1ss) and, above all, in the figure of the *Servant of Jehovah*. The Servant experienced pain and generated suffering in the most dramatic and scandalous forms to the point of not even provoking compassion but rather horror and contempt. Sins were the cause of this suffering but not the sins of the Servant but the sins of other people, which brought the scandal to its apex. It is here that is rooted the core of the *mysterium doloris:* the design of God is achieved through the *will* with which the Servant accepts taking upon himself the pains and sufferings of others and in this way offered up peace and healing. Thus the supreme scandal was transformed, in the eyes of the biblical author of the poems of the Servant, into the unprecedented wonder of God, into the revelation of His unstoppable goodness,[45] although He is mysterious in His ways.

To move on to the New Testament, the first thing that the gospels show with clarity is the fact that Jesus could not be a witness to human sufferings without being profoundly

moved.[46] The healings and the resurrections that he worked were signs both of his compassionate character and of his messianic mission (Mt 11:4; cf. Lk 14:18ss) and preludes to the final victory that he preached over pain and the overcoming of suffering. He fulfilled the prophecy of the Servant[47] and to his disciples he gave the power to heal in his name (Mk 15:17). However, Jesus did not eliminate either pain or as a result the need to suffer from the world. He did not suppress them but instead he dedicated himself to comforting those in pain and those who suffered whom he encountered on his path and to affirming the strength of comfort.[48] He showed that a nexus does not necessarily exist between sin and illness[49] and its consequence pain and suffering, and he even reached the point of stating that suffering can be an expression of the therapeutic and comforting power of God.[50]

However, Jesus was no mere onlooker as regards those in pain and those who suffered. Long before his passion, pain and suffering were already familiar to him. Indeed, he suffered because of people[51] and because he felt rejected by his own,[52] he wept in front of Jerusalem,[53] and despite the amazement that his declaration provoked in them he warned his disciples on a number of occasions that he would have to suffer a great deal.[54] When the hour of his passion arrived, the suffering of Jesus was transformed into mortal affliction,[55] into authentic agony[56] provoked by fear and worry about experiencing the concentration of pains that he would have to undergo and which, apart from physical tortures, ranged from the betrayal of his disciple to the feeling of being abandoned by God.[57] His passion, however, revealed that Jesus was and is capable of coming to the aid of those who are afflicted by pain and of identifying with those who suffer.[58]

With the arrival of Easter and faith in the Risen One, an illusion threatened the disciples – that pain and suffering were coming to an end. This illusion brought with it the danger that the faith of the disciples would become shipwrecked with the continued and inexorable experience of the painful realities that existence in this world involves, amongst which, in dominating fashion, is to be listed illness. The writers of the New Testament, however, clearly pointed out that the resurrection of Jesus did not undermine the message of the Gospel regarding pain and suffering but confirmed it. The allusion in the Beatitudes to the afflicted (Mt 5:5)[59] and the need to carry one's cross, which may be the fate of people (Mt 16:24ss), conserve all their validity in the light of the destiny of the Lord in this world: if the Teacher experienced great tribulations, his disciples have to follow the same path (cf. Lk 24:25ss; Mt 10:24ss).

For St. Paul, Christians have to share this path with Jesus in pain and in joy,[60] in suffering and in comfort. Because if a Christian can say with St. Paul, 'it is Christ who lives in me' (Gal 2:20), he must know that he shares 'abundantly in Christ's sufferings' (2 Cor 1:5) because a Christian is a person who has freely given his belonging to Christ and who, because of this, 'may know him and the power of his resurrection, and may share his sufferings' (Phil 3; 10). For this reason the Letter to the Hebrews states that just as Christ 'in the days of his flesh…offered up prayers and supplications, with loud cries and tears, to him who was able to save him from death…he learned obedience through what he suffered (Heb 5:7ss), so we must 'run with perseverance the race that is set before us, looking to Jesus the pioneer and perfecter of our faith, who for the joy that was set before him endured the cross, despising the shame, and is seated at the right hand of the throne of God' (Heb 12: 1-2). Christ, who expressed solidarity with those in pain and those who suffered, left his disciples the same charge. In St. Paul's view, to share in the life of Christ means to 'rejoice with those who rejoice, weep with those who weep' (Rom 12: 15; cf. 1 Cor 12: 26).

St. Paul could say, because of his own experience and in the name of all Christians, that we are fellow heirs of Christ 'provided we suffer with him in order that we may also be glorified with him' (Rom 8:17). For this reason, we are 'persecuted but not forsaken; struck down, but not destroyed; always carrying in the body the death of Jesus, so that the life of Jesus may also be manifested in our bodies' (2 Cor 4: 9-10). He could equally say that 'it has been granted to you that for the sake of Christ you should not only believe in Christ but also suffer for his sake' (Phil 1:29), that is to say striving with him to share in the pain that afflicts humans.

b) in the Testimonies of Christian Tradition

Here I will confine myself for reasons of space and evidence to referring to only some of the innumerable testimonies which, in Christian tradition, have restated the original message on pain and suffering and explored its fundamental observations. What I refer to below have been of great help to me, together with other statements, both in my own personal maturation and when in providing spiritual care to those who in one way or another asked me for it.[61]

I will begin with some words of St. Gregory of Nazianzus whom I have always held to be illustrative of the distinction between pain and suffering that I proposed in section 4 of this paper: 'I suffer pain in my illness and I am happy, not because of the pain but because I teach others to bear their own pain patiently and with acceptance' (Epist. 36). However much the meaning expressed by this saint does not coincide with mine, and without seeking to engage in a forced exegesis of his words, I believe that they demonstrate with sufficient clarity the character of my distinction between these two forms of affliction: the patient character of he who is *in pain* and the *reactive* character of

he who suffers, manifested here with patience, acceptance and even joy.

After a great leap of over fifteen centuries, but without leaving the human community which is united through time in the experience of affliction, I see the universality of pain and its destructive and extenuating force in the following poem by Blas de Otero. At the end of his life, sick, in pain, and a believer, he wrote:

Fighting body to body with death,
On the edge of the abyss,
I cry out to God.
And His silence, rolling on,
Drowns my voice in the inert void.
O God, if I have to die,
I want to hold you close.
And, night after night,
I do not know when
You will hear my voice.
O God, I am speaking to myself.
I scratch shadows to see you.
I raise my hand and you cut it.
I open my eyes: you tear them out alive,
I am thirsty and salt becomes your sands.
This is a human being:
Horror in full hands,
To be – and not to be – eternal, fleeting
Angels with great wings of chains.

A universality that possesses suffering as well, the pained reaction with which we respond to the affliction imposed by illnesses, as the following words of John Paul attest: 'suffering… is a universal theme that accompanies man at every point on earth… what we express by the word 'suffering' seems to be particularly essential to the nature of man. It is as deep as man himself, precisely because it manifests in its own way that depth which is proper to man, and in its own way surpasses it. Suffering seems to belong to man's transcendence; it is one of those points in which man is in a certain sense 'destined' to go beyond himself, and he is called to this in a mysterious way… in whatever form, suffering seems to be, and is, almost inseparable from man's earthly existence'.[62]

Taking a step forward, and alluding to my previous observation about the fracture that divides human beings in assessing pain and suffering,[63] it seems to me that the following sonnet of Juan José Domenchina, a Spanish poet of the twentieth century, is exemplary because it expresses the radical character of this opposition and because of the way in which it has its roots first and foremost in those who have to face up to the affliction of a grave illness:

I am here in my cage,
With my mute voice.
The scarce nutrition
Of my flesh is no sustenance
For voracity that is dying
Of this devouring madness that yearns
My daily breaking,
And which bites, searching for nutrition,
There is no greater pain than the pain I feel.
My bones broken night and day,
But I do not complain,
I could not lament, Lord, of my torment,
Near to your cross it that would be blasphemy.
Great was your equipoise
For all your suffering.

A very important point in the tradition of the Catholic Church has been the constant attention paid to reflecting on the value given to various instruments and strategies that lead to pain being combated and to developing, in those who are afflicted by pain, constructive relief and suffering. Authentic Catholicism has never generated an opposition at the level of assessment between science and faith, medicine and religion, technical care and pastoral care, physical relief and spiritual comfort. Rather, it has stressed their mutual complementariness. This is stated by various sections of an emblematic document of pastoral care in health that I read again a little time ago: 'all the care that is with good will provided to sick people, whatever it may involve, must be seen as evangelical preparation and after a certain fashion takes par in the comforting mystery of Christ… All the immense efforts of men of every culture to overcome illness, the advances of medicine and the unsuspected advances of surgery are recognised by the Church as the fulfilment of a design of full salvation outlined by God, although it transcends them, at the same time, in illuminating in the light of faith the true and ultimate destiny of man'.[64] As directly regards the subject of this paper, both the documents cited allude to care for the body and the spirit, to the simultaneous and integrated treatment of both, to help through physical means and spiritual comfort that must be provided to sick people.

However, this is not an obstacle because Christian tradition constantly and demonstrates and makes very clear the mysterious character of the human being and thus his pain and his suffering as well. His expressions, therefore, are, for those who listen to them only from a technical and scientific point of view a 'I don't know' that leaves those in pain and the suffering stammering.[65] For this reason, the language used by Christian tradition to refer to such realities is specifically that of poetic knowledge and sapiental knowledge, as Laín calls them.[66] These two forms of knowledge, in addition, coincide at the level of expression in the psalms and the lamentations of the Old Testament, and in the hymns[67] of the divine office of the liturgy of the hours. From all these writings spring human exclamations that cry out or lament because of pain, ask for help because of suffering or render thanks for the relief or comfort that has been achieved.

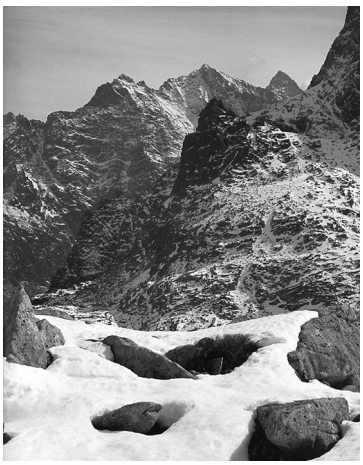
A specific and distinctive characteristic of this tradition is also the relationship of God with pain and suffering and His way of presenting Himself to pained and suffering humanity. In the face of an image of insensitive divinity that is apathetic and inaccessible in

other religious or philosophical traditions, Christianity proclaims that the image of the true God revealed the suffering, corporeal and friendly representation of Himself, above all beginning with the moment when this image was revelatory for, with, and in the humanity of Jesus of Nazareth. The following hymn from the divine office acts as a representation of this which is beautifully poetic and densely theological at the same time:

Thus I need you in flesh and bone,
A living fire needed by the soul is a pretext!
Man I wanted to become, not naked
Immateriality of thought
Flesh I am and of flesh I want you
I am a diminutive incarnation…
The whole universe is Incarnation!
And he who placed this law in our nothing,
Make your word flesh!
To see your feet that look for my path,
To feel your hands in my blind eyes,
To place like John in your womb,
And – Judas without betrayal – give you my kiss.
Charity that came to my indigence.
You well know how to speak my dialect!
Thus, suffering, corporeal, a friend.
How I understand you!
Thus: tangible, human, brotherly.
Sweet madness of mercy
The two in flesh and bone![68]

For Christian tradition, the keys to assessing pain and suffering are not an enigma to be unfolded through procedures of analysis and perception administrated by the human sciences and to be treated with their scientific or philosophical discoveries. These keys also belong, and more specifically, to the mysterious domain of the human spirit because this is the divine in man,[69] what constitutes him in all his being as the image, interlocutor and potential friend of God. For this reason, in Jesus Christ, the overcoming synthesis of the dialectic between the divine and the human through the integration in his person of these two worlds, are to be found for Christian tradition the keys by which to approach the humanisation of pain and suffering. Jesus Christ is infirm God, in pain, suffering and exultant in the humanity of Jesus, in which dwells in a corporeal sense the fullness of divinity.[70] For this reason, he is the concealed and revealed, evident and at the same time mysterious, key that has to be known in order to respond at a theoretical and practical level to the problem posed by the humanisation of pain and suffering.

I will return to this key at the end of this paper. First, however, I must engage in a brief survey of revelation relating to comfort in the Bible and the Tradition of the Church.



12.6 The pastoral understanding of comfort in the Bible and in Christian Tradition

a. Comfort, an expression of the mode of being of God

For the believer of the Old Testament, comfort was much more than a human approach – it was the moving and comforting expression of the Holy Spirit, that is to say the mode itself of being of God.[71] In other words, it was the expression of His mercy,[72] which was translated into a divine approach of grace above all in contemplating the tribulations of His people.[73] God is the first and principal comforter.[74] This is what an Israelite submerged in pain and suffering understood.[75] At the same time, the belief that the era of the Messiah would be the final time of happiness thanks to the prior comfort received from God and brought by the Messiah,[76] to whom was given the title, amongst others, of *Menahem*, comforter, was an expression of this widespread view that was deeply rooted in the people.

b. Comfort: the mission of Christ

It is above all else in the human-divine person of Christ that God continues to draw near to the afflicted. The old Simon saw in him the Messiah who was coming to fulfil the hopes of those who were awaiting the comforting of Israel (Lk 2:25) and Jesus himself, to whom people afflicted by numerous illnesses turned for help and comfort, expressly declared that the time of comfort had come with him: come to me all of you who are tired and oppressed and I will give you rest (Mt 11:28). Jesus repeated that the Spirit – the arcane and mysterious being of God who dwelled in him – is a Comforter (Paraclyte), and promised his disciples that the Spirit would be sent to them (Jn 14:16-26) so that they could be witnesses to (cf. Acts 1:8) and bearers of divine comfort. He charged them with putting the beatitudes into practice: blessed are the afflicted because they will be comforted (Mt 5:5).

c. Comfort, the task of comforting entrusted to the Church

The climate in which the first Christian communities existed, according to the Acts of the Apostles, was impregnated with such comfort,[77] and to such an extent that this experience gave St. Paul an opportunity to draw up a theology of comfort at the beginning of his second Letter to the Corinthians.[78] Here he briefly, but with complete clarity, outlines the salvific itinerary of comfort that flows from God the Father to Jesus Christ,

from Christ to his disciples and from them to the Christian communities where, thanks to the present of the Spirit, it must be a generated, communicated and shared reality.

d. Comfort, the help of the Spirit in the presence of pain and suffering

I began this section by referring to the Spirit as the mode of being of God the comforter, and I will end by referring once again to him: come, Divine Spirit, source of the greatest comfort! These are the words of the sequential hymn of the Eucharistic liturgy of the Sunday of Pentecost, and it adds that he is the sweet host of the soul, rest for our efforts… joy that dries tears and comforts in mourning. Later it contains this supplication: 'heal the sick heart!' And if the liturgy is a symbolic expression *par excellence* of the specific contents of pastoral care, here we encounter the fundamental theme that must inspire to its roots the approach to, and further development of, the relationship of pastoral help with those in pain and those who are suffering.

13. The Humanisation of Pain and Suffering in the World of Health from Pastoral Experience: Theoretical and Operative Conclusions

The time has come to end this paper and I will do so by offering the following conclusions to the judgement and insight of my readers in the form of a series of theses, which in my view are sufficiently demonstrated beginning with the criteria of my Christian being and my work of pastoral care in the health-care field, that is to say by the experience referred to at the outset as an exact form of knowledge about pain and suffering.

13.1. Pain[79] and suffering, their inseparable reaction, are ineluctable. Pain and suffering are two universal human experiences. Every person must of necessity encounter them during the period of living and must move from suffering as a foetus (to a certain extent) and the cries of birth to the spiritual pain of being near to death. To live in a healthy way requires, at a root level, that this constraint is accepted and that a person knows how to live with pain and suffering. Not to do this is symptomatic of deformed living. From this initial point of view, pain and suffering are already opportunities for humanisation.[80]

13.2. Pain and suffering afflict the whole human being. Whatever the causes may be in individual cases, they affect with varying degrees of intensity all the points of their being. The pain produced by bone cancer induces in the spirit of a patient a malaise comparable to the shock produced in his body by the news of the diagnosis of cancer supplied to him by a doctor.

Therapeutic remedies do not exist to completely eliminate this pain with its multiple aspects. Palliative control of malign chronic pain does not manage to completely calm the spirit of the patient, and spiritual comfort does not completely dissolve his corporeal disquiet. The utopia of an annihilation of pain[81] through pain-killing methods, techniques of mental control or falsely spiritual esoteric techniques, is only a deceptive chimera and this dehumanising as well.

13.3. Pain is always in principle an evil to avoid or to combat to eliminate it or control it because it attacks and causes injury to those people it afflicts. Pain in its most intense expressions makes life unbearable. The fight against avoidable pain is, therefore, a form of liberating and redeeming humanisation.[82]

13.4. Pain that cannot be avoided or combated completely can be relieved with the help and the combination of resources of medical doctors and psychologists, as well as social or spiritual resources. The relief of pain allows a patient to react in a human way, that is to say by generating constructive suffering but suffering that is not without control. For those who generate and build such suffering within themselves, such suffering is one of the highest factors of humanisation to be understood in terms of personal maturation and spiritual health.

13.5. The human capacity for constructive suffering is limited. The intensity and the duration in time of certain pains, such as, for example, malign chronic pain and pain produced by a process of mourning, at times exhaust the ability to suffer that people cove within themselves and make the active compassion of others totally necessary. Com-

passion is the source from which springs relief and comfort. Generating it is what transforms sick people into stimuli for the humanisation of those who provide them with relief and comfort.

13.6. A patient in pain is a teacher, most of the times an involuntary and unconscious one, for those who do not pass by but are at their sides and take an interest in their situation. With his body, his approach, his ways and his language, the first says to the second nearly always in a tacit way: learn from me, from my condition, from my pain, from my suffering… Every sick person gives us, in good and in evil, lessons in humanisation, if we know how to perceive them and want to learn them. To know how to suffer is one of the most important lessons for most human beings still untouched by grave pathological pain.

13.7. Active compassion always transforms comforters into wounded healers, that is to say people who are in pain and suffering in their own way. To relieve and to comfort, when done with conscience, require in varying degrees that one takes on part of the pain of those in pain and gives to oneself creative suffering in the presence of that suffering that they undergo. This is the lesson of the Servant of Jehovah[83] that Jesus of Nazareth transformed into his divine-human way of redeeming pain through his own suffering,[84] and this is the human price that healers must pay for humanising through relief and comfort.

13.8. Pain and suffering are experiences that always have something that is unfathomable, indescribable and ineffable. Karl Jaspers[85] calls these experiences, together with others, limit situations because they push towards transcendence. For this reason, it is necessary to have recourse to poetic and sapiental knowledge, the only forms of knowledge that are able to express the human world of the spirit through symbols so as to understand such situations in all their depth and treat them through a wise combination of physical and mental relief, as well as spiritual comfort.

13.9. The encounter with pain and the experience of suffering strike the image of God, or those who take the place of God for those who are not believers. Excessive pain and pain felt to be underserved or highly disproportionate has been and is a factor that unleashes fervent religious conversions or flagrant apostasies. There are no rational arguments to explain in a complete way the cause or the inherent cruelty of certain forms of pain. Even philosophical knowledge channelled towards so-termed natural theology encounters here an insuperable obstacle for those who decide not to recognise the existence of mystery. The great question that the pain of Job poses to Ramón Sampedro – is God the great Inhuman or Dehumanised or, in contrary fashion, is He the highest Good and Comfort? – has neither received nor now has a rational answer that can satisfy to the full. Pure reason faced with pain always looks for God in the fog, as Antonio Machado says.

13.10. 'We have not a high priest who is unable to sympathise with weaknesses, but one who in every respect has been tempted as we are' (Heb 4:15; 5:10). The answer of Christianity to the problem-mystery of pain and suffering is not a discourse that is exclusively epistemological or hermeneutic. It is, rather, a living human model: Jesus Christ. He offers through his person the integrated image of the passion of men which prolongs his passion in time and shows in his action what the constructive suffering is that God generates in him and through him: suffering, corporeal and friendly. Through the life and lastly the Passion of Jesus, God shows how the suffering that humanises human pain should be.

13.11. The Church, the pained and suffering, sick and caring, Body of Christ. This is how the Church of Jesus Christ sees those who in his name dedicate themselves to pastoral care in health: as a paradigm of humanity in pain because of physical, mental, social and spiritual evils of which we are all victims and at times injurious agents. But also the paradigm of the strength to begin with weakness that is manifested in all those who do not pass by those in pain but, moved by compassion,[86] provide them with relief and comfort.

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Notes

[1] The text of this paper was published with the title 'Sofferenza' in the book *10 parole chiave per umanizzare la salute* (Ed. Verbo Divino in 2002. It has been revised to be published in the journal *Dolentium hominum* of the Pontifical Council for Health Pastoral Care.

[2] A word with an apparently clear meaning but in reality a diffuse meaning because it is, as the phrase goes, 'polysemic', that is to say used with different meanings such as the meaning of a reality by an individual, a way of being and doing, a way of living, the teaching acquired throughj practice… The Spanish Dictionary brings together and summarises these meanings and states that experience is 'the teaching that is acquired with use, practice or living'. I employ this last definition.

[3] A commercialised vision because together with pure information what press agencies and the mass media in general want is the highest possible economic is of news business. For this reason, it is perfectly legitimate to affirm that suffering is traded in at the level of simple news.

[4] In the common view news is not a fact but a fact chosen from many others by the professionals of information and presented by them through the mass media in conformity with their criteria.

[5] Despite this, in the case of the Magisterium of the Catholic Church there is a determining fact that excludes it from the above-mentioned semantic confusion. The official language of the documents of the Magisterium is Latin and in Latin there is no terminological equivalent to the Spanish term '*sufrimiento*' which is derived from the Latin verb '*suffero*' which does not have a noun form and does not means the same as to suffer in Spanish, Latin used as noun synonyms for suffering the terms '*dolor*', '*passio*', '*aegrotatio*' Hence the use in the title of the Apostolic Letter of the Latin term '*dolor*' and the Spanisn term '*sufrimiento*'.

[6] Cf. Definition cited by KATHELEEN M. FOLEY in 'Pain Assessment and Cancer Pain Syndromes' in *Oxford Textbook of Palliative Medicine*, p. 149.

[7] Cf. J.M. MCDERMOTT, 'Sofferenza', in *Diccionario de Teología Fundamental*, p. 1395.

[8] Cf. P. LAÍN ENTRALGO, *Antropología médica para clínicos*, p. 204.

[9] On Thomas Sydenham cf. P. LAÍN ENTRALGO, *Antropología médica*, p. 216 and *Historia de la Medicina*, p. 315.

[10] From *Testamento del Passero Solitario* (Ed. Verbo Divino, 1991), p. 68.

[11] Hence one of the fundamental derivations of what Catholic doctrine calls the consequences of original sin and the Scholastic theologians defined in terms of *vulneratio in naturalibus*, wound in human nature, a phrase used by the Venerable Bede.

[12] Cf. CRISOGONO DI GESÙ, *Vida e obras de San Juan de la Cruz* (BAC, 1955), p. 1311.

[13] Phrase taken from a famous poem by Manuel Altolaguirre which begins: From eyes that no longer see/spring very black tears/that forget their task/of being stars in the night.

[14] St. John of the Cross wrote the work *Salita al Monte Carmelo* to describe the itinerary towards mystic union with God which begins in a dark night whose first part includes, in its turn, an active night of sense and an active night of spirit-understanding. Both are characterised by what St. John of the Cross calls high sensorial and interior nakedness (cf. *Crisogono di Gesù*, pp. 506-512.550).

[15] A Neo-Kantian German philosopher who lives during the last years of the nineteenth century and the first half of the twentieth century. One of his most important contributions was to establish points of mutual comprehension between the positive sciences and philosophy, on which he wrote his principal work, the *Philosophy of Symbolic Forms*.

[16] Book of Ecclesiastes or of Jesus Ben Sirach, 4:1.

[17] I cannot resist reproducing here certain phrases contained in chapter 3: 'Let the day perish wherein I was born, and the night which said, 'A man-child is conceived'… because it did not shut the doors of my mother's womb, nor hide trouble from my eyes. 'Why did I not die at birth, come forth from the womb and expire? Why did the knees receive me? Or why the breasts, that I should suck? For then I should have lain down and been quiet; I should have slept; then I should have been at rest… Or why was I not as a hidden untimely birth, as infants that never see the light?... Why is light given to him that is in misery, and life to the bitter in soul, who long for death, but it comes not, and dig for it more than hid treasures... For my sighing comes as my bread, and my groanings are poured out like water' (v. 3.10s.13.16. 20s.24). These are dramatic words of contemporary relevance if we look at the debates that take place today on abortion and on what is termed, with an un happy phrase, 'mercy death'.

[18] Commissione Episcopale di Pastorale, 'La asistencia religiosa en el hospital. Orientaciones pastorales', Madrid, 1987, n. 2.

[19] LAÍN, 'Qué es la salute: el criterio subjetivo', in *Antropología*, p. 193.

[20] All these causes are increasingly emphasised in social care/health care which thus becomes a palliative instrument against the pain added to illness.

[21] Cf. VIKTOR E. FRANKL, *El hombre doliente. Fundamentos antropológicos de la psicoterapia* (Herder, 1990).

[22] In the last two paras. of part 3.

[23] Cf. **7.** paras 2 and 3.

[24] The ideas on acute and chronic, benign and malign, pain from the artiche by J. L. MADRID ARIAS, 'Clinical del dolor intolerable', *Labor Hospitalaria*, cited in the bibliography, pp. 287-291. Numerous data and references can also be found in the *Oxford Textbook of Palliative Medicine*.

[25] Cf. Diario Medico.com, 3 April 2001.

[26] The Spanish Dictionary is explanatory when it say that to alleviate means to diminish or mitigate illnesses, the trials of the body and the afflictions of the soul.

[27] Reference to Ivan Illich has by now become classic: 'The Killing of Pain', in *Limits to Medicine. Medical Nemesis: The expropriation of Health* (Penguin Books, London, 1977), pp.140-160.

[28] The work by Hippocrates, *De arte* (L. IV, 14), expresses itself in the following terms: Medicine has the task of freeing sick people of their pains, alleviating the grave attacks of illness, and abstaining from treating those who are already dominated by their illnesses, given that in this case it is known that the art is unable to do anything. For the physicians of antiquity the fight against pain had a clinical and religious relevance. As a Latin apothegm declares: *Divimun opus sedare doloreem*, the calming of pain is divine work, and a text of the Book of Sirach speaks in the same terms when referring to doctors and chemists: 'they too will pray to the Lord that he should grant them success in diagnosis and healing (38:14). Many centuries later Sir Francis Bacon echoed these aspirations: the office of the medical doctor is not a matter solely of restoring health but also of mitigating the pains and torments of illnesses; and not only when this relief leads to recovery but also when, all hope of recovery having disappeared, it helps the passage over to the other life to be easy and well done.

[29] According to the anthropological meaning of the Biblical term '*leb*'. In Biblical anthropology the heart is the inside of man because distinct from what is seen. It is the seat of the faculties and personhood when thoughts and feelings, words, decisions and actions are born.

[30] For this reason, it must be well understood and constantly cultivated so as not to fall into the rebuke of Job to those who were accompanying him: 'How then will you comfort me with empty nothings? There is nothing left of your answers but falsehood?' (21, 34). This is a rebuke that is very often justified is

other purported relationships of help that discourage sick people more than they help them because of a lack of sincere will, adequate training and sufficient effort.

[31] My observations on poetic knowledge and sapiental knowledge are taken almost literally from his book *Creer, esperar, amar* (Ed. Círculo de Lectores - Galaxia Gutenberg, 1993), pp. 74-80 and I have adopted them almost completely.

[32] Because symbolic and thus specific to the spirit (cf. 6, para. 3).

[33] The journey of the mind towards God. A phrase that was the title of a famous theological work of the Medieval Franciscan St. Bonaventure.

[34] For example the ultimate meaning of health or healing, pain and suffering, deterioration, dying, death, or health care.

[35] I am aware of the fact that the approach to pain and suffering varies a great deal from culture to culture and specifically today, because of the mass movements of migration and the globalisation of information and cultural exchange, we have to live with patho-visions that are different from the Christian one, for example the Islamic, the Buddhist and the Hindu. However, I remain convinced of the fact that specifically in an increasingly pluralistic world it is necessary, advantageous and constructive to present with greatest fidelity and simplicity the foundations of one's own religious tradition in this area because this involves our most valuable contribution to the shared spiritual heritage of contemporary and future humanity.

[36] Cf. for example, Job14: 1-5: 'Man that is born of woman is of few days, and full of trouble. He comes forth like a flower, and withers, he flees like a shadow, and continues not', and Wis 7:16: 'I also am mortal, like all men…and my first sound was a cry, like that of all…there is for all mankind one entrance into life, and a common departure'.

[37] Is 45:5-7: 'I am the Lord and there is no other…I form light and create darkness, I make weal and create woe'.

[38] Ps 10: 4: 'Why dost thou stand afar off, O Lord? Why dost thou hide thyself in times of trouble?... In the pride of his countenance the wicked does not seek him; and his thoughts are, 'There is no God'. Job 2:9: 'Curse God' (Job says to his wife), and many other texts.

[39] Jer 12:1-4: 'Righteous are thou, O Lord, when I complain to thee; yet I would plead my case before thee. Why does the way of the wicked prosper? Why do all who are treacherous thrive? Thou plantest them, and they take root; they row and bring forth fruit… How long will the land mourn, and the grass of every field wither? For the wickedness of those who dwell in it the beasts and the birds are swept away., because men said, 'He will not see our latter end.' Hab 1:13: 'why dost thou look on faithless men, and art silent when the wicked swallows up the man more righteous than he?'

[40] Job 13:18-23: 'Behold, I have prepared my case; I know that I shall be vindicated…Only grant two things to me, then I will not hide myself from thy face; withdraw thy hand from me, and let not dread of thee terrify me. Then call, and I will answer; or let me speak, and do thou reply to me. How many are my iniquities and my sins? Make me know my transgression and my sin'.

[41] Job 42: 1-6: 'Then Job answered the Lord: 'I know that thou canst do all things, and that no purpose of thine can be thwarted. Who is this who hides counsel without knowledge? Therefore I have uttered what I did not understand, things too wonderful for me, which I did not know. 'Hear and I will speak; I will question you, and you declare to me.' I had heard of thee by the hearing of the ear, but now my eye sees thee, therefore I despise myself, and repent in dust and ashes'.

[42] Dt 8:2-5: 'Remember how for forty years now the Lord, your God, has directed all your journeying in the desert, so as to test you by affliction and find out whether or not it was your intention to keep his commandments. He therefore let you be afflicted with hunger, and then fed you with manna… in order to show you that not by bread alone does man live, but by every word that comes forth from the mouth of the Lord… So you must realize that the Lord, your God, disciplines you even as a man disciplines his son'. Prov 3:11s: The discipline of the Lord, my son, disdain not; spurn not his reproof; For whom the Lord loves he reproves, and he chastises the son he favors' 2 Cor 32, 31: 'God abandoned him, Ezechiel, top ut him to the test and discover what he had in his heart'.

[43] 2 Mac 6:12-16: 'these chastisements were meant not for the ruin but for the correction of our nation…He never withdraws his mercy from us. Although he disciplines us with misfortunes, he does not abandon his own people.

[44] Jer 15:18s: 'Why is my pain continuous, my wound incurable, refusing to be healed?... Thus the LORD answered me: If you repent, so that I restore you, in my presence you shall stand; If you bring forth the precious without the vile, you shall be my mouthpiece'.

[45] It is worthwhile reading the hole of the fourth son of the Servant: Is 52:13-53, 12.

[46] Mt 9:36s: 'At the sight of the crowds, his heart was moved with pity for them because they were troubled and abandoned, ike sheep without a shepherd. ' Mt 14:14: 'When he disembarked and saw the vast crowd, his heart was moved with pity for them, and he cured their sick (cf 15:32). Lk 7:13: 'When the Lord saw her, he was moved with pity for her and said to her, "Do not weep." 'Jn 11, 33.35s: 'When Jesus saw her weeping and the Jews who had come with her weeping, he became perturbed and deeply troubled…And Jesus wept'

[47] Mt 8:16s: 'When it was evening, they brought him many who were possessed by demons, and he drove out the spirits by a word and cured all the sick, to fulfill what had been said by Isaiah the prophet: "He took away our infirmities and bore our diseases."(cf. Is 53:5).

[48] Mt 5:4: Blessed are they who mourn, for they will be comforted.'. Ap 21:4: 'He will wipe every tear from their eyes, and there shall be no more death or mourning, wailing or pain, (for) the old order has passed away"'(cf 7:17; Is 25:8).

[49] Jn 9: 1-4: As he passed by he saw a man blind from birth. His disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?" Jesus answered, "Neither he nor his parents sinned; it is so that the works of God might be made visible through him. We have to do the works of the one who sent me while it is day. Night is coming when no one can work".

[50] Jn 5:16s: 'Therefore, the Jews began to persecute Jesus because he did this on a sabbath. But Jesus answered them, "My Father is at work until now, so I am at work".'

[51] Mt 17:17: 'Jesus said in reply, "O faithless and perverse generation, how long will I be with you? How long will I endure you? Bring him here to me".'

[52] Mk 3:21: 'When his relatives heard of this they set out to seize him, for they said, "He is out of his mind".' Jn 1:11: 'He came to what was his own, but his own people did not accept him.

[53] Lk 19:41s: 'As he drew near, he saw the city and wept over it, saying, "If this day you only knew what makes for peace - but now it is hidden from your eyes." (cf. Mt 23:37ss).

[54] Mt 16, 21ss: 'From that time on, Jesus began to show his disciples that he must go to Jerusalem and suffer greatly… and be killed… Then Peter took him aside and began to rebuke him, "God forbid, Lord! No such thing shall ever happen to you." He turned and said to Peter, "Get behind me, Satan! You are an obstacle to me. You are thinking not as God does, but as human beings do".' (cfr. 17:22s; 20:17ss).

[55] Mk 14:33-38: 'He took with him Peter, James, and John, and began to be troubled and distressed. Then he said to them, "My soul is sorrowful even to death. Remain here and keep watch." He advanced a little and fell to the ground and prayed that if it were possible the hour might pass by him; he said, "Abba, Father, all things are possible to you. Take this cup away from me, but not what I will but what you will." When he returned he found them asleep. He said to Peter, "Simon, are you asleep? Could you not keep watch for one hour? Watch and pray that you may not undergo the test. The spirit is willing but the flesh is weak."

[56] Lk 22:44: 'He was in such agony and he prayed so fervently that his sweat became like drops of blood falling on the ground.)'

[57] Mt 27:46: 'And about three o'clock Jesus cried out in a loud voice, "Eli, Eli, lema sabachthani?" which means, "My God, my God, why have you forsaken me?"

[58] Heb 2:10-18: 'For it was fitting that he, for whom and through whom all things exist, in bringing many children to glory, should make the leader to their salvation perfect through suffering. He who consecrates and those who are being consecrated all have one origin. Therefore, he is not ashamed to call them "brothers,"… Now since the children share in blood and flesh, he likewise shared in them, that through death he might destroy the one who has the power of death… and free those who through fear of death had been subject to slavery all their life. Surely he did not help angels but rather the descendants of Abraham; therefore, he had to become like his brothers in every way, that he might be a merciful and faithful high priest before God to expiate the sins of the people. Because he himself was tested through what he suffered, he is able to help those who are being tested'.

[59] An allusion that in Luke is directly addressed to people who are in pain and suffering: blessed are you that weep now, for you shall laugh (6, 21).

[60] Cf. Rom 12:15: 'Rejoice with those that rejoice, weep with those that weep'.

[61] I deliberately do not present here these testimonies in historical order or according to theological criteria but only with the criterion of pastoral expressiveness. I believe that I have already sufficiently explained that I am – and thus I do not write as – a systematic theologian, in this case a kind of pathologist of theology, but a pastoral clinician, that is to say a person who takes as a point of reference the theology and other expressions of Christian tradition in order to achieve, with the greatest care possible, comforting care beginning with Catholic pastoral care.

[62] Cf. *Salvifici doloris,* 2 and 3. The Pope had already experienced suffering in his own flesh when he wrote this Apostolic Letter, which comes after the assassination attempt of St. Peter's Square and his convalescence in the. In this case as well we are daling with the testimony of a sick person in pain and a suffering sick person.

[63] Cf. 5. para 3.

[64] Cf. *Praenotanda del Ritual de la Unción e de la Pastoral dei Enfermos,* and *Orientaciones Doctrinales e Pastorales del Epsicopada Espanol*, *Ed. Litúrgicos*, 1986, nn. 32 and 43.

[65] Cf. St. JOHN OF THE CROSS, 'Cántico espiritual', in *Crisógono de Jesús*, p. 904.

[66] Cf. 12.4 paras. 1-4.

[67] Many of which are addressed by classic and contemporary poets.

[68] Hymn of the Praises of I Friday of ordinary time.

[69] Making the perhaps not necessary exception that the spiritual dimension concerms the whole man, both his exterior and his interior. He is *body and spirit* in all his being; he is *spiritual flesh or embodied spirit*.

[70] St. Paul in his Letter to the Colossians 2:9.

[71] Is 57:18: 'I will lead him, and requite him with comfort'Is 51:3.12: 'For the Lord will comfort Zion…joy and gladness will be found in her, thanksgiving and the voice of song'. Is 52:9 'Break forth together into singing, for the Lord has comforted his people, he has redeemed Jerusalem'.

[72] We may refer, *inter alia*, to Psalm 118 which repeats the formulation: 'O give thanks to the Lord, for he is good; his steadfast love endures for ever!'

[73] Cf. for example. Ez 3:7: 'I have seen the affliction of my people who are in Egypt, and had have heard their cry because of their taskmasters; I know their sufferings, and I have come down to deliver them…'. Judg 2:18: 'for the Lord was moved to pity by their groaning because of those who afflicted and oppressed them'. Judg 10:16: 'and he became indignant over the misery of Israel'.

[74] Is 6:13: 'As a mother comforts her child so will I comfort you!' Hos 11:8: 'How can I give you up. O Ephraim?...My heart recoils within me, my compassion grows warm and tender'. Is 49:13: 'For the Lord has comforted his people, and will have compassion on his afflicted'. Is 51:12: 'I am your comforter'.

[75] Psalm 94:19: 'When the cares of my heart are many, thy consolations cheer my soul'. Psalm 119:50: 'This is my comfort in my afflictions, that thy promise gives me life'.

[76] For example in the messianic passages of Isaiah 61:1-3: 'The spirit of the Lord God is upon me, because the Lord has anointed me; He has sent me to bring glad tidings to the lowly, to heal the brokenhearted… to comfort all who mourn; To place on those who mourn in Zion a diadem instead of ashes, To give them oil of gladness in place of mourning, a glorious mantle instead of a listless spirit. They will be called oaks of justice, planted by the Lord to show his glory.' .

[77] Acts 9:31: 'The churches… were full of the comfort of the Holy Spirit'.

[78] 2 Cor 1:3-6: 'Blessed be the God and Father of our Lord Jesus Christ, the Father of compassion and God of all encouragement, who encourages us in our every affliction, so that we may be able to encourage those who are in any affliction with the encouragement with which we ourselves are encouraged by God. For as Christ's sufferings overflow to us, so through Christ does our encouragement also overflow. If we are afflicted, it is for your encouragement and salvation; if we are encouraged, it is for your encouragement, which enables you to endure the same sufferings that we suffer.'

[79] Whatever the case I refer here to simple to simple irritation which the Spanish Dictionary defines, among other things, as 'irritation generated by light physical damage or lack of health'.

[80] Here it is helpful to remember the poem by Amado Nervo quoted in 7**,** at the end of para. 4.

[81] The *killing of pain* mentioned in note 29.

[82] The *Catechism of the Catholic Church* states that *palliative care is a privileged form of charity and as such must be encouraged* (n. 2279).

[83] Cf. 12.5. par. 4.

[84] The is the interpretation of the Evangelist St. Matthew of the healing activities of Jesus (cf. citation note 49).

[85] A psychiatrist, existential philosopher, and at the last stage of his life a cancer patient.

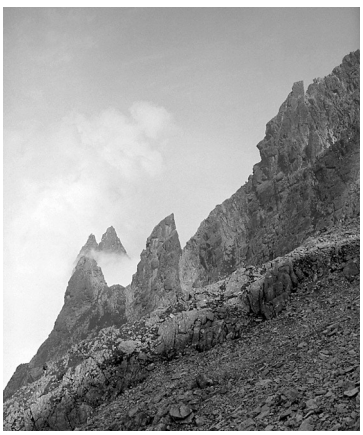
[86] Cf. Lk 10, 33. Cf. also John Paul II in *Salvifici doloris* where the figure of the Good Samaritan exemplifies what the Pope calls the *gospel of suffering*.

The Anthropological Dimension of the Right to Health

1. That the *right to health* should be listed amongst fundamental human rights is not only a matter of fact (demonstrable empirically, beginning with the innumerable *Charters of Rights* that refer to it), it is, even more, a *principle* by which to interpret the times in which we live, a statistic (to use the term of Jaspers) that allows us to achieve a better focus not only on our understanding of the juridical-social dynamics of the modern epoch but also, and more generally, our own self-understanding. As is known, we are dealing here with a sociological-cultural acquisition (or perhaps a spiritual one) that is relatively recent but which by now is absolutely rooted in the consciousness of modernity.

2. What is the foundation of the *right to health*? Such a question should not be held to be ingenuous, or ineluctable, with a mere appeal to common wisdom which places 'being well' at the top of any possible and imaginable hierarchy of 'values'. This is an essential question, if only because it has priority importance in any complete analysis of this right of a juridical character (whether, for example, this right is individual or collective, promotional or repressive, whether it can be enforced through legal action, etc.) and a sociological character (namely how much the defence and/or the promotion of this right possesses a real effective character in the current historical moment and in what geopolitical contexts). For that matter, it is to be observed that the very formulation by jurists of the category 'the right to health' often lacks full awareness of what its specific epistemological context is : a context that is *constitutively* relational (this is a phrase in which stress must be placed on *constitutively*). This is a category that at first sight could appear to be absolutely banal and self-evident and precisely for this reason, as a consequence, could give rise to possible and not to be wished for misunderstandings.

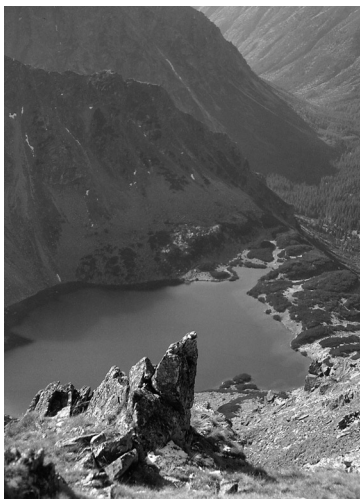
It is indeed evident even with an immediate (or superficial) approach, that the appearance of illness – at least at certain levels of relevance – opens up *obvious* relational dynamics (between those who need care and treatment and those who take on responsibility for care, and between those who cause injury to health and those who undergo such an injury), which have equally *obvious* juridical consequences. But they are not *constitutive* relational dynamics; they are, in fact, after a certain fashion, derivative and



secondary. In fact they seem to involve, despite appearances, a fleeting self-referential *a priori*: *being well* like *being unwell* appear, in fact, when subject to a rigorous analysis, as absolutely personal and subjective states, whose interpersonal communicability appears very arduous, if thought about from the perspective of objectivity. In other words, a common yardstick does not exist to define wellbeing produced by 'health' or 'malaise' produced by 'illness'. What is defined is not 'wellbeing' or 'malaise' in themselves, but wellbeing or malaise *induced* by relational dynamics which appear, for any reason, *actionable*. When a judge is called upon to establish compensation for an individual because of the damage caused to the health of that person by an act, held to be unjust, of a third party, as is well known he is obliged to refer to absolutely *extrinsic* criteria (the length of the stay in hospital, the percentage of loss of the physical functions, etc.) and is evident that it could not be otherwise. When (but this is a rare hypothesis) a judge is called to establish in cases of controversy the right fee that a medical doctor can legitimately request from the patient he is treating, the judge adopts criteria that are fundamentally sociological-economic in character which do not have any specific relevance to the specificity of the diagnosis carried out by the medical doctor and to the existential relevance of the *therapy* indicated to the patient and implemented by him (for example a correct diagnosis of pneumonia and the application of a coherent therapy – which involve, for example, a limited number of home visits – on the one hand, can, at the level of the 'historical' unfolding of events, objectively save the life of the patient but, on the other, they do not appear at a strictly juridical-social level to allow the medical doctor to ask for very high fees). It is as though, that is to say, being well and being unwell concerned in themselves and for themselves an absolutely *private* experience of the person; at a social level the 'in themselves' of these phenomena would not acquire relevance were it not for their reflection in relational dynamics. Or, to be even more precise: it is as though being well and being unwell were strictly *naturalistic* dynamics and *pre-juridical* and *pre-social*; and acquired juridical and social relevance only when they rise to effective contents of interpersonal experiences ex *contracto* o *ex delicto*. This is the paradigm that is at the base of one of the most widespread

bioethical models of our time – that formulated by H.T. Engelhardt Jr.[1]

3. Today this paradigm is no longer sustainable. The relational character of the right to health has a deeper meaning and at the same time a more radical meaning. And this is the meaning that explains its entrance into the list of fundamental human rights and its universal diffusion. To paraphrase Rawls,[2] we could say that the fact some people have good health and others have ill health (whatever the reasons for this may be) cannot be defined as just or unjust – they are dynamics that should be attributed to fate or, to employ



the phrase used by Rawls, to the 'natural lottery'. What, instead, can be defined as a just and unjust is the way in which these facts are addressed within the overall system of social relations. In fact, independently, that is to say, of who or what are *possibly* the cause of the *malaise* of a person, it is the fact itself of the existence of malaise that has acquired in the consciousness of out time a new absolute relevance as a *problem of justice*. The relational characterisation of the being of man – which increasingly seems to rise to a constitutive feature of contemporary anthropology – involves illnesses, like health itself, no longer being able to be seen, depending on the case in hand, as misfortunes or 'private' benefits, which individuals are said to be affected by because of a blind or obtusely active 'nature'. Health and illnesses define our being in the world as persons in relationships and are not indices of our ability to relate to the world (a high ability in the case of health, a low or at the most absent ability in the case of illness) but of the very general constitution of the world. In other terms, illness and health are not refracted in the personal sphere of individuals but are reflected in the possibility that in general *there are subjects*, subjects who, beginning only with relationality (and the effectual level of this), manage to construct a world of meaning, which means that health and illness do not precede a relationship but build it; or, if one prefers to put it another way, that is possible to refer to health and illness solely because subjects exist who are within a relationship.[3]

The right to health thus acquires a new meaning which by now has probably definitively entered the collective consciousness, even though it is not always explicit: that meaning where the very identity of the person comes into play. In upholding health as a *right*, the subject upholds, in the final analysis, the right to be recognised in his own identity, as a right that is based not upon nature but upon relationality; in recognising health as a fundamental human right the juridical system (beginning with the international juridical system) recognises and *takes seriously* the common and equal subjectivity of all human beings.

The new paradigm of subjectivity which, through reference to the right to health, is taken into consideration here does not have a primary ethical meaning, nor, and even less than ever before, does it have a political-pragmatic meaning. It has a epistemological meaning. What is immediately brought into play is not 'humanising' medicine, by eliminating or reducing its *cold* image of abstract scientific knowledge so as to lead it back parenetically to the much warmer sphere of a *culture of welcoming*:[4] these and similar objectives, which are obviously to be wished for, must be pursued but they will be more pursuable the more they are based upon an image of man that is adequate at the level of epistemology. The paradigm of the right to health, a *fundamental human right*, helps us construct this image correctly. The foundation of the right to health is not to be attributed to the spirit of compassion nor more generally to fraternal solidarity: compassion and solidarity are given immense areas of action as a prerogative but these do not coincide *tout court* with the anthropological sphere of the juridical and the social. This sphere – the only sphere in which the approach to rights has a meaning and seems to be practicable – is the sphere of our identity as a relational identity: that identity that each person acquires in referring to others, through others or with others, and in which our personal physical-biological history acquires all of its anthropological meaning.

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Note

[1] Cf. the well known *Manuale di Bioetica*, Italian edition, Milan, 1991.

[2] J. RAWLS, *Una teoria della giustizia*, Italian edition, Milan, 1982, p. 99.

[3] This means that the very categories of 'health' and 'illness' are anthropological categories which only by analogy can be extended to non-human living beings. This does not imply any devaluation of the life and moral dignity of animals to assert that animals, specifically speaking, do not fall ill, just as, specifically speaking they do not die because they do not have the ability to formulate that no-longer-being as a foreseen experience, and more in general they do not have awareness of a pathological kind (in the sense of being unnatural) of their possible 'being unwell'. Given that for animals it is not congruous to speak about relationality in the specific sense, it is not congruous as well to attribute to them any experience or any connotation that requires a relationship as being necessary to them *a priori*.

[4] On this point see the important reflections of F. BOTTURI, 'La medicina come prassi della cultura dell'accoglienza', in AA.VV., *Modelli di medicina. Crisi e attualità della professione*, edited by P. CATTORINI and R. MORDACCI (Milan, 1993), pp. 105-112.

Pastoral Actions to Defend and Promote the Right to Health

The Second Vatican Council called the attention of the whole of mankind to the supreme norm of 'divine law – the eternal, objective and universal – whereby God orders, directs and governs the entire universe and all the ways of the human community'.[1]

On the basis of this fundamental fact, the Church perceives the obligation to proclaim the right to health, drawing upon the Gospel of Christ, and to be able to say words, where she is competent, not only on prevention in relation to the overall health of the human person but also on the multiple forms, concealed to various degrees, concerning diagnosis, therapy and rehabilitation, that do not foster that health and which, in attacking man's psycho-physical and spiritual equilibrium, injure him.[2]

If, therefore, the search for truth must conform to 'the dignity of the human person and his social nature',[3] it follows from this that also in the sphere of every health-care action one cannot depart from the mission of the Church, whose specific task requires making the redemption of Christ real today and fostering its full achievement so as to direct mankind towards salvation in Christ.

In this search, the Church, through her help, her teaching and dialogue, renders a valuable and irreplaceable service to man, whether healthy or sick, in addition to her specific and ineluctable obligation to engage in the ministry of salvation. Because of the fact that the concept of health refers in practical terms to everything that concerns the concrete spheres of health care – such as structures, planning, legislation, policies and investments – the Church cannot draw back; indeed, she calls for and requires her presence in public places of care and treatment to be assured by states.[4] The Church does the same in relation when it comes to being able to allow mankind to hear her words which infuse hope.

In intensifying her pastoral action, the Church perceives that her doctrinal principles cannot be only proclaimed: they must be constantly upheld, corrected and tested in practice so as to foster, at every level of reflection and practice, the communion of the Church with the suffering, and thus manage, as a consequence, to bear upon the mentality and customs of modern man. As Pope John Paul II warned, this is because 'unfortunately the beneficial action of the protection and the defence of health encounters obstacles not only in a host of ancient and recent pathogenic factors which imperil live on earth but also sometimes in the mentality and behaviour of men'.[5]

Pastoral Action to Promote Health

Faced with the numerous challenges and multiple emergent problems in the health-care field,[6] what are, in positive terms, the specific actions of the Church that safeguard, protect and promote the right to health in every man or woman?

1. Pastoral action creates healthy relations with God and between men

The Church believes, first of all, that her programme continues the work of Christ, who came into the world to give life in abundance[7] and by this life, which is light, to dissipate the '*misterium iniquitatis*' which multiplies the troubles and sufferings of mankind. This ecclesial action is designed, therefore, to circulate the life of God in its true nature of *agape* by expressing it in concrete expressions of service to man both as regards his primary needs – such as hunger, illness, clothing and housing – and the cultural expressions that ennoble him, or the cultural expressions that conform him in an increasingly full way to his 'being the son of God'.

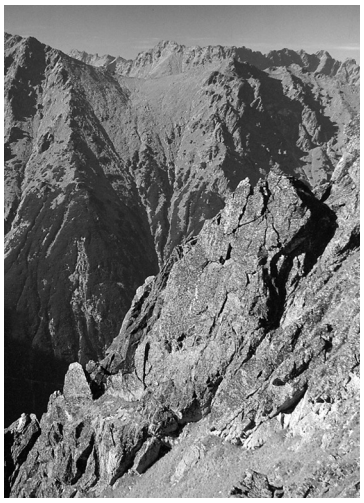
Far from being an obstacle to true progress, the action of the Church is carried out with renewed commitment to service and in dialogue with mankind on its journey in the hope of being able to achieve an adequate response to the theoretical and practical problems of medicine. The Church does this in order to throw light on the moral aspects of illness and, through reflection and practice, to thereby formulate adequate spiritual assistance both at the level of education and the conservation of health and at the level of its full recovery.

It is the profound belief of the Church that the life of every human creature, who carries with him pains, illnesses, sufferings and deaths, will culminate in the resurrection, that is to say in full participation in the life of Christ. This is a life, however, that is perceived by the believer and shared in by the believer here and now in the faith that transcends him and in the reality of the mystic body of which he forms a part. In this Christian perspective, pastoral action is not only solidarity, and even less is it mere assistance for its own sake. It is, rather, 'personalism of communion' which harmonises in itself all human dimensions and sees man as God willed him: His image and likeness.[8] That is to say, it sees him as a being-in-a-relationship both with God and with men.

2. The pastoral action of the Church humanises health

The Church, with her presence and action in the defence and promotion of health, wants to be liberating, healing and saving on the model of Jesus, nourished by the power of the Holy Spirit and making herself available to man so as to help him in his situations of need.

She also seeks to offer a specific contribution of deep and warm humanity. Just as the divine Samaritan is the true promoter of healthy life, 'so also the Church surrounds with affectionate care those who are afflicted by human suffering, indeed…in them she intends to serve Christ'.[9] The fact of knowing how to recognise the image of suffering, poor and crucified Christ, and of wanting in every way to serve him in men who find themselves in similar situations, is for the Church a task that refers to the mandate of her founder which cannot be reduced to a mere beneficial act but which contains in itself a 'power that comes from above', a divine force that extirpates the roots of evil present in the multiple and varied sufferings of which mankind is the victim.



Thus the subject of the pastoral action of health is the Church, and such action at the outset has its well fixed point 'the priority of the transcendent and spiritual realities which are premises of eschatological salvation'.[10] The Church, by her nature, is born from the Spirit and receives nourishment and life from the Spirit. Her action within and without takes place in the image of the Trinity. Thus the Church, the mystic body, has flowing in her veins the life of Christ which manifests itself to the world as love that unleashes a paschal dynamism of salvation. The action of the Church is liberating, healing and saving if she is healthy within herself because she has been liberated and has already become, although not fully, a people won over by God that proclaims His wonderful works, because it has obtained mercy.[11] From this existential state of a divine character ecclesial activities for the defence and promotion of health[12] begin with motivations of health and embrace man in all his human and spiritual dimensions, setting in motion or completing everywhere the process of humanisation.

3. Pastoral care in health bears upon social and cultural transformations

The Church through the Second Vatican Council also wants to encourage dialogue with the modern world which during this historical period manifests profound and rapid social and cultural transformations[13] in an attempt to adopt as her own this period's worries and hopes and as a response to the profound aspirations that modern man bears within him. She wants to promote the culture of life and to indicate to every man the path of Christ, the key to solving contemporary questions and a point of reference so that in man can shine forth that excellent vocation specific to man that was willed and conceived by God.

The pastoral actions of the Church cannot elude addressing an honest cultural dialogue with the ideologies that underlie forms of behaviour that wound the dignity of the human person. In addition, the Church is called to create a 'culture of the people' that is incisive as regards the forms of behaviour that satisfy the desires of the human heart. The life of Christ is always the way for man who looks for truth, and thus to illuminate the mystery of man with faith and promote his full health ideas are not enough: what are needed are ideas that take the concrete form of life witness. During an epoch when the utility of proceeding with synergy in all work activity is emerging with ever greater clarity, the witness of pastoral action of the Church on behalf of the inestimable good of health allows to be seen the dawn of a new culture that expresses a choral action of a community united by the love of Christ. Thus isolated ecclesial action is not conceivable – ecclesial action should be unitary because it involves reflection, dialogue, testing, programming and planning, and it should be carried out not with useless parallel initiatives but in cooperation with the modern world.

Scientific advances, techniques of intervention, operational modules, legislation being applied or being prepared in various countries in the field of contemporary health care, if illuminated by faith, which has its foundation in revelation and its explanation in the Magisterium, acquire an inestimable meaning at the level of values which is respectful of the sacred value of life and a promoter of a more welcoming and human society, especially in relation to those who according to a mentality based on the criteria of efficiency are considered the 'least', although they were privileged by Christ.

4. Pastoral action promotes the value of 'being' as opposed to 'doing'

Pastoral care that has the above mentioned objectives is constantly in contact with health professionals and their respective socio-health care projects, as well as with nurses and their respective families. Hence the need to foster and encourage suitable the training and constant up-dating of pastoral workers in this very delicate field of health in order to be an authentic expression of the love of Christ and in order to engage in a transparent mediation of his salvific work. Such training has theoretical/practical requirements.

Pastoral effectiveness occurs if there are suitable people who have experienced within themselves at least a part of the beneficial effects of the salvific healing of Christ. Every man, who needs redemption, discovers, through a gift of grace, that he is redeemed to the extent that, in full liberty, he accepts the lordship of God in his life. To accompany other people in

this process, especially during illness or any other kind of suffering, requires full personal involvement permeated by the same feelings of compassion, disquiet, struggle and response that are specifically of Christ. These requirements of suitability can be identified in the pastoral worker when there are observed contemporaneously: human maturity, social and psychological relational capacities, and a level of spiritual growth that is able to integrate transcendent values. In this sense, one can state that through people who consecrate themselves to service to the sick, Christ truly reveals man to man, and helps him to understand that nothing can separate man from Him.

To achieve this priority of being over doing, Marian spirituality should be borne in mind and experienced more wholly. It has been written that 'without Mariology, Christianity imperceptibly runs the risk of becoming inhuman'.[14] The integration of the male and the female requires at an operational level to know how to go beyond the sectional alignments specific to certain ideologies so that the whole of mankind becomes an 'offering accepted by God'.[15] Partial and limited visions, if they permeate Christians, run the risk of reducing the Church to practice without a soul, to an ideology of efficiency that is only capable of bitter, polemical and sterile criticism from which people flee, whereas convinced faith and witness have greater pastoral efficacy.

To the training of pastoral workers should also be added the raining of health-care workers. To them is addressed that capillary action that creates a new conscience, a professional training that isincreasingly worthy of man. The Christian anthropological vision, in its most reliable meaning, cannot be compared to one of the very many transient ideologies: it is born from, and is completed in, Christ, the Living One. It is here that the health professional improves his skills and expertise and places his professional role at the service of, and in communion with, all the other forms of health-care expertise, in relation both to prevention and to treatment and care.

5. Pastoral action, prayer and the sacraments of healing

One form of power of pastoral action, which is certainly not negligible, is contained in prayer. All the signs worked by Jesus that manifested the wonderful works of God – miracles, healings, resurrections – begin with a prayer that makes a request, they take place in full unity with the Father, and they end with a prayer of thanksgiving. Pastoral action in favour of health is called to be carried out in conformity with this approach. A man who is not very attentive spontaneously overlooks some of these passages or expects inconsonant forms of Messianism. In his parable of the ten lepers,[16] Jesus warns against these superficial approaches. Pastoral action that knows how to maintain union with God both in prayer and in the apostolate is always expressed as contemplation, recognising God in the intimacy of the soul and the heart of every man, especially when afflicted by various trials, and is joyful with him when the signs of grace become present.

An evangelising pastoral action is the indispensable premise for the sacraments, and especially the Eucharist, reconciliation and the anointing of the sick, to produce the beneficial effects that they contain.

The sacrament of penance and the sacrament of reconciliation, the sacrament of the anointing of the sick and the Eucharist as viaticum, are seen by the Church as being 'sacraments of healing' that express the constant approach of Jesus, physician of our souls and bodies, an approach that the Church must know how to continue in her practice.[17]

The life that Jesus Christ through his incarnation and paschal mystery came to pour in abundance over mankind is fully achieved in his limbs when these, touched by the work of healing and salvation, are led back to the Father. The earthly journey, therefore, is lived in a constant tension between the flesh and the spirit,[18] a journey marked by actions that express a constant conversion,[19] so that in all those who experience celestial reality a complete personal transformation takes place which touches the heart of human beings and leads towards a future resurrection. And this dynamism, although shaking the mystery of man to the roots in order to purify him and to locate him in divine mystery, can only be the work of God who was the first to love and who at the end of life waits for His children so as to give them, if they have known how to take up their cross every day, the crown of joy.

Rev. MARIANO STEFFAN

Notes

[1] *Dignitatis Humanae*, n. 3.
[2] Cf. *Charter for Health Care Workers*, n. 9.
[3] *Dignitatis Humanae*, n. 3.
[4] Cf. John Paul II, 'Message to the Heads of State who Signed the Final Helsinki Accord' (1 August 1975), in *AAS* 72 (1980), p. 1256.
[5] John Paul II, 'The Totalitarian Ideologies that have Deliberately Degraded Man Find Worrying Parallels in Certain Manipulations of Life' *L'Osservatore Romano,* (1998/57), p. 138.
[6] The Pope refers to 'attacks on life' due to human causes such as 'overbearance, violence, war, drugs, kidnappings. The marginalisation of immigrants, abortion and euthanasia' (*ibidem*).
[7] Jn, 10:10.
[8] Gen 1:27.
[9] *Lumen Gentium*, n. 8.
[10] *Redemptoris missio*, n. 20.
[11] Cf. 1Pt 2: 9-10.
[12] *Redemptoris missio* lists some of these: 'dialogue, commitment to justice and peace, education and care for the sick, aid to the poor and to children' (n. 20).
[13] Cf. *Gaudium et spes*, nn. 4-10.
[14] H.U. Von Balthassar, *Punti fermi* (Milan, 1972), p. 130.
[15] *Gaudium et spes*, n. 38.
[16] Cf. Lk 17:11-19.
[17] *Catechism of the Catholic Church,* n. 1421.
[18] Cf. Rom 8:5-11
[19] The gestures of reconciliation referred to by the *Catechism of the Catholic Church* are: 'concern for the poor, the exercise and defence of justice and right by the admission of faults to one's brethren, fraternal correction, revision of life, examination of conscience, spiritual direction, acceptance of suffering, endurance of persecution for the sake of righteousness' (n. 1435). These approaches are equally expressive and pastorally productive for a person's spiritual growth, to sustain others in trial and for the health itself of the Mystical Body of Christ.

The Figure of the Ecclesiastical Assistant

'Special care should be taken to select priests who are capable of promoting particular forms of the apostolate of the laity and are properly trained. Those who are engaged in this ministry represent the hierarchy in their pastoral activity by virtue of the mission they receive from the hierarchy. Always adhering faithfully to the spirit and teaching of the Church, they should promote proper relations been laity and hierarchy. They should devote themselves to nourishing the spiritual life and an apostolic attitude in the Catholic societies entrusted to them; they should contribute their wise counsel to the apostolic activity of these associations and promote their undertakings. Through continuous dialogue with the laity, these priests should carefully investigate which forms make apostolic activity more fruitful. They should promote the spirit of unity within the association as well as between it and others' (*Apostolicam Actuositatem*, n. 25).

'In the organisations and associations in which you render service – do not be drawn into deceit! – the Church wants you to be priests and the secular people who meet you want you to be priests and nothing else but priests. The confusion of charisms confuses the Church; it does not enrich her in the least…In these associations you should be the builders of communion, educators in the faith, witnesses to the absolute God, true apostles of Jesus Christ, ministers of the sacramental life, especially the Eucharist, and spiritual animators' (John Paul II, 'Address to the Ecclesiastical Assistants of Catholic International Organisations', 13 Dec. 1979).

In the light of these texts, the document of the Pontifical Council for the Laity, 'Priests in Associations of the Faithful', Rome 1981, outlined certain guidelines of great importance.

The identity and the mission of priestly service within associations of the faithful:

a. *The Identification and Identity of the Ecclesiastical Assistant*

The purpose of priestly service is always to make possible encounter – encounter that effects salvation – between the Lord and every Christian or community.

b. *His Task as a Priest*

Every association has defined roles: there are the 'founders', the 'directors' and the 'ecclesiastical assistant' who must provide a theological, spiritual or pastoral direction. Others can deal with questions connected with the organisation and the structure of the association itself. The work of the priest has differing characteristics according to the situation. First of all, and above all else, the work of the assistant priest has to involve the preaching of the Gospel and the administration of the sacraments. It is specifically through this service that he keeps alive the awareness of the people of God that it is 'a chosen race, a royal priesthood, a holy nation, God's own people' (1 Pt 2:9)

The Appointment of the Ecclesiastical Assistant

The existence and the work of the ecclesiastical assistant are not legitimated by the associations in which he carries out his service. If they were, this would mean that it is the association that 'calls' or 'delegates' the assistant. Instead, the ministry is a gift that Christ has conferred on his Church for the community. The ecclesiastical assistant is thus appointed by official and responsible ministers of the Church. The ecclesiastical assistant shares in the mission of the bishop in relation to associations of secular people on which are conferred a specific autonomy and responsibility in the achievement of their apostolic goals. Being appointed explicitly by the relevant ecclesiastic authority is not in opposition, amongst other things, to the fact that the assistant fully participates in the life of the association which he is invited to serve. For his mission to bear fruit, he must be capable of integrating himself, as a priest, in the association, working with the secular heads of the association with respect and faithfulness. He should understand the objectives, the programme and the teaching of the association and locate them within the context of the mission of then Church. He should pay due pastoral attention to the society in which the association operates. It is thus advisable that the association should propose a list of expert and competent candidates for the choice and the appointment of its ecclesiastical assistant.

The fundamental aspects of his service are:

a) *A creator of unity*: the ecclesiastical assistant has the mission of helping the association to deepen its awareness of being a member of the Church and to become aware of the pastoral orientations of the Church and of the tasks and the principal concerns of her pastors. It is his responsibility to ensure that the association locates itself within the pastoral care of the Church in an overall sense in line with its own characteristics and goals. The ecclesiastical assistant is also a creator of unity when he helps other heads of the pastoral care of the Church to have a clearer idea of the nature, the objectives and the activities of other associations and to analyse together the various experiences that are encountered.

The ecclesiastical assistant is therefore the person who in a visible way is a link between the universal Church and the association. In placing the pastoral concerns of pastors linked to their bishop within the association, the ecclesiastical assistant preserves it from sectarianism by opening it to the Church.

b) *An educator in the faith*: the ecclesiastical assistant must constantly encourage the members of the association at a personal and community level to direct themselves towards Jesus

Christ through the preaching of the Word and sacramental service (especially the Eucharist).

c) *A true apostle of Jesus Christ*: the grace of God is not only a gift; it is also a task. Thus the ecclesiastical assistant is a true apostle of Jesus Christ, that is to say a 'wise co-operator of the bishop'. As such, the ecclesiastical assistant is called to service to the apostolate, strengthening the faith of the members of the association so that God is always the absolute criterion in overcoming every uncertainty. His faith will become more vigorous the more he meets the problems and the hopes of every man.

d) *A spiritual animator*: the ecclesiastical assistant must introduce all the members of the association to the mysterious and fascinating reality of the presence of God. With them he must try to read the 'signs of the times'. To achieve the spiritual growth of individuals and the community he must ensure that the charism of the association and its members acquires its specific form.

e) *A witness to the absolute of God*: in being a 'witness to the absolute of God', the ecclesiastical assistant assures the religious dimension of the motivations and the goals of the association.

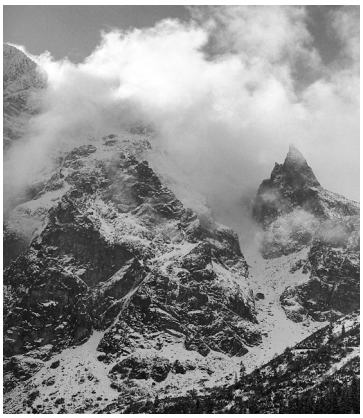
Practical applications concerning his integration into the ecclesiastical structure:

a) Every association normally has a single ecclesiastical assistant at each one of its levels (diocesan, national, international). It may need other priests who are members of the association or can be asked by it to provide various services depending on their ministry, such as, for example, assuring theological reflection or spiritual animation. In this case, the association chooses the priests it needs in agreement with the ecclesiastical assistant and the relevant authority.

b) A priest can be an ecclesiastical assistant in more than one associations, working, for example, in the same field or in the same social context, and harmonising their mutual cooperation.

c) It is to be hoped that the ecclesiastical assistant will be watched over and supported by the bishop or the respective superiors.

d) The ecclesiastical assistants should not be appointed for an indefinite period of time or 'for life'. Instead they should have a mandate for a specific period of time.



Which Style?

The figure of Saul: the wrong style. King Saul is the image of a rich man of talents, qualities, and courage; he is even rich in heroism. Saul has first and foremost great potentialities. He is a powerful and strong man invested with the spirit of God, as we read in the Bible: 'Then Samuel took a vial of oil and poured it on his head, and kissed him, and said, "Has not the Lord anointed you to be prince over his people Israel? And you shall reign over the people of the Lord and you will save them from the hand of their enemies round about"' (1Sam 10:1).

When Saul is consecrated he has all the talents that are needed for his ministry. Indeed in verse 6 he is given, in addition to the gifts of rule, also the gift of prophecy: 'Then the spirit of the Lord will come mightily upon you, and you shall prophecy with them and be turned into another man'. In verse 23 his physical strength is also emphasised: 'Then they ran and fetched his from there; and when he stood among the people, he was taller than any of the people from his shoulder upward'.

Saul is a man who has all the characteristics to establish himself as a leader. But despite this he has some defects which make him make mistakes and which cause his downfall. First of all, Saul shows that despite the appearances of great force, he is a man who is afraid and even suspicious. In chapter 10, verse 21 we are amazed when we read about his election. In defiance of fate Samuel went to the tribe of Benjamin and his family and tried to identify Saul the son of Kis: 'But when they sought him, he could not be found. So they inquired again of the Lord, "Did the man come hither?" and the Lord said, "Behold, he has hidden himself amongst the baggage"'.

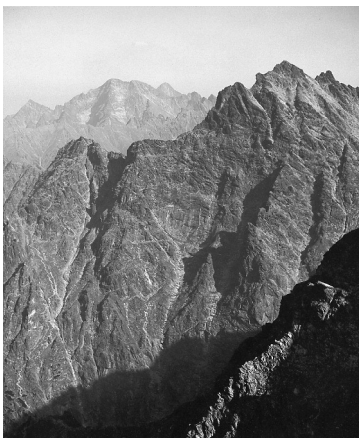
One has the impression that Saul is conscious of his power but that he is also diffident. This diffidence expands into suspicion, one of the dominant characteristics of his temperament. In chapter 18, when speaking about David, we are told: 'And the women sang to one another as they made merry, "Saul has slain his thousands, and David his ten thousands." And Saul was very angry, and this displeased him; he said, "They have ascribed to David ten thousands, and to me they have ascribed thousands; and what more can he have but the kingdom?"' He had taken a rhetorical song too seriously precisely because of his propensity to suspicion which closed him up in himself and made him rigid.

A second characteristic is that Saul, although he has power, charism, and the capacity to lead, deceives himself about his possibilities and become precipitous. He does not realise the conditions – which require patience – to which the kingdom of Israel is subject. In the episode narrated in chapter 12, when the entire people was afraid of the Philistines, Saul hurried to engage in a sacrifice to encourage the people. Given that Samuel was late in arriving Saul himself gave the order: '"Bring the burnt offering here to me, and the peace offerings." And he offered the burnt offering. As soon as he had finished offering the burnt offering, behold Samuel came; and Saul went out to meet him and to salute him. Samuel said, "what have you done?" And Saul said, "When I saw that the people were scattering from me, and

that you did not come within the days appointed, and that the Philistines were mustered at Micmash, I said, "Now the Philistines will come down upon me at Gilgal, and I have not entreated the favour of the Lord", so I forced myself and offered the burnt offering". And Samuel said to Saul, "You have done foolishly; you have not kept the commandment of the Lord your God, which he commanded you; for now the Lord would have established your kingdom over Israel for ever"' (vv. 9-13). Saul deceives himself into thinking that he can something that is not his responsibility; he has dreams greater than his prerogatives and in the end he is disbarred by those who had bestowed the anointing upon him.

Another characteristic typical of his temperament is melancholy and sadness. Many episodes bears witness to this. In 1Sam 16:14-15 we read: 'Now the Spirit of the Lord departed from Saul, and an evil spirit from the Lord tormented him. And Saul's servants said to him, "Behold now, an evil spirit from the Lord is tormenting you"'. So they looked for a man who was able to play the lyre and they took David to him who played the lyre and managed to comfort him. And in 1 Sam 18:10 an evil spirit took hold of Saul who 'raved within his house, while David was playing the lyre, as he did day by day. Saul had his spear in his hand; and Saul cast the spear, for he thought, "I will pin David to the wall."' But David evaded him twice.' The dramatic conflict with David begins here and it finishes only with the death of Saul. In Saul all his talents, his abilities, and his possibilities all come to nothing because of an erroneous style.

The figure of Barnabas: the right style. Acts 4:36-37 describes Barnabas: 'Thus Joseph, who was surnamed by the apostles Barnabas (which means, Son of encouragement), a Levite, a native of Cyprus, sold a field which belonged to him, and brought the money and laid it at the apostles' feet'. Barnabas is described as a generous man who takes the word of God seriously and thus for it and relation to it he measures his own life to the point of selling his field, which made him rich, without fear or worry. In addition to generosity, he has the characteristic of consolation and this means that he is worthy of the name 'son of encouragement'. Indeed, he is able to comfort and to open up prospects and horizons. He is not simply the man who rigidly pays in his own person by selling his field; he is the man who opens hearts and minds, as all of his work would later demonstrate.



We read, for example, in Acts 9:26-28, that Paul, after his conversion, 'attempted to join the disciples; and they were all afraid of him, for they did not believe that he was a disciple. But Barnabas took him, and brought him to the apostles, and declared to them how on the road he had seen the Lord, who spoke to him, and how at Damascus he had preached boldly in the name of Jesus'. Barnabas is the man who sows trust in the relations between the suspicious community of Jerusalem and Paul. He is the man who opens up paths in a difficult city, where there were still very few Christians, where persecution had just taken place and where people were living in fear.

And in Acts 11:21ss we read that Barnabas succeeds in his attempt to retrieve Paul for the ministry: 'When he came and saw the grace of God he was glad; and he exhorted them all to remain faithful to the Lord with steadfast purpose, for he was a good man, full of the Holy Spirit and of faith'. Barnabas knows how to perceive good even though it has not been done by him and knows how to encourage: 'So Barnabas went to Tarsus to look for Saul, and when he had found him he brought him to Antioch. For a whole year they met with the church, and taught a large company of people, and in Antioch for the first time the disciples were called Christians'. The greatest act of Barnabas was certainly that of discovering a new evangeliser – Paul of Tarsus.

A final passage is really special. We read in Acts 13:7ss that Barnabas, after understanding that Paul has greater talents than he does, puts himself at a secondary level. Barnabas had perceived that it was precisely the superiority of Paul, to which he gave greater value, that required Paul to assume responsibility for the mission, and thus it was that he followed him.

We know that the talents of Barnabas did not impede him from making mistakes both in his argument with Paul about the second mission and in his opposition to Paul over the question of sitting at the same table as converts from paganism. However, he remains one of the most encouraging and most open figures of the first Christian communities.

To sum up, we may repeat the four points:

– the style of Barnabas is encouraging. Today people, the apostolate, ask for hope from us, ask for understanding, comfort, consolation;

– Barnabas knows how to see good and everything in terms of its possibilities, its positive forces. He has a great vision of faith in the victory of Christ.

– Barnabas knows how to appreciate other people, all people, all the forces that work within the community;

– Barnabas knows how to take a step back in relation to Paul. This is the approach of one who lives by recognising the primacy of the Word and the grace of God and thus tries to heal all divergences between people who are called to service.

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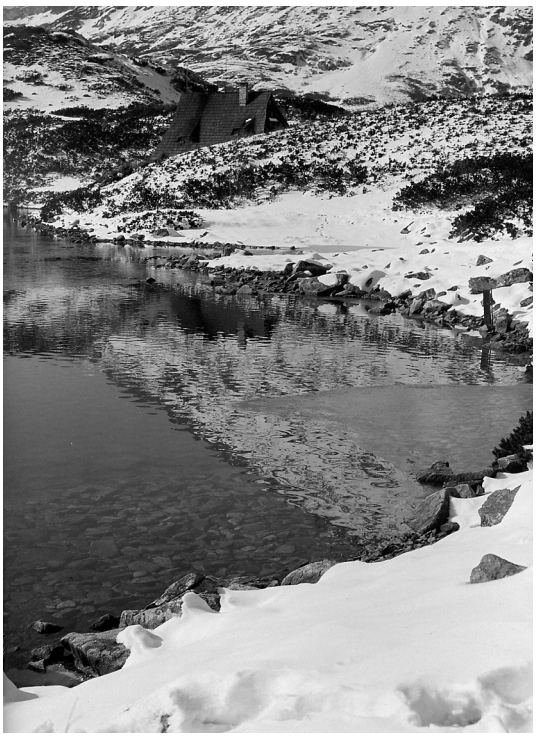
Testimonies



Witnesses to Love in Pain

Health Care and Utopia

Gynaecologists and Obstetricians Called to Service to Life

The Anchor of Life

The Journey of the Office for Pastoral Care in Health of the Archdiocese of Bari-Bitonto under the banner of creativity

Pastoral Care in Health in Poland

Witnesses to Love in Pain

PAPER GIVEN BY H.E. MSGR. JOSÉ L. REDRADO, OH TO THE SEVENTH CONGRESS OF THE AFR (ASSOCIATION OF THE FATEBENEFRATELLI FOR RESEARCH) BRESCIA, 14 SEPTEMBER 2006.

'Suffering is… a great human symbol that bears within it opposites: silence and the word of God, the misery and the splendour of man, the darkest absurdity and the most luminous meaning, blasphemy and praise. It is, therefore the great risk run by us all, sooner or latter, involving us and overwhelming us'.[1]

'One day suffering, the inevitable guest of humanity, arrives without advance warning, enters our lives without asking our permission, settles down in our homes, becomes the obligatory companion of our journeys… Its molesting presence breaks the daily routine of our lives… Suffering contextualises our apparent securities. It breaks our integrity, crumbles the foundations on which we base the development of our lives, renders our plans vain… Suffering, and the point must be made, laughs at our masks, our forms of pride, our exterior experiences, our qualifications or public positions… It is like a black star in the firmaments our of our lives. More than a problem, it is a mystery. The problem is a difficulty that can be solved and from which we can free ourselves. Mystery is a part of human reality and we mature becoming aware of it… Suffering is a river of questions, of cries. There are many moments of loneliness, nights without sleep, a series of nights without meaning, feelings of powerlessness, questions searching for a meaning that return without answers to our wounded hearts… To give space to the wounded… to give space to pain, means to give space to love'.[2]

1. Pain: a Place of Evangelisation

The Gospel: Good News, God loves me, God saves me. But how can the Gospel be Good News for the man who suffers, for the man who does not have a home or work, for the man who, because of an accident, has had his leg amputated? How can the Gospel be Good News for a child who begins his life with an illness or whose mother has breast cancer? Or for those people who are constantly in clinics and are subjected to an infinity of trials, and who pose major questions about their health without knowing what is happening to them? And lastly, how can the Gospel be Good News in a home where there is an AIDS patient, or an invalid or a drug addict? It is not easy to give an answer to so many questions.

A society that breathlessly looks for prosperity, possession, being young and beautiful, a society that misuses drugs and cosmetics, to appear, only for the physical image… a society of hurry and haste, of 'unavoidable' appointments, of stress, of thinking that one is important, and of having to do many things, is not ready for difficulty, illness, suffering and death. Illness is a misfortune that can happen, but it is better not to think about it, and thus suddenly when it arrives, everything collapses.

Without doubt we must preach that the Good News of Jesus passes by way of the cross, pain and suffering. The cross is not a 'piece of wood', but the imitation of the cross, being a witness, being patient and persevering; it is to go against the trend in obedience to the commandments of God: incomprehension and marginalisation are the cross, physical malady is the cross: catastrophes, illnesses, death, the consequences of our finitude, and also the moral evil provoked by our behaviour – wars, oppression, the consequence of the bad use that we make of our freedom.

God does not want this cross and this pain for us. He is not a sadist who wounds man. God does not want us to suffer; God is our Father, He is full of love, mercy and forgiveness and He cannot send us illness. And yet man suffers, and he suffers a great deal!

I have witnessed many pained faces, faces of suffering. Faces of hunger, of poverty and of unemployment, faces of peoples at war, terrorised faces, faces without an identity, anonymous faces, faces of desolate mothers, of marginalised women, faces of exploited children, faces of sick people (people with cancer, with AIDS…), and the faces of the dying.

Suffering, enigma, mystery and in the face of mystery, silence, admiration; we do not have the data to formulate an opinion; 'now' we see things in a confused way, 'then' we will see them in the face (1 Cor 13:12).

Can we free ourselves from suffering? However much knowledge we have and however much love we may have for those who suffer, usually we are only able to alleviate suffering or at the most to eliminate it in part.

Man, therefore, must give meaning to suffering; he must know why he suffers and how he should suffer so that this reality, life, has a meaning. A key by which to manage to do this is love and resurrection. The cross – suffering – without love has no meaning. Easter Friday without Easter Sunday has no meaning; just as Sunday without Friday has no meaning.

In the phrase 'cross-pain-suffering' many concepts are involved; we cannot confine ourselves to the materiality of words. I do not believe that the Fathers of the Church, when

they speak about the cross, the liturgy or messages of the Church, have in mind that this cross is only pain and Easter Friday – they also believe that it is also and above all else a place of love and a pathway towards resurrection.

The paschal mystery is cross and resurrection; it is Friday and Sunday. At many moments of life, however, man experiences one more than the other, at times more Fridays than Sundays. But they do not exist without each other. Both of them were present in Christ and thus when he was put on the cross it was not the suffering, the nails, the lashes, the cross, to speak materially, that saved us but his love. A God who loves us infinitely and who, mysteriously, chooses a pathway that at first sight surprises us and which we do not understand, which seems to us to be a mystery. And joined to this paschal mystery of Christ the Christian suffers with, dies with and rises again with, thereby giving meaning to his own cross and suffering because he suffers, dies and rises again with Christ.

This ideal is not always easy but on the pathway of suffering we meet people who are very much ready to help and they know how to integrate illness, death and suffering; they show that they possess great interiority and they are at ease with themselves and other people.

The writings and the examples of witness presented as an example and a model during this paper are many in number and significant. However when suffering is experienced in a negative way, with constant rebellion or passively, as something that 'has' to happen, then life loses meaning and value.

Research, hope, love and the capacity to give meaning to our sufferings are the strategy that is available to us and which make us share in a process of transformation and interior growth. We find this is many experiences – how love, solidarity, trust and openness to great values grow! But during many moments of suffering there are also anger, depression and tiredness. For this reason it is necessary to transform this experience of fragility into a space that provides perspective, horizon and full meaning to life.

This space is the love that illuminates, vivifies and gives meaning to human suffering. Accepted in this way, with faith and love, suffering is transfigured, is transformed, and to such an extent that in it we can reach the joy and the action of grace. One can also praise God with tears in one's eyes and suffering in one's body or one's spirit: 'those who sow in tears reap with shouts of joy' (Ps 125).

'We have this treasure in earthen vessels, to show that the transcendent power belongs to God and not to us' (2 Cor 4: 7-15). Paul, too, turned to the Lord to free him and to distance him from suffering. But the Lord said to him: 'My grace is sufficient for you, for my power is made perfect in weakness' (2 Cor 12: 9). Your strength is in the hands of the Lord: 'you have struggled on earth: I will be your reward' (Antiphony of the Office of Readings, common of one or two martyrs).

In the light of these 'explanatory' phrases about the meaning of suffering, we will be able to better understand the texts of Holy Scripture, the messages of the Church and the examples of witness referred to below.

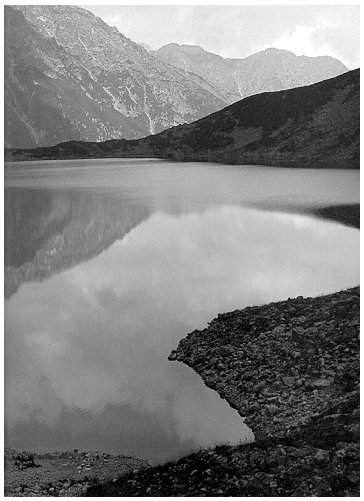
2. Preaching and Reality in Christ

The cross talks to us about love and forgiveness. In the 'madness' of the cross there is the victory of love that Christ when dying showed to us.

In the life of Christ, the cross and suffering are realities that are always present. His teaching is marked by an invitation to live a clear approach towards pain: 'If any man would come after me, let him deny himself and take up his cross daily and follow me' (Lk 9:23).

– Christ not only invites his disciples to 'take up their cross' but tells them that he himself must suffer and die for us, for our supreme good (cf. Lk 9: 44); 'the Son of Man must suffer many things, and be rejected' (Lk 9:22). This suffering of his opened the doors of the kingdom of Heaven to us. Good News: doors that open, in this life, with the sole key of our personal acceptance of the cross, that is to say of pain. Jesus proclaims this with the example of the grain of wheat that falls to the ground and dies in order to produce fruit' (cf. Jn 12,24).

– Christ reveals himself with great clarity in this sense to his apostles, and to the point that when Peter demonstrates his disagreement after hearing that the Teacher must die and rise again, Christ answers him: 'Get behind me, Satan! You are a hindrance to me; for you are not on the side of God, but of men' (Mt 16:23). In this statement of Christ we thus see the need to take into account the link that exists, in the light of the Gospel, between suffering and happiness, between death and life; and whereas it is often the case that man can do nothing to avoid pain, illness and death, Christ declares that we can live in them an experience of peace and profound life because of his cross.



Christ not only proclaimed the redemptive value of suffering but also experienced it to the extremes of his passion, crucifixion and death, accompanied by the moral anxiety of Gethsemane: 'My soul is very sorrowful, even to death' (Mk 14:34). And true and authentic

evangelisation is rooted in this suffering: 'walk in love, as Christ loved us and gave himself up for us, a fragrant offering and sacrifice to God' (Eph 5:2). This is the good news for mankind!

Naturally, the sacrifice of Christ cannot be understood unless is to linked to the love of the Father for us: 'God in fact so loved the world that He gave his only Son, that whoever believes in him should not perish but have eternal life' (Jn 3:16). 'He who did not spare his own son but have him up for us al, will he not also give us all things with him?' (Rom 8:32) 'He still had one other, a beloved son; finally he sent him to them saying, "They will respect my son"' (Mk 12:6).

Christ teaches us the perfect way of living pain:

With generosity: 'Greater love has no man than this, that a man lay down his life for his friends' (Jn 15:13). In essential terms the reason for this is as follows: extreme love leads to total self-giving; his divine love leads Christ to crucifixion and death, for all men.

With humility: 'he humbled himself and became obedient unto death' (Phil 2:8).

3. Pain, Suffering and the Evangelisation of the Apostles

Indeed, under the guidance of the Holy Spirit, the mission outside Jewish territory began with the persecution of the Jews in Jerusalem (acts 8) even though the risen Jesus had told them: 'you shall receive power when the Holy Spirit has come upon you; and you shall be my witnesses in Jerusalem and all Judea and Samaria and to the end of the earth' (Acts 1:8). And at this point Luke narrates the conversion of Saul (Paul) and from this moment the mission to the pagans began to the full. Like Jesus, the apostles, too, used events of healing to proclaim the Gospel.

The history of the apostles and in particular the history of Paul is intrinsic with pain and suffering, as is demonstrated by the Acts of the Apostles and the letters of Paul. A summary of the life of Paul can be outlined in the following way:

'But we have this treasure in earthen vessels, to show that the transcendent power belongs to God and not to us. We are afflicted in every way, but not crushed; perplexed, but not driven to despair; persecuted, but not forsaken; struck down, but not destroyed; always carrying in the body the death of Jesus, so that the life of Jesus may also be manifested in our bodies. For while we live we are always being given up to death for Jesus' sake, so that the life of Jesus may be manifested in our mortal flesh, so death is at work in us, but life in you' (2 Cor 4: 7-12).

The trajectory of total generosity in pain, opened by the blood of Christ, after the apostles understood this thanks to

Pentecost, became a pathway of light for the emerging Church. Thus it is that the apostle Paul exclaims: 'Now I rejoice in my sufferings for your sake, and in my flesh I complete what is lacking in Christ's afflictions for the sake of hi body, that is, the church' (Col 1: 24); 'always carrying in the body the death of Jesus, so that the life of Jesus may also be manifested in our bodies' (2 Cor 4:10).

This spirit spread through the disciples like a fire that would later thread its way through the centuries of heroic survival and expansion of the Church in the Greco-Roman world.

4. In Martyrs

'The blood of martyrs is the seed of Christians' (Tertullian, *Apologeticus*, 50: PL 1, 534). During the first centuries of Christianity, the tandems 'pain-glory' and 'death-glory' were present with an immense vital force amongst the believers who, subject to persecutions, lived every day in the danger of being tried or martyred because of their faith; but their faith comforted them and the Gospel, through their blood and their pain, gradually penetrated not only the pathways and the culture of the Roman Empire but also the hearts of men, witnesses to great pain experienced with love in the same faith: 'and if children then heirs, heirs of God and fellow heirs with Christ, provided we suffer with him in order that we may also be glorified with him' (Rom 8:17). The Christians of the first centuries conserved the freshness of the words of the Teacher which led them to embrace every new experience with a new spirit.

5. Sending Out the Original Call Today

Like the first evangelisation, the new evangelisation also passes by way of suffering given that this experience is common to all men and was the way that God chose redemption for us. Pope John Paul II clearly observed that 'evangelisation would not be authentic if it did not follow the footsteps of Christ who was sent to evangelise the poor'.[3] For this reason the Church trusts in the value of the suffering of every Christian for the salvation of the world: 'the Gospel of suffering… speaks unceasingly with the words of this strange paradox: the springs of divine power gush forth precisely in the midst of human weakness. Those who share in the sufferings of Christ preserve in their own sufferings a very special *particle of the* infi*nite treasure* of the world's Redemption, and can share this treasure with others'.[4]

The new evangelisation must proclaim to us that 'the poor are always with us', that illness is not an evil, and that the cross is a sign of salvation. Not only must the new evangelisation say this but it must also bear witness to us. It must not only speak about suffering but also *experience it, take it upon itself*, that is to say suffer.

6. Examples of Witness[5]

Pain, illness, and suffering are observation posts, schools, universities, opportunities for a new approach to life and at times also for authentic conversion and for the apostolate. To demonstrate this statement I will now refer to two groups of examples of witness: one made up of saints who changed their lives in coming into contact with pain; the other composed of people of all situations in life.

a) Saints

Some saints lived out the experience of illness in their own bodies; for others – the majority – this experience acted to redirect their lives, their vocation, and they experienced illness by being in contact with people who suffered.

Belonging to the first category, we encounter St. Ignatius of Loyola who, when recovering from a wound, found God and offered Him his life. Belonging to the second category, we find two great paladins of charity: St. John of God and Camillo de Lellis. Both had negative experiences in hospital because of the way in which patients were treated. This experience led them to found religious institutes which would be an expression of a more human and charitable treatment of sick people.

b) My experience as a chaplain of a paediatric hospital

The most surprising thing, the thing that is of the greatest riches in the experience of evangelisation is life, the surprise of living every day by asking oneself about the life of those children who, just after being born, are threatened by suffering and illness. The surprise is to see many mothers –many families – at the foot of the cross of their children in pain.

How much tenacity, how much strength, how much pain, how many questions, and how much mystery! Our religious service is not an organisation and it is not a cold and chronometric presence. It is, rather, a life, a sign, We see this in many things relatives do. Allow me to refer to only some by examples way of a recollection:

– 'Many thanks Elvira, you have helped me a great deal': this was the sentence of a mother to a visitor after the funeral of her baby daughter.

– I remember the worry of a young couple because of the illness of their baby boy who died at the age of three months: how much time they spent in the chapel between hope and discouragement!

– And the mother of Jordi: how much love and hope did she bestow upon her baby boy!

– How many families wait for us to visit them, and they often say to us: we were expecting you!

– And that father, Paco, who was desperate about his son who had spina bifida and did not believe in anything and said that he had lost his faith… We encouraged him to move out of his darkness, his sadness, and after a few days we saw more light and more serenity in that room, and that couple at the side of their child.

– And what should I say about Alice, aged twelve, and John, aged 8, and Gemma, aged nine and sick with leukaemia, and José Manuel, aged six, and Maria, aged three?

– Miguel Angel is aged seven and has a malign tumour. His is a desperate case. The child is ill, he feels that he is ill, and with the conscience of an adult he says quite frequently through his weeping: "Mummy, mummy, kill me, let me die". We speak to the parents, we try to be very near to them, to encourage them, but we do not have enough time for a conversation without interruptions. Everything has been broken. The situation is so difficult; there is so much worry!

– Here is an observation made by a father: "In my work I feel far off and I do not trust my colleagues. I have always thought that there was a lot of wickedness amongst people but after so many days of hospital I have discovered that there are very good people who dedicate themselves to those who suffer, I have discovered this human value in health care workers, in voluntary workers, and in religious service. I am happy despite the fact that my child is still sick. The hospital has been a surprise!"

– And another father: "We parents demoralised and frightened by the incurable illness of our daughter are consoled only by the words of the priest who celebrated the baptism and the funeral of our daughter".

– Allow me to tell you about the witness of a girl aged eight who had an accident together with her cousin and whom we

visited with a certain assiduousness. After being discharged one day she came to visit us in hospital and amongst the various things that she brought with her was the following letter: "Dear St. John of God, my granny offers you this bunch of flowers because you healed me and my cousin. Heal all the children in this hospital. Help Jolanda and Gustavo, Raffa, etc. to get better as you did with me. My granny has sent you this bunch of flowers for you to heal the other children. I want you to give a lesson to those cooks who produce very bad food which the children in the hospital do not like at all. I leave you my crutches because I no longer need them because you healed me. I am leaving them for you so that if some other child needs them he can use them but I ask you to make sure that nobody in the world has to use them. Because I believe that people don't have to die and suffer because if these things did not exist the whole world would live happily. I tell you this will all my affection, Isabel Maria".

c) A river of witness (Fellini, Carreras, Paul Claudel, Mounier and many other stories of suffering people)

Here below I refer to significant examples of witness that concern people of our days, famous representatives of the world of the contemporary arts who had to go through an experience of pain. I may refer to the *famous film director Federico Fellini and the tenor José Carreras*.

I will reproduce here first of all the declarations of Federico Fellini to the Barcelonan newspaper *La Vanguardia* on 29 August 1993 when he had been admitted to a nursing home in Rimini:

"I have discovered that a hospital is a wonderful way to think about one's own projects and one's life". The interview continued as follows:

– Now, for you, what is fear?

– First of all I will tell you that I was afraid.

– Did you pray at that time?

– Yes, I prayed.

– What is prayer?

– An extremely rational and intelligent way of laying down the heaviest burdens of life and entrusting someone with the weight of worries and doubts.

– Did you think about God?

– How would it be possible to live without thinking about Him?

On another occasion the same newspaper printed the declarations of the tenor *José Carreras*: "As a result of my illness I learnt to appreciate the religious experience, a certain mysticism, a certain kind of reflection and this was one of the positive experiences that I have from that situation… I matured more as a man because of that episode in my life and I see things in a deeper way".

Paul Claudel and Emmanuel Mounier left us the following very beautiful examples of witness in relation to suffering:[6] 'God did not come to eliminate suffering, or even to offer an explanation for it. He came to fill it with his presence', says Paul Claudel. And he adds: 'pain is a presence, thus it requires our presence: a hand holds ours and keeps us together'.

And Mounier, at the time of the illness of his daughter Françoise, wrote to his daughter: 'we must not see this illness as though it were something that we give in order not to lose the merit – the grace – of this 'little Christ amongst us'… I do not want us to lose these days by forgetting that they are days full of unknown grace'.

There are many examples and forms of witness that have been experienced and written about; they are expressions of life turned into journeying and experience.

From many examples I would like to emphasise *Testimonios de enfermos* which was presented to Pope John Paul II at Seville at the time of the International Eucharistic Congress (3-7 June 1993). This is a work produced by the National Department for Pastoral Care in Health of Spain. It is a book with very many questions, experiences, and transformed lives. A book full of life in suffering.

Here is further strong witness to suffering and love. It begins as follows: 'We parents of Alice touched with our hands a very strong experience of suffering and love; we met children who got through and others who were not able to slay the 'great dragon'. We dedicate this letter to all those who do not stop at merely shedding a tear but want to go beyond and we hope that this experience of ours can help other parents who like us have lived through or are living through this painful journey.

Alice, you were the first to accept with courage every difficulty of this journey of ours; indeed, often you reassured us by telling us: "mummy, if it has to be done, let's do it!" and with those words you immediately gave us a great deal of energy in order to go on fighting.

Only a few times, when dismay afflicted you, did you say: "I am tired of being a good girl", but then you accepted every situation with your usual tenacity. Your optimism and enthusiasm as regards life were very valuable for us and gave us the strength to go on. Your great passions were your school, your friends and dancing, what you most wished to do was to go back to living and dreaming with those who loved you so much, with a pure, simple and unconditioned love. To them a special thanks.

When you were most burdened by your illness we rediscovered a poem that we said out aloud together because you liked it so much: 'one day cuddly was playing hide and seek and nobody looked for him and he fell asleep'.

We now like to believe, as Jesus said: if the grain of corn that falls to the ground does not die it remains alone; if instead it dies it produces much fruit (Jn 12:24).

And you our small daughter, with only eleven years of fruit you have already borne a great

deal because Jesus was always in your heart. You were a great example of life for all of us; you made so many people discover the joy of prayer; you made us understand that true things come from within and you lit in so many hearts the flame of solidarity!

For this reason we want to thank all the people who were near to us in prayer, with simple but great actions of daily life, with smiles and words of comfort that reduced our pain. Thanks to all those who like us believe that hope needs the contribution of each individual person so that suffering may create a new light in people's hearts.

Thank you Alice for you wish to smile, to live and to love.

Mummy and Daddy'

Witnesses to the Cross and Joy.[7] This is the title of a book in Italian. It is a spiritual journey engaged in by a group of cancer patients, men and women who, with their lives full of suffering because of their illness, but full of great love, transmit to us an authentic and valuable message.

Illness is also a place of encounter for Manuel Lozano Garrido, for Jaime, for Juana, for Rev. Ildebrando Gregori and for many others – innumerable histories full of life:

– *Manuel Lozano Garrido*, 'Lolo, a journalist and an invalid, when the Church proclaims him a saint will be a saint of our times, the victim of an illness contracted during his youth which made him infirm for the whole of his life. As a journalist he 'saw the footsteps of God in computer writers' and he left this life in the scent of holiness. Although he was blind, he did not interrupt his work as a journalist and a writer, even during the worst moments of his illness or during his days of greatest pain. He founded and directed a review for patients who offered up their illness for journalists, for newspapers, and for information. One day we will see a journalist, a sick man, a model of the apostolate, on the altars'.[8]

– *Jaime*, an invalid, offers us his witness: 'I, too, believe that God loves me. He loves me also in my suffering and my invalid state. I lived a strong experience of God that transformed my life and made me live for Him, not only in my physical invalid state, where God came to meet me, but also in my dedication to other people and I want to be a reflection of the love of God that I myself have experienced'.[9]

– Julia, also an invalid, tells us about her experience: 'I worked in a hospital until the age of twenty-two when a tumour of the spine left me immobilised on a wheel chair. Until that time I had seen pain as a punishment, instead, little by little, during the course of this illness I believe that I met God and since then, since I have had faith, pain, for me, has constituted an authentic liberation'.[10]

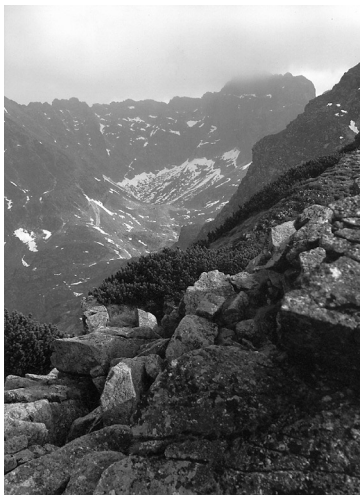
– Rev Ildebrando Gregori, the founder of the *Suore Riparatrici del Santo Volto di N.S.G.C.*, had an immense priority which he often repeated, that of 'drying tears and I dried a great deal'.[11] For him, to serve Christ in man meant to serve him in extreme suffering, the synthesis and compendium of all physical, moral and spiritual suffering.

d) The experience of my dual illness

The first arrived in June 1995; the second ten years later, in March 2005.

• *The first experience: June 1995*[12]

Never during my fifty-nine years of life had I ever had experience of illness – only small things. But suddenly I felt that my body *was telling me* that something was wrong. Such, indeed was the case. After examinations the diagnosis was clear: ulcerotomy, and selective vagotomy. Everything happened in the form of an emergency: I was admitted to hospital. My *via crucis* began, not because of the pain in my body which I did not feel, but because of the 'annoyance' caused by a whole series of medical tests that were never ending. I asked myself very many questions about two realities: illness and work. I felt the support of the technician, I was in 'good hands'; I felt the nearness of many people, and to such an extent that my experience bears the title 'I never felt so accompanied'. My illness was an opportunity for a new relationship with God, as a religious and a priest I can say that I saw God from closer to hand through very many small things.



My illness helped me to give greater value to health – mine and that of other people; I believe that I gained in sensitivity, that I learnt to trust God more and to contextualise many things that appear to be important but which in fact are not. I saw, especially in the acutest moments of the illness, that prayer is not easy, especially ritual prayer, the prayer of every day. The prayer of the rosary was difficult for me, I did not feel that it was my prayer, during that period that I was going through.

My prayer when I was in bed, to begin with, and then in the small chapel of the community afterwards, was for the most part made up of invocations: Lord, my your will be done, but give the strength to follow it. I often invoked the Lord with this cry.

I remember that one day, after the second relapse, I prayed to the Lord with Psalm 136: 'How shall we sing the Lord's song in a foreign land?' And I said to myself: that's true, it is difficult and I applied it to myself because the for-

eign land at that moment was my illness, my doubts; the foreign land was not being able to lead a normal life; the foreign land was so many medical tests, so many analyses, and so many injections.

In the same way I identified with the cry of the psalmist: 'Lord my God, I cried to thee for hlp, and thou hast healed me' (Psalm 29).

Another strong moment of prayer was the feast of St. Peter and St. Paul; I felt their joy, courage and apostolic strength near to me: 'I know who I trusted, I fought my battle well, I ran to the end, I kept the faith… the grace of God is always with me' (Antiphony of Praises). 'My Lord is my strength and my power, he was my salvation' (Antiphony 2a. Praises, I week). 'Humble yourselves therefore under the mighty hand of God, that in due time he may exalt you' (1 Pt 5, 6-7).

At the end of everything this is what is left to you, this is the substance of life. During those days the sheet of the Office of the Reading of the 71 Blesseds of the Order fell into my hands – martyrs to hospitality during the Spanish Civil War, and I felt a thrill go through me when I read some of the texts; I saw in those martyrs generosity, love for the sick, faith in God, strength on difficult moments, and I said to myself: come on! And I saw that it was true, that human and Christian life grow and mature with suffering. I would like to conclude here by bearing witness to another experience undergone during my illness. I felt the prayer of other people near to me as never before; very many people told me that they were praying for me and I really felt this 'push', this force, and I thought to myself: if men are near to you, how can God not be as well?

• *The second experience: March 2005*

I published this in edition n. 60 of the review *Dolentium Hominum* under the following title: 'I Have Recovered my Body that was 'Lost' because of Illness'. This was my cry, on Easter Tuesday, 22 March 2005. After the process of illness – I had contracted malaria – I rediscovered my body, I felt it again after a month when I felt that I had lost it. Better, I had found it again. In these pages I will tell you about my experience.

Ten years ago

It was the year 1995. After a journey in India I began to feel unwell; my body was not in a good condition; I felt that something was happening to me – 'duodenal ulcer' was the diagnosis that was made. After an emergency operation, I underwent intensive care. I spent many days in hospital and underwent a large number of tests until the phrase was spoken: 'you are cured'. Although they give you a lot of advice you go back to your normal life as though nothing had happened. And you go on because your body has been 'taken care of'. And because you do not feel anything, you believe that everything is going well until, once again – after a period of ten years – once again your body does not function, and something happens to you.

What is happening to me?

Even though I had been on a thousand trips to Africa, without ever taking any precautionary steps, nothing had happened to me. This time, however, after the celebration of the World Day of the Sick, that is to say 11 February, I returned from Cameroon with malaria. The first steps that were taken were not the right ones. I thought that I had influenza, which was 'making the rounds' at the time, until, in the end, I decided to go to the emergency department where I began to have test after test until they told me that I had to be admitted to hospital because, from what I had been able to read from the numerous papers about me, I had contracted *Malaria da Plasmidium Falciparum*.

I then began very intensive treatment, first in the resuscitation unit, where I spent a whole week, and then in the department of medicine, where I spent a further number of days.

The itinerary of my illness

For the whole of Lent and Holy Week I underwent medical tests and received nursing care. As the Pope said in those days, I was 'sick amongst the sick', followed, 'watched over', so that nothing escaped attention.

The first stage – resuscitation. During the first moments

of the illness I was almost unaware of what was going on, and this was so much the case that I asked myself: am I in such a bad state that they are 'forbidding' me to receive visits, telephone calls, and so forth? They told me that I sweated a great deal. I think this is true because once I had been discharged I found a very large number of pyjamas. So many changes, so many checks, and so many medical tests, now this, now that, and then having 'to obey' because the situation was grave. My body translated this without any strength, without wanting to do anything. It was no longer my body, it was very tired, it needed everything, and it belonged to other people, to the medical doctors, to the nurses…

Although I did not feel physical pain I could not do anything on my own; I did not have any strength and I was totally dependent on other people, I was dependent on them even to have food put in my mouth. I had been so strong and so autonomous and now I was so dependent. I was no longer the same person.

Then my body reacted, the results of technology, medication, the tests…they soon provided positive results, which, indeed, I felt in my body, and my body, although it needed to be supported, began to react, to regain its strength.

The second stage. They discharged me from the resuscitation unit and I was the transferred to the *department of medicine*. This was then followed by nursing care in the orthopaedics section on the fourth floor of the hospital. I was hospitalised in that place perhaps in order to be near the home of my community and to be near my home.

Here they followed me meticulously and rigorously; everything was recorded and noted down. With the passing of time, I began to notice a very major improvement. They began to take the tubes out of my body and to cease the probes…; then I managed to get out of bed, even though I was still being helped, and then, almost like a miracle, I felt strong and I no longer needed other people's help in order to get out of bed and to deal with my body – this was a liberation. My body told me this and it was confirmed by other signs – my complexion, my voice, and the lower levels of tiredness that I felt. My body began once again to be my body. The words of my medical doctor, however, were 'don't run', and I was told the same by other friendly voices. I had to take things slowly and to recover my lost strength.

Having arrived at this point, after being discharged, I went on to the *third stage*, which saw me in my community, in my home, but always rigorously following the indications of my medical doctor, and I went on being, so to speak, 'controlled'. I somewhat delayed matters in restarting my normal life. But the battle against malaria had been won and for this I give thanks to God, to the medical doctors, and to the nurses.

The experience of my illness

In the previous section – 'The Itinerary of my Illness' – I described a part of my experience, the first steps that were taken, what I felt through my body. It felt as though my body was another body, a different body, a sick body.

The encounter between the technical and humanity. When passing through our hospital which is located on the island in the Tiber in Rome, as a sick person I realised the importance of technical knowledge and know-how: how much technology, how much science, are placed at the service of sick people – a veritable bombardment. This was one of the realities that I was able to 'touch with my own hand'. And if this is a reality which provides you with a feeling of security, I should also say the same about the people that I met in the different services and who were for me the best medicine there was. At the same times as their technical expertise and training, I was also able to appreciate their professional responsibility, their welcoming attitude and their cordiality, their respect for the individual, the humanisation of their care, and their readiness to help.

My Easter of 2005. I, too, 'sick amongst the sick', to employ the phrase of the Pope, experienced Easter without being a 'protagonist', without being a celebrant or a concelebrant. For the first time, I experienced both Lent, Holy Week and the first days of Easter, with my illness as my starting point, with only a few presences, the less tiring ones that is to say, in the celebrations. I experienced them, however, with serenity and peace, asking the Lord to come to my aid, because my heart was beating more than usual and I lacked strength (Psalms 21 and 37). I cried out to the Lord and he cured me (Psalm 29). My Good Friday was transformed into Easter Sunday. I was not able to take part in the Easter vigil but I celebrated the Eucharist with the sick on the evening of Easter Sunday. I wanted to proclaim that Christ was risen, and it was true; I myself noticed this in my own body, which had improved. The Church, joyful at the triumph of Christ, sang out full of joy: 'Brightly shines the Sun of Easter, the Earth is full of joy…the Lord has risen'. Rise again with the One who rose again, run, turn it into an experience! He is alive. He has risen again. This paschal reality coincided with my rapid cure, with the statement, which was repeated many times by my medical doctors, that the results were positive. These were statements of life, of resurrection, and I noticed this in my body, which, indeed, was increasingly becoming my own.

*In illness you discover other values***.** In my letter expressing my gratitude, which was sent to the management of the hospital, I said that my illness had been 'beneficial' for me because it had helped me to reflect and had been an opportunity to apply the brakes to my

agitated and 'stressed' life. And also because it had been a moment of friendship and a moment to realise that around us there are many good people. New people are discovered in a hospital, in one's own community, in one's working life. During my illness I was accompanied by the Superiors of the Hospital Order to which I belong. The three communities of the island on the Tiber, the service of pastoral care, the Superiors and my companions at the Pontifical Council for Health Pastoral Care in the Vatican, were all very near to me; many religious communities and members of the lay faithful who prayed for me were also very near to me. I felt near to me a river of prayers, a great deal of solidarity, a large number of friends – all of them were medicine for my body and for my spirit. They helped me to overcome my illness with peace and serenity.

Pain and illness give rise to prayers; they are a time for the raising of supplications to the Lord. As I have already said, I felt that many people were praying for my recovery. I prayed as well, as, indeed, one prays when one's body is 'broken'. Every day, during prayer, an infinity of faces and of institutions passed through my mind. I did this again in a special way the first day that I began to reintegrate myself into my work, on 4 April, by offering the Eucharist as an action of grace for my recovery and for all those people who had contributed to that recovery: the medical doctors, the nurses, the community, my family and the friends who had all been near to me with knowledge, solidarity and friendship. I prayed for all of them.

Therapy through reading and music. I love reading. By the end of the year I had read about fifty books, both long and short in length. Reading is as necessary as food. St. Bernard said that 'a good book teaches you what you have to do, it instructs you on what you must avoid and shows you the goal to which you should aspire'.

Once the first 'torment' of the illness had finished and I had recovered my strength, I began, in a very gradual way, to engage in light reading: reviews offering information; the last two documents of the Pope addressed to priests and to those responsible for social communications; the reflections of Msgr. Ravesi on Holy Week, with texts by Bernanos, Claudel, Unamuno, and Turoldo...; and the letter of the Pope to Paolo Mosca; 'Memory and Identity'. This was because 'I had nothing to do' and the only thing I had to do was to look after my health. This was a 'privileged' opportunity to read and also to listen to good music. I went through the great masters of music once again: Mozart, Beethoven, Bach, Vivaldi. Choirs and organs. Russian folk songs, music for meditation and relaxation. Gregorian chants, classical pieces for Holy Week and Easter ('Mandatum novum'; 'Ubi caritas'; 'Exultet'; the 'Messiah', the Halleluiah of Händel...). How much this music helped to 'distract me', to give me serenity, to raise my spirit, and to heal me! How much good music heals! It is good medicine.

'The Lord is my strength and my power, he has been my salvation!' During the most critical and difficult period of illness, a great powerlessness is experienced not only in one's body but in the whole of one's person. One does not want to do anything, not even to pray 'officially'. A book falls from one's hands. Neither one's spirit nor one's mind reacts to the large number of psalms, readings and prayers. And a weak and simple prayer is raised up, helped by brief thoughts from Holy Scripture and at times also by sentences from the saints.

I remember that in my hospital room, when I had begun to read a little once again, until, that is, my eyes clouded over, I went to get a book containing the Confessions of St. Augustine. That 'late I loved you' or 'you made us for you and our heart will not be at peace until it rests in you' seemed to me to be 'vibrant' and appropriate. And then St. Augustine once again: 'why are you troubled. He who made you is looking after you'.

Later, in the complete works of St. Teresa d'Avila, I greedily sought that '*Nulla ti turbi*, that is to say poem n. 30 in which the saint invites us to raise our thoughts and to aspire to heaven.

I was passing a good, positive, reflective time of prayer, and I slowly went over, on a number of occasions, the following poem of the great Teresa:

Nothing troubles you,
Nothing frightens you,
Everything passes,
God does not change,
Patience
Obtains everything;
He who has God
Lacks nothing:
God alone is enough.

For me, during those moments, this poem was spiritual medicine.

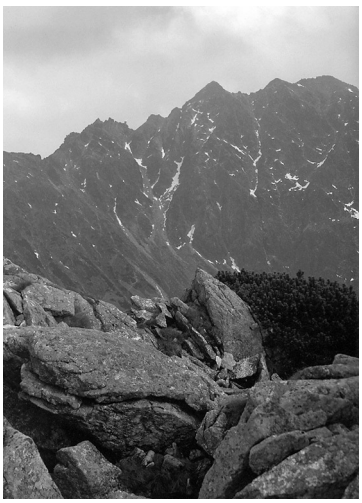
Although it is true that I trusted a great deal to medicine and to people of knowledge, and that I 'held onto' them, so to speak, in order to escape the illness as soon as possible, it is equally true that I experienced the presence of God within my own person through a very large number of 'mediations', the very many people that I came into contact with during those days of my life who encouraged me and gave me their advice. Such 'mediations', such short texts from Holy Scripture and from other authors, were medicine for me, because they gave me strength, hope, and the desire to walk.

I cannot but quote here a thought of Teilhard de Chardin which I 'chewed the cud' over many times. That thought says:

Do not be troubled at the difficulties of life,
At its ups and downs, its disappointments,
At its varyingly dark future.
WISH FOR WHAT GOD WANTS.
Live happy. I beseech you. Live in peace.

Let nothing disturb you.
Let there be born, and always conserve on your face,
A sweet smile, a reflection of the smile the Lord continuously addresses to you..
When you feel afflicted and sad,
WORSHIP AND TRUST.

I could go on for page after page giving an account of my experience. I believe, however, that I have addressed what most surprised me and what, with most intensity, I experienced. A shared experience and shared memories. Many human things, but also many things of God: God writes, as Pope Lucani said, 'not in bronze or marble but in the dust of the earth, so that it is clear that everything is the work of and, everything is to be attributed to, the Lord alone'.



e) An exceptional witness: John Paul II

I would like now to focus in on an exceptional witness in the field of in over recent years – Pope John Paul II, a Pope who 'travelled' the world of suffering, who experienced suffering in his own flesh during the days when he was in the Policlinico Gemelli for a variety of reasons.

This Pope will go down in history for his very large number of trips, for his opening to the East, and for his tenacity in striving for unity and peace; I also dare to say that he will be remembered in particular for his relationship to suffering and to the sick. Our Pontifical Council brought together this witness in a fine book, [13] which has subjects and titles that are full of realism:

– John Paul II, a Pope who came from suffering, the herald of the Gospel of suffering, a Pope who explained suffering, who was at the service of those who suffer, a Pope who loved the sick, and a Pope who suffered.

– A Pope who sent an apostolic letter – *Salvificis Doloris* – to the Church on the Christian meaning of human suffering (11 February 1984); a Pope who also established the Pontifical Council for Health Pastoral Care (Motu Proprio *Dolentium Hominum*, 11 February 1985) and created the World Day of the Sick.

He is also symbolism, even more an example, of witness to life. His pontificate was born, developed and was concluded 'attached' to pain. This fine book on his pontificate begins with a page that is all life. The day after his election, John Paul II visited a friend of his who was seriously ill. The daily newspaper *L'Osservatore Romano* (19 October 1978) printed news of this visit under the following headline: 'John Paul II amongst the sick at the Policlinico Agostino Gemelli'. Together with this headline there were also the words of the Holy Father, printed by this daily newspaper of the Holy See: 'I also want to thank all those who guided me here and also saved me because as a result of the great enthusiasm which has been expressed the Pope could also have had to stay in this hospital to be treated'. 'But above all', he continued after the short interruption almost imposed on him by the applause of those who were present, 'I think that all this is a fact due to Divine Providence. I came to visit a friend of mine, my colleague as a bishop – Msgr. Andrea Deskur, the President of the Pontifical Commission for Social Communications. To him I owe so many good things, so much friendship. For many days, almost on the eve of the conclave, he has been in this hospital and he is in a really serious condition, I wanted to pay him a visit, and a visit not only to him but also to all the other patients'.

The Holy Father then went on by recalling what he had said that morning to the Cardinal Fathers, of his wish to 'rest my papal ministry above all on all those who suffer and unite their prayer to suffering, passion, and pain'. 'Dearest brothers and sisters', the Pope also said, 'I would like to entrust myself to your prayers'.

John Paul reminded the patients that even though they were, as regards their physical condition, weak and sick, they were also 'very powerful, in the same way as the crucified Jesus Christ was powerful'. 'Thus your power lies in your similarity to Christ himself. Try to employ this power for the good of the Church, of your neighbours, of your families, of your countries and the whole of humanity. And also for the good of the ministry of the pope who is, according to other meanings, also very weak'.

In finishing his speech the Holy Father also said: 'in thanking God for this significant occasion and for this meeting which is so valuable for me, and I think for everyone, I also want to thank all those who serve the sick in the hospital of the Catholic Hospital of the Sacred Heart – the professors, the medical doctors, the sisters, the male and female personnel and everyone else. Behold, Christ is amongst you, in the hearts of the sick and in the hearts of the 'Samaritans' who serve the sick. Praise be to Jesus Christ'.

'The weakest, the poorest, the sick, and the afflicted – it is to these people, in particular, at the first moment of our pastoral ministry, that we wish to open our heart. Is it not in fact you, brothers and sisters, who with your suffering share in the passion of the Redeemer himself and after a certain fashion complete it? This unworthy successor of Peter, who aims to peer into the unfathomable riches of Christ, has the great-

est need of your help, of your prayer, of your sacrifice, and asks you most humbly for these.' Such was the programmatic address of John Paul II yesterday morning given in the Sistine Chapel to the men of the whole world'.

This is a great programme based upon the poor, upon the sick, upon weakness, but with the 'power possessed by suffering'. This would be a constant pathway in the pastoral work of John Paul II. The book on his life ends with the same witness to the power present in suffering. As a convalescent in the Policlinico Gemelli, he gave the world the following witness: 'in these days of illness I have had an opportunity to understand better the value of service that the Lord has called me to render to the Church as a priest, as a bishop, as the successor of Peter: it also passes by way of the gift of suffering, by which it is possible to complete in one's own flesh the debt which the afflictions of Christ still leave to be paid, for the sake of his body, the Church (Col 1:24)' (13 October 1996).

John Paul II was a Pope who spoke on many occasions about suffering, who visited a large number of sick people, but his strength and witness lay in having suffered a great deal. He was a Pope who has great experience of suffering. 'The pain of the Pope, a symbol of our time', wrote Rocco Buttiglione in a fine article (*Il Tempo*, 19 September 1996).

f) Suffering and love: a fertile encounter

The statement of Paul VI to be found in his apostolic exhortation *Evangelii Nuntiandi* is a great reality: 'contemporary man listens more willingly to witnesses than to teachers, or if he listens to teachers he does so because they are witnesses' (n. 41).

This was true of the early Christians because of their alive and working faith, and it is true, it must be true, of today's Church, above all through suffering, as a privileged field to create witness, to evangelise.

Cardinal Fiorenzo Angelini well outlined the importance of suffering as a generator of life when it is shared: 'it is pain that can generate life, and this comes from sharing in the suffering of others, from the ability to place the great lesson learnt from our personal suffering at the service of others'.[14] Belief in the value of suffering joined to love effects an encounter of extraordinary spiritual fertility.[15]

The Gospel is a school of love, just as God Himself is love, and it is also a school of strength in suffering. Man suffers, the Church suffers; every person has to face up to his own cross and every Christian is invited by Christ to go along a two-lane path: the lane of taking on and sharing with him his pain, and that of generosity in helping other people to carry their cross.[16] It is for this reason that the world of health and illness is a privileged terrain of witness for the new evangelisation, and this is because, and I will repeat the point employing the same words as those of Pope John Paul II, it has no other purpose than 'to release love, in order to give birth to works of love towards neighbour, in order to transform the whole of human civilisation into a 'civilisation of love'.[17]

'Dearest sick people, in love may you know how to find the 'salvific meaning of your sorrow and valid answers to all of your questions' (Apostolic Letter *Salvificis Doloris*, n. 31). Your mission is of very great value both for the Church and for society. 'You who carry the burden of suffering are amongst the first that God loves. Like all those that he encountered along the ways of Palestine, Jesus has looked at you with a glance full of tenderness; his love will never go away' (address to the sick and the suffering given in Tours on 21 September 1996, in *L'Osservatore Romano*, 23/4, September 1996, p. 4). 'May you know how to be generous witnesses to this love through the giving of your suffering, which can do so much for the salvation of mankind'.[18]

Yes, it is really the case that the examples of witness in relation to suffering are innumerable; one need only go to hospitals or enter many homes where a large number of families have for years looked after a sick loved one in order to realise the strength of suffering in changing and transforming people, in providing witness and saying to other people that the Lord is good and the strength of a human being does not always coincide with good health but that in weakness, in illness, a human being can express great strength.

Practical life abounds with such examples which are at times hidden and the literature that narrates these lives in written form is no less copious.[19]

Some phrases taken for the witness of sick people reveals to us this dynamic of suffering not only for those who experience it but also as an evangelising force:

'Never, pain, will you be able to shut me up…I can love on the rack of torture' (Martin Descalzo).

She died at the age of two, troubled by pain. 'They never saw her tire of suffering' (Maria Teresa).

'I thank God for having given me the strength to see my reality' (Maria Dolores).

'I knew you, because people talked about you, but now my eyes see you' (Gb 42:2-6)

'In my illness I felt closer to the fatherhood of God and Jesus as a friend and companion' (Martin Descalzo).

'I am happy even though my son is still ill. The hospital has been a surprise' (a father).

A Final Reflection

To conclude this paper I will give space to four friendly voices. Each one of them went through personal experiences of suffering or of nearness to those who suffer. Their voices and their ways of living were also a place of encounter and of evangelisation.

• *The first voice*: Rev. Pierluigi Marchesi (+2002)

He was a great defender of the sick, a man of the frontier and a man with a great prophetic vision. Twenty years ago, at the Synod on Reconciliation of 1983, in front of the Holy Father and the Synod Fathers, he expressed himself in the following terms: 'it is always edifying to bring sick people to sanctuaries, at least those that are capable of going even though it is not always they who have greatest need of doing so. Today, it is necessary, above all else, for the Church to engage in a pilgrimage to hospitals which in many countries are frequented by more people than our parishes and where the presence of Christ who wants reconciliation is present'. He finished his talk in the following way: 'let us not forget that one day all of us will belong to the people of the sick and the dying, even us; it will be an inescapable way of encountering Christ who reconciles us and invites us to his Easter'.

• *The second voice*: the life and death of Anania (+2003)

His body died but his life did not. He knew about tears and suffering but he always bore them with tenacity and courage. He was a light that illuminated without offending, that warmed without burning. He died in the style of a champion. He was given only a temporal farewell. A cross of stone, and there was the silence of wise words, and life sublimated by death, and love stronger than death, and God to embrace after ninety-three years, and to love for always. Thus lived and thus passed away our brother Anania, father of our friend, Rude. His death was full of life. His witness fills us with joy and hope.

• *The third voice*: a bishop relates his experience (D. Fernando Sebastián, the Bishop of Pamplona. Cf. *La verdad del Evangelio*, Ed. *Sígueme*, pp. 793-4).

'Your bishop was ill; it was nothing serious but long and complicated… The first lesson illness gives you is to realise that our lives are provisional and fragile. Illness is always something unforeseen. It does not belong to our agenda. When we are well we take it for granted that we will always be healthy and strong. But that day comes when our bodies do not respond and we realise that our apparent strength is based upon a hill, a pyramid of wonders, which we do not control and we know very little about. This fragility as well is a part of the truth of our lives and for this reason illness helps us to know ourselves with greater realism, and to see the truth of our society in a better way. …There are many of us, we are worth a great deal, but what we are and what we are worth is based upon something that does not depend on us, which precedes us and escapes us. Health, life, everything that we are is a gift.…Illness makes us appreciate what we receive from others as well. Somebody must be at your side to help you to live… During days of illness you pray more, you feel nearer to the presence of God who consoles us and makes us strong, and the words of St. Paul become clearer: 'my grace is enough for you'. 'The strength of God is manifested in our weakness'. The acceptance of one's own weakness helps one to appreciate more the possibilities of others, and above all else the great strength of the love of God which is never absent. Illness is a time of deep insight. One understands better the mystery of pain, the strength of love, necessary solidarity, the definitive wisdom of the cross of Christ, innocent love realised in the love of the path of freedom and salvation. My experience was strengthened by the illness and death of two friends and brothers of mine, both of whom were very close to me: Bishop Congret and Bishop Osés. They went to the depths of their experience and passed through the narrow door of death to reach the glorious encounter with the God of love and life. We learnt from them to die and to live near to this God who awaits us with patience and mercy'.

• *The fourth voice*: Jesús Burgaleta offers the following reflection:

In Christ suffering is 'joined to love' (*SD*, 18).

And because suffering is a fact it is possible to live it out humanly and positively.

The evangelisation of the sick person must help him to live his experience of pain in a constructive way.

How? By becoming aware of our limitations and finitude; by preparing oneself for the

encounter with God as a silent companion; by preparing to take on death, that is to say to finish one's life as an act of self-giving, of total trust, of fusion with others God.

Only love experienced in illness can give illness meaning and only love, SELF-giving, can give death a meaning, which can be transformed into a 'vital act *par excellence*': 'he loved me and gave himself for me' (Gal 2:20). Love is also the richest source there is on the meaning of suffering, which is always a mystery. This answer was given by God to man in the cross of Jesus Christ (*SD*, 13).

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Notes

[1] GIANFRANCO RAVASI 'Fino a quando, Signore? Un itinerario nel mistero della sofferenza e del dolore', p. 21

[2] MATEO BAUTISTA, *Para mi amigo infermo* (San Pablo, Buenos Aires, 1994), pp. 7-9.

[3] JOHN PAUL II, *Omelia durante la celebrazione della Parola*, Viedma (Argentina), 7.4.1987.

[4] *Salvificis doloris*, n. 27

[5] REDRADO JOSÉ L., *Evangelizzazione e mondo sanitario: una sfida ai religiosi della sanità* in *Curate infirmos e la vita consacrata* (Pontificio Consiglio della Pastorale per la Salute, Vatican City, 1994).

[6] Cf,. *Labor Hospitalaria*, n. 235/1995, 'Cartas sobre el dolor', pp. 52-56.

[7] RICCARDA LAZZARI, *Testimoni della croce e della gioia* (Ed. Camilliane, Turin, 1997).

[8] Cfr. 'Un ejemplo concreto', *Ecclesia*, Madrid, 7 September 1996.

[9] José L. REDRADO, *Curate infirmos*, p. 121.

[10] *O.c.*, p. 119.

[11] FIORENZO ANGELINI, *L'eremo e la folla*, p. 111.

[12] *Dolentium Hominum*, n. 35

[13] Pontificio Consiglio per la Pastorale della Salute, *Giovanni Paolo II e la sofferenza* (Ed. Velar. Bergamo, 1995).

[14] FIORENZO ANGELINI, *Quel soffio sulla creta*, p. 148.

[15] *Ibid*., p. 160.

[16] Christ at the same time taught man to do good with suffering and to do good to those who suffer. He unveiled to the full the meaning of suffering with these two observations: *SD*, 30.

[17] *Ibid*, 30.

[18] JOHN PAUL II, Message for the World Day of the Sick, 1997, n. 4.

[19] Cf. JOSÉ VICO PEINADO, *Profetas en el dolor* (Ed. Paulines, Madrid, 1981). José L. REDRADO, 'Evangelización y mundo sanitario: un reto a los religiosos de la sanidad', in *Curate infirmos* (Pontificio Consiglio per la Pastorale della Salute), pp. 113-115. AA.VV.: *Vivir sanamente el sufrimiento – Reflexiones a la luz de experiencias de enfermos*, Spanish Bishops' Conferenc. Department of Pastoral Care in Health, , Col. Iglesia y Mundo de la salud, n. 3. RICCARDA LAZZARI: *Testimoni della croce e della gioia* (Ed. Camilliane, Turin, 1997). ENRICO AITINI and SANDRO BARNI *"Caro maledetto dottore" (una lettera sul cancro)*

Health Care and Utopia. Is the Humanisation of Health Care a Utopia?

1. The Treatment of Man and Lack of Humanity

The French philosopher Emmanuel Hirsch, the current director of the 'ethical space' of the public hospitals of Paris, has declared that 'our duty to hospitals is the duty owed to a utopia'. Health-care systems that still have hospitals as their strong point must take into consideration the questions of the humanisation of pain, dependency, the increase in the number of patients with dementia, and the invasion of the most sophisticated technologies. If we do not allow encounter between the humanity of medical doctors, nurses, technicians and patients, hospitals will be transformed into anonymous businesses that run the risk of betraying their humanistic vocation.

Without having recourse to the various appeals, which are often alarming, of the various public or private observers of the social/health care system, one must become aware of the situation in which hospitals find themselves. This is done with a lucid and accurate analysis by the official *Pastoral Note* of the Italian Bishops' Conference, *Predicate il Vangelo e curate i malati* (Rome, 2006; 'Preach the Gospel and Heal the Sick'), which in this part of this paper is the text of reference because of its faithfulness to reality and its evident objectivity and neutrality. I would like to begin with the vast horizon of statements contained in the encyclical *Deus Caritas est* on the due characteristics of health-care workers as taken up by the Italian Bishops' Conference: 'Individuals who care for those in need must first be professionally competent…Yet, while professional competence is a primary, fundamental requirement, it is not of itself sufficient. We are dealing with human beings, and human beings always need something more than technically proper care. They need humanity. They need heartfelt concern' (Benedict XVI, *Deus caritas est*, n. 31, Rome, 2005)

This illuminating statement on the ineluctable alliance between science and humanisation allows us to assess the contexts of dehumanisation that are still present in health-care services. The Italian Bishops' Conference has no hesitation in acknowledging the existence of a system which by now has become unacceptable, not only for believers but also for those people who live in society and expect a fair system and one that respects human dignity

We will now see in how many ways dehumanisation is described on a ladder that goes from 'lack of humanity' to 'degradation of humanity'. These words are like stones and they should make us reflect: 'The analysis of the lack of humanity in the service provided to sick people is far from being over. A profound need is perceived to personalise the approach, to move from treating to taking care of, to seeing the person in the totality of his being' (*Pastoral Note* of the Italian Bishops' Conference, n. 14).

The context of reference is the current crisis in assistance to people in conditions of mental fragility, responsibility for whom must not be reduced to the mere administration of pharmaceuticals. Real care must be entrusted to listening and to the acceptance of the whole person by health-care workers who are motivated, solidarity-inspired and well-directed by a specific training. 'It is within the perspective of hospitality that the initiatives directed towards making service to the sick more human acquire meaning. In a context in which there are tensions, conflict, difficulties in dialogue and communication between people who are new to caring for sick people' (n. 25).

In this case, the context of reference is present-day hospitals in which, together with an increase in discrimination in inter-professional relationships, and perhaps because of this, the dehumanisation of the service is also intensifying. Indeed, today the only question brandished in the debate on health care is that of economic-financial sustainability.

This question, which is of great importance for the survival of health-care and social systems, has generated a cascade of claims that are increasingly short sighted and lacking in humanity. Indeed, the centrality of the sick person and his needs, which deserve a different approach, have been made of secondary importance.

'The Church believes that the humanisation of the health-care world is an urgent task and thus includes it within the field her pastoral action, convinced, as she is, of the evangelising value of every initiative designed to give a more human face to assistance and care for sick people' (n. 26).

One notices here the strong appeal of an ethical character to recognise and promote, through gestures of care and assistance, the inherent dignity of sick people who, even with the decline of their bodies, maintain their value as children of God. All the gestures that are engaged in with this motivation have an interior charge that rises above them and allows the posing of questions about meaning and the opening up of spaces of comprehension that facilitate access to the Gospel of life.

'In reading the disquieting phenomenon of the decline of humanity that is present in services for the sick – such as the prevailing of political and economic interests, excessive bureaucratisation, administrative inefficiency, the deterioration of the scale of values, the scarce respect for the patient as a person – the Church invites people to see the root of dehumanisation as sin' (n. 27).

This decisive invitation of the Italian Bishops' Confer-

ence, an echo of the stronger reference to structures of sin to be found in the encyclical *Evangelium vitae*, directed towards all people in important positions, is an invitation to reconcile the apparent opposites of ethics and efficiency. The appeal to the conversion of hearts so as to think in a 'different' way about social and health-care reforms imposes an adherence to values and an intention to adhere to project where the rule of life is charity so that a possible civilisation of love can be achieved.

2. The Challenges of Modernity to Humanisation[1]

It is well known that the culture of modernity is based upon the discovery of the individual – the subject of philosophers – and on the pre-eminence of the scientific method created with the establishment of the technical-scientific company.

In this way there has arisen a materialist civilisation/culture that identifies development with scientific and technical development and neglects the 'growth' of humanity because it is not a commodity that can be bought and sold.

Health-care culture has run the risk of being dehumanised because it mystifies or makes technical the vital problems of man by limiting the relationship between medical doctors and sick people to an encounter of roles – healers and patients. Hence the technological invasion which even seems to replace human decisions with automatic, robotic ones.

Indeed, nobody can deny today that the technical-scientific company has imposed a transformation both in health-care organisation and in the performance of medical services inside and outside hospitals.

However, this development has led to a dominance of technology which is in a certain tension with the humanistic approach of classic medicine. This dialectic opposition between the exaltation of technology and medical ethics appears today to constitute the real and authentic challenge to the humanisation of technology. It would appear to be difficult, with the *de facto* disjunction that occurs between the needs of man and the needs of technology, to achieve the defence and the safeguarding of the dignity of man because of the fascination wielded by the performances of the technical. A patient is afraid of the very large number of machines for diagnosis and treatment which seem to reduce him to an artificial instrument to be analysed, diagnosed and treated according to the laws of physics and chemistry alone.

It is forgotten, as unfortunately is borne out by certain economic theories of certain health-care models, that man is not a machine that can function with varying degrees of efficiency, he is not the chance product of evolution: he is a gift of God who should be respected and defended in his spiritual and corporeal dignity.

Biomedical technology is not initially neutral – that is to say good or bad – but must be seen as an instrument and potential action that in itself can also be directed towards good. Certain modern techniques, for example *in vitro* fertilisation, the cloning of embryos, the production of embryos to be used solely for the production of stem cells and anti-procreative techniques themselves, envisage from the outset actions which are in themselves unacceptable from a bioethical point of view and from the point of view of Catholic morality.

Medical doctors, who are increasingly fascinated by these techniques because of their success and the impression they give of omnipotence, do not put man but the action at the centre of things. The triumph of technology thus produces a certain fall in the humanistic meaning of medicine which overvalues itself to the point of taking the place of nature: the artificial tends to substitute the nature by constructing a world that can be totally manipulated.

But technologised medical science that places such a trust in its own power over nature to the point of promising the healing of ill-health for everyone and almost victory over death comes to call for more powerful 'miracles' in the name of the right to enjoy everything that can be done at a technical level. The question of the meaning and vocation of man becomes completely expelled to the point of the upholding of recourse to euthanasia when the remedies that can be technically effected no longer exist.

Together with the 'fall' of the noble meaning of medicine, there is thus produced also a 'fall' in the ethical value of the medical profession which becomes reducible simply to the use by this professional category of the technical of the techniques that are available: without seeing the real welfare of the patient and the relativity or partiality of the technical means themselves that are employed.

The greatest damage is specifically that of the transformation of man the person into a pure object of technocratic power or perhaps into an unaware instrument for a transformation directed towards the manipulation of the human identity itself.

In my view we here encounter the greatest challenge of modernity for medicine which involves, on the one hand, seeing man solely as a material composite, and, on the other, the production of the dehumanisation of relationships.

The temptation and the risk that men will regress towards a condition of inhumanity is present in human history and daily social life. The words of the encyclical *Evangelium Vitae* (1995) still sound out in the spirit of contemporaries: Pope John Paul II warned people about the culture of death that pervades certain spheres of our civilisation, producing a false culture of human rights and desire to eliminate persons who are not productive within society: premature babies, disabled people or the elderly, with the introduction of euthanasia and abortion as a right.

Specifically against the negative tendencies of separation into races, discrimination into opposed social categories and the prevailing of economic interests over the search for the common good, the cultural movement for humanisation appears as a proposal for a new vision of man-in-society which wants to permeate knowledge and operational techniques that are able to change the utilitarian culture that dominates contemporary models of social life.

Indeed, health-care services, necessarily integrated into socio-economic dynamics regulated by laws and administered by politics, cannot be seen as highly humanising realities if respect for every man and the whole man is not placed at the centre of every social institution.

It was along these lines that Pope John Paul II prophetically pushed us in 1996, when, in opening the proceedings of the Tenth International Conference of the Pontifical Council for Health Pastoral Care, he declared: 'the field of health care and health… offers innumerable confirmations of the concrete possibility of a fertile interaction of reason and faith to construct, in freedom and full respect for the human person the civilisation of life which, in order to be truly such, must also be a civilisation of love' (*Dolentium Hominum*, *ibid*. p. 8).

3. The Strong Points of a Prophetic Message that Should be Implemented

An opportunity to go deeper into our subject is offered to us by the recent publication of a volume entitled *Umanità. Storia e utopia* ('Humanity. History and Utopia') which is a collection of the writings of Fra Pierluigi Marchesi, a man who was defined by his contemporaries as the 'prophet of humanisation'.

Beneath the apparent ease of his writings are hidden, similar to the material to be found under the tip of an iceberg, an immensity and depth of thought and passion that will shake anyone who attempts to immerse themselves so as to bring them to the surface. We are dealing with thought and passion that come from afar; they involved the life and the action of the author and forced his religious brothers and the secular health-care world to change their mental and emotional approach first of all, and then their approach at the level of practice, so as to move towards a renewed understanding and healthy relationship with patients.

These writings cover difficult years for health care and bear witness to the torment of a hospital religious who saw the gap and at the times the lack of coherence between prophecy and reality, with all the accompanying difficulties of planting the values of humanisation in the daily experience of health-care realities.

His message provokes us to leave the limited and often base field of the circle of works, religious families and institutions to which they belong and to direct a 360 degree gaze at the new and different needs of our sick brothers.

In the view of P.L. Marchesi, humanisation must become the ideal of politics and rise above financial calculation and mere management of budgets in order to propose itself anew within political ethics in a world such as ours which has perhaps lost from sight the fundamental objective of the promotion of the human. In doing this he uses the hammer of words in order to place ethical reasoning in each one of his papers or speeches.

We may quote some passages from the anthology which contains these texts in chronological order as points of reference for the implementation of a project of humanisation.[2]

a. Humanisation: an Alliance with Man (1981)

The proposal of 'humanisation' is not an ideology, it is not a philosophy. It represents, instead, a process of *retrieval of our alliance with suffering man*, an alliance that runs the risk of being lost perhaps because we have lost our covenant with God.

We who believe in mystery, who believe in God out of faith and not because of a conformist or ritualistic adherence, must admit that our 'service out of love for our neighbour' comes from our being Christians in the full sense. Now, in the footsteps of our Founder, our *neighbour* is directly and at the level of priorities *men who suffer*. Our lives therefore have a precise direction given that we chose to enter the religious life of the Fatebenefratelli. We have to admit that this direction is arduous to maintain and if we have in part lost it, its regaining will also be arduous. But this alone is what we must do. It is this regaining, it is this tie 'of blood' between us and our patients that I call 'humanisation'.

The Church, to the extent that we are living limbs of it, encourages us to ensure that our works and activities 'continue to be privileged places of evangelisation, witness to authentic charity and the promotion of the human' (from the address of the Pope to Brazilian religious) (*Umanizzazione. Storia e utopia*, p. 44).

b. Humanity: a Pharmaceutical to be Used

The company hospital is immediately perceived: in it reference is made to profit, to the quantity of patients, to levels of pay, to equipped rooms, to carpets in offices, to economic concerns: *reference is never made to patients*, unless as objects which have to assure economic satisfaction at the level of the budgets of the concern.

One should not be opposed to the modernisation of hospitals. Indeed, it is a positive fact that many hospitals have given due importance to modernity, efficiency, and to the technological and spatial efficacy of our works. Efficiency is certainly a value; indeed, a great value. But it is not the only value.

What distinguishes a company from a hospital? The fact that a hospital produces health and not only economic results. It wants to produce wellbeing for a man who is not well. The dehumanisation of a company-hospital is very difficult to perceive at first sight. In general a hospital is fine, modern, recently built, rich in patients. But where is the humanity? Where is humanity if hours are dedicated to drawing up accounts and a few minutes are dedicated to patients, to their problems, their problems at the level of care and treatment as well? The company-hospital is not our model; it is a partial model, an insufficient model, and thus it should not be accepted. The highest level of efficiency should never, really never, become a pretext to deny a patient our personal care and the care of our co-workers.

As a contemporary slogan has it: 'one can die of modernity'. Instead, one can live, hope and get better through humanity. And when one cannot recover, one dies in peace. This is because humanity is not only something that is good and to be given in a paternalistic way. It is a resource, it is a skill that has a therapeutic value, it is a 'pharmaceutical'; indeed, at times that best that is available to a hospital (*op.cit.*, p. 61).

c. Humanisation: an Act of Justice and of Humanity (1981)

When speaking about humanisation one cannot confine oneself to saying simply that side by side with our hospitality we must place love, *Humanitas*: we have to remember that *our hospitality* is designed to welcome those who are afflicted by tribulations as well as by a lack of food and medicines; that humanisation has its most authentic placement in the charism of hospitality and this belongs to that more, or better to that *something else*, as a result of which our hospital must not be just a clinic, a hotel, an office, but a warm place full of 'affection' and where a sick person sees that his moral, spiritual, supernatural needs are met in addition to his psychological and social needs. In our works – which are often financed by civil laws as result of which corporeal and technical aid is assured – we will commit a very grave sin if we limit ourselves merely to having a sick person in our custody (a prison function) or to assuring him sound efficiency (a company function). It would be a sin against justice and against charity. Our task is to assure justice to the sick person with treatment that is full of expertise. But it is also our task, quite apart from human laws, to respect the sacred right of people who suffer to obtain respect, dedication, love, understanding, transparency and solidarity. *It is for man that we must inflame ourselves*; it is not for the conservation of power or the obtaining diplomas that we should strive.

At times we grow heated over things and we grow cold over man. We must not give only bread. We should also give our own persons. To the question of whether humanisation is an act of justice or of charity, I would reply immediately: today it is an act of both. It is an act of justice because we respect in this way the right of man upheld by human laws; it is an act of charity because we respect a need, that for care, that no law can regulate or impose. Charity, charitable love, must come to the rescue where human law has not yet reached, in order to protect man in his needs and to point out the way, indicate, and foster the arrival of justice. This charity becomes an instrument of justice that is much more effective that any reform or social revolution (*op.cit.*, p. 100).

d. Humanising Oneself to Humanise (1981)

Humanising hospitals certainly means the modification of structures. Above all it means the modification of our relationship with workers, relatives, and lastly with patients. We must learn *to take on our humanity in order to offer it to the patient* and *to identify our inhumanity in order to contain it*, to reduce it, with the help of a life of prayer, of study, of ongoing training which, and I repeat the point, contemplates not only our knowledge but also our being.

Our focal point is that of trying with determination to relate in a new may to patients so as to place them at the centre of hospitals and of the care of all workers. It may appear not very much to state and to support at a practical level the centrality of the patient but I am sure that in many of our hospitals this centrality is obscured. Well, if this diagnosis were to be confirmed, we could not sleep soundly until *patients returned to their place*, that place that St. John of God identified. And we, his followers, courageously, *ready to transgress old habits as well, and forms of behaviour no longer directed towards a good end*, can, must, every day, *renew our ancient alliance with the man* who turns to us, well aware that he can receive from us that central location which he would only with difficulty find elsewhere.

The humanisation of hospitals is not possible outside our humanisation. A medicine that can humanises hospitals is still not for sale! Although it is true that a humanised hospital is a different hospital, one that is radically different at the level of communications, power, decision-making styles, affective life etc., it is equally true that to become different it needs men who have in their turn changed.

It needs, in particular, mature religious, or religious who are committed to becoming mature, and a rich community always ready to engage in human growth, in spiritual growth (*op.cit*., p.110).

e. Hospitality Incarnated in History (1986)

Our charism, therefore, invites us to enter the *temple of the concrete man of today*. It also tells us that we have to change according to the temple and the man without assuring ourselves that such a change is painless. Perhaps it is easier to address the risks of a savannah or a desert than proclaim our charism to educated people, with notable critical faculties, but with new needs to meet.

'In the technical and consumeristic context of modern society in which every day new forms of marginalisation and suffering are discovered, our hospital apostolate is fully relevant'. We read this in our constitutions. We, dear brothers, are those who will run the risk of not being relevant if we do not fix our gaze on the forms of marginalisation and suffering of contemporary man.

Let us therefore ally ourselves with those people – secular co-workers as well – who want to grow at our side and often walk ahead of us. Together we will respond better to our call, to the *new culture of Man, of Time and Life*, an endeavour of research and experimentation which perhaps our Order has never before had to address with so much urgency (*op.cit*., p.127).

f. Religious in Health Care: Leadership and Critical Awareness

In addition to being witnesses and moral guides, we must also act critically in the world of health care. Indeed, it is not enough to work hard within our hospitals; we should also dedicate time to the study of phenomena connected with progress in health care in order to direct them towards the greatest wellbeing of the person. In the previous document on humanisation I tried to express certain ideas on the subject. Here I would like, instead, to stress the fact that today the tendency is to have excessive confidence in the technical resources that (and not always for humanitarian reasons) are made available to the health-care world. This also explains the facility with which certain governments and parliaments have passed laws relating to abortion, euthanasia and manipulative interventions upon genetic structures. These tendencies should be opposed. But to do this in an effective way it is necessary to be abreast of the times, to know about the various subjects at a deep level, and to avoid sterile accusations or abstractly rigid positions of defence. And above all when we see that the sacredness of man is threatened, whatever may be the source of that threat, we must have the human and religious courage to intervene.

We cannot keep quiet in the face of injustices, betrayals, forms of laziness, and solutions not in line with what humanity and faith suggest to us. What is at stake is our vocation, our role as allies of suffering humanity. To keep silent in such cases means to consent. But once again to speak, to point out new and just paths, we must have adequate training and be up to the task. Unfortunately, such is not always the case. And here we come back to indispensable co-operation with secular people. In order to take up in victorious fashion the challenges of our time we need connections, assiduous exchange, with experts in various fields: professionals of the medical, biological and human sciences who are able to assure us that training which today cannot be dispensed with (*op.cit*., p.170).

g. The Humanisation of Death (1986)

But let us dwell upon a third aspect, to which reference has already been made. In the presence of a gravely ill person we, too, often lose hope; we feel useless and we abandon him while awaiting the inexorable moment. This impoverished vision of life and death, as a reduction to the role of technical workers, forgets that the term 'health' also means 'salvation', that is to say the life of the soul! For this reason today hospitals have become a place of lonely death. A heart that stops does not make a noise; and yet in us it should provoke a vast echo. Death, like life, is not an act that is exclusively individual. The life of other people also touches us closely, after a certain fashion.

It is up to us, within our human limits, which, it is certainly the case, cannot change destinies, to eliminate that sense of 'the savage' in the image of solitary death with tubes of plastic which dramatically revives the ancient horror of the rotten corpse abandoned in the countryside.

What civilisation would we have in which the forms of horror changed, but not its substance? (*op.cit*., p. 211).

h. The Humanisation of Hospitals (1988)

A sick person who is admitted to hospital expects to get better, hoping that modern medicine will deal with the 'recovery' of his health. He expects information that is accessible to his understanding and not concealed behind indecipherable terminology. He does not want to see himself treated as an anonymous number, as pathological case 'XY', but as an individual who suffers because of a specific illness, as a never to be repeated person who is respected in his illness. A patient wants to be accepted into an atmosphere permeated with human warmth.

At this point we may be allowed to ask: to what extent are medical doctors, health-care workers, and patients themselves subjected to the fascination of mechanical medicine; to

what extent are they slave of the belief that postulates health as feasibility; to what extent is the body abused by reducing it to a machine and seeing human organs as parts of this machine? (from the Address of the Holy Father to those Taking Part in the Second International Conference of Secular Collaborators, Rome, March 1988).

How should health be 'defined'? And who should define it. Health, a feasible thing – this is the idea which is (not) pronounced by medical doctors who on the one hand seem to be increasingly *moved* by the invisible strings of technology in medicine and, on the other, are increasingly less aware of how much they pose as God.

The 'modern' medical doctor, who is completely absorbed in the application of his mechanical medicine to the organ, body or man as object runs the risk of handing himself over to the 'pressure to conform himself to God' (the

concept comes from the philosopher Markquard). The dignity of the human person is inviolable. But in repairing, this medicine, which is reduced to pure and simple actions involving repair, ignores the soul, the psyche, even if it often refers to the unity between the body and the soul, even if it easily makes use of the term 'psychosomatic'.

To speak about the unity of the body and the soul acts as a cover for the manipulation of the human body which by now has no limits. Matching this scission between what is said and what is done, mechanical medicine denies the existence of pre-existing boundaries to science and the conscience. The pre-existing boundaries acting to defend the dignity of the human person and the inviolability of the mystery of his body and his soul are violated in a brutal way. Inexorably imprisoned in the 'mask' of the scientist, a medical doctor is never able to openly admit his own powerlessness understood in a positive sense (*op.cit*., p. 260).

i. Humanisation and Psychiatry (1988)

A person afflicted by a mental illness needs to be recognised as a sick person, as a patient, as a tormented human being, and as a person who feels pain. A mentally ill person often 'experiences' the nightmares, the anxieties and the torments of a cruel imaginary world. As a patient he thus has a strong desire for love, care and understanding. To his 'mad' desire for understanding we can respond only when we are ready to receive his torment in that dimension and that complexity that he communicates to us, and in a way that refrains from any attempt to understand rationally his experience from our point of view.

To have compassion thus means to draw near to the world of the personal experience of a sick person. It means to enter into his madness, to struggle together with the sick person against his madness beginning with his hallucinatory world and to place authentic meaning against this world. Only in this way is it also possible to respond to his need to see his own mental illness as something that can be healed, as an illness with which (and not against which) one can live. As is the case with physical illnesses, in the field of mental illnesses, too, there are forms that can be healed and forms that cannot be healed, even though when we consider the concept of 'an individual' (which means to be invisible) there is neither pure physical illness nor illness that is exclusively mental. The patients needs his environment to accept his illness without 'ifs' and without buts', without mystifications (obsessed, possessed by a spirit, possessed by a devil) and without stigmatisations (he deserved it, I have no pity for him, he does not want to be helped…). Once he is better, rehabilitated, once again in possession of his health, the illness must not become a brand for the person concerned or for his family (*op.cit*., p. 270).

l. The Humanisation of Professionals (1996)

Over the last thirty years, we have striven, perhaps with great success, to define ourselves in relation to all the kinds of workers who populate the city and have with hard work won the right to be represented officially in those places where the decisions about the political future of civil society are taken.

If we want to look at the future we must forgo the pride of definitions. We must adopt approaches and forms of behaviour that will bring about new knowledge about illness, health and the life conditions of man.

We must impose upon ourselves a new pathway of humanisation where we ourselves become the object of our own care. Humanising ourselves first of all and not humanising only our professional forms of practice.

The problem that poses itself

in post-modernity, that is to say when precise rules are absent for institutions and social bodies make the social fabric fluid, for us involves seeing ourselves first of all as humans and fellows (*op.cit*., p. 342).

m. Consecrated Women at the Service of Humanisation (1990)

Breaking with Jewish traditions, Christ conferred on women an important place in the perception of his message (Lk 1:42) and his transmission of prophecy (Jn 4:42). Women, therefore, should have as a priority a charism of compassion that should be recognised and practiced in the Church as a true ministry. In the early Church the deaconesses (Rom 16:l; l Tim 3:1l) took on first and foremost a service of prayer and compassion for the poor and the sick, and a liturgical role in the baptism of women. Mary of Nazareth remains that woman, a humble and eternal sign of that motherhood in the spirit whose fragrance filled the whole of the home of the King like small rose bushes (Sir 24:14; Ct I:12).

According to St. Paul (I Cor 12:4), a ministry and a charism refer back respectively to Christ and the Spirit. The relationship that exists between them as a differentiated response to the same vocation was expressed by Pope John Paul II during the vigil held in Paris in 1980: 'the experience of two millennia teaches us that in this fundamental work, the mission of all of the people of God, there is no essential difference between a man and a woman. Each one in their own gender according to the specific characteristics of masculinity and femininity becomes almost a new man, that is to say a man for other people, and as man becomes the glory of God. If this is true, just as it is true that the Church in her hierarchy is led by the successors of the Apostles and thus by men, it is even truer that in the charismatic sense women guide the Church, as men do, and perhaps even more so. I invite you to think often of Mary, the mother of Christ' (*op.cit*., p. 366).

n. Vocation at the Service of the Sick (1990)

The restitution of a sense of prophecy to activity to promote vocations at the service of the sick must involve a radical overturning hitherto of the approach of far too many forms of recruitment. We must have the courage to no longer place the 'economy', the management of individual religious institutes or the 'survival' of individual religious families at the centre of our activities: we must finally place there the new and various needs of our sick brothers and sisters (*op.cit*., p. 384).

o. Humanisation and Challenges for the Future (1991)

It seems to me right to become aware of the fact that one cannot reduce the future to fracture with the present. This present should be experienced as a possible future. Thus the challenges of the future are the challenges of the present.

As regards service to the sick and those in need it is necessary to see health-care systems as part of a broader socio-economic-political system. Indeed, the solutions to the problems of health of a population can never be even remotely addressed if there is not human solidarity in political projects and a coherent use of economic and financial plans (cf. John Paul II, *Centesimus Annus*, 1991).

The struggle against AIDS constitutes today a significant terrain of this inter-relationship that cannot be eliminated. And there will be no effective solutions unless one constructs a network that is capable of improving the conditions of life of people with deviant forms of behaviour.

Addressing the complexity of systems is impossible with a dogmatic mentality and with mere good intentions. We need new mentalities and new cultures that give space to personal capacities and open up new pathways of communication. And in particular a strong communication between ethics and scientific knowledge, between humanisation and medical practice, between private conscience and the professions, and between faith and activism within institutions. To this revolutionary process of synthesis between theory and practice one must link the search for peace and the integration of all men into an ecumenical movement that constructs the unity of mankind. We need adult Christians who are capable of planning the future (*op.cit*., p. 411).

p. Pietas*, Religion and Humanisation* (1992).

The term '*pietas*' for us has a different meaning to that commonly understood in Italian which is often similar to compassion or commiseration. Its oldest root takes us back to the root itself of religion because it is the pious man who recognises that his divinity – his God – has a priority and a transcendence to be venerated and invoked, to be propitiated and contacted, through religion. A pious man, contrary to an impious man is he who attests that his humanity is 'meaningful and significant' because of his relationship with God who is to be blessed and praised, to be acknowledged and loved.

In this reference to religious piety, *humanitas* acquires the characteristics not of a theoretical abstraction but of an existent, identifiable and palpable set of human persons who are autonomous but linked and sustained by transcendence.

If I say man and humanisation my intention is to say transcendence, intelligence and spirituality, that is to say a structural connection with the world of the divine. I cannot acknowledge a God if I do not acknowledge the dignity of man, above all the dignity of man in need.

You provoked me as a friar to remember that St. John of God, the founder of the hospital friars, identified in this constituent link between *humanitas* and *pietas* the basis for a different kind of religious care for sick people and the motivation for the building of is hospital.

The Gospel revolution, carried out by him to the most extreme consequences, lies specifically in identifying the

destinies of man, his needs, his errors and troubles, his wishes, his plans, his healthy or sick body, as objectives of a project in which God Himself is involved. The love of God which is *pietas* that binds us to God and men.

For me humanisation thus means *pietas* but it also means mercy, the promotion of the humanity of man in all the structures of the social and in organised civil life, the constant transformation of structures at the service of the dignity of man, above all when we are dealing with a man who is sick and thus intrinsically in need. And this as 'service' to God (*op.cit*., p. 433)

q. Humanisation and the Value of Technologies (1992)

Today nobody can deny that the technical-scientific company has radically transformed not only the organisation of health care as a whole but above all else the exercise of individual medical services whether hospital services or otherwise.

The technical, which through technology is joined with science, has come into existence as a set of autonomous systems that establish themselves in a way that is autonomous from other systems such as social systems, ethical systems, and economic systems.

The essence of the technical-technological method is that of achieving the effect desired with the greatest of efficacy. As such we have to recognise that man brings into play the values of knowledge and creativity in inventions and applications of the technical.

When referring to the presence of humans in the field of the distribution of goods, the Pope wrote in *Centesimus Annus*: 'In our time, in particular, there exists another form of ownership which is becoming no less important than land: the possession of know-how, technology and skill… Organising such a productive effort, planning its duration in time, making sure that it corresponds in a positive way to the demands which it must satisfy, and taking the necessary risks… In this way, the role of disciplined and creative human work and, as an essential part of that work, initiative and entrepreneurial ability becomes increasingly evident and decisive' (*Centesimus Annus*, n. 32).

It is enough to comment on this text to see the value of the technical. But I believe that here, too, we can overturn the perspective and I would ask whether there should be a relationship between ethics and the technical and thus whether we should speak about values in the technical.

Indeed, if it is true that the technical is a creative model for the transformation of nature, it must be true that the world of the technical is imputable to we technical workers at all levels. Faced with the capacities of the technical which are increasingly effective and 'invasive', as is said in medicine, we must realise that the prediction of risks and the memory of the future must be ineluctably recognised as principles that should be respected in medical-technological action.

At this point is identified the role of politics in health care with its capacity to compare the real needs of people through the achievements of technical forms in order to attempt to establish the existing responsibilities between technical-heath care systems and anthropic-social systems (*op.cit*., p. 438)

r. Being Educators for Humanisation (1992)

Well, we continue to preach the importance of humanisation but we begin to think at least of *new models of formation* for we religious and for health-care workers so that valid strategies and methods can be identified to change the existence of sick people in hospitals and society.

A training that illuminates necessary principles not only helps the patient but also provides a positive role in the protection of health; it provides training for the day before not the day after.

We must design new professional profiles so that within and outside hospitals initiatives, actions and programmes of education, prevention and rehabilitation are concretely implemented. Convinced that health is a state of balance between the needs of the body and the soul, we must *educate educators* who are able to go beyond the technical and the individual sciences so as to identify more complete educational objectives (*op.cit*., p. 455).

s. Ideas for the Definition of Humanisation (1992)

To try at this point to define 'humanisation' – something very difficult at the level of words but simpler at the level of action – one can at this point attempt a first formulation among many. It involves a *mental, affective and moral approach* that forces the worker to *constantly rethink his mental schemata and to reshape his habits of intervention*, as well as therapeutic systems and systems of assistance, so that they will be directed towards the *good of the sick person* who is, and will always remain, a person in difficulty and thus vulnerable, not least because he is not always able to formulate in a correct and direct way his own authentic needs.

The definition offered by Pope John Paul II at a famous conference on 'the humanisation of medicine' that was held in Rome in 1987 is more detailed and stimulating: 'a) within the context of the individual relationship, where humanisation means openness to everything that can lead to understanding man, his interiority, his world, and his culture. To humanise this relationship involves both a giving and a receiving, creating, that is to say, that communion that is total 'participation'. b) At the social level the request for humanisation is translated into the direct commitment of all health workers to promote, each within his own sphere and according to his skills and expertise, suitable conditions for health, to improve inadequate structures, to foster the right distribution of health-care resources, and to ensure that health-care policy in the world has as its end only the good of the human person'.

In this way, the intelligence

and the rationality of the people of God are called to implement humanisation as a way of relating to sick people. The best way to humanise medicine lies, to express the point in summarising fashion, in treating patients as persons, in respecting their dignity, in making them participants in the decisions that concern their lives and their health (*op.cit*., p. 462)

t. Catholic Hospitals and a Style of Service (1999)

Catholic health-care professionals and hospital volunteers must take on the task of redesigning a new pact of solidarity between institutions and citizens if we do not want to run the risk of destroying the unity of human society.

In conclusion, I cannot keep silent about what should be in the near future the role of Catholic hospitals: 'catholic' hospitals, that is to say *universal* hospitals because of their vocation.

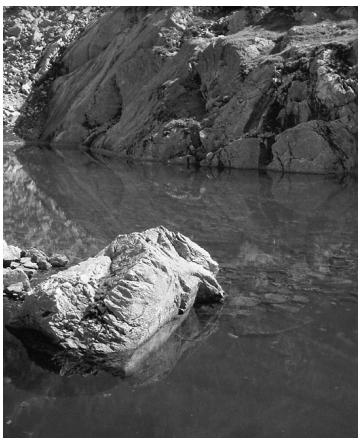
Our hospitals must find the way to express the uniqueness and originality of their vocation. A Catholic hospital, inspired by God's charity for man, must then recognise that style of communion which in treating bodies is concerned also with the salvation of people in order to construct the community of the saved.

Hence we must be encouraged to find common lines of action which, taking up certain reflections on Catholic identity developed in other sectors, I would like to sum up as follows: the catholicity of a structure centres in a critical fashion around the commitment of its staff to seeing health care as a ministry. *In this perspective three factors are vital: care for quality, the search for social justice; and care for the poor* (*op.cit*., p. 511).

u. John of God, a Model of Humanisation (1995)

John of God, the founder of the hospital religious, identified in this *constitutive link* between *humanitas and pietas* the basis for a different *religious* care for the sick and the motivation for the construction of his hospital, a tangible sign of the soul of the charism of hospitality.

The Gospel revolution, carried out by him to the most extreme consequences, lies specifically in identifying the destinies of man, his needs, his errors and troubles, his wishes, his plans, his healthy or sick body, as objectives of a project in which God Himself is involved. The love of God which is *pietas* that binds us to God and men.



In our tradition, therefore, humanisation means *pietas*, mercy, the promotion of humanity in man, the direction of institutions towards the promotion of human dignity, with everything as a 'service' to God.

My reflection wants to be a logically directed method in the form of a reflection of a religious kind.

St. John of God was inspired by a precise way of serving God in the sick; he proposed a coherent model of hospitality that was able to inspire other models of humanisation but a model that is inexplicable without reference to God 'the Father of Our Lord Jesus Christ' (*op.cit*., p. 516).

v. Humanisation and Faith in God (1997)

In taking up the therapeutic model, which was described by historians as the 'sweetness method', we have reinterpreted rehabilitation as an instrument of true humanisation and not only a technical carrying out of protocols… Dominated by the theoretical beliefs of models of rehabilitation we must avoid homogenising all patients in parallels or matching histories by following individual deviations more than our own technical-scientific approaches.

Man, and a mad man as well, is made in the image of God and must be respected precisely because of the extreme weakness that makes up his vulnerable originality.

Man is always made in the image of God, above all when the physical and spiritual traces of that sublime intelligence that created us specifically *ad imaginem et simulitudinem suam* have retreated.

I would dare to say that if this faith in weak and wounded God, who is able to suffer in his creatures, is absent, then the very premise of equality and solidarity between men also disappears.

I would like to be allowed to make a final appeal to men of science and those politicians interested in this subject. I would like to say that mentally sick people today need first and foremost this recognition as wounded God who walks amongst us.

Let us form human persons who are able to understand their cries and understand their gestures. God is amongst us in mad people, in the disinherited poor, in suffering, as He is amongst us in science and the joy of living (*op.cit*., p.554).

Is the humanisation of health care a utopia? Yes, it really is. But only men of courage, of prophecy and of love, as was this religious of the Fatebenefratelli, Pierluigi Marchesi, can turn it into reality.

Prof. PIETRO QUATTROCCHI
Head of the Service of Bioethics,
The Fatebenefratelli Hospital,
The Tiber Island,

Notes

[1] For a greater understanding of these questions and issues see 'From Hippocrates to the Good Samaritan', *Dolentium Hominum,* n. 31, 1996, 1.

[2] Fra Pier Luigi Marchesi, born Valentino, (1929-2002). Religious of the Fatebenefratelli from 1947 onwards, he became Prior General of the Order from 1976 to 1988. The volume from which these passages are taken is entitled: *Umanizzazione. Storia e utopia* (Elledici-Velar, 2006).

Gynaecologists and Obstetricians Called to Service to Life

AT THE OPENING OF THE PROCEEDINGS OF THE FOURTH INTERNATIONAL CONFERENCE OF CATHOLIC GYNAECOLOGISTS AND OBSTETRICIANS OF MATER CARE INTERNATIONAL, WHICH TOOK PLACE IN ROME ON 11-14 OCTOBER 2006, MSGR. JEAN-MARIE MPENDAWATU, AN OFFICIAL OF THE PONTIFICAL COUNCIL FOR HEALTH PASTORAL CARE, MADE THE FOLLOWING SPEECH ON BEHALF OF THE PONTIFICAL COUNCIL.

1. Gynaecologists and Medical Doctors at the Service of the Lives of Mothers and Children

The Charter for Health Care Workers of the Pontifical Council for Health Pastoral Care defines a medical doctor as a worker at the service of life; here one is, of course, dealing with life, that great gift of God, given to man, of which he is only a responsible steward, and whose life embraces the whole arc of human existence from conception to its natural sunset: gynaecologists and medical doctors have as their profession the mission to attend to life from its beginning, during the arc of its natural growth until its blooming at the moment of child birth.

Dear medical doctors, my friends, you have received this great gift of God of helping families and in particular mothers with your professional expertise and skill and your medical knowledge; of advancing this great and wonderful gift of providence, human life, a fascinating mystery, the life of each one of us and mankind yesterday, today and tomorrow. As health-care workers you strive to serve life with intelligence and dedication, in particular when it is at risk because of pathologies and various threats that can compromise the wellbeing of both the mother and the unborn child. What an honour but also what a responsibility for you gynaecologists and obstetricians, who are called to work with such a great and mysterious human and divine event!

1. The cultural context in which you practice your profession is not, unfortunately, favourable to respect for life; indeed, a culture that is aggressive in relation to life at its different stages and in its various expressions is becoming increasingly established. In manipulating life some scientists banalise it and devalue it, thereby helping to create psychological, social and cultural conditions not only for the decriminalisation of crimes such as abortion and euthanasia but also for the promotion of laws that are clearly favourable to abortion and euthanasia and which are often held up in modern societies as measures of civilisation.

2. Today, in some circles favourable to abortion, there is the increasing affirmation of a pseudo-right that bestows upon a mother the power of life or death over her unborn child because of the simple reason that the unborn child depends on the woman who carries it in her womb or the pretext of the difference of the corporeal development of the unborn child. In this way an attempt is made to establish an inequality of rights that is so radical as to attribute to the mother discretional power over her own child. I believe that it is pertinent to state once again that the freedom of the mother is limited by the specific rights of the individual that she bears in her womb and public authorities should uphold.

3. One cannot keep silent about the situation of many gynaecologists who are 'morally forced' to carry out an abortion so as not to run the risk of losing their jobs, or the situations of students engaging in work placements who have to do the same thing, unfortunately in very many clinics in order to avoid the risk of being excluded from receiving their diploma at the end of their studies. I believe that you Catholic gynaecologists and obstetricians must react and find modalities of appropriate dissent in order to uphold the right of conscientious objection and work so that in our universities a primary example is made.

I thus invite you, dear doctors, gynaecologists and obstetricians:

– not to submit yourselves to forms of blackmail of any kind;

– not to practice your profession in line with the interests of the strong or social reward;

– not to become corrupt mercenaries without a sense of responsibility;

– not to forgo the Hypocratic character of your profession that always and in all situations commits you to not contributing to bringing about the deaths of innocent people but, instead, commits you to respecting them unconditionally from conception until the natural epilogue of their existence.

2. The Contribution of Gynaecologists and Obstetricians in Favour of Unborn Life within the Framework of the Programme for the Prevention of the Vertical Transmission of HIV/AIDS

1. HIV/AIDS is a planetary emergency. In twenty years it has become the first cause of death in Africa, In 2005, according to the statistics of UNAIDS, out of 40.3 HIV positive children sick with AIDS in the world, about 1.2 million were Africans. I could go on and describe the dramatic context of the situation of HIV/AIDS in

the world and in particular in the continent of Africa, but I will stop here. However, I would like to provide a significant statistic: in Botswana, 35% of adults are HIV positive. In Abidjan, in the Ivory Coast, AIDS has become the first cause of death and South Africa has the highest number of HIV positive people in the world, that is to say five million people.

2. We are all invited to make a contribution to combating this terrible pandemic; the field where you as gynaecologists and obstetricians could do a great deal is that of the vertical transmission of the virus, that is to say from the mother to the child, where one can significantly reduce the number of children who are born with the HIV virus thanks to simple and inexpensive measures at a medical and pharmacological level. In the young mission churches there are major and impelling needs and the local bishops asked to be helped to respond to such an important emergency which in definitive terms allows the avoidance of the risk of further abortions because of the fear of mothers that they will give birth to children with HIV. This is a matter, as you can see of being, here too, at the service of life, ensuring that life from conception is, and is born, healthy. I believe that you could do a great deal with very little if you were to include this noble initiative, which directly affects many mothers, above all in developing countries, in your programmes.

3. Catholic Gynaecologists and Obstetricians and the Ideology of Reproductive Health

Today in the international context there is a serious ideological question which was advanced in particular at the international conferences held in Cairo and Peking. I am referring here to the question of so-called 'reproductive health'. The famous Millennium Declaration gives a great deal of space to this creeping ideology; I am also happy that this matter will be studied by you. Of the eight millennium goals for development, three relate to health: the reduction of infant mortality (goal 4), the improvement of the health of mothers (goal 5), and combating HIV/AIDS, malaria and other diseases (goal 6). It is increasingly the case that services regarding the health of mothers and their children are offered by governments, and above all university clinics, which include, in addition to the traditional and ordinary services of gynaecology and obstetrics, also services connected with the instruments and means of contraceptives and abortions framed within the ideology of population control.

1. In this field increasing reference is made to the right to reproductive health in order to refer to an authentic concept of reproductive health side by side with a series of connected rights. Everything is defined as a new feature of the panorama of human rights and correlated rights. In the international context, reproductive health is linked to procreation and to other strongly debated areas such as, for example, gender perspective or sexual orientation. In other words, reproductive health is connected with a profile of the equality and demarginalisation of women, and associated with the educational realities of young people and adolescents, and this has increased elements that generate conflict between the generations (the rights/duties of parents as against the rights of adolescents).

2. I invite you dear medical doctors to explore this problem and to provide information to your profession so as to prevent you from unconsciously serving the merchants of death who are certainly not absent in your field. Catholic gynaecologists and obstetricians cannot be passive in relation to this ideology which is infecting many of our structures and also many health-care workers in the world.

My best wishes to you and your work.

Msgr. JEAN-MARIE MPENDAWATU
Official of the Pontifical Council for Health Pastoral Care, the Holy See.

The Anchor of Life

HOPE TO HOLD DEARLY—THE ROAD TO OVERCOME SUFFERING (HEB 6:19)

CVS: A Mission which Begins at the Foot of the Cross

The CVS (Volunteers of Suffering Center) is an international confederation composed of diocesan Associations founded by Msgr. Luigi Novarese in 1947. These Associations have lay persons and clergy who live the apostolate through the total involvement of the suffering in all aspects of life. The pastoral and social activities of the associations place the disabled in a prominent position.

The CVS Apostolate came about as a response to the drama of the suffering, as well as providing a concrete answer to the requests for prayer and penitence of the Blessed Virgin in her apparitions at Lourdes and Fatima. It gives a sense to suffering which began at the foot of Jesus' cross where the Evangelist, John, described the Blessed Virgin and Christ's beloved disciple (John 19:25-27). Jesus' death and resurrection, His gift for the salvation of the world, give a reason for His mother and his disciple to go on living while trusting one another.

Only through communion with Christ can pain, fatigue, suffering have meaning and give hope. At the foot of the cross, the CVS Apostolate finds its identity by looking at the world of the suffering as a "place" for its particular mission, giving to each member a life based upon salvation.

From the union with Christ crucified and resurrected, there is not only a reason, a hope, a consolation in the lives of those who suffer, but also a missionary dimension in every member's life.

Each baptized person has the obligation to announce the Gospel to the world and this becomes a "free" choice in the CVS – each member openly offering his own life through apostolic action showing that love which saves.

Every person, by understanding the implication of his own baptismal vows, becomes an active, responsible member in all of the CVS' activities.

Holding onto Hope

"...God desired to show more convincingly to the heirs of the promise the unchangeable character of his purpose, he interposed with an oath, so that through two unchangeable things, in which it is impossible that God should prove false, we who have fled for refuge might have strong encouragement to seize the hope set before us. We have this as a sure and steadfast anchor of the soul,..." (Heb 6:17-19).

Man's dignity throughout
all of his life,
Christian duty
to understand
and to follow,
Christ the Savior,
bringing with Him,
beside Blessed Mary,
our spiritual mother,
our own cross,
for the betterment
of the entire world
are the basic precepts
upon which
our apostolic work
is based.

Msgr. Luigi Novarese

This letter to the Hebrews defines hope as the anchor of our lives, the symbol which gives security and stability. This biblical image evokes a shipwreck scene, or at least the picture of a ship being bounced about in a stormy sea. Christian hope is like an anchor of salvation which can be grasped in times of crisis or turmoil.

Christian hope, which overcomes and surmounts this picture, is Jesus Himself resurrected.

Inevitably, human suffering is the beginning of a time of crisis, a stormy sea which affects human fragility and shakes the very foundations of the individual. The Christian, however, even when he feels lost and shipwrecked in that profound sea of his existence, does not let himself be beaten by the fury of the storm. He becomes strong as that anchor through his trials and tribulations. His strength lies in holding Jesus Christ is his heart while being in communion with Him in the person's daily life. This is the only way a Christian can affront suffering.

The CVS Apostolate emphasizes the baptismal vocation of every Christian. In particular, the CVS asks all those whose lives are directly touched by suffering to hold on to hope as a response to their own pain. Each member, according to his baptismal vows, must profess and proclaim Jesus resurrected the hope of the world.

As Jesus who was beside his disciples at Emmaus (Luke 24, 13-35), all who belong to the CVS are near those who suffer, accompanying and sus-

taining them. In the same manner, the Immaculate Virgin, as mother and sister, has appeared at Lourdes and Fatima numerous times. God's Mother shows the way to salvation by guiding and sustaining each person down life's road leading to her Son.

Overcoming Suffering

Illness, isolation, exclusion find meaning only in Jesus Christ. Those who have felt these experiences in their own lives are living examples for all. The CVS's apostolic action is transmitted by a preciously patient "keeping close to one another during life's journey." It is founded upon "reciprocal understanding" through brotherly relationships.

The CVS's apostolic action directly and actively involves both the suffering and the healthy. The CVS recognizes the important vocation of the disabled as role models of the Gospel through their concrete actions both on a social and pastoral level.

All CVS members place importance on the spiritual aspect of their lives and focus their apostolic action within their small group activities whose aim is to fully utilize social and ecclesiastical resources for the promotion of the individual's dignity.

The fundamental organizational element is the small group present in each parish. This teaches and co-ordinates all activities for an active integration of the suffering in the Church, family, and society. Group activities focus on the spiritual growth of each member for a fuller life of joy in Jesus Christ, our Lord.

To facilitate this, the association is organized into different groups: children, adolescents, young adults, and mature adults.

Each diocesan association has Spiritual Retreats, Days of Meditation and Workshops. In addition, it focuses on all facets of the suffering – from their role in the workplace to recreation.

CVS

The founder of the organization, Msgr. Luigi Novarese, was born at Casale Monferrato on July 27, 1914. Following a personal illness, he saw the necessity to overcome that sense of futility and uselessness which the suffering felt many times. From his childhood, Msgr. Novarese was very devoted to the Blessed Virgin; and his entire spiritual growth was characterized by her presence. Thus in 1947 with the birth of the CVS, he and Sister Myriam Psorulla emphasized the central role of Christ's mother in each person's life.
In 1931, Luigi Novarese completely recovered from a life-threatening illness after a Novena to the Blessed Virgin Who Aids and Saint John Bosco. Then he decided to study medicine to help the ill. The death of his mother in 1935 brought him to another path. He discovered his priestly vocation as a better way of helping those who suffer; and in 1938 he was ordained. From 1942 until 1970, he was a part of the Vatican Department of State. He directed the Italian Hospital Chaplains office from 1964 until 1977.
He died at Rocca Priora (Rome), Italy on July 20, 1984.

The 'Silent Workers of the Cross' are a private international association of the faithful recognised by the Pontifical Council for the Laity to which can adhere members of the laity of both sexes and priests. In the imitation of Christ 'called and sent' by the Father (cf. Heb 10:58) to carry out His will for the life and salvation of the world, the Silent Workers of the Cross live the total giving of themselves as a response to the baptismal consecration in the practice of gospel advice.
In the broad and intricate world of suffering, the Silent Workers of the Cross actuate in themselves and share with everyone a pathway of growth and maturation in the faith so that in the light of Easter everyone will discover that they are called to encounter and proclaim the meaning of their suffering and the joy of salvation.
The Silent Workers of the Cross act personally and directly with concrete actions of service to the person and pursue their own goals through all the means of the apostolate that are required by different socio-cultural and environmental situations. They engage in pastoral activities (animation, publishing, study), socio-rehabilitative activities and activities involving assistance and care. In particular, they co-ordinate the International Confederation CVS which brings together all diocesan associations of the Centre of Volunteers of Suffering with the aim of working for the overall promotion of the suffering person.

The Journey of the Office for Pastoral Care in Health of the Archdiocese of Bari-Bitonto under the Banner of Creativity

(1986-2006: TWENTY YEARS AT THE SERVICE OF THE LOCAL CHURCH)

INTRODUCTION: Two Illuminating Phrases of Two Pastors of the Local Church

The memory of the meeting with Msgr. Mariano Magrassi, the Archbishop of our local church of Bari/Binto, which took place in the late morning of a festive day during the second part of September 1985, is still fresh in my mind. Without frills and with extreme immediacy the pastor said to me: 'I thought I would entrust you with responsibility for pastoral care in health in the diocese because for many years you have been involved in this field'. In the face of my perplexity because of my inadequacy in relation to the task, when taking leave of me he added in paternal fashion: 'do what you can and choose valid people to work with you'. The letter appointing me to this post arrived at the end of May the following year because in the curia they had forgotten to add this legal ratification.[1] Twenty years later I can state with all conscience that in this position 'I have done what I could' and I have had the grace to find many 'valid people to work with me' who have allowed our diocese to engage in a long deaconal journey in the field of pastoral care in health, supported by the help and the light of the Holy Spirit.

The meeting with Msgr. Francesco Cacucci, the current pastor of our archdiocese, which took place at the 'St. Mary' Oasis of Cassano Murge (BA), on the occasion of a meeting of the directors of the diocesan offices in the middle of September 2005, is even clearer in my mind. During lunch, after communicating that I had reached the point of twenty years of life in the pastoral office that I directed, the bishop said to me: 'well, this year the pioneering stage of the office will come to an end: now pastoral care in health must become a dimension of the ordinary pastoral care of every community'. It seems to me that this indication can become the best pathway by which to continue with our journey of service to the diocesan church.

THE CONTEXT: the Birth of the Office with a Real Prophetic Intuition

I wanted to recall these observations of our two pastors who have contributed in a determining way to the life of the Office because they help to place the birth and the development of this Office in its most accurate context.

When this Office was created in our archdiocese the apostolic letter *Salvifici doloris* (11 February 1984) of John Paul II on the Christian meaning of human suffering had already been published and the body that is now called the Pontifical Council for Health Pastoral Care had just been brought into being by the motu proprio *Dolentium Hominum* (11 February 1985).

In Italy the National Consultative Committee for Pastoral Care in Health had been active during the 1960s, engaging in periodic meetings and the organisation of its own national conferences. Many years later it would have a permanent point of reference in the National Office of the Italian Bishops' Conference, which had been created in September 1996, with a director and a head office in Rome.[2] During the same years (1984-85) the first contacts had been begun for co-operation between the four religious Orders involved in the field of hospitals and health care (the Camillians, the Minor Capuchin Friars, the Fatebenefratelli, and the Minor Friars, who in November 1986 came together in the creation of an association that is today called the 'Italian Association for Pastoral Care in Health (A.I.Pa.S.).[3] In 1987 it began its teaching activity at the 'Camillianum' International Institute of the Theology of Pastoral Care in Health in Rome, affiliated to the 'Teresianum', which conferred the academic qualifications of the licence and doctorate in this discipline.

In the 1980s there were only a few diocesan and regional consultative committees for pastoral care in health that has already been created and were already operating. The name 'office' was not employed. An evident sign of this fact was that in the Note of the Italian Bishops' Conference entitled 'Pastoral Care in Health in the Italian Church' (1989) offices were not envisaged amongst the bodies responsible for communion and animation. Reference was only made to consultative committees.[4] Care and activity for sick people were in the hands of Caritas. Indeed, our diocese, before the creation of the Office, from the 1970s until the first half of the 1980s, was very active in providing a service to sick people and disabled people through the worthy initiatives first of Msgr. Giuseppe Natale and then, above all else, of Don Vito Diana.

Here it is necessary to recall not only the frequent journeys organised by UNITALSI to Lourdes but also the annual diocesan day for the sick placed within the celebrations of St. Nicholas in the month of May; the promotion of health/social care voluntary work together with the OARI; the first unsuccessful attempts

to establish a consultative committee; initiatives involving the training of pastoral workers; the attempt to pay special attention sick people on the occasion of the visit of the Pope to Bari in February 1984, both with a special place for them during the liturgical celebrations and through the visit of this eminent Pastor to the polyclinic of the city.[5]

Thus the proposal made by Don Vito Diana (the tireless director of the diocesan Caritas for many years) to Msgr. Mariano Magrassi to create a new office for pastoral care for suffering and the sick, as it was usually called in those days, should really be seen as a prophetic insight and should be attributed to the merits of both of them.

WITHOUT A MODEL: Under the Banner of Research and Creativity

The first steps of the new Office were always supported by good will, by the practical sense of people, and by the insights that were expressed from time to time to the director and the first members of this body: it could not have been otherwise. Given that there was no model of reference and the practical directions of the ecclesial magisterium did not yet exist, everything took place under the banner of research and creativity, which also included prayer, openness to the inspiration of the Holy Spirit, discussion with other Offices that were well consolidated at the level of practice, and the first shared initiatives that were engaged in with them.

However, it is advisable to recall certain initial and permanent elements that characterised the work of the whole journey taken over these twenty years. *Firstly, the personal enthusiasm and the youthful curiosity that were present in building bridges of acquaintance and friendship with qualified people who belonged to this sector and characterised pastoral and organisational action*. Here the providential event of meeting certain Camillian fathers who were qualified in the sector of pastoral care in health should not be under-emphasised. From the outset they offered a strong contribution to the implementation of training for pastoral workers in the diocese (one may mention the most prominent: Angelo Brusco, Arnaldo Pangrazzi, Rosario Messina, Giuseppe Cinà, Domenico Casera, Luciano Sandrin).

Another important element was the active presence of people in the life of the local Church, especially during the important and fundamental moments of the diocesan community, of the parishes and of the associations of, and for, sick people. This presence helped to make the existence of this young body known about and helped the people involved in it to make it grow.

Thirdly, the policy was chosen of small steps in planning and drawing up projects: wisdom and care allowed the proposing and implementation of initiatives that were proportionate to the human capacities and means that were available.

Fourthly, the operational horizon of the Office from the outset was to breath with two lungs: with attention being paid to, and involvement in, initiatives by the regional consultative committees and those at a national level it was possible to walk together with the other diocesan Churches and the Italian Church.

Lastly, there was no absence of personal and communal reflection on the pastoral experiences that had been undergone and their assessment. This approach allowed an examination of any possible errors that had been made and to look to the immediate future with hope.Within the horizon of these constant lines of the pathway of the Office, we discovered and followed with courage and constancy the following *principal paths* of its growth. We could more appropriately define them as 'lanes': the strong belief of the need for the training of pastoral workers, the importance of bodies involved in communion and participation, the value of health care/social voluntary work, and the utility of remembering what was being constructed.

THE FIRST PATHWAY: the Initial and On-going Training of the Pastoral Workers

Our Office believed from the start in the importance of, and the need for, the initial and ongoing professional training of pastoral workers. It was no accident that as soon as I was appointed director I felt the need to take part, at the Camillian Centre for Pastoral Care in Verona, in an intensive month's course of clinical pastoral education (CPE) in September 1986. This training opportunity turned out to be providential and fundamental and its practical consequences were visible in the shaping of the general organisation of the work of the Office, in the methodology to be used in annual planning, and in the practical stages of the implementation of the projects that had been identified.

The action of training for the diocesan community took the form of the study of *Salvifici doloris* with a course that lasted for three years (1988-1990). The lectures of this course were entrusted to local lecturers and had a surprisingly large number of participants. At the same time or in subsequent years the following were also organised: a course on bioethics (November-December 1988), intended principally for the students of the schools for professional nurses (1989); a course on 'help relationships'

of the first, second and third levels (1988-1991), under the direction of Prof. A. Brusco; a course on group animation; and other numerous meetings with the councils of the vicariate to illustrate the cultural initiatives of the Office.

Then, during the early 1990s, the Office organised specific courses on 'sacraments during illness' (1991) and 'evangelising and bearing witness to charity during illness' (1992). At the same time were begun annual meetings for extraordinary ministers of holy communion as on-going training and to prepare for the World Day of the Sick. This was an initiative that was very much participated in by those for whom it was intended and it still has the goal of exploring the subject of the World Day, suggesting a fan of initiatives for the event involving animation, and distributing relevant material to specific communities. The results have been excellent because the practical consequences of the celebration of this World Day have been seen in the written reports that are sent in to the Office. The Office has always offered its own contribution to the initial training of extraordinary ministers in the courses organised by the parishes or the vicariates, with papers on special subjects belonging to this area.

For some years now annual meetings on pastoral care in health have been organised. In 2006 we are at our third such meeting. Our Archbishop is also involved in these meetings and he offers his own contribution at the level of reflection on the subject that is addressed. The proceedings of this training activity are written down and made available by those involved. These proceedings are conserved in the archive of the diocesan office.[6]

In 1996, after a year of meetings and reflection on the subject with the consultative committee, the project of a school for pastoral care in health emerged. This year it has reached the achievement of ten years of existence and activity with the diocesan committee. Working with the *Camillianum* in Rome, which from the outset assured the support and help of its most qualified lecturers, this school, which during the course of the years acquired the name of 'two-year course of ethics and humanisation', also offered health-care personnel (medical doctors and nurses) the opportunity of training in the field of ethics and humanisation, which, indeed, are so necessary to improve health-care service and places of care.

What the Note of the Italian Bishops' Conference states about the hospital religious assistant in regard to training can also be applied to the training of every pastoral worker: 'to achieve an adequate performance of his mission at the side of sick people, in addition to a profound spirituality the chaplain must possess professional competence and training that enable him both to have a deep knowledge of the psychology of a sick person and to establish with him a meaningful relationship and to engage in valid interdisciplinary cooperation. It is upon the basis of a warm humanity that the pastoral accompanying of sick people finds its first support. In respecting the needs and the rhythms of the patient, the chaplain will know how to provide the comfort and the hope that comes from the word of God, prayer and the sacraments'.[7] This policy continues today because on-going training, together with the help of the Spirit, is the first premise for an effective and fertile service by the ecclesial community to the men and communities of today.

THE SECOND PATHWAY: Bodies for Communion and Participation

Following the advice of our beloved pastor, Msgr, Mariano Magrassi, the second pathway followed by our office has been that of looking for people to work with us and to create those structures of pastoral care in health, indicated in the Note of the Italian Bishops' Conference of 1989, that 'are at the service of pastoral workers, associations and institutions as an instrument of communion and animation to achieve shared pastoral goals in the world of health and health care'.[8]

For this reason, the creation of the consultative committee was of primary importance in the initial concerns of the director. In looking for heads of associations and sick people, in inviting the chaplains of health-care institutions, in animating hospital sisters, and in asking the regional vicariates to send their representatives, a

group was slowly formed of team members and animators that shared in the first steps of the pathway of the Office, which was gradually developing on a larger scale.

In order to create a sense of belonging on the part of the members and to deepen together knowledge of the pastoral sphere of their respective competence, the strategy of having a meeting of the consultative committee once a month was useful and productive. The meetings, which were preceded by a letter inviting people to take part and by a specific agenda for the meeting, were always characterised by seriousness and the practical character of the joint work. All the reflections and the consequent joint decisions taken during these monthly meetings were written down by a secretary who produced minutes that were distributed to, and read by, the participants. In subsequent years the meetings of the consultative committee took place every two months, and this is still the case, given that the original purpose now longer applies.

The activity of every year was then established in a programme that included both the objectives and the principal initiatives by which these objectives could be achieved. The programme was printed and always sent to the members of the consultative committee. It recent years it has also been sent to the parish priests. Every month the Office has always had its regular space in the 'Diocesan News Bulletin' where its appointments and initiatives are made known about. At the end of every pastoral year an assessment is made of the journey that has been travelled, the delays that there have been and their causes, the objectives that have been achieved and a commitment always to look forward to the next year. An annual written report on the activities engaged in has enabled the whole diocesan community to know about what has been achieved and this is published in the diocesan Bulletin. It should also in all honesty be recognised that the diocese, through its bursary, when called upon, has never failed to produce the economic resources to sustain the cultural and training activities of the Office.

During the course of the years the staff of the Office have been organised through the drawing up and approval of the internal regulations of the consultative committee. This helps to more clearly mark out the identity of the Office, the goals to be reached, the criteria of membership, the internal structure, and the distribution of tasks. Recently a special committee composed of a restricted number of members who are convoked by the director whenever this is necessary or urgent matters so require it has been created. And since the beginning of the new millennium, in response to a request of the director, the Archbishop has also appointed a vice-director for the Office. For a year now the Office has also been assigned a head office, which is located in the diocesan seminary, a building which also has other offices. A daily presence by a volunteer of the consultative committee is assured for anyone who may have need of certain services.

In following how it has developed, one may state that the Office today has its own staff and duties system which emphasises that it is not to be identified with one individual but involves a multiplicity of pastoral subjects at various levels and with different responsibilities. It has contacts with, and assiduously takes part in, meetings of the regional consultative committee and the national consultative committee, and makes a practical contribution in the various contexts with which it is involved. It never fails to take part with a congruous number of pastoral workers in meetings on pastoral care in health in Puglia and those organised by the National Office in Chianciano (SI) or by the Italian Association for Pastoral Care in Health (A.I.Pa.S.), in which certain members of our local Church are involved with different responsibilities.

To conclude, we may state that the bodies for communion and participation of the Office are a valid instrument by which to perform the tasks that are entrusted to it: to animate the various ecclesial realities and health-care structures as regards questions and issues connected with health and the needs of sick people and their families; to co-ordinate and foster common and shared action on the part of the various associations, groups and bodies that are active in the diocese: and to engage in initiatives involving training and up-dating in this area.[9]

THE THIRD PATHWAY: Attention Paid to Voluntary Work and its Promotion[10]

The Church has always demonstrated its emphasis on voluntary work both through statements of the Magisterium and through the promotion of specific associations that assure practical service during times of physical, psychological and spiritual suffering.

Thanks to various kinds of voluntary work, John Paul II observed, 'the fundamental human values, such as the value of human solidarity, the value of Christian love of neighbour, form the framework of social life and interhuman relationships and combat on this front the various forms of hatred, violence, cruelty, contempt for others, or simple 'insensitivity', in other words, indifference towards one's neighbour and his sufferings'.[11]

For their part, the Italian bishops stated in the pastoral directions of the last decade that 'the increasingly widespread experience of voluntary work is a further strong testimony to the service of our churches in response to various forms of poverty and a sign of the ethical and social vitality of the gospel of charity'.[12] Looking at the hospital world the national consultative committee for pastoral care in health of the Italian Bishops' Conference emphasised that 'in addition to integrating Christians more directly into the social context, voluntary work implicitly carries out work of pre-evangelisation and evangelisation'.[13]

On these theological and ecclesiological foundations the diocesan Office has been involved in a direct way in the world of voluntary work in order to respond at a practical level to the explicit invitation made by our Archbishop, Msgr. Mariano Magrassi, in his Easter message 'Let us give Life to Life – the Health-Care Reality in the Land of Bari', which called on the ecclesial community 'to promote and train voluntary workers who act in conformity with free giving as a sign of the Church which serves amongst our brethren'. In December 2005 the 'Volunteers of Bethesda' association was created which is based on Christian principles and seeks to work within public hospital structures by offering its own specific contribution to the humanisation of the world of health care and always putting the sick person, with his physical, psychological and spiritual needs at the centre of every programme, and working in harmony with hospital staff but always maintaining the specificity of its own actions.

It has been led by the director of the Office as its president who in this role has been able to locate the development of this association within the pathway of the local church and has striven to embody the values of faith and charity both through the basic and on-going training of the voluntary workers and through a working presence in wards at the side of sick people, their family relatives, and pastoral workers.

At the present time the 'Volunteers of Bethesda' are over 170 in number and are present and work in the three great health-care institutions of the capital city of Puglia (Policlinico-Consorziale, Giovanni XXIII and Di Venere), enjoy good relations with the pastoral workers of the religious service, and some of them are practising Christians or extraordinary ministers of holy communion.

Naturally, the experiences of other associations of Catholic voluntary work flow into the consultative committee of our Office. These have an opportunity to enter into dialogue and to enrich each other, to become involved in the pastoral journey of the diocesan church, and to become bridges of communion with the various parish, family and social realities.

Towards the end of the 1990s the diocesan Office accepted the challenge of the experience of the Mixed Hospital Chaplaincy (COM), a new pastoral body of the hospital world which, although it has been officially recognised by the Italian Church since 1989, still encounters difficulties in becoming established in the various individual dioceses. It belongs to the world of pastoral voluntary work.

In the polyclinic of Bari the experience of the hospital chaplaincy was begun in 1997 with the co-ordination of the director of the diocesan Office who works as a chaplain within this structure.[14] After this other health-care or hospital structures have arisen, albeit with their own specific and different individual physiognomy. In November 2005 we had the first meeting of the pastoral workers of the hospital chaplaincies of our diocese.

In order to have a better idea of the importance of the experience of the COM it is helpful to remember that it is based and founded on the ecclesiology of communion that was developed by the Second Vatican Council which defined the Church primarily as a mystery and as a people of God.

The hospital chaplaincies, in the light of the path that has been hitherto followed, may be really defined as laboratories of ecclesial community where in an original way pastoral service is experienced with the involvement and the commitment of all the component members of the people of God, each one according to their own specific charism.

THE FOURTH PATHWAY: the Conservation of Memory (the Archive)

Conserving the memory of a body and thus of a community means not dispersing the multiform richness of an experience that has been lived through and leaving a cultural legacy to those who come afterwards so that the journey engaged in can be continued in faithfulness to tradition and with attention paid to new signs.

Ever since the beginning of its activities the Office has had an archive looked after by an archivist. It is certainly the case that the cataloguing has been done in an amateur way but at the right moment and with qualified people a survey of the documentation can be carried out. In this way that which is considered most valuable and suitable will be conserved.

There are over twenty boxes in the archive of the Office, two for each pastoral year. These are divided into folders on the various sectors of activity: meetings of the consultative committee, annual planning, monthly appointments, incoming and outgoing correspondence, the school for pastoral care in health, papers by the director, material of the World Day of the Sick, the meetings at Collevalenza etc. Copies of the proceedings of courses and conferences held in the diocese are drawn up and conserved, and the director has been responsible for a section of the provincial library of the Minor Capuchin Friars of St. Fara in Bari, a section limited to pastoral care in health, which has about a thousand volumes that have been published during the course of these twenty years. These have been arranged into sections.

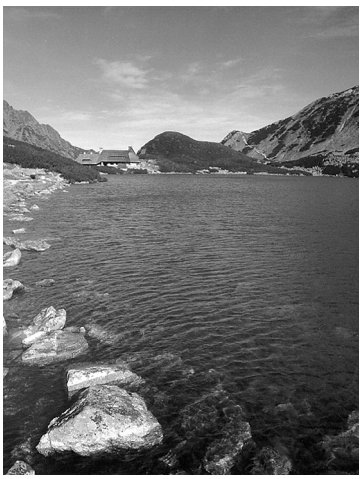
An internet site in the name of the hospital chaplaincy of the polyclinic has been created (*www.cappellaniapoliclinico-bari.it*), within which is placed the pastoral work of the Office. We are also waiting to open a section of the office in the site of our archdiocese (*www.odegitria.bari.it)*. In this will be placed the links of every hospital chaplaincy.

LOOKING AHEAD: Towards the Future

At the end of this survey which has allowed me to trace and communicate the history of our Office, it is necessary to

look to the future and to refer to the new pathways of pastoral care in health that lie ahead of the church of di Bari-Bitonto.

1. *The development of the missionary dimension of pastoral care in health*. Care for sick people and the promotion of overall health cannot be limited to health-care institutions but must involve the role of parish ecclesial communities with the animation of the local area. In this way pastoral care in health, like other forms of pastoral care, must be transformed into a daily dimension of ordinary pastoral care. This path was previously indicated by the Italian bishops in the pastoral Note 'The Missionary Face of Parishes in a Changing World'.[15] In this document there are various suggestions along these lines. For example, the welcoming of everyone (n. 4), answering the basic questions of the human heart (n. 6), care for our weakest brethren (n. 9), and care and concern for the least amongst us (n. 10).



2. *The new ministerial forms of pastoral care in health*. The document of the Italian Bishops' Conference cited above has an illuminating phrase in relation to this question: 'Priests should always see themselves as being inside a presbytery and within a symphony of ministries and initiatives: in the parish, in the diocese and in its expressions. The parish priest should be less a man of doing and direct action and more *a man of communion*; and thus he should be concerned to promote vocations, ministries and charisms. His passion should move charisms from co-operation to co-responsibility, from figures who help to presences that think together and walk within a shared pastoral project. His specific ministry of leading the parish community should be exercised bringing together the threads of mission and services: it is not possible to be a parish on one's own'.[16] We may refer by way of example to certain ministries that should be established after a suitable period of experimentation: the ministry of comfort, pastoral care for the elderly, the accompanying of the dying, and pastoral care of mourning.

3. *The greater professionalism of the providers of pastoral care in health*. This is obtained through the basic and on-going training both of priests and of all pastoral workers. Today the health-care and hospital world is very complex and diversified; the problems are multiplying in a disproportionate way and the requests of sick people have become more demanding and more profound. For these reasons, priests and pastoral workers should feel the need to qualify their actions in a professional sense in order to acquire 'relevance' and 'significance' in the health-care community. The more they are trained in their sector the more their pastoral service will be effective and fecund. For that matter, pastoral workers cannot justify their presence simply through the distribution of holy communion but are called to live that pastoral care in health that Pope John Paul II defined as activity 'capable of sustaining and fostering attention, nearness, presence, listening, dialogue, sharing, and real help toward individuals in moments when sickness and suffering sorely test not only faith in life but also faith in God and his love as Father'.[17] If we are in Europe at a political and economic level, one should also begin to think at a European level in the field of pastoral care in health as well, which in some countries already involves training standards for pastoral workers.

4. *The promotion of pastoral bodies for communion*. Such bodies of health-care institutions are known about: hospital chaplains and hospital pastoral councils. Thus it is of indispensable importance to convert at a practical level to being a Church as 'communion' which gives primary emphasis to the dignity of every baptised person and the mission received from sacramental grace of contributing to the gospel mandate of evangelisation and human promotion. In simple words, to live the communion Church means to see the uniqueness and wealth of every richness who belongs to it, to recognise the specific contribution that every component member makes to it, and to grow in the awareness of working together for a common objective. It also means being convinced that the primary effective witness that the Christian community can offer contemporary society is specifically that of being one in the Trinity and being 'one heart and one soul'. From communion should then spring the co-operation and co-responsibility of the pastoral team: the pastoral workers are not mere carriers out of commands but mature and responsible Christians who contribute, each in line with their own specific vocation, to the shared mission of the ecclesial community.

CONCLUSION

In concluding we can state that in a descriptive way the Office for Pastoral Care in Health can be defined as being 'a body that expresses the loving care and concern and the operating presence of the Church in relation to the sick, the world of health and health care, and the question and issues of health and illness, so as to bring the light and the grace of the Lord with the gospel of life, of suffering and charity. For this reason, it is dedicated to ordinary pastoral care of the healing community in the health-care structures and the local area based *upon the sick and the suffering*, as active and responsible subjects of the work of evangelisation and salvation; *upon the Christian illumination* of the problems of the

health-care world (training, humanisation, scientific research…) and the animation of the local area as regards the questions and issues of health care (the dignity of the human person, respect for and defence of life, the promotion of health); *upon the sensitisation of the Christian community* and in particular parishes, groups, associations, pastoral bodies, and holistic care for sick people and their families'.[18]

In a word, the primary and fundamental commitment of the Office is to promote the value of life and the dignity of the person both in health and in suffering, from the moment of conception until its natural end, in the Christian vision proposed by the Church through her history and her Magisterium. The local Church of Bari-Bitonto has had the grace of enjoying the service of this Office for twenty years: may God be praised and thanked!

Rev. LEONARDO NUNZIO
DI TARANTO

Notes

[1] Cf. the letter of Archbishop Msgr. Mariano Magrassi to Nunzio Leonardo Di Taranto on the appointment of someone to be head of pastoral care in health in the archdiocese of Bari (prot. n. 20/86, 26 May 1986). Amongst other things the Archbishop wrote: 'The work is great because suffering makes men nearer to God, more similar to Jesus and more detached from the world. The world of health care will make you meet all the social classes, and in various circumstances. With great goodness direct everyone to the smile of human and divine grace and continue in the diocese that work that you have already engaged in with the chaplains of your Order' (in 'Archive of the Diocesan Office for Pastoral Care in Health', I faldone 1986/87).

[2] Cf. G. GHILARDI I, 'La Consulta Nazionale per la Pastorale Sanitaria', pp. 55-62, in *Insieme per servire,* the review of the Italian Association for Pastoral Care in Health, year XX, n. 1, January-March 1996, proceedings of the national conference of the AIPaS on 'three faces of hope: reflection, co-operation, planning', Collevalenza (PG), 9-13 October 1995*;* L.N. DI TARANTO, *La chiesa nel mondo della sanità che cambia* (Camilliane, Turin, 2002), pp.11-19.

[3] Cf. L.N. DI TARANTO, 'A.N.C.R.O. Un'associazione nuova per un servizio antico', in *Insieme per servire*, year I, n. 1, pp. 3-12.

[4] Cf. CONSULTA NAZIONALE CEI PER LA PASTORALE DELLA SANITA', *La pastorale della salute nella chiesa italiana: PSCI,* pp. 65-78.

[5] Cf. The diocesan bulletins of that years report the principal pastoral initiatives that were engaged in during that period. Unfortunately, a scarce amount of written documentation was given to the director of the new Office.

[6] The building of the diocesan office for pastoral care in health is located at the diocesan seminary in Corso A. De Gasperi, 274/A, Bari.

[7] *PSCI*, n. 40.

[8] *Ibidem*, n. 65.

[9] Cf. *PSCI*, n. 78.

[10] In this part of my papare I draw upon L.N. DI TARANTO, 'L'Ufficio per la Pastorale della Salute per la Promozione della Vita nell'Arcidiocesi di Bari-BItonto', in *CAMILLIANUM,* review of the International Institute for the Theology of Pastoral Care in Health - CAMILLIANUM, year V, first quarter 2005, number 13, new series, pp. 163-173.

[11] JOHN PAUL II, *Salvifici doloris*, n. 29.

[12] CEI, *Evangelizzazione e testimonianza della carità - Orientamenti pastorali dell'Episcopato italiano per gli anni '90*, 8 December 1990, n. 48.

[13] *PSCI*, n. 59.

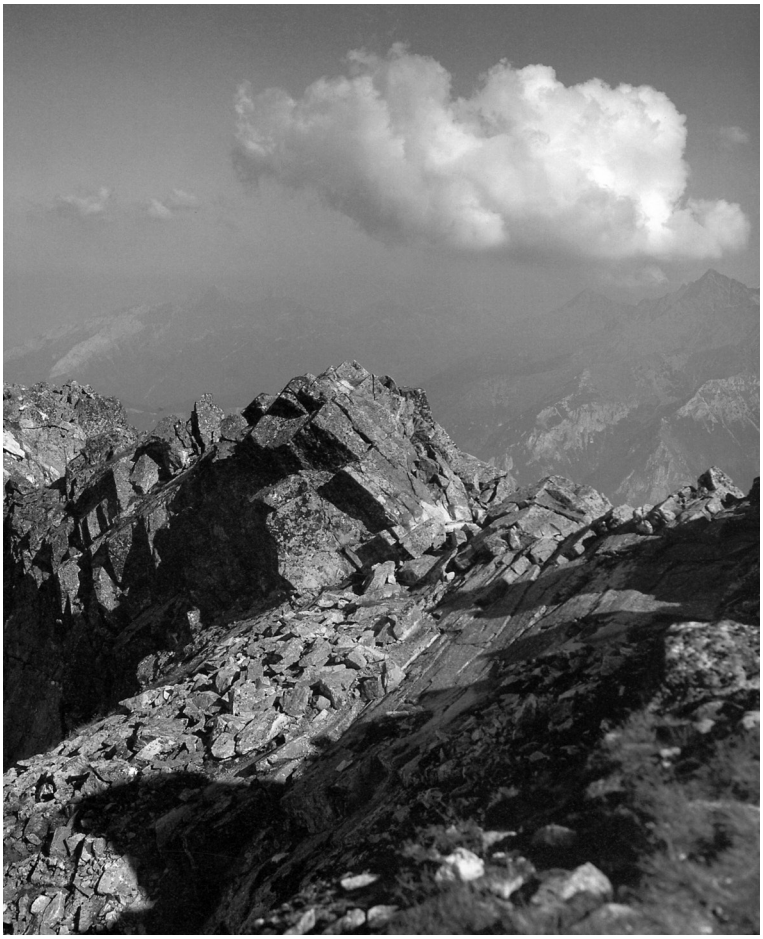
[14] L.N. DI TARANTO, *La Cappellania ospedaliera mista - Una novità ecclesiale nelle istituzioni sanitarie* (Camilliane, Turin, 1999).

[15] CONFERENZA EPISCOPALE ITALIANA, *Il volto missionario delle parrocchie in un mondo che cambia,* 30 May 2004.

[16] *Ibidem,* n. 12.

[17] JOHN PAUL II, , *Christifideles laici –Post-synodal Apostolic Exhortation on the 'Vocation and Mission of the Lay Faithful in the Church and the World'* (30 December 1988), n. 54.

[18] Cf. L.N. DI TARANTO, *La Chiesa nel mondo della Sanità che cambia* (Camilliane, Turin, 2002), pp. 40-41.



Pastoral Care in Health in Poland

I would like to express my gratitude to the heads of the Pontifical Council for Health Pastoral Care and to those who work most closely with it in order to express the pastoral care and concern of the Church for the sick, helping all those who provide service to the sick and suffering so that the apostolate of mercy can respond in an increasingly better way to the challenges of the third millennium. In taking part as a member of this Pontifical Council in two of its general assemblies, I have been able to observe personally how important pastoral care in health is in today's world, which wants to promote the civilisation of death by increasingly opposing itself to the culture of life, which was so much called for by our unforgettable and beloved Pope, the Servant of God John Paul II. In addition to the great documents of the Magisterium of the Church, in the promotion of pastoral care in health in our churches the experiences of the meetings, as a well as the 'Work Plan 2002-2007', of the Pontifical Council for Health Pastoral Care have been of great help.

Pastoral Care in Health in Poland is Organised in the following way:

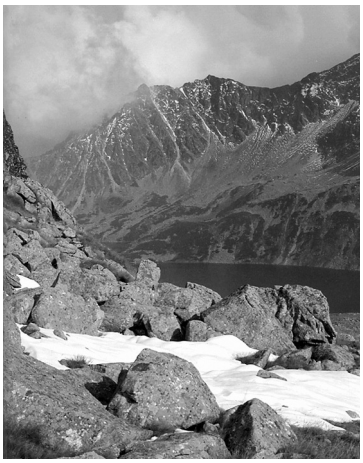
At a national level:
The Commission of the Bishops' Conference for Pastoral Care in Health, which promotes, co-ordinates and directs all the sectors of pastoral care in health in Poland:
The bishop responsible for pastoral care in health, supported by a group of close helpers:
The National Director for Pastoral Assistance to Health Care Workers.
The National Director for the Apostolate of the Sick.
The National Director for Hospices.

At a diocesan level:
A diocesan office for pastoral care in health, chaired by a priest, now exists in each diocese in Poland.

After making this premise, I will now describe certain of the most relevant aspects of the vast activity engaged in by our Commission for Pastoral Care in Health

1. On-going Training

Training occupies a privileged place in our activities because we are aware that illness and suffering are phenomena which, if looked at in depth, raise questions that always go beyond medicine to touch the essence of the human condition in this world (cf. *Dolentium Hominum*, n. 2). To this end, every year, on the first Sunday of Easter, in Niepokalanow (which is near to Warsaw), a course of training for a large number of priests (sixty in all) responsible for pastoral care in health in their dioceses is organised. The bishop responsible for pastoral care in health always takes part in this meeting. This meeting, to which are invited the best speakers and specialists in various disciplines ranging from theology to bioethics, helps those attending to understand that pastoral care in health is not possible without a theological grounding and that pastoral care in health separated from Christ who is Health and Salvation, too, is not possible. Priests during these days of training can observe that compassionate and philanthropic love is not enough. This is not the mission of the Church. One has to respond to the deepest questions of man that bear upon the essence of human life and of Christian faith, and this is not possible with a solid and profound theological reflection.



In addition to this meeting there are other meetings and conferences devoted to up-dating and to the examination of documents drawn up by the Pontifical Council for Health Pastoral Care or to specific subjects that today involve the conscience of Christians, for example: abortion, euthanasia, AIDS, and drugs. These conferences involve the participation of all those who work in the field of health and suffering.

In addition, I would like to emphasise that of notable importance in the on-going training promoted by our Episcopal Commission are also spiritual exercises and the national pilgrimage of health-care workers. This initiative by now constitutes a long-standing tradition, indeed it goes back over sixty years, and thus also existed under the communist regimes. At the feet of the Black Madonna, during the last week of May of every year, health-care workers (medical doctors, pharmacists, nurses, and women and men religious involved in the field of health and health care) engage in a pilgrimage and about five thousand people take part in this. About one thousand health-care workers take part in the spiritual retreat.

2. The World Day of the Sick

The World Day of the Sick in Poland is celebrated in a very solemn way. It is a moment of particular significance and importance for pastoral care in health. It is celebrated in a solemn way in the parishes, in the hospitals and in the various Catholic and non-Catholic places of care. Chaplains and pastors of souls organise in an effective way moments of prayer, reflection and study in

these local areas and health-care workers, sick people and their family relatives take part in these initiatives.

At a national level one of the tasks of the Episcopal Commission is to prepare for this World Day, to disseminate the Message of the Pope and various kinds of material, and to engage in other initiatives as well. For some years now the mass media, the TV channels and various Catholic and non-Catholic radio channels have given a great deal of space to the celebration of the World Day of the Sick. We are responsible for ensuring that the official celebrations promoted by the Pontifical Council for Health Pastoral Care also have a delegation from Poland. The celebration of the World Day of the Sick does not finish with 11 February: an attempt is made to put what has been said into practice throughout the year.

3. The Apostolate of the Sick

Within our Episcopal Commission there is a Sector for the Apostolate of the Sick, and this has a director at a national level. This body was founded on 12 May 1930 by the Metropolitan-Archbishop of Lviv, H.E. Msgr. Bolesław Twardowski. The national secretariat promotes prayer by sick people and with sick people, and this is both liturgical and non-liturgical prayer. It is also responsible for the publication of the monthly review 'The Apostolate of the Sick'. In addition, pilgrimages to Marian sanctuaries, spiritual exercises, and other initiatives are also promoted and organised by this body. Of primary importance is the pilgrimage to the sanctuary of Częstochowa on 6 July on the occasion of the Feast of Our Lady Health of the Sick. There is also the lively spiritual and physical participation in the World Day of the Sick or other difficult moments experienced by individual nations. The members of this Apostolate offer their prayers and the gift of their suffering most willingly to the petrine ministry of the Holy Father and to the universal Church.

4. Catholic Medical Doctors

The immediate outcome of the celebration of the Second World Day of the Sick at the sanctuary of the Black Madonna of Częstochowa on 11 February 1993 was the creation of the Association of Polish Catholic Doctors. Three thousand doctors now belong to this association and its president is Dr. Anna Gręziak of Warsaw. This association has branches in nearly every diocese of the country. In recent years it has promoted a series of pro-life initiatives. There have also been symposiums on the encyclical *Evangelium Vitae* and on the *Charter for Health Care Workers* of the Pontifical Council for Health Pastoral Care. I may add that this association closely follows, through the participation of its representatives, the annual international conferences or other specific meetings promoted by the Pontifical Council for Health Pastoral Care. A representative of this association took part in the tenth congress of the FEAMC which was held in Bratislava in Slovakia on 1-4 July, when Your Eminence gave a magisterial lecture on the subject 'New Challenges for Medicine and Health-Care Workers in Europe'.

Naturally, their activity is carried out in close contact with the Episcopal Commission for Pastoral Care in Health. We hope that many Polish medical doctors who are excellent professionals and Christians will join our association.

5. Catholic Nurses and Obstetricians

The association that was created on 27 May 1995 has amongst its goals that of the Christian and ethical formation of its members and the promotion of encounter and communication between them. Its head offices are in Warsaw. The president of this association, which has seven hundred nurses and obstetricians as its members, is Dr. Iwona Stanis. This association already has nineteen branches and they are in close contact with the diocesan delegates for pastoral care in health. This association is very active in the professional, religious and human fields.

6. Catholic Hospital Chaplains

Since the fall of the communist regime in 1989 a new situation has arisen for the organisation of spiritual care for patients and health-care workers in hospitals and other places of care. At the present time the status of a chaplain is recognised by the state and thus chaplain priests are employed in Catholic and non-Catholic health-care structures. They work full time or short time according to the agreements that are made. As regards spiritual care for sick people in the parishes, this is organised by the pastors. In every parish, on the first Friday or Saturday of the month priests visit the sick and elderly people in their homes and bring them holy communion or administer the sacrament of the anointing of the sick to them. One may say that in a few years we have managed to achieve good co-ordination amongst Catholic hospital chaplains. Amongst the various initiatives engaged in, there are training and updating courses. Cardinal Javier Lozano Barragán took part in one of these training meetings in Danzig in 1999 and gave a magisterial prolusion on *Fides et Ratio*. It is to be hoped that in the future a Union of Catholic Hospital Chaplains will be created at a national level (over 1,500 chaplains provide spiritual care in hospitals and other places of care) and this could form a part of a Union of Hospital Chaplains at an international level, an initiative much called for by the Pontifical Council for Health Pastoral Care.

7. Catholic Hospitals, Hospices, Nursing Homes and Rest Homes etc.

As has been the case with hospital chaplains, after 1989 the Church in Poland has grad-

ually been organising itself in this field as well. At the present time there are five Catholic hospitals and these are the property of religious orders: of the Fatebene fratelli, of the Camillians, of the Sisters of St. Elizabeth and of the Sisters of St. Charles Boromeo. These structures, and their medical and paramedical staff, bear witness to the Gospel of suffering in this field. As a part of our field of responsibilities we are also organising their union at a national level in order to achieve effective co-operation with the AISAC.

In addition to these hospital structures, at the present time the Church also has thirty-eight hospices. These are well organised from an organisational point of view and above all else in them spiritual, human and professional care for the dying and for their family relatives is assured. Overall in Poland there are more than a hundred hospices. The Church also has thirty-four homes for elderly people, single mothers and the homeless; ninety-seven institutes of care and rehabilitation; and about seventy non-public health-care centres.

8. Catholic Voluntary Health-Care Workers

Catholic voluntary work in health care is becoming increasingly present, above all in Catholic structures and in the *Caritas of the Catholic Church*. The World Symposium on Catholic Voluntary Work in Health Care, which was held in the Vatican on 30 November and 1 December 2001, was of great help in promoting voluntary work. The proceedings of the symposium and other material that was sent to us by the Pontifical Council for Health Pastoral Care were distributed by our Episcopal Commission. However, voluntary work is a new reality and a great deal has still to be learnt in this field. What we hope is that the associations really implement Christian values in their service and also that they are non-profit making associations.

9. Publications and the Distribution of Specialist Material

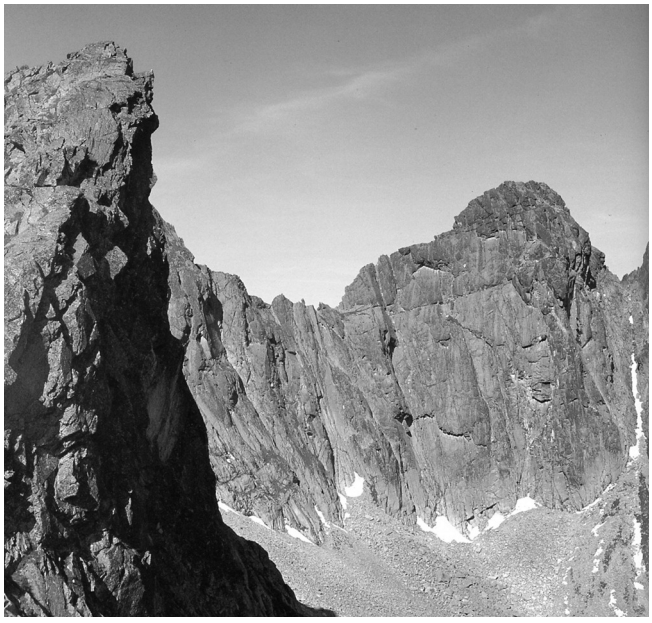
The subjects and the questions and issues addressed by the review of the Pontifical Council for Health Pastoral Care, *Dolentium Hominum. Church and Health in the World*, are communicated to those who are responsible for this area and then communicated at a national level. The textbook of the Pontifical Council, *The Church, Drugs and Drug-Addiction*, has been translated into Polish and will be published in the near future by *Pallotinum*. At the present time in Poland we have five reviews that help to promote pastoral care in health and the pastoral care of illness at a national level: *The Apostolate of the Sick*, *The Patient*, *The Anchor*, *Letter to the Sick* and *Rise Up!*

Conclusion

The data and information that I have just presented on pastoral care in health in Poland give us great satisfaction and joy because since 1989 everything has really been done to promote, co-ordinate and guide pastoral care in health. However, the Polish prelates are aware that we cannot halt because there are very many challenges and very many dangers, above all against life, which is sacred, and as such must be defended from conception until its natural end.

Thus in the future we want to continue with fervour along the path that has been followed, and which so far has borne good fruit, in order to bear witness in an ever stronger way to the Gospel of Suffering, of which our most beloved Pope, the Servant of God John Paul II, was the icon.

H.E. Msgr. WŁADYSŁAW ZIOŁEK
Metropolitan-Archbishop of Łódź, Bishop Responsible for Pastoral Care in Health, Poland



Pontifical Council for Health Pastoral Care

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XXI International Conference

January 15, 2007

HEADLINES

XV World Day of the Sick

Seoul, Korea - 11 February 2007. Theme: "The Spiritual and Pastoral Care of the Patients with Incurable Illnesses". Theological, Pastoral and Liturgical issues. [View more]

HIGHLIGHTED

Christmas Appeal

The virtual lighting of 22 candles on the Christmas Tree, which has roots in the Holy Mystery of Christmas, assures a whole year of Antiretroviral treatment to one AIDS patient, being assisted in the "Health Centers" of the Church in the poorest countries of the world. [View more]

NEWS UPDATE

Alarmante nexo entre pobreza y patologías visuales, advierte el dicasterio para la Salud

«La santé est une tension vers l'harmonie et vers Dieu»

La souffrance doit être combattue, déclare le card. Barragan

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