Exploring the Context of Pastoral Accompaniment for Persons with a Psychiatric Disorder and Persons with an Intellectual Disability

Workshop by Jana Binon
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preceding reflection by Axel Liegeois, Dorien Veltens and Jana Binon
• What is on our program?
  – 1) Flemish Context + 5’ short discussion
  – 2) Research Projects
  – 3) Sensitivity + sharing in small groups
1. Flemish Context

- Belgium context, but mental health care: organized by communities of Flanders, Brussels and Wallonia.
- Empirical research in institutions in Flanders.
- Different contexts are involved
  - Psychiatry
  - disability
  - Society
  - Theology
  - Institutions
  - Pastor
  - Patient
  - Researcher
  - Concepts
• 5 developments within the societal context:
  – 1. Plurality >> Identity
    • Between pastor and pastoral care receivers
    • Within the pastor
  – 2. Patient centered care
  – 3. Empowerment
  – 4. Specificity of Pastoral accompaniment for persons with a psychiatric disorder and for persons with an intellectual disability
  – 5. Outreaching care
    • Integration and cooperation
    • less residential
    • Outreaching multidisciplinary teams
• ‘pastor’
• pastoral care giver
• chaplain
• ‘professional in the process of seeking meaning’
• ‘spiritual care giver’
• …

• existential care
• ‘The process of seeking Meaning’
• ‘spiritual care’
• pastoral care
• pastoral counseling
• pastoral accompaniment
• …

• resident
• patient
• client
• pastoral care receiver
• …
Short discussion
(5 minutes)

• I. What terminology would you use for ‘the work of a pastoral care giver’?
• II. How are these terms perceived?
• III. What would play a role in the perception?
2. Research projects

- Two parallel research projects
  (coordinated by Axel Liegeois)

  Develop an open and adequate framework for pastoral accompaniment of the pastor in relation to persons with ID or SEPD

  - For persons with an intellectual disability (ID)
    (Dorien Veltens)
  - For persons with a psychiatric disorder (SEPD)
    (Jana Binon)
Pastoral Accompaniment for Persons with a Severe and Enduring Psychiatric Disorder. Towards a Grounded Framework.

Why?

Relevance
1. the need for adequate dynamic pastoral accompaniment for persons with SEPD, that is ready for the future changes in care
2. the necessity of a patient-centered, refined framework, based on the patients’ expectations, experiences and desires
3. A contextual framework, taking into account today’s pluralistic setting
4. the vulnerability of the target group of SEPD patients who deal especially with questions about life and meaning.
Research questions
1. How can pastoral accompaniment for persons with SEPD or ID be described?
2. How is pastoral accompaniment for persons with SEPD or ID experienced?
3. What are the wishes of pastors and patients?
4. How can pastoral accompaniment be refined, taking into account the wishes of the persons with SEPD or ID?

→ How can pastoral accompaniment for persons with SEPD or ID be theoretically grounded?
→ What are the methodological guidelines emerging from the new developed framework for pastoral accompaniment for persons with SEPD or ID?
How?
3.1. Target Groups

Persons with an intellectual disability (ID)
- Diversity in disability (simple, multiple, deep, light, etc.)
- Depended on parents/family/guidance
- Mostly non verbal (smog)

Persons with a severe and enduring psychiatric disorder (SEPD)
- Diversity in pathologies (depression, addiction, personality disorders, behaviour problems, etc.)
- Mostly verbal

Inclusion

Autistic disorders
- Acquired brain impairment
- Persons with a disability and psychiatric problems.

Rehabilitation

Perspective
Outreaching care, ambulant, Less residential
SOCIALIZATION AND INTEGRATION OF CARE
3.2. Elements in common

Persons with ID
- Pastoral/catechetical: about Jesus
- Importance of liturgy and rituals
- Importance of being together
- Community deepening activities
- Atmosphere of sacrality

Elements in common
- Vague pastoral identity
- What is also/still pastoral care?
- Following an individual route, independently
- Confidentiality
- Defensive attitude, few transparency
- Pastors want support for existential and pastoral care, and consider staff as the gateway to the people.
- Pastoral accompaniment depends on communicative possibilities
- Pastoral accompaniment depends on the person of the pastor and his or her talents.

Persons with a SEPD
- Open existential: general questions of the meaning of life, existential themes, few about Jesus and God…
- Few liturgy
- Individual accompaniment and group sessions
- Community creating activities, but with the focus on the individual patient.
3.3. Dimensions of Pastoral Accompaniment

### Kerygma

#### Persons with ID
- **Proclamation**
  - Explicit proclamation, ‘Jesus is my friend’
  - Use of liturgical calendar
  - ‘childlike’ understanding of faith

- **Reflection**
  - Bodily connected, associative, structuring
  - Possible interaction with others: very empathic.

- **Expression**
  - Mostly non verbal, or limited verbal

- **Themes of conversation**
  - About concrete experiences
  - Jesus, God

#### Persons with a SEPD
- **Proclamation**
  - Few explicit proclamation.
  - More critical understanding of faith and the church

- **Reflection**
  - Some very reflexive, abstract, others not.
  - Some interact, others in their own world.

- **Expression**
  - Mostly verbal, some more verbal than others.

- **Themes of conversation**
  - A lot about general themes during group sessions
  - Few about faith unless it is an issue for or request of the patient.

#### Ethics
- Pastors think about quality of life
  (e.g., Palliative support groups, general meetings, pastoral councils, etc.)
- Prophetic task, defending human dignity of the patient

#### Identity
- Pastors think about the identity of the institution
Persons with ID

- **Liturgy**
  - Adapted liturgy (visual, auditory, narrative, active participation, concrete)
  - Importance of structure (liturgical year, within the mass)
  - Presence strongly depends on mentors and/or parents.
  - Together with others.
  - Sense of sacrality

- **Symbols**
  - Candles, chapel, silence, hands, Bible
  - Mostly liturgy in the living room
  - There is a silent area / meditation room (with special attention for those who died)
  - Go together

- **Rituals**
  - New, short rituals with active participation
  - Rituals in but mostly outside liturgy

Persons with a SEPD

- **Liturgy**
  - Few attention for liturgy
  - Few patients to masses
  - Request to ‘meditate’, reflect, focus.

- **Symbols**
  - Candle, symbols in liturgy and in group discussion
  - Chapels are very hard to access (far, closed, etc.)
  - Request by pastors and patients for an open ‘silent area’ or ‘meditation room’
  - Go individual

- **Rituals**
  - Most rituals are considered part of the domain of liturgy, and thus not often used.
  - Sometimes a candle before a conversation, symbols and (new) rituals in group sessions.

**Farewell, Death, Mourning**

- Important theme
Death of relative or fellow person with ID (go to the grave)
Mourning, but also suicide persons with SEPD
Diakonia

Persons with ID
- Individual pastoral counseling
  - Very few individual counseling
  - ‘individual attention’

- Group sessions
  - Pastoral ‘workshop’
  - People from different family groups in the pastoral workshops.
  - Moderate disability: quite catechetical
  - Deep and severe disability: with music, touch, giving names (not catechetical)
  - Aim: creating community, reflect on concrete events (disaster, fight, relations, etc.)

- Doing things together
  - Life and pastoral care are interwoven (eating together, having a coffee, celebrating, etc.)
  - Focus on together

Persons with a SEPD
- Individual pastoral counseling
  - Mostly the patient who determines the subject
  - With some patients, sometimes the pastor follows a certain path
  - Attention for suffering and for sources of hope and strength.

- Group sessions
  - On limited units (per pathology)
  - General themes and questions about life
  - Aim: recognition, widening horizon, reflect about the negative and positive, etc.

- Doing things together
  - Happens not much
  - Walking, reading and discussing a book…
Persons with ID & Persons with a SEPD

- Working groups
  - Depending on the institution: working group pastoral care, working groups solidarity actions and festivities, working group ethics, working group ‘zingeving’, working group palliative care, working group inspiration, etc.

- Solidarity
  - Organize solidarity actions

- Community creating events
  - Feasts
  - In every day life

- Attention staff
  - Informal contact, cards…
  - The main focus: patients.

- Cooperation staff
  - Variety: from island position, to integration
  - Often: few transparency.
3.4. Themes

**Persons with a SEPD**
- Identity
- Conditions illness/disorder
- Conditions institution
- Perspective/future
- Wrestling with meaning and meaninglessness

**Persons with ID**
- Jesus-God
- Bible stories
- friendship
- feasts
- Daily living together
- Emotions

Rather pessimistic message and attitude

**Persons with a SEPD**
- Identity
- Conditions illness/disorder
- Conditions institution
- Perspective/future
- Wrestling with meaning and meaninglessness

Rather optimistic message and attitude

**• Loss and Mourning**
- Death of family, friends, relatives/a concrete ‘heaven’
- Experience of loss of identity, own possibilities, partner, work, future, material loss, loss of meaning and lust for life…
- Love one, parent, partner, child… deceased or not (sometimes pathological)

**• Touching events**
- Eg. Admission to a hospital (yourself or others), fight, disasters on TV, care about a pet, etc.

**• Interests**
- Hobbies
- Questions
- Illness related, eg religious psychoses.

**• Relations**
- Important others

**• Work**
- Atelier, workshops, sheltered workshop.
- In the past a job, still a chance for a paid job?
- Voluntary work
3.5. Methods

Persons with ID
Very **visual**
Very **auditory**
(also making music)
Very **creative**
(also drama and dance)
Very **symbolic**
(closely linked to concrete)
Many **rituals**
(new rituals, also outside liturgy)
Very **sensory**
(physical touch)

Verbal
Few textual

Persons with a SEPD
Especially **verbal**
Especially **textual**

Sometimes visual
Sometimes auditory
(song as lyrics)
Sometimes creative
Sometimes symbolic
(abstract metaphors)
Sometimes rituals
Few sensory
Sharing in small groups
(try to come to a few key words for each question)

• I. What aspects of the described contexts of persons with ID & SEPD in Flanders, resonate with the context you work in?
• II. What aspects differ from your professional context?
• III. What elements play a role in shaping your particular professional context?
Conclusion

• How the context of pastoral care is shaped, for instance for persons with ID or SEPD, largely depends on an interplay of contextual factors.

• Importance of a dynamic, adaptable and realistic pastoral care

“Always design a thing by considering it in its next larger context a chair in a room, a room in a house, a house in an environment, an environment in a city plan”

(Elie Saarinen)