

COUNSELLING

et spiritualité / and Spirituality

Le corps

The Body

25
ans
years

VOL. 25 N° 2 AUTOMNE / FALL 2006

FACULTÉ DES SCIENCES HUMAINES / FACULTY OF HUMAN SCIENCES

UNIVERSITÉ SAINT-PAUL / SAINT PAUL UNIVERSITY



Pastoral Counselling in Care Services: Between Confidential Space and Integrated Care

Axel Liégeois¹

Catholic University of Leuven, Belgium

Abstract

This article describes the position of pastoral counselling in care services in terms of a tension between confidential space and integrated care. The author opts for confidential space as the cornerstone of pastoral counselling. The pastoral counsellor builds a relationship of trust based on his or her role as an explicit religious professional or as an 'eccentric' professional. Hence, the pastoral counsellor should keep confidential all information on the client. He or she might only reveal information after consultation with the client, except when there is a threat of serious harm. This concept of confidential space can be combined with integration in the organization and in the management of the centre, but not with integration in the team or the care process. Therefore, the author introduces the concept of collaborative integration. This means that the pastoral counsellor develops communication and collaboration with all partners concerned. This dialogue is the foundation of both confidential space and integrated care.

Résumé

Cet article décrit la position de l'agent pastoral dans des services de soins en termes de tension entre un espace confidentiel

¹ Axel Liégeois studied theology and ethics and is an associate professor of pastoral and practical theology at the Faculty of Theology of the Catholic University of Leuven in Belgium. He also works as an ethicist in the care services of the Brothers of Charity and as a pastoral supervisor. His field of research is the professional ethics of the pastor, the method of pastoral counselling, and ethics in mental health care and welfare care. Send correspondence to: axel.liegeois@fracarita.org

et des soins intégrés. L'auteur préconise l'espace confidentiel comme pierre angulaire du counseling pastoral. L'agent pastoral établit une relation de confiance, fondée sur son rôle comme praticien professionnel, soit explicitement religieux soit 'excentrique'. Par conséquent, l'agent pastoral doit considérer confidentielle toute information concernant le patient. Il ne peut révéler quelque information que ce soit, qu'après délibération avec le patient, sauf quand il y a menace de dommage sévère. Ce concept d'espace confidentiel peut être combiné avec une intégration du counseling pastoral dans l'organisation et dans la gestion du centre, mais pas dans l'équipe ni dans le processus de soins. C'est pourquoi l'auteur introduit le concept d'intégration 'collaborative'. Cela implique que l'agent pastoral développe une communication et une collaboration avec tous les partenaires concernés. Ce dialogue est le fondement tant de l'espace confidentiel que des soins intégrés.



Introduction

The place of pastoral counselling in the context of care services can be characterized on the basis of the concepts of 'confidential' space and 'integrated' care. Confidentiality implies that pastoral counselling is a free space for the client and that the pastoral counsellor keeps secret the client's confidential information. Integration means that pastoral counselling is an incorporated part of care and that the pastoral counsellor shares some information with other professionals.

The tension between confidentiality and integration is fundamental to the position of pastoral counselling within the context of care services. Are confidentiality and integration reconcilable? Does integration make the confidentiality of pastoral counselling impossible? Is it possible, nevertheless, to reconcile the confidentiality of the encounter between pastoral counsellor and client in one form or another with the endeavour to integrate pastoral counselling in care services? In an effort to provide an answer to these questions, the present article will develop a fundamental vision with respect to the combination of confidentiality and integration in care services. This view is based on both our practice as pastoral supervisor as on a study of pastoral and ethical literature (Liégeois, 2004).

The Scope of Pastoral Counselling

First, we should clarify the scope of our study, i.e. pastoral counselling in care services. In the concept of pastoral counselling that we develop, we opt for a relational and inclusive view, and combine ideas of several authoritative definitions (Heitink, 1999; Lynch, 2000; Pattison, 2000; Patton, 2005). We define pastoral counselling as an empowering companionship between a client in his or her search of meaning in life and a pastoral counsellor inspired by a community and tradition of faith. The core of pastoral counselling is thus the relationship: the empowering companionship between the persons. The aim of pastoral counselling is empowering the client in search of meaning in his or her own life, including the meaning of faith. This aim is open and comprises all persons, regardless of their religious or philosophical conviction. The source of pastoral counselling is the pastoral counsellor's affiliation with a definite community and tradition of faith. The source is an explicit faith that qualifies the specific pastoral character of the counselling process. Nevertheless, pastoral counsellors are not only ministers representing and accountable to a church or religious community, but also all other professionals who are affiliated with a community or tradition of faith and who are educated and trained in counselling spiritual matters.

We also hold a wide scope on care services. Care services should not be limited to hospitals but include all services taking care of somatic patients, psychiatric patients, elderly persons, persons with disabilities and even prisoners. In this article, these care services are the context in which pastoral counsellors work. The core of the pastoral counsellors' problem is their twofold loyalty to the client on the one hand and to other professionals with whom they collaborate on the other hand. The problem of confidentiality and integration hence presumes a care service where pastoral counsellors and other professionals work together.

Confidential Care

We begin with an analysis of the notion of confidentiality. According to the Oxford Dictionary, confidentiality refers to "a situation in which you expect somebody to keep information secret (2000, p. 257). In the *Dictionary of Pastoral Care and Counseling* E. Hoover defines confidentiality as "the socially and legally accepted right of any person to the privacy of their thoughts, feelings, writings, and other personal effects" (1990, p. 209). In this article, we see confidentiality within the scope of our relational approach of pastoral counselling. We define confidentiality as the free space in the pastoral companionship where a client can speak with a pastoral counsellor in confidence and where the pastoral counsellor keeps secret the client's confidences.

Confidentiality is a very important item in the pastoral counsellor's professional ethics. In the literature on pastoral ethics and in all codes of ethics for pastoral counsellors, confidentiality is an important issue. The Canadian Association for Pastoral Practice and Education emphasizes the importance of confidentiality in its new Code of Ethics. The Association prescribes that spiritual care professionals "respect the confidentiality of information entrusted to them by clients when communicating with family members or significant others" (CAPE, 2006, n. 1.11).

Confidentiality is also linked with the ancient tradition of refuge once offered in churches and sanctuaries. These holy places functioned as a refuge, a safe haven, for people who were persecuted at a time when protection by law was limited and the legal system arbitrary. Today, pastoral counselling can also offer a refuge, an open and free space, in which a client is able to meet with a pastoral counsellor in an atmosphere of confidentiality. In this encounter, the client can speak about faith, in freedom and safety, without any limitation applied by other professionals or without any influence on the health care.

A large number of pastoral counsellors favour the idea of free and confidential space in the context of health care, convinced that such a place is necessary to establish and preserve the identity of pastoral counselling over and against that of health care. Such convictions are sometimes rooted in a certain fear of losing the unique particularity of the pastoral counsellor and in the belief that the identity of the pastoral counsellor is best preserved in the context of complete confidentiality. Distinction guarantees particularity.

Integrated Care

Not all pastoral counsellors are convinced, however, of the need to establish a sharp distinction between pastoral counselling and health care. Such pastoral counsellors are inclined to favour greater integration, convinced that pastoral counselling can only survive if it integrates itself into the health care system. Integration is emphasized from time to time on the basis of a certain fear: if pastoral counselling is offered in the context of a complete confidentiality, then it places itself outside the dynamic process of health care. For this reason, integration is the guarantor of the legitimacy of pastoral counselling.

A significant number of developments in health care favour the direction of integration. In the first instance, professionals strive towards a holistic vision of integral care in which the client is approached as an entire person. Human persons are not only somatic, psychic and social beings; they are also existential or spiritual beings with a need to ascribe meaning to their lives. It goes without saying that pastoral counsellors

are happy to underline this spiritual dimension. Rooted in this concept of integral care, a second tendency emerges towards integrated care and interdisciplinary cooperation. Professionals can only realize the integral approach if they offer their clients care in an integrated manner. Therefore, interdisciplinary cooperation is an absolute necessity and one in which pastoral counsellors desire to participate. This cooperation leads to a third tendency towards professionalism. Just as other professionals, pastoral counsellors are intent to professionalize in order to integrate them in health care on the basis of equality. Hence, pastoral counsellors have developed methods for pastoral diagnosis, assessment and counselling.

What do we understand by the notion of integration? According to the *Oxford Dictionary* integration means "the act or process of combining two or more things so that they work together" (2000, p. 675-676). Integration thus has to do with combination and cooperation. For our purpose, we define integration as the process of communication and cooperation between pastoral counsellors and other professionals such that pastoral counselling and health care are combined to form one and the same care project.

Van Gerwen offers a constructive contribution to the clarification of the concept of pastoral integration (1992, p. 469-472). He distinguishes four levels that exhibit an increasing degree of integration. Integration as tolerance means that pastoral counselling is organized from outside the care service – for instance the faith community – and is tolerated but not supported inside the service. Integration in the organization means that the management provides opportunities to organize pastoral counselling by communication and collaboration, but is not interested in the content thereof. Subsequently, integration in the management implies that the management is interested in and supports pastoral counselling. Pastoral counselling is a part of the management in the care service and the pastoral counsellor has an essential role in the ethical reflection and, where appropriate, the religious identity of the care service. Finally, integration in the care process means that pastoral counselling is a full part of the primary care process of professionals and clients. It presupposes an integral and integrated health care and the full membership of the pastoral counsellors in the interdisciplinary teams.

In our opinion, the degree of integration goes hand in hand with the relationship between confidentiality and integration. While certain forms of integration are difficult to combine with confidentiality, a combination of a particular understanding of confidential space and of integrated care may be possible. For this reason, it is important that we

develop a clear and well founded view of what we mean by confidentiality and integration.

Confidentiality in Favour of the Relationship of Trust

Confidentiality represents our point of departure. This is a fundamental option: in our opinion, confidentiality is the cornerstone of pastoral counselling. We defined pastoral counselling as an empowering companionship between a client in his or her search of meaning in life and a pastoral counsellor inspired by a community and tradition of faith. To develop such companionship, a relationship of trust between the client and the pastoral counsellor is a necessary condition. The client needs this trust to facilitate the search for meaning and faith in life and to give words to that search. Should a pastoral counsellor violate such trust, then he or she will also violate the pastoral relationship. It is for this reason that a relationship of trust requires confidentiality, an open and free space in which the client and the pastoral counsellor can encounter one another and in which the client can express his or her search for meaning and faith. Confidential information discussed in the intimacy of pastoral counselling should never be allowed to influence the health care.

Such protection of confidentiality can be traced back in the tradition. It cannot be accidental that the right to asylum is associated with churches and sanctuaries and not with public buildings such as city halls or hospitals. People have intuitively sensed that such places of refuge are of a different order, that they bear something sacred within them and thus enjoy the highest degree of protection. It is likewise far from accidental that there is only one professional group that is obliged to the strictest form of confidentiality, namely Roman Catholic priests obliged to confessional seal. It has thus been recognized that the admission of guilt and the reconciliation with God call for the highest level of confidentiality.

The awareness that pastoral relationships, based on confidentiality, are of a different order is not only a thing of the past. Many present-day clients are inclined to turn to a pastoral counsellor, lay or ordained, man or woman, with the expectation of an even more intense level of confidentiality. The privilege of confidentiality once enjoyed without hesitation by priests and the church, continues to be expected by many of pastoral counsellors and pastoral counselling, and not only on the part of believers.

This brings us to the second task of the pastoral counsellor. While explicit pastoral counselling continues to be the pastoral counsellor's primary task, a side-effect has become apparent whereby many non-confessional clients are turning to pastoral counsellors with the

expectation of confidentiality. Here also, pastoral counsellors offer a relationship of trust. While it goes without saying that other professionals likewise offer such relationships, many clients continue to have the feeling that, for professional reasons, confidentiality in their regard is less strict. For this reason, and as believers or non-believers, they turn to pastoral counsellors as 'eccentric' professionals. The pastoral counsellor's 'eccentricity' implies that he or she is not central to the team charged with the care of the client. They are located rather in a boundary position between the professional team and the client (Corveleyn, 2003, p. 48-50).

Pastoral counsellors are inclined to experience this position as extremely enriching. While they have an important role to play at the human level, interaction in which the most intimate dimension of the client's life is shared, frequently leads to the discussion of existential questions and possibly also matters of faith. The role of pastoral counsellors as 'eccentric' professionals can occasion their implementation of the role of explicitly religious professional. At the same time, an implicit pastoral discussion concerning the meaning of life can develop into an explicit pastoral discussion on the meaning of faith. There is an evident link between both roles. In principle, the role of confidential professional could be ascribed to a doctor or social worker. At the same time, the role of 'eccentric' professional is often explicitly ascribed to the ombudsman. Nevertheless, an increasing number of clients, no matter what their conviction may be, have been finding their way to the pastoral counsellor with an expectation of definitive confidentiality. There is an intuitive awareness that the confidential interaction between the client and the pastoral counsellor enjoys 'sacred' protection.

The role of pastoral counsellors as explicit religious professionals and as 'eccentric' professionals similarly reinforces the need to give priority to the notion of confidentiality in health care. Are pastoral counsellors never allowed to share information gleaned from a discussion with a client?

Confidentiality and Sharing Information

It goes without saying that occasions will arise in which sharing information in the context of pastoral counselling will be important for the client and for others. Confidentiality, as we have described it thus far, has to do with the search for meaning and of faith in life. Meaning and faith, however, do not exist "à l'état pur", clearly distinct from human relationships. The search for meaning and faith is a complex and interwoven part of our daily lives, a fact abundantly familiar to professional pastoral counsellors from psychopathology and, in particular, religious psychopathology. Bearing this intricate combination in mind,

occasions will arise in which something of the search for meaning and faith will have to be shared in the interests of the client's or another's wellbeing.

How can pastoral counsellors reveal information gleaned in the context of pastoral counselling with other professionals without violating their relationship of trust with their clients? This question is frequently discussed in the literature on pastoral ethics and in the codes of ethics for pastoral counsellors. We give four points of view. At first, K. Lebacqz develops a framework for ethical decision making, based on action, character and structure. She argues that pastoral counsellors may have the duty to divulge information: "Even confidences received under traditionally protected circumstances must be revealed where there is direct threat to someone else" (Lebacqz, 1996, p. 162). Secondly, R. Gula elaborates an ethical framework, grounded in character, virtue and duty. He also prescribes that divulgement can be justified: "When it is necessary to avert a serious threat of harm to another, justice requires that we make a reasonable attempt to elicit voluntary disclosure, but if disclosure is not made and permission to disclose is not granted, then we should inform only those who need to know and tell them only what they need to know in order to avert harm" (Gula, 1996, p. 151-152). Further on, the Canadian Association for Pastoral Practice and Education stipulates similar exceptions to confidentiality, namely "when disclosure is required for necessary treatment, granted by client permission, for the safety of any person or when required by law" (CAPPE, 2006, n. 1.11). Only in the seal of confession in the Roman Catholic Church, confidentiality is absolute: "The sacramental seal is inviolable; therefore it is absolutely forbidden for a confessor to betray in any way a penitent in words or in any manner and for any reason" (Canon Law, 1985, c. 983). Of course, this seal of confession concerns only the priest in the specific context of sacramental confession.

These points of view are very similar. Nevertheless, we want to add our view, based on a relational approach of pastoral counselling. Our question is how pastoral counsellors can reveal information without violating their relationship of trust with their clients? The answer brings us exactly back to the relationship of trust. Our general rule is that the pastoral counsellor should consult with the client as to what information can be revealed and to whom. Such agreement establishes a connection between the confidentiality for pastoral counselling and the cooperation between pastoral counsellors and other professionals. Consultation means that the pastoral counsellor discusses the problem he or she experiences in advance with the client, namely the tension or perhaps even conflict between confidentiality and other interests. The pastoral counsellor might suggest, for example, that certain infor-

mation gleaned from the counselling situation should be shared with a particular individual and thereby offers his or her reasons for doing so. At the same time, however, the pastoral counsellor should listen to the opinions and arguments, sensitivities and emotions of the client and bear them in mind in his or her response. Pastoral counsellor and client should search for an appropriate exchange of information with which they both can agree. As long as agreement is lacking and the client has not given his or her informed consent, information gleaned by the pastoral counsellor in the context of pastoral counselling cannot be shared. Confidentiality remains the starting point.

Is there no single situation in which the pastoral counsellor is at liberty to share information without consulting his or her client? Reality is complex, certainly within the care context. From time to time exceptional situations will arise in which the pastoral counsellor is in fact obliged to share information whether the client agrees or not. The points of view cited above agree. They describe these situations in terms of threat of harm. We want to refine this description from an ethical point of view. At first, harm refers to the violation of values. Three values are at stake and show an increasing degree of importance: health, integrity and life. Secondly, there is a threat of serious harm to these values, and thus not of trivial harm. Thirdly, the serious harm affects other persons or the client him- or herself. And finally, the serious harm to health, integrity or life takes priority over the value of confidentiality. The pastoral counsellor should make an assessment of these values. Such exceptional situations can thus be specified with the following question: is there a threat of serious harm to the health, the integrity or the life of the client or another person? If so, health, integrity or life can take priority over confidentiality.

Additional conditions also have to be accounted for, however. The first of these insists that the anticipated harm can only be avoided if the pastoral counsellor shares information concerning his or her client. Second, the information shared by the pastoral counsellor must be oriented towards the avoidance of harm or the repair thereof. Third, the pastoral counsellor should not give any more information than is strictly necessary in order to avoid harm or repair it. Last, the pastoral counsellor should provide reasons to the client where possible justifying his or her decision to break confidence.

It remains important to emphasize the fact that the general rule for passing on information gleaned in the context of pastoral counselling is consultation. Only in instances when the pastoral counsellor is unable to reach agreement with the client should the pastoral counsellor appeal to one of the exceptional situations outlined above. Where

there is doubt, the maintenance of professional confidentiality is the best policy.

We illustrate our approach by means of two cases. A young man with a moderate psychiatric disorder confides to the pastoral counsellor that he spits out his medication when nurses don't see it. "It is poison." Now he feels better. Should the pastoral counsellor inform the staff of his behaviour? Our general rule is that the pastoral counsellor discusses the behaviour and its consequences with the client himself. The counsellor motivates and stimulates him to tell the truth to the professionals. If he refuses, the counsellor can assess the exceptional character of the situation: is there a threat of serious harm to the health, the integrity or the life of the client or another person? This may be the case, depending on the kind of medication: is it a sleeping pill, an anti-psychotic or an anti-epileptic drug? The pastoral counsellor should assess the seriousness of the harm to the client's health and to the client's confidentiality.

An elderly woman entrusts the pastoral counsellor that she wants to commit suicide. Her husband with whom she was married for more than fifty years died recently. And her only son died some years ago in a car accident. Life has no more meaning. She wants to meet again with her husband and son in heaven. Should the pastoral counsellor inform the staff of her intention? Again, our general rule is that the pastoral counsellor discusses the intention and its consequences with the client herself. This is the core of pastoral counselling: accompanying the woman in her search for meaning in her life, despite the unfortunate circumstances. The counsellor should treasure this opportunity. Is this not an exceptional situation with a threat of serious harm to the health, the integrity or the life of the client or another person? Maybe, but the disclosure can also be a cry for help. The counsellor can motivate her to tell her intention to the professionals or other persons. Only, when there is a serious and thus immediate threat to her life, the counsellor should alert the professionals to protect her from committing suicide.

Combining Confidentiality and Integration

Up to this point we have argued that the pastoral counselling has its foundations in confidentiality and that the said confidentiality can only be broken in exceptional circumstances. This implies that our view of confidentiality is related to the relationship of trust for the benefit of the client. We consider this to be a fundamental insight that ultimately leads to important delimitations. Just as the right of sanctuary within the church is not proper to the ecclesial authorities but rather to persecuted people, and just as the confessional seal is not for the benefit of the priest but of men and women who desire to reconcile themselves with God, so confidentiality is not a privilege of the pastoral counsellors

but a necessity for their relationship of trust with their clients. Pastoral counsellors who demand confidentiality in a care service for their own purposes are likely to be considered as unacceptable individuals by the management and indeed the entire organization. In line with all those who work in care services, pastoral counsellors must bear in mind that both formal and informal rules exist to which they also are obliged.

It should be clear that confidentiality and integration need not be understood as mutually exclusive, but should be seen rather as inter-related: confidentiality is related to the relationship of trust between the pastoral counsellor and the client, while integration is related to the position of pastoral counsellors and pastoral counselling within the care service.

An Argument for Collaborative Integration

What are the possibilities offered by such a vision of confidential space for the integration of pastoral counselling in health care? In order to answer this question we return to the distinction made by van Gerwen with respect to the various forms of integration (1992, p. 469-472). Integration as mere tolerance is a too limited form of integration to allow for professional pastoral counselling. Organizational integration is a necessary condition to allow for the development of pastoral counselling. Integration within the management of a service is highly desirable since it would allow for the integration of pastoral counselling at every level of the care service.

Integration in the care process implies that pastoral counsellors participate in the primary care process in the various care units and that they enjoy full membership of the interdisciplinary teams. For a variety of reasons, however, we are inclined to see this as a step too far. Complete integration in the care process is impossible, in the first instance, because pastoral teams are generally insufficiently staffed. Under such circumstances, the participation of pastoral counsellors in the primary care process of the various units together with their participation in team meetings as full team members cannot be a realistic option.

A further objection can be raised at the level of principle. Pastoral counsellors who serve as full team members in one of the care teams are likely to come into conflict with the confidential space for pastoral counselling. Membership of a team generally implies that professionals share all relevant information with one another. Were such a demand to be placed on pastoral counsellors it would seriously endanger the role of the confidential space and the relationship of trust. Moreover, such a level of integration would ultimately make 'eccentric' relationships of trust impossible. Precisely because of the fact that the confidential space is such a fundamental element in pastoral counselling, it seems

reasonable that pastoral counsellors should not be full members of the team charged with the care of the client.

Practice can be more complex than principles would have us believe, however. In practice, most pastoral counsellors do not fully belong to interdisciplinary teams. There are exceptions, nevertheless, but the latter generally have to do with pastoral teams in which one of the pastoral counsellors is active on a part-time basis in one particular unit. In such instance, pastoral counsellors serve *de facto* as members of the interdisciplinary team. In the majority of cases this has to do with the care units in which pastoral counselling plays a very important and intensive role.

The importance of integration in the care process can be maintained, however, in a different manner, namely in the context of collaboration with the team. An intensive degree of collaboration is thus possible between pastoral counsellors and the various care units without the pastoral counsellors being members of the interdisciplinary teams. We strongly favour this sort of collaborative integration. Where integration in the care process implies that pastoral counsellors collaborate in the team, collaborative integration implies that pastoral counsellors collaborate *with* the team.

Collaborative integration steers a midway course between integration in the organization and integration in the primary care process. Integration in the organization can be understood as being given access to channels of communication and organs of deliberation. In collaborative integration, pastoral counsellors not only make use of such formal channels of communication and organs of deliberation, they also take the initiative of establishing informal communication and deliberation with the professionals that make up the interdisciplinary teams. Such collaborative integration is thus less radical than full integration in the care process. It allows pastoral counsellors to engage in a process of collaboration without taking up effective membership in the team.

It is vital that pastoral counsellors collaborate intensively with the professionals charged with the various care units. Pastoral counsellors should make their pastoral counselling available in the context of the teams. They should attune their counselling to the expectations of the clients and the professionals. Pastoral counsellors should come to an agreement with the professionals with respect to exchange of information concerning the patient. In this way they are able to avoid problems with respect to the confidentiality of information and to reach the correct balance with respect to the amount of information to be shared and the amount to be withheld.

Such collaborative integration is also appropriate with respect to integration in the management. The integration of pastoral counselling in a care service, the provision of ethical advice and the construction of the service's identity all demand intensive collaboration with the management.

Conclusion

In the present contribution we have elaborated two apparently contradictory positions: confidential space and integrated care. Our core point focuses on the distinction between the maintenance of the confidential space for the establishment of relationships of trust and the importance of integration of pastoral counselling in the health care. This distinction allows us to make an appeal in favour of the confidential space for relationships of trust in the interests of the client on the one hand, and for the collaborative integration of pastoral counselling in health care at the level of organization and management on the other. The relationship of trust constitutes the foundation of pastoral counselling. The pastoral counsellor builds such a relationship on the basis of his or her role as explicitly religious professional and 'eccentric' professional. At the same time, the integration of pastoral counselling is essential. In present day health care, pastoral services that refuse to integrate do not stand much of a chance.

The combination of these apparently contradictory positions is only possible on the basis of dialogue. Consultation is the cornerstone of both confidentiality and integration. Only through consultation is it possible for the pastoral counsellor and the client to maintain the required level of trust and confidentiality within their relationship. If there is a need to pass on information to others, this can only be done after consultation. Consultation also forms the basis of collaborative integration. Pastoral counsellors can only give form to their collaboration by entering into consultation with the management, the professionals charged with the various units and with the other representatives of religions and philosophical convictions. Consultation is not only the cornerstone of refuge and integration; it serves to create the required bond between the two.

References

- Canon Law Society of America (1998). *Code of Canon Law*. http://www.vatican.va/archive/ENG1104/_INDEX.HTM (access 2006-05-12).
- CAPPE/ACPEP (2006). *Code of Ethics for Chaplains, Pastoral Counsellors, Pastors, Pastoral Educators and Students*. <http://www.cappe.org/Ethics/ethics-main.htm> (access 2006-05-12).

Corveleyn, J. (2003). Gedachten van een psychotherapeut over geestelijke verzorging van ernstig psychiatrisch gestoorde mensen, In Jozef Corveleyn, *De psycholoog kijkt niet in de ziel. Thema's uit de klinische godsdienstpsychologie*, 37-55. Tilburg: KSGV.

Gula, Richard M. (1996). *Ethics in Pastoral Ministry*. New York/Mahwah N.J.: Paulist Press.

Heitink, G. (1999). *Practical Theology: History, Theory, Action Domains. Manual for Practical Theology* (Studies in Practical Theology). Grand Rapids (Mich.)/Cambridge: Eerdmans.

Hoover, Edwin A. (1990). Confidentiality, In Rodney J. Hunter, Ed. *Dictionary of Pastoral Care and Counseling*, 209-210. Nashville: Abingdon Press.

Lebacz, K. (1985). *Professional Ethics. Power and Paradox*. Nashville: Abingdon Press.

Liégeois, A. (2004). Pastoraat tussen vrijplaats en integratie, In A. Liégeois, K. Demasure & K. De Fruyt, Eds. *Geestkracht. Pastoraat en geestelijke gezondheidszorg*, 65-86. Antwerp: Halewijn.

Lynch, G. (2000). The Relationship between Pastoral Counseling and Pastoral Theology, In James Woodward & Stephen Pattison, Eds., *The Blackwell Reader in Pastoral and Practical Theology*, 223-232. Oxford: Blackwell.

Pattison, S. (2000). *A Critique of Pastoral Care*. London: SCM, 3rd ed.

Patton, J. (1990). Confidentiality, In Rodney J. Hunter (Ed.), *Dictionary of Pastoral Care and Counseling*, 849-854, Nashville: Abingdon Press.

van Gerwen, G. (1992). Geestelijke verzorging in instellingen voor gezondheidszorg, *Praktische Theologie*, 19 (3), 467-482.

Wehmeier, S. (Ed.) (2000). *Oxford Advanced Learner's Dictionary of Current English*. Oxford: Oxford University Press, 6th ed.

TABLE des matières of Contents

ÉDITORIAL / EDITORIAL ARTICLES THÉMATIQUES / THEMATIC ARTICLES

Carol A. Gosselink, Deborah L. Cox & Sarissa J. McClure
Aging Women's Emotional Development and Relationships with Women in the Context of Western Beauty Culture

Chris J. Boyatzis, Kelly M. Trevino, Alice Elizabeth Manning, and Katherine B. Quinlan

The Role of Religion and Spirituality in Women's Body Image and Eating Behavior: Qualitative and Quantitative Approaches and Clinical Implications

Éliane Pons

Le discours « extraverti » du corps

Belinda Siew Luan Khong

Putting the "P's" Back in Psychology:

Philosophy, People, Personal Growth

Anne Cathy Graber

L'onction d'huile pour les malades :

signe et sacrement pour un passage ?

EXPÉRIENCES / EXPERIENCES

Jean-Marc Mantel

Le spirituel à l'écoute du corps

ARTICLES HORS-THÈMES / REGULAR ARTICLES

Axel Liégeois

Pastoral Counselling in Care Services:

Between Confidential Space and Integrated Care

RECENSIONS / BOOK REVIEWS

OUVRAGES REÇUS À LA DIRECTION / BOOKS RECEIVED

POLITIQUE RÉDACTIONNELLE / NOTE TO CONTRIBUTORS

SUCCÈDE À SCIENCES PASTORALES / CONTINUATION OF PASTORAL SCIENCES

USP UNIVERSITÉ SAINT-PAUL
SAINT PAUL UNIVERSITY

223 Main, Ottawa, ON K1S 1C4

