

“WHO IS MY NEIGHBOR?” AN INTERRELIGIOUS IDENTITY STARTING POINT FOR THE HOSPITAL CHAPLAIN

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Abstract: (250 Words) One of the oldest historical mentions of religious origin – though not the only one – about humanitarian assistance and “help” in favor of a fellow is portrayed in the biblical parable of the Good Samaritan. This account is so significant that it has been displayed in paintings and sculptures in hospital pavilions, and even naming hospitals, in various western nations. Therefore, we assume that it is possible to take this parable as a starting point for reflection on paradoxes that are still present in the different identities that are mediating the health chaplain’s self in their care in the contemporary hospital context. Thus, we performed a paraphrase of the pericope where the parable is located, in a homiletic application not based on possible allegory, but on the text and contexts involved, in a kind of identity starting point aimed at the question that is the key to the initial and final questioning of the dialogue between the interpreter of the law and Jesus, namely: “who is my neighbor?”. This glimpse of the role of the chaplain in their pastoral care and ministry is rescued. Next, we sought to approach, albeit briefly, the various dimensions and repercussions of the self in being a chaplain and its formation. This was done with the help of different readings of the narrated event and other secondary contributions addressing the spiritual identity of the health chaplain.

Resumo: Uma das menções históricas mais antigas de origem religiosa – ainda que não a única – sobre a assistência humanitária e “socorro” em favor de um semelhante é retratada na parábola bíblica do bom samaritano. Esse relato é tão significativo que tem sido exposto em forma de quadros e esculturas nos pavilhões hospitalares, e até mesmo nomeando hospitais, em várias nações do ocidente. Logo, partimos do pressuposto de que seria possível tomar essa parábola como ponto de partida para reflexão em paradoxos que ainda estão presentes nas diferentes identidades que estão a mediar o self do capelão de saúde em sua assistência no contexto hospitalar da contemporaneidade. Assim, realizamos uma paráfrase da pericope onde está localizada a parábola, em uma aplicação homilética com base não em possível alegoria, mas sim no texto e contextos envolvidos, em uma espécie de ponto de partida identitário voltado à pergunta que é a chave para o questionamento inicial e final do diálogo entre o intérprete da lei e Jesus, a saber: “quem é o meu próximo?”. Esse vislumbre do papel do capelão em seu cuidado e ministério pastoral é resgatado. Na sequência, buscamos abordar, ainda que brevemente, as várias dimensões e repercussões do self em ser capelão e sua formação. Isso é feito com o auxílio de diferentes leituras do evento narrado e de outras contribuições secundárias que tratam da identidade espiritual do capelão de saúde.

Keywords: Theology, chaplaincy, health promotion.



Some time ago, when I was still in seminary, I started taking a course in pedagogy at the same time. That is when I had the opportunity to read the provocative article by Santos and Allain (2009) entitled “Being a teacher: choice, vocation or lack of option?”. It would be possible, by derivation, to ask the same question in the context of health care based on faith, “Chaplain: choice, vocation or lack of option?”. In our reading, considerations regarding the vocation to the ministry explained by Park (2012) and Kreiner, Hollensbe and Sheep (2006) seem very useful in the context of chaplain identities, in which they are considered as a “situational

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social identity demand” typical of “demanding” occupations that are particularly in the public eye, and therefore especially prone to intense identity demands and tensions.

I remember that I had the opportunity to participate in a single, short course in chaplaincy that I had been aware of in the seven years I was in seminary, and, it should be noted, a little attended course. In the hallways, in my perception, conversations of colleagues were about a dominant desire to serve in the district pastoral ministry (a cluster of local churches). On the other hand, in the contribution by Viana et al. (2018), it is reported that professional hospital chaplains belonging to a confessional hospital institution did not perceive any kind of prejudice on the part of the administrative structure of the church in relation to the role of the hospital chaplain, despite the fact that the necessary subsidies for their effectiveness were considered “restrained”.

The reflection occasioned in these paragraphs is focused on an identity look at the role of chaplain. This glimpse of his role in their pastoral care and ministry is here rescued. Although briefly, we sought to address the various dimensions and consequences of the self in being a chaplain and its formation. At first, an analysis is carried out based on one of the oldest and most well-known religious accounts of the Judeo-Christian tradition on health care as a starting point for identity considerations, namely, the parable of the Good Samaritan. This is done with the help of different readings of the narrated event and other secondary contributions addressing various dimensions of the health chaplain’s identity.

GOOD SAMARITAN: A PROPOSAL, A STARTING POINT, A PARAPHRASE (LUKE CHAPTER 10, VERSES 25 TO 37)

One of the oldest historical mentions of religious origin – though not the only one – about humanitarian assistance and “help” in favor of a fellow is portrayed in the biblical parable of the Good Samaritan. This account is so significant that it has been displayed in paintings and sculptures in hospital pavilions, and even naming hospitals, in various western nations. We assume that it is possible to take this parable as a starting point for reflection on paradoxes that are still present in the different identities that are mediating the health chaplain’s self in their care in the contemporary hospital context.

Thus, we paraphrase the pericope where the parable is located, in a homiletic application based not on possible allegory, but on the text and contexts involved (González, 2018; Strahan, 2016; Ambrose, 2010; McFarland, 2001; Jonson, nineteen ninety). We contextualize it to our days in a sort of identity starting point aimed at the question that is the key to the initial and final questioning of the dialogue between the interpreter of the law and Jesus, namely: “who is my neighbor?”.

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A PARAPHRASE

One day at church, the preacher, versed in Hebrew theology and seen as a leader and apologist (a kind of advocate of the faith), experienced religious, stood up with the intention of “putting against the wall” another preacher (who, despite being popular, did not seem to have a formal study of Hebrew theology and rituals, regarded as a spiritual leader and leader), whom they called Jesus, regarding his position on what would be necessary to inherit eternal life. The expectation was that this would align with one of the two dominant theological thoughts at the time represented, on the one hand, by the Pharisees, and on the other, by the Sadducees. Now, the trick question in that context rekindled controversies about different understandings of salvation and the state of the “soul” by those groups of scholars and religious leaders, despite the fact that the questioning sounds simple. The objective was clearly to cause embarrassment by forcing Jesus to recognize that theological obedience to the laws – which in the eyes of the Sadducees and Pharisees was ignored by him – was the way to inherit eternal life. Furthermore, this inquiry was intended to force his position in which direction these implications would be directed.

As is usual among the Jews, Jesus, the one known to be uncult and even named Samaritan (John chapter 8, verses 48 to 59) as a way of ascertaining him as “impure” in religious terms, answered him with a rhetorical question, suggesting that, once the “advocate” of the law stood up, he should himself verify what was written in the law (Pentateuch), a text that apparently was already to be read at that time, and, after that, give his interpretation of the text. The man responded, referring to Deuteronomy 6:5 and Leviticus 19:18: “*Thou shalt love the Lord thy God with all thy heart [...] and thy neighbor as thyself*” In the sequence, Jesus eloquently “turned the tables” by saying that “*that was it*” and, in an imperative tone, sentenced: “*do this and you will live*”. The statement was simple, but it had a meaning beyond the controversies that wanted to be raised by the expert of the law and that resonated in such a way in the privacy of the questioner that the questioner, now embarrassed by their incapacity or limitation in face of the biblical mandate to perfectly observe the law, now returned Jesus statement with a question that became central to the entire discussion: “*who is my neighbor?*”. The first part of the biblical command seemed to be resolved for the interpreter of the law, but the question left no doubt that something was still not completely resolved.

And Jesus answered the question by reallocating it under a perspective of “identification” turned to “pastoral religious identity” through the parable of the good Samaritan, which brings in the contrast of “religious practices” (contextualized here). Thus, he went on to say: a Jewish merchant, who was descending from Jerusalem to Jericho (possibly after days of temple worship, among other activities), was attacked by robbers who, in addition to taking his goods, beat him, “leaving him wounded to die”. Incidentally, a religious leader and advocate of law, a “priest”, in other words

Incidentally, a religious leader and advocate of the law, a “priest” descended, in other words, pastor, a priest, a spiritual leader passed by the path where that crime had taken place “And” seeing the wounded man, he deviated his way, “passed far”, so as not to contaminate himself, since he was going to celebrate the “worship”. According to the ceremonial laws of the time, the “officiating” religious leader would be impure if he touched a “wounded” man.

Similarly, another religious passed, this time not far away, but “descending through that place”; in other words, the “congregation singer and music minister” from afar saw below and further along the path, which had few curves, that the “priest” had not stopped before the dying man’s situation,

and himself, in examining the situation, he went on his way, perhaps out of fear that the thieves were still lurking, or even to “resemble” the religious leader who continued without “looking back”.

In the sequence, now “accidentally”, a certain Samaritan “followed his way” (the expression indicates that he possibly went along a parallel path to avoid meeting Jews); in other words, he was “unclean in religious terms” (in the eyes of the religious who passed by without assisting the wounded). Regarded as uncult and without the formal approval of the temple, upon seeing the “wounded”, “in an instant” he left aside the political, ethnic and religious prejudice existing between Jews and Samaritans and, pitying him, “loved the vulnerable”. Thus, this spiritual leader, rejected by the church at the time, also called “Samaritan” for ministering to the marginalized and vulnerable, placed himself in this parable as the one who “*tended to the man’s wounds and brought him to an inn*” (who also had the function of hospital at the time), paying the price of the cost of his restoration and, why not say, redemption.

So, for the second time, Jesus gave the answer by means of a rhetorical question that seemed to answer both questions: “*Which of these three does it seem to you to have been neighbor to the man who fell into the hands of robbers?*” In other words, which belief system, beyond its polemical points, supports their religious practice? On the one hand, the one that makes ritualistic limits and rules override the needs for which these laws were designed? This religious system represented by advocates of law, who assume they are faithful to the demands of the commandments, but who actually distort them from their original biblical meaning by making an understanding based on excluding norms and the needs of the “clergy” predominant? Or, on the other hand, that simple religion based on the biblical understanding of faith, hope and love that is operationalized in a coherent practice aimed at redemption, carried out by all those who accept the so-called “Samaritan”, namely, Jesus himself? The response of the advocate of law was “*the one who had mercy on the dying*”.

DISCUSSING IDENTITY MULTIPLICITIES

In our reading of the proposed paraphrase, we identified, among other aspects, several rescues of understanding of spiritual value completely compatible with different Christian confessions, as well as different religious traditions. The final question of Jesus explains the contrast between his religious leadership and the leadership of the religious system at the time, in the setting of the parable, as well as representing an appeal for that interpreter of the law to evaluate the most appropriate interpretation and practice, closer to that indicated by the sacred text. Jesus insinuated a paradox in which to be faithful to the law there was a need to break (transgression) with the current understanding of the law of that time.

More than that, perhaps a reference was being made (by analogy) to the system represented by that advocate of law who was spiritually “on the brink of death” (bankrupt) and, like the dying person, was invited to be “justified” (supported) under the care of the Samaritan Jesus, who came to rescue and redeem. In other words, Jesus was repositioning the question, implying that by asking himself “who is my neighbor?” was also, therefore, in parallel being asked “Who am I close to?” (which is the same as asking “What must I do to ‘inherit’ eternal life?”). In this sense, the parable was a double (identity) response to both: “the Samaritan” Jesus (in relation to being saved); and “the Samaritan” people (reference to “the world”, the neighbor” in the role of loving/presenting salvation).

In the text, the identification of proposals in opposition to the application of spiritual assistance is implicit in the religious context, in such a way that, on the one hand, the “priests” were turned to a “centripetal” movement (aimed at those “inside”, those from their ethnic, political and religious circle), and Jesus looked not only at their culture (*ad-intra*), but also at a “centrifugal” (*ad-extra*) action, aimed at “the whole world”. In this sense, we can say that a mission-oriented practice in cross-cultural relationships is pointed out, which contextualizes contemporaneity; it is still, in many points, related to the scope of religious and spiritual assistance in health, that is, of the chaplaincy as a pastoral practice in the “technological and scientific clinical culture (hospital)”.

We also highlight the identity focus that goes beyond the immediate scenario, first “painted” by the interpreter of the law, and “painted” by Jesus himself. We refer to the contrast of spiritual identities that, despite originating from the same sacred text, made explicit different expressions of understanding and personal and social behavior. This reflexive essence of the “religious and pastoral identity” evidenced in the parable of the good Samaritan can be of interest to the hospital chaplain in their spiritual formation and identity “identification”. In other words, we infer that the health chaplain has multiple identities associated with the “sacred” that may, to some extent, overlap, as well as others related to the “ethical” and “professional”, which seems to be natural, given that their activity cuts across different sectors and knowledge.

Therefore, in relation to the sacred, it is possible to think of: spiritual identity (concerning their particular/personal history of faith - experience with God - transcendent), religious (associated with their formation and tradition of faith institutionally linked to an entity - authenticity) and pastoral (related to the nature of their action – poimenics – focus on the “neighbor”). In relation to the professional, it is possible to mention work identity (meanings attributed by oneself and others in the context of work), occupational identity (the perception of oneself as a member of a profession, usually through training and work duties) and organizational identity (when associated with a business entity, for example).

As Lichter (2018) comments, we emphasize that over the years the health chaplain has continued with transformations and changes in relation to their identity, focus and priorities. For Héliot et al. (2020) in their contribution on religious identity in the workplace, although “identity” is defined in various ways between subjects and intellectual traditions, it is characterized as the way in which the individual thinks, understands and judges him/herself as a social being and incorporates the interests, values, skills and norms that a person assigns to him/herself in the context of a social role, such as an occupation or religious faith. When dealing with pastoral identity of chaplains, Park (2012) elucidates that, in general, the concept of identity has been aligned, on the one hand, with a psychological perspective, aimed at understanding the *self* in the psyche, that is, what is proper, intrinsic and personal, focusing on the subjective-experiential dimension of identity, and, on the other hand, a sociological approach that perceives identity formation as a process of constructing the meaning of the *self*, that is, something done circumstantially through interaction of someone with others, and, so to speak, social.

Similarly, Kreiner, Hollensbe and Sheep (2006), in their work on the identity balance of religious leaders, argue that identity at the individual level would be divided into personal identity (characteristics that differ and separate an individual from others) and social identity (categorizations of the “I” in more social units, such that these social identities can include race, occupational roles, organizational membership, etc.). They identify four management strategies across these identities (compartmentalization, deletion, integration, and aggregation) to address identification; here it does not refer to the “state” of a personal *self* in relation to a social *self*, but as a process of alignment of a continuum between “underidentification”/deficient and

overidentification/excessive). They thus suggest that the management and “negotiation” of “identity demands” (situational factors that pressure the integration or segmentation of personal and social identities) and “identity tensions” (stresses and tensions experienced by an individual in relation to the interaction between their personal identity and certain social identity) are evidently linked to the dynamics of an optimal identity balance, which is linked to individual well-being and organizational processes. The authors of this investigation propose a theoretical framework based on grounded theory and empirical study with episcopal religious leaders.

For Brady [s.d.], in his brief theoretical essay on the chaplain’s identity, he argues that, in general, it is centered on God, on self-knowledge and focused on the person who will receive spiritual and religious assistance. This position is close, to some extent, to the one held by Poll and Smith (2003) in their study of spiritual identity and its development. They emphasize that the reflection of the identity of the spiritual *self* and its development, despite being proposed by some authors, has been generally neglected. The two thinkers refer to William James’s trinitarian proposal of identity, in which the “I” operates consciously and objectively to create and connect the various “me”, which includes the “material self”, the “social self” and the “spiritual self”, maintaining a sense of continuity of identity over time. In this proposal, the spiritual *self* is described as one’s inner thinking and feeling and referred to as “the true, intimate, ultimate and permanent self that one seeks”. In other words, it is touted as the “center” and “sanctuary of our lives”.

In this context, Poll and Smith (2003), taking as a starting point the analysis of psychodynamic, cognitive, systems and narrative theories, propose a model of theistic development of spiritual identity. Just as individuals’ psychological identity and well-being increase as their identity more closely matches their own behavior and environment, so their spiritual identity grows as their behavior and “image” about God match with increasing precision the attributes of the Godhead. On the other hand, conflicts between individual experiences and the “image” they have of God will likely lead to a lessening of their spiritual identity (detachment) or a redefinition of their image of God (differentiation).

In this direction, Park (2012) indicates that the pastoral identity of the chaplain, so present in the hospital chaplaincy, despite being difficult to define, have several possibilities of concepts. Among them, the understanding of pastoral identity stands out as something that can be discerned as an inner awareness of being a duly authorized representative of a Christian community of faith or conceptualized only as “*the internal integration of the 'pastoral' dimension in its total identity, and implies the ability to articulate core theological values, perceptions and beliefs*”. Park (2012) further argues that it is related to both a personal and a social dimension. It thus indicates that theological reflection is essential for pastoral identity and that, in a complementary way, it sees this identity as something accomplished in a care process that is interactional, relational and constructive. Thus, based on an investigation mediated by theory grounded in an intercultural and interreligious context, it proposes an image of the dynamic and complex process of pastoral care for chaplains and pastoral counselors, suggesting that pastoral identity is constructed and reconstructed through the deepening of pastoral relationship.

Park (2012) makes some precautionary observations regarding the explicit model. He comments that the four phases of pastoral identity construction (spiritual figure, human companion, shepherd, and divine participant) are by no means sequential building blocks where one always follows the other. In reality, care delivery processes can be suddenly interrupted and discontinued at any time (even on the move) or in various ways (by clients or emergent situations). Instead, the process is dynamic and fluid, depending on care situations and relationships between social actors. Consequently, the construction of the four-phase care process is a representative heuristic

description to illustrate the way in which it develops a pattern from its introduction to its conclusion. As a result of the research finding, the description does not suggest an ideal of care practices to be followed in full or any criteria for judging them.

In turn, Héliot et al. (2019), in their literature review, define religious identity as derived from a sense of affiliation with a religious group that embodies its beliefs, values and practices. They also discuss that, at a deeper level, being authentic is a key aspect that refers to the desire to express oneself internally through actions in the external world. Therefore, it is emphasized that in the context of the religious *self* in the workplace, to be authentic, employees must experience congruence between their internal values and external expressions. Likewise, religious identity and the values and practices attached to it (e.g. prayer, compassion, helping) tend to be beneficial at work, particularly among healthcare professionals, by increasing emotional identification and relational elements when dealing with patients. Although Héliot et al. (2019) in their review have found not only situations of identity “congruence”, but also incongruence (intra- and inter-individual) and identity coexistence (between religious and scientific identities), we infer that it seems reasonable to conceive that these identity repercussions of religiosity in the occupational scope are likely hypotheses in the context of hospital chaplaincy, even in relation to health chaplains.

In this sense, the contribution of Swinton (2003) on hospital chaplaincy in Scotland stands out, questioning, among other points, the nature of identity in the professional aspect, questioning whether the hospital chaplain should be seen as a health professional, given the trend towards professionalization, or just as an occupational function of assistance provided with “professionalism”. It suggests that, for professional work, the chaplaincy would require integrity (some type of code of conduct outlined by the accrediting institution or hospital), autonomy (ability to work without supervision, with a distinct contribution to the health area) and *backup* (follow up with colleagues by giving presentations, efficiency reports, etc.), support (from peers, church and others). For the professionalization of hospital chaplaincy as a professional subject among health professions, such as medicine and nursing, five primary components are necessary for its “professional status”: 1) a body of knowledge that supports and fixes its practice; 2) a code of professional ethics; 3) an occupational organization controlling the profession; 4) substantial intellectual and practical training; and 5) provision of expertise to the specialized service.

It is noteworthy that it was not our objective to conduct an exhaustive conceptual or practical analysis regarding the health chaplain’s identity issues. We proposed a brief introduction to the discussions in the multiple dimensions of the *self*’s in which the chaplain is involved, for a reflexive and critical posture of the purposes and meanings of this function, considered by some as an occupation, ministry or even a profession. We do not include here an approach to hospital chaplaincy in confessional institutions, a context that usually has important identity implications that reverberate in their practice. We also did not address spiritual identities of existentialist and materialist origins satisfactorily, which in part would bring an understanding of the assumptions of a chaplaincy of “secularized identity”. In any case, in our reading, the approach taken is representative, in addition to being compatible with different educational backgrounds, religious matrices and schools of thought, making available the minimum repertoire for articulating what is presented about the identity of the health chaplain and the repercussion of this for the practice of chaplaincy.

We undertake to explain part of the dilemmas, paradoxes, points of inflection/discontinuity, “entities” sometimes related to crisis situations, so close to the work of the health chaplain; few environments are as beneficial for the manifestation of these as the hospital. Hoist (1984) points

out a series of paradoxes (a true statement that seems to say seemingly opposite things – in tension) intrinsic to the end-purpose of hospital as well as to human experience. Thus, it points out that most people who come to the hospital, this place of “life and death”, on the one hand may be in “crisis” (which itself carries the paradox that growth sometimes comes through pain), when “the gain comes with the loss”; and on the other hand, they may be ahead of answers that for some are desired, and for others, undesirable, or where there are no answers.

IDENTITY MULTIPLICITIES

Like few spaces, the hospital confronts patients with the wonders and limits of science, becoming a meeting place for contradictions and “confused” realities. On the one hand, many of the patients’ prayers and hopes are “miraculously” answered, and on the other, many of the patients’ deepest fears and agonies are painfully tolerated. This complex paradoxical nature is a challenge to the hospital chaplain, especially in ethical terms. In this sense, Nolan (2019), when addressing case studies and experience reports in health chaplaincies, mentions a story to illustrate an ex-officio quality for religious/spiritual care and assistance, which we reproduce below.

A young woman was being interviewed for what she hoped would be her first post as full-time chaplain. The post was in a large healthcare system in a large city. She felt that everything was going well; then, as the interview was ending, the lead interviewer asked one last question: “Imagine you are driving your sports car down a deserted road on a stormy afternoon. You pass a bus stop and see three people waiting there. The first is an old friend who once helped you out of a particularly difficult situation; the second is an elderly woman who is very sick and tired, which is explicit just by looking; and the third is the perfect person of your dreams. Now the question is, if your car has only two seats, who do you offer a ride to? This would be a perfect opportunity to repay the kindness from your old friend; in turn, the elderly woman seems to need to go to the hospital; but either of these options means you will miss the date with the person of your dreams. My question is: who do you take?”. Chaplains are smart and resourceful people, and the young aspiring chaplain took a minute to think before answering. Then she replied, “I think I would give my car keys to my old friend; he could drive the sick lady to the hospital, and I would stay to wait for the bus with the person of my dreams”.

It seems explicit that, although the aforementioned story is found on the internet and is probably apocryphal, it does contain a truth: we need to think outside the box! And this seems to be especially true in ethical issues present in the hospital chaplaincy. However, before we act like this, we must look “inside the box” to obtain a clearer image of the “what”, “when” and “how” health chaplaincy happens.

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