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To Touch or Not to Touch? An Ethical Reflection and Case Study on Physical Touching in the Pastoral Accompaniment of Vulnerable Persons, Especially Minors and Persons with Intellectual Disabilities

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Abstract: Our aim is to develop an ethical reflection and a case study on physical touching by Christian chaplains in their pastoral accompaniment of minors and persons with intellectual disabilities. To this end, we develop an ethical evaluation method consisting of four elements: context; motives; possible actions; and effects. Following this method, we highlight how to evaluate physical touch, formulate ten ethical recommendations, and discuss a case study. Regarding the context of the asymmetric relationship, our recommendations are for chaplains to (1) deal with power in a responsible way and (2) foster their sense of responsibility. Given the complexity of chaplains' motives, we recommend that chaplains (3) clarify their motives and (4) strengthen their integrity. For the ambiguity of physical touch, we recommend chaplains to (5) seek the appropriateness of touch, (6) consider age and development, and (7) nurture professional ethics. As for the multiplicity of effects for vulnerable persons, our recommendations for chaplains are to (8) give priority to the vulnerable person, (9) not cause harm, and (10) obtain free and informed consent. We encourage chaplains to touch vulnerable persons when appropriate for pastoral accompaniment but to be particularly careful about the use of power and to make a strong effort to obtain consent for touching.

Keywords: ethics; physical touch; pastoral accompaniment; chaplains; minors; persons with intellectual disabilities; power relationship; informed consent



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1. Introduction

1.1. Ethical Question

The aim of this contribution is to develop an ethical reflection on physical touching by Christian chaplains in their pastoral accompaniment of minors and persons with intellectual disabilities. Touching can be a powerful tool for encounter and communication when exchanging words is no longer adequate or possible. From an ethical point of view, this ethical reflection is challenging because it is not always clear whether a particular physical touch is appropriate. The question of the responsible nature of touching is an even more demanding ethical assessment than that of sexual abuse of persons in a particularly vulnerable position. As terrible as sexual abuse is, the ethical assessment is much clearer: sexual abuse is ethically transgressive and unequivocally unacceptable.

In the relationship between chaplains and minors or persons with intellectual disabilities, there may be forms of physical touching that are not overt sexual abuse and where it is not so clear whether it is potentially good or bad. Touch can be supportive but also transgressive. When are a sustained handshake, a hand on the shoulder, an embrace or a hug signs of support and comfort, and when do they violate the person's intimacy? Is physical touching ethically good or bad? To make our question clear, we immediately give

the example of a case study. It is based on a case from the literature, but we have thoroughly reworked it for the target group of minors and persons with intellectual disabilities (Gula 1996, p. 100).

Anna is 17 years old and has a moderate intellectual disability. She resides in a Christian community for minors with intellectual disabilities. One evening, chaplain Peter comes to visit the community and stays to have dinner with them, as he regularly does. When he is about to leave, Anna comes to him almost in tears and tells him that her boyfriend has broken off the relationship. She is devastated. Peter listens to her story. Emotions run high, and Anna starts crying heavily. Peter tries to comfort her and hold back the tears but to no avail. Then he holds her tightly in a comforting embrace. Anna calms down. Just before leaving, Peter says he is glad he was there for her and comforted her.

Reading this case study, we immediately ask whether Peter's comforting embrace of Anna is ethically justifiable, appropriate, or inappropriate. Is it supportive or abusive? Is it right for him to touch her in this way or not? We all have our own moral intuitions on the subject. Readers can take a moment to reflect on their moral intuitions on this case and articulate them for themselves. The aim of our contribution is to conduct an ethical reflection on physical touching, and to that end, we develop a Christian-inspired method of ethical evaluation that helps us think critically and systematically about our moral intuitions. How can we reflect on and evaluate our moral intuitions based on moral arguments? But before designing this method for ethical evaluation, we clarify the focus and key concepts of this issue.

1.2. Some Clarifications

We focus on two groups of persons who are particularly vulnerable. We point out that we are talking about a 'particular' vulnerability. This is because all people are vulnerable because they are human. This is a 'general' human vulnerability, in the sense of 'the fact of being weak and easily hurt physically or emotionally' (Oxford University Press 2023, 'vulnerability'). All people are vulnerable, but some persons are even more vulnerable than others because of the position they find themselves in. This is why we speak of 'particular' vulnerability.

The first special position is that of minors. By minor, we mean 'a person who is under the age at which you legally become an adult and are responsible for your actions' (Oxford University Press 2023, 'minor'). In most countries, the age of majority is 18. A second special position is that of persons with intellectual disabilities. By this, we mean a person with 'a condition characterized by significant limitations in both intellectual functioning and adaptive behavior that originates before the age of 22' (AAIDD 2021, 'definition'). Persons with intellectual disabilities, even if they are of age, may have the legal status of an extended minority, depending on national legislation. In this case study, Anna is a minor, although she is almost 18 years old and has a moderate intellectual disability. Because naming both groups 'minors and persons with intellectual disabilities' is cumbersome, we will hereafter refer briefly to 'vulnerable persons', by which we actually mean 'persons with particular vulnerability'.

As we see in this case study, vulnerable persons such as Anna may seek pastoral accompaniment from a chaplain like Peter. A chaplain is 'a clergyman or layperson who has been commissioned by a faith group or an organization to provide pastoral services in an institution, organization or governmental entity' (Smith 2005, p. 136). It does not matter whether Peter is a clergyman or a layperson. His mission is to provide pastoral services. We propose our own definition of pastoral accompaniment: 'an empowering companionship between a pastor and a conversation partner, whereby the pastor, inspired by the Christian tradition, community and spirituality, supports the conversation partner in his or her own quest for meaning and/or faith in life' (Liégeois 2013, pp. 202–3). This concept of pastoral accompaniment is fundamentally relational because the companionship between chaplains and the other persons is central. Chaplains are companions who share the vulnerable

persons' search for meaning or faith. In that search, chaplains can help clarify meaning or faith, as well as further deepen that meaning or faith. Above all, accompaniment is an empowering companionship. The goal of pastoral accompaniment is that chaplains, through this relationship and search for meaning or faith, strengthen vulnerable persons to take responsibility for their lives.

To shape this pastoral accompaniment in this case study, Peter turns to physical touch; more specifically, he gives Anna an embrace. The *Oxford Dictionary* defines touching in a neutral way, neither good nor bad, as 'an act of putting your hand or another part of your body onto somebody/something' (Oxford University Press 2023, 'touch'). The *Dictionary of Pastoral Care and Counselling* (Hunter et al. 2005) provides a biased definition and positively values touching by clarifying its purpose: 'physical contact between persons, usually for the purpose of communicating positive attitudes, values and intentions toward the touched person' (Graham 2005, p. 1279). By calling the communication of attitudes, values and intentions positive, touching is seen as a human good or a value. Yet the pastoral dictionary is careful by adding 'usually', thus recognising that other purposes may also be involved. Here, we can already see that an ethical evaluation will not be simple. It relates not only to the act of touching but also to the goals of the actor.

2. Method for Ethical Evaluation

2.1. Sources of Morality

To ethically evaluate physical touching, we need a specific ethical method. For this, we draw on fundamental insights and concepts from the tradition of Christian ethics, specifically from the so-called theory of the 'sources of morality'. These sources are the intention ('*finis operantis*'), the object ('*finis operis*'), and the circumstances ('*circumstantiae*'). They find their origins in the work of Thomas Aquinas but have only later been formulated as an ethical theory (Aquinas n.d. *Summa Theologica*, IaIIae, q. 18, a. 2–4). They are included in the *Catechism of the Catholic Church* (John Paul 1997, no. 1749–54) and discussed by Catholic moral theologians (Janssens 1972, pp. 116–33; Gula 1989, pp. 265–82; Selling 2016, pp. 51–83).

A key insight of this theory is that we consider human actions as a whole and do not focus on them only partially. An action exhibits a certain structure with three different components. The first is the intention, the inner part of the action that gives it a purpose and meaning. In this case study, Peter wants to comfort her and stem the flood of tears. The second component is the object or the 'act in itself', the outer part of it, specifically the means to express or realise the goal. The act is Peter holding Anna tightly in an embrace. Finally, there are the circumstances from which we can understand the intention and the act itself, as well as its consequences. The circumstances consist of Peter's visit to the community and Anna's pastoral accompaniment, and as a consequence, Anna's calming down.

The ethical evaluation of the action follows its structure. A human action as a whole is ethically good, depending on these three sources. First, the intention must be good; that is, the intention is directed towards a human good. Secondly, the act in itself must be right; that is, the act must be proportionate or appropriate to express or realise the intention. Finally, in order to evaluate the goodness of the intention and the proportionality of the act, we must consider the circumstances. From the knowledge of the circumstances, we can assess whether the intention is really good and the act proportional.

2.2. Elements of Ethical Evaluation

The theory of the three sources of morality is still useful in ethics. Yet, it is based on a philosophy and psychology that are outdated. Therefore, we want to revise the theory of the three sources of morality. We call the theory an 'ethical evaluation' and extend the three sources to four 'evaluation elements' (Liégeois 2021, pp. 34–38, 77–81). We expand the intention to the motives. These include an upper layer of intention with explicit goals and a lower layer with motivations and emotions that often remain implicit. What are Peter's motives in this case study? We broaden the act itself to the different possible actions.

We always place the act in the light of possible alternative actions. What actions can Peter perform? In addition, we consider the effects separately. These are the consequences the act causes when it expresses or realises its motives. What are their effects on Anna? Finally, we extend the circumstances to the context as a whole. This includes the immediate environment and the broader context. How do we consider the context of the behaviour?

In this way, we arrive at four elements of evaluation: motives; possible actions; effects; and context. Depending on these four elements, the behaviour is ethically justified. First, the motives must be aimed at a human good. We understand this good as a flourishing life, or a good life and good living together. Second, the possible act must be proportional or appropriate to the purpose of the human good. This implies that the act is proportionate to express or realise the purpose of that human good. Third, the effects must not be contrary to the purpose of the human good and, therefore, must not cause harm to those affected. Fourth, these considerations take into account the specific situation and context. We can depict these four elements of ethical evaluation in the following Figure 1.

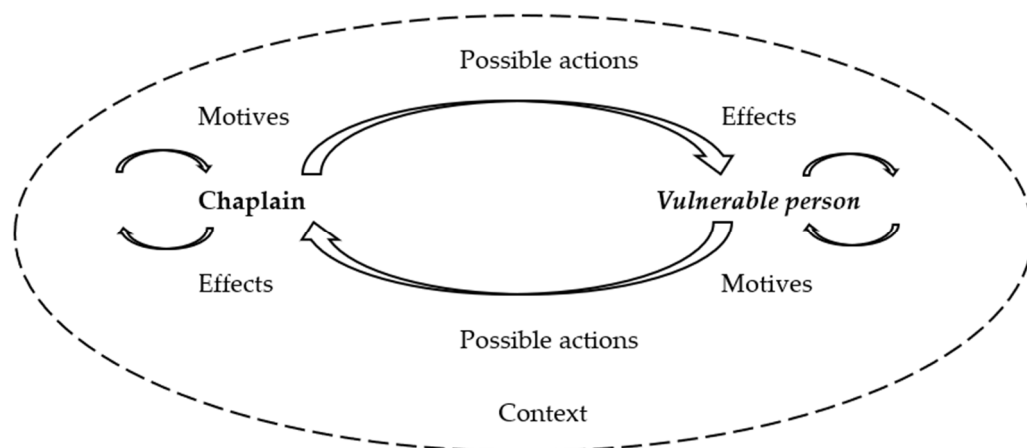


Figure 1. Ethical Evaluation.

2.3. Dynamic Process

In the ethical evaluation, there is an interrelation between these four elements: motives, possible actions, effects, and context. We do not see this interconnection as fixed but as a dynamic process in the interaction between the people involved and in a network of relationships (Doehring 1995, pp. 74–90).

We can make this clear in this case study. Peter has certain motives, such as comforting Anna. He, therefore, chooses a certain possible action, like touching. That action has effects on Anna, namely, she calms down. And this happens in a specific context of pastoral accompaniment. Each time, it is not just one element but several: multiple motives; possible actions; and effects. Moreover, Peter's motives are determined by Anna's action and its effects, namely, her weeping and his uneasiness about it. Then, Peter's touch also affects Anna, who, in turn, may have certain motives to perform a certain action with many effects. It is clearly a dynamic process of mutual influence. Moreover, Anna and Peter are not only influenced by each other. Possibly, Anna turns to Peter because she cannot adequately tell her story and cannot find comfort from other people. And possibly, Peter wants to comfort Anna because he has failed to bring comfort in other pastoral relationships.

We draw on these four methodological elements of ethical evaluation, as well as on our professional experiences as an ethical advisor and a pastoral supervisor in mental health care, on an exploration of the literature on ethics in pastoral care (Bush 2006; Gula 2010; Lebacqz 1985; Lebacqz and Diskrill 2000; Peeters 2020; Sanders 2013) and on a thorough revision of a previous contribution on this topic (Liégeois 2016). Based on these insights and experiences, we highlight how to evaluate physical touch in pastoral accompaniment, formulate ethical recommendations when dealing with physical touch, and discuss this case study of Anna and Peter.

3. Context of the Pastoral Relationship

3.1. *Asymmetry in the Pastoral Relationship*

We begin the ethical evaluation with the context. The sources of morality refer to circumstances, but we interpret them more broadly as the context as a whole. This context is a special element in ethical evaluation because it refers to the interrelationship between the other three elements. We cannot evaluate motives, possible actions, and effects in their interrelationships unless we first assess the context.

That context teaches us that a particularly important element precedes the ethical evaluation. In this case study, before Peter touches Anna, they are already in a pastoral relationship with each other (Van Heijst 2011, pp. 127–52). Moreover, that relationship is in itself ethical because it has a certain structure with clear ethical characteristics (Liégeois 2021, pp. 10–15).

First, the relationship exhibits symmetrical characteristics. The relation can be reciprocal in the sense that chaplains and vulnerable persons are engaged with each other, communicate with each other and mutually receive and give. Moreover, both can be considered equal or equivalent in the sense that they enjoy the same human dignity as human beings, based on being human persons and regardless of their personal characteristics. Christianity, as well as Judaism and Islam, ground this dignity of human beings in God's creation. In the book of *Genesis*, God says that He creates all human beings 'in our image, after our likeness' (Gn 1.26). Human dignity is based on divine creation and is equal for all human beings. Chaplains and vulnerable persons are equal in their human dignity.

Next, the relationship is simultaneously asymmetrical. Chaplains and vulnerable persons are unequal in that they are in unequal positions in the pastoral relationship. One is the companion, and the other is the accompanied. Both have a general human vulnerability, but the vulnerability is particular in persons who are minor or have an intellectual disability. Both are dependent on other people, but the dependency is greater in persons with particular vulnerability. From this unequal position with unequal vulnerability and unequal dependency, a power relationship arises between chaplains and vulnerable persons.

The chaplains' power is great because of the various roles they occupy. Chaplains hold official positions of a ministry in the church. That gives them the authority to speak and to act on behalf of the church community. Moreover, vulnerable persons may regard chaplains as representatives of God and, therefore, attribute almost superhuman qualities to them. Chaplains exercise not only a church ministry but also professional functions. They are professional care providers who have knowledge, skills, and attitudes related to meaning and faith. They are experts in religion and worldview, care, and accompaniment. Not least, chaplains also have personal qualities as persons and believers and can, therefore, be particularly valued by others.

Consequently, vulnerable persons seeking pastoral accompaniment are dependent on the ministry, professionalism, and person of a chaplain. These persons become even more vulnerable by stepping into the power imbalance of the pastoral relationship. This is clear in this case study. Anna wishes to speak to a chaplain like Peter and not any other member of the community she belongs to. This no doubt has to do with Peter's ministry, professionalism, and person, from whom Anna expects a lot. At the same time, Anna makes herself vulnerable by telling her story to Peter. He finds out a lot about her private life and her emotions without revealing anything about himself, and this, in turn, reinforces the power imbalance. Finally, Anna is a minor with an intellectual disability. This particular situation makes her even more vulnerable and dependent in the pastoral relationship.

How can chaplains deal in an ethical way with asymmetry and power imbalance in the pastoral relationship? We elaborate on two ethical recommendations. The task of chaplains is to deal with the power relationship in a responsible manner. To this end, it is important for chaplains to foster a sense of responsibility.

3.2. Dealing with the Power Relationship

A first ethical recommendation in the asymmetry of the pastoral relationship is dealing with that power relationship in a responsible way (Gula 2010, pp. 117–55; Lebacqz 1985, pp. 109–51; Lebacqz and Diskrill 2000, pp. 127–52; Shackelford and Sanders 2013, pp. 111–38). Intentionally, we have not described the pastoral accompaniment in a neutral way but with the qualification of an empowering relationship. This relationship does not exist for the benefit of chaplains but in the service of vulnerable persons and to empower these persons. Here, we refer to the concept of empowerment: chaplains use their own power to make vulnerable persons more powerful so that they can take responsibility themselves. With empowerment, we want to adjust the power imbalance in the relationship. Empowerment expresses the goal of pastoral accompaniment: empowering vulnerable persons in their own process of clarifying and deepening their search for meaning or faith.

In this case study, the pastoral relationship between Anna and Peter is inevitably a power relationship. That power is structural, inevitable, and not in itself an ethical problem because it has to do with the different positions they find themselves in that relationship. The power relation precedes human action and, thus, ethics. But power becomes an ethical issue depending on how we deal with it in human actions. However, the power relation leads to an ethical call or duty to take responsibility and deal with that power in a responsible way. Inequality of position and power becomes ethical according to how we take responsibility for our exercise of power. In doing so, it is also of great ethical importance that whoever has the greatest power also has the greatest responsibility to deal with that power responsibly. Because in this case study, Peter has more power in pastoral accompaniment than Anna, he also bears the greatest responsibility for the relationship.

We now place physical touch in the context of the power imbalance and empowerment of the pastoral relationship. By touching vulnerable persons, chaplains perform a moral act. The power inequality is structural, but the physical touch is moral. This implies that chaplains are well aware of this structural power inequality when they physically touch vulnerable persons. These persons are in a dependent and vulnerable position. This increases the likelihood that vulnerable persons experience the touch as transgressive. But conversely, vulnerable persons may also think physical touch is part of pastoral accompaniment. In any case, they need a lot of courage to indicate that this physical touch may not be appropriate.

3.3. Fostering the Sense of Responsibility

To foster the chaplain's sense of responsibility is a second ethical recommendation for dealing in a responsible way with asymmetry and power imbalance in the pastoral relationship (Gula 2010, pp. 81–116). From an ethical perspective, we have argued that whoever has the greatest power in the relationship also bears the greatest responsibility for that relationship. Even should the vulnerable person willingly or unwillingly initiate a physical touch with the chaplain and still find that touching inappropriate, the chaplain bears a great responsibility for it. This is also true in this case study. Peter may perceive in Anna's weeping an impetus to hold her and comfort her. But Peter is in a position of power inequality towards Anna and, therefore, bears responsibility for this touch. Because of their ministry, professionalism and person, we should expect chaplains to be aware of the implications of physical touch and take responsibility for it.

This responsibility for power in pastoral accompaniment requires an increase in the professionalism of chaplains. We suggest several ways to enhance professionalism. These ways are well-known, not new, but not always fully implemented. The first is the training of chaplains, both their initial education and their continuing formation. Next, membership in a professional association promotes professionalism. Such an association is the ideal place to develop a code of ethics, implement it, and, if necessary, ensure its enforcement. Another way is intradisciplinary collaboration, where chaplains support each other. Closely related to this is interdisciplinary collaboration between chaplains and other professionals, who question and advise each other. Alternatively, chaplains are supported either by supervision or intervision, or by evaluation by their superiors. Finally, there is the path of

spirituality: a spiritual life and spiritual guidance for chaplains. All these paths reinforce professionalism and responsibility.

4. Motives of the Chaplain

4.1. Complexity of the Motives

The next element of ethical evaluation is to clarify the motives. This refers to the intention that is part of the sources of morality. In clarifying motives, we consider their complexity. The upper layer of our motives is the intention, the goal we have in mind. The underlayer consists of a multitude of desires or wishes, passions or drives that move us towards a particular intention and goal. We can never obtain complete clarity about our motives but in an ethical evaluation, it is necessary to clarify motives and intention as much as possible.

According to the method of ethical evaluation, motives are justified if they are directed towards the human good. Hence, the ethical criterion is the orientation of the motives towards the human good. We have defined the human good as a flourishing life, or a good life and good living together. We, furthermore, have concretised this good by defining the purpose of pastoral accompaniment. In this sense, the description is normative: the purpose of pastoral accompaniment is to empower vulnerable persons so that they can clarify or deepen their own search for meaning or faith in life. Therefore, the chaplain's intention in physical touch is justified if it is directed towards this goal: the physical touch contributes to empowering vulnerable persons in searching for meaning or faith.

Physical touch usually does not contribute directly to the experience of meaning or faith. This direct effect is possible, for example, when experiencing the laying on of hands in ritual. Physical touch can contribute indirectly to the purpose of pastoral accompaniment because it supports and strengthens the vulnerable person. This also seems clear in this case study. Peter's touch does not immediately contribute to a new experience of meaning or faith related to Anna's broken relationship. However, the touch can support her because she feels comforted and, therefore, finds renewed strength to experience meaning or faith in the situation of her broken relationship.

How can chaplains deal with the complexity of their motives in the pastoral relationship? We suggest two ethical recommendations. The chaplains' task is to clarify their own motives. To this end, it is important for chaplains to strengthen their integrity.

4.2. Clarifying the Motives

A first ethical recommendation is to clarify the complex motives of the chaplain (Gula 2010, pp. 44–80). Rarely is our behaviour motivated by a single intention. Psychology teaches us that human behaviour is multicausal and can be influenced or even determined by many motives. There are not only professional motives but also personal motives, and moreover, they are intertwined. Here, transference and countertransference from the life story and in the environment play an important role. In transference, the vulnerable person projects onto the chaplain certain unfulfilled desires or unresolved problems from relationships with other important persons. But in countertransference, the chaplain projects his or her own unfulfilled desires and unresolved problems onto the vulnerable person who calls on him or her (Hartung 2005, pp. 1085–86). Countertransference can lead to chaplains using vulnerable persons to meet their own problems and desires. This distorts the pastoral relationship aimed at empowering vulnerable persons and can cause irresponsible behaviour.

So it may be that chaplains are convinced that physical touch fulfils the objective of pastoral accompaniment, yet that touch is also motivated by underlying motives of which they are more or less aware. We indicate some of these motives. Chaplains may have a certain ideal image of their own functioning. They may see themselves as someone who is completely available to vulnerable persons, who can fully empathise with the other's feelings and emotions, and who can also deal with these feelings and emotions in an immediately helpful way. For example, in this case study, Peter can hold Anna in his arms

to express his understanding of her situation and calm down her flood of tears. He is willing to do anything to be near, understand, and comfort Anna.

Chaplains may also be driven by sexual motives. After all, there is a continuous line between physical touch with and without a sexual meaning. Chaplains themselves may want to express or realise their desire for physical touch. This desire may be motivated by the physical attraction the vulnerable person exerts on the chaplain and by the chaplain's own need for sexual contact. We cannot tell from this case study whether the touch had a sexual significance for Peter. It is not inconceivable that Peter is sexually attracted to Anna or has unfulfilled sexual desires of his own. But let us assume that his motives are to comfort her in the context of pastoral accompaniment and not to meet his own sexual needs.

4.3. Strengthening Integrity

To clarify the motives, a second ethical recommendation is to strengthen the integrity of chaplains (Musschenga 2002, pp. 169–201). Integrity means that chaplains are honest, truthful, and sincere. This implies that there is a correspondence between what chaplains do and say, on the one hand, and what they feel and think, on the other. Thus, they do not feign feelings and emotions. Chaplains only take actions or make statements that are consistent with their own feelings and beliefs. By this, we also understand ethical feelings and views. Chaplains can be expected to act consistently on the basis of Christian-inspired values and norms and, consequently, to respect the boundaries of physical touch. Then chaplains become persons of moral integrity, trustworthy, and to be trusted in the pastoral relationship. Integrity is important for everyone and for all professionals, but for chaplains, it takes on an even more insistent character. Chaplains refer from their ministry, professionalism, and person to a community of faith, a higher reality, and God. This implies that pastoral accompaniment offers a sanctuary, an open space for trust in and surrender to God. This sacred space enjoys the highest protection and should certainly not be violated by the transgressive behaviour of chaplains.

Moral integrity presupposes that chaplains have achieved a high degree of psychological and spiritual integrity. This implies self-knowledge on the part of chaplains. This is needed to become aware of one's own desires and needs and the role that transference and countertransference play in this regard. Self-knowledge is also needed to recognise when certain feelings or desires become predominant or tend towards transgressive behaviour. When it comes to physical or sexual desires, it is essential that chaplains can place these desires outside the work context. This brings us to the chaplain's self-care. Chaplains cannot care for others if they do not also care for themselves. They are charged with caring for their own physical and psychological well-being, including sexual well-being. Satisfaction with the experience of sexuality in the personal sphere is an important condition for keeping sexual desires and needs out of the professional sphere. If chaplains do not succeed in this themselves, external help becomes necessary. They can seek this help by consulting a colleague or friend, resorting to supervision or intervision, or, if necessary, to psychotherapy. With the help of someone else, chaplains can clarify their own desires and needs and improve personal or professional functioning.

5. The Physical Touch

5.1. Ambiguity of Touch

The third element of ethical evaluation is the search for possible actions. This refers to the action itself as the source of morality. The action itself has ethical qualities because it includes some values and not others. This makes the action ambiguous: it contains good and bad elements at the same time. Moreover, it is important not only to focus on one act but also to explore other possible acts. Looking for alternative actions and comparing them broadens the perspective and increases the possibility of arriving at a responsible action.

According to the method of ethical evaluation, the act is justified if it is proportionate to the motives. Thus, the ethical criterion is whether the act is proportionate or an appropriate means of expressing or achieving the goal of pastoral accompaniment. We have described

the purpose of pastoral accompaniment as empowering vulnerable persons in clarifying or deepening their own search for meaning or faith. It is not easy to discern when physical touch is appropriate for this purpose. This can be inferred in part from the effects of touch. But we can also look at the act itself.

How can chaplains deal ethically with the ambiguity of the act? We suggest three ethical recommendations. The task of chaplains is to ethically seek the appropriate act for the intended purpose. They then consider the age and development of vulnerable persons. To this end, it is important to nurture the professional ethics of chaplains.

5.2. Seeking the Appropriateness of Touch

A first ethical recommendation is seeking the appropriateness or proportionality of physical touch. This relates to the place of the body being touched (Gula 2010, pp. 156–88). There are body parts that are very intimate to the person, and touching them almost inevitably has sexual significance, such as breasts and genitals. Other body parts do not a priori have sexual meaning, such as the hands, arms, and shoulders. Yet, these touches can take on sexual meaning because of the intention of the person doing the touching. In this case study, we can consider Peter's embrace as a touch that does not have immediate sexual meaning but could take on sexual meaning according to his intention. A possible but not definitive indication that no overt sexual drives are at play for Peter is that the touching happens in a communal space and not a private one. There is social control because the whole community sees what is happening and can intervene should boundaries be grossly violated. The touching would be much more ambiguous if it took place in a space where Anna and Peter are alone.

In addition to looking for the appropriate place for the body being touched, there is the question of whether there are no alternatives that achieve the same goal but are more appropriate and less ambiguous than physical touch. In this case study, if Peter's goal is to comfort Anna, can he do so in a way other than physical touch, which might be more appropriate? For example, he has already tried to comfort her with words, but that has not proved effective. Perhaps he could sit down with her at the table, create an atmosphere of calm, take more time, and continue talking to her without touching her. Or maybe he could hold her hand or put his hand on her shoulder, touching her in a less intrusive way than an embrace. So, we can only evaluate the appropriateness of the embrace in the light of alternatives that could achieve the same goal.

5.3. Considering Age and Development

A second ethical recommendation is considering the age and developmental level of the person being touched (Frans 2018, pp. 17–74). This is especially relevant in the situation of minors and persons with intellectual disabilities. There are touches that are appropriate for biological age and for emotional and social development of functioning and other touches that are not. This boundary is difficult to define in general terms because it depends exactly on the person's specific situation, namely, age and development. In this case study, we can assume that a comforting hug may be appropriate given Anna's age of 17 and the moderate degree of her intellectual disability. Moreover, persons with intellectual disabilities are often much more spontaneous in their physical contact than other people. They sometimes take the initiative to hug someone themselves without necessarily implying sexual significance. We do not know if Anna is a person who spontaneously takes the initiative to embrace someone else.

5.4. Nurturing Professional Ethics

To better learn to draw the line between appropriate and inappropriate physical touching, we propose a third ethical recommendation to nurture the professional ethics of chaplains, namely, deontology and ethical codes (Peeters 2020, pp. 33–97). Deontology emphasises the ethical qualities of the act itself. It consists of a set of norms, rules, and duties that prescribe actions that are appropriate for the exercise of the profession. This

is expressed in a professional code of ethics. A code of ethics is an important means of ensuring the professionalism and credibility of the profession and, thus, a means of preventing inappropriate behaviour.

It is curious that we find no guidance in the Vatican's *Guidelines for the Protection of Children and Vulnerable Persons*. The Guidelines are legal and procedural in nature and do not specify how transgressive behaviour can be distinguished. We only find a general guideline: 'It is strictly forbidden for pastoral workers to . . . address a minor in an offensive manner or engage in inappropriate or sexually suggestive behavior' (Pope Francis 2019, no. D.2). However, the Guidelines do not explain what inappropriate or sexually suggestive touching is.

We find little guidance on physical touching in the Codes of Ethics for Chaplains. Nevertheless, there are two codes we can refer to by way of a good example. The first is the *Professional Standard Spiritual Caregiver* of the Netherlands Association of Spiritual Caregivers in Care Institutions: 'While working with a client, the spiritual caregiver shall not enter into a personal relationship that is incompatible with their role, nor shall they express the wish to do so. The client's personal, physical and mental integrity is respected at all times. The spiritual caregiver shall not physically touch the client with sexual or erotic intentions, nor in a way that could be perceived as bearing sexual or erotic intentions. The spiritual caregiver shall not respond to sexual advances by the client' (VGVZ 2015, no. 24). Touching is placed here in the context of the relationship with a possible sexual meaning. The guideline is phrased negatively; that is, it defines when touch is not appropriate. Touch is not permissible if it has sexual meaning for the chaplain or may have sexual meaning for the vulnerable person. Consequently, there is openness to touch in pastoral accompaniment. But in this touch, the chaplain must always respect the physical and spiritual integrity of the vulnerable person.

The second code deals even more precisely with touch itself, namely, the *Code of Conduct for Healthcare Chaplains* of the United Kingdom Board of Healthcare Chaplaincy (UKBHC 2014). This code describes the meaning touch can have: 'Touch conveys to many people reassurance, care and concern and it can be a valuable expression of a supportive and caring relationship. But touch is not value-free, it is conditioned by social and cultural norms, and it can convey powerful signals. Therefore, touch may be perceived as threatening or manipulative, it could be physically painful and it can be a form of abuse' (UKBHC 2014, no. 4.5). This code sees touch first and foremost as something good but knows that it can be used incorrectly. Therefore, this code provides further guidance: 'However, because the use of touch can be misunderstood or misinterpreted, or it may be unwanted, it must always be used with sensitivity and where there is any doubt permission should be obtained' (UKBHC 2014, no. 4.5). For this code, it is important that touching is conducted with the chaplain's sensitivity, and if there is doubt about the appropriateness, consent is needed from the vulnerable person. We have already mentioned the chaplain's sensitivity under intention, but we have not yet discussed consent. We will now address it under the effects of touch.

6. Effects on the Vulnerable Person

6.1. The Multiplicity of Effects

The final element of the ethical method is the evaluation of effects. The act has many various effects. In the sources of morality, they are implied in the situation to clearly distinguish them from the action itself. In the effects, we basically find the goal that was implied in the motives; if not, the action has not achieved its purpose. But effects are much broader than the expression or realisation of the intended purpose. We also consider effects other than the goal or intention.

There are not only intended or desired effects but also unintended, unwanted, or secondary effects. Additionally, there are also foreseen and unforeseen consequences. Among the unforeseen effects, some were impossible to predict, and others could have been predicted with more caution. Furthermore, effects can occur at different times: short-;

medium-; and long-term. They can also affect different people: the chaplain; the vulnerable person; and perhaps, others involved. Finally, there are not only physical and social effects but also mental and spiritual effects. By this, we understand the meaning the action has for those involved. Here, we see a great multiplicity in the possible meanings of the action. This is also evident in this case study. The end of the story, which we have not yet revealed, is as follows:

A few days later, chaplain Peter heard that Anna was upset when he left the community. She was confused about what his embrace could mean for her. Moreover, Peter told her that he was glad he was there for her and had comforted her. She did not know how to understand his words.

Probably, Peter embraced Anna with the intention of providing good pastoral accompaniment. We can assume that the touch was not immediately the expression or realisation of sexual desire. Yet the touch is not unequivocal but confusing. Peter did not sense that his words and actions could take on a different meaning for Anna, although Peter knew that Anna was in the painful situation of a broken relationship. He could have foreseen that this situation would mark her perception. Anna was confused by the meaning she could give to Peter's embrace and his words. His words were even more confusing than his actions, or his words made his embrace even more ambiguous.

How can chaplains ethically deal with the multiplicity of consequences? We suggest three ethical recommendations. First, chaplains prioritise effects for the vulnerable person. Then, they take care not to cause harm to that person. Finally, a strong recommendation is to seek free and informed consent from the vulnerable person.

6.2. *Giving Priority to the Vulnerable Person*

The first recommendation is that the ethical criterion for evaluating effects is the priority of consequences, meanings and experiences for vulnerable persons (Liégeois 2016, pp. 442–46). Consequences and meanings for vulnerable persons take precedence over those for chaplains. The reason for this is the asymmetry in the relationship. Since the general situation is that vulnerable persons have less power than chaplains, we must adjust or redress this power imbalance by giving primacy to the vulnerable persons' interpretation of consequences and meanings. It is a matter of justice.

This implies that chaplains must consider personal, social, and cultural factors that can influence meanings. There is not only the age, development and gender of vulnerable persons but also their life history, current life circumstances, expectations for the future, social situation, cultural world, and ethnic context. In this case study, Peter could have considered Anna's emotionally vulnerable situation because of her broken relationship. The effects of the embrace for Anna should take precedence over Peter's motives.

6.3. *Not Causing Harm*

A second ethical recommendation in dealing with effects is that the effects of physical touch should not cause harm (Beauchamp and Childress 2019, pp. 115–62). This rule is based on the values of dignity and inviolability of the human person, on the principle of non-maleficence, and on the norm not to harm other people. There can be physical and social damage, as well as mental and spiritual. Harm can be mild or severe, one-off or repeated. The evaluation of harm is based on the known facts but also on how those involved interpret these facts, especially vulnerable persons. Here again, we see the priority of the vulnerable person's perspective.

If damage is caused, then it is the moral duty of the acting chaplain to stop it immediately and try to repair the damage. But it is also the moral duty of bystanders to intervene, to stop, and repair the damage. If not, the bystanders may become complicit in the harm by their silence and inaction. In this case study, we can assume that there is no physical harm to Anna, but there is emotional harm due to the confusion caused and possibly spiritual harm as she loses trust in Peter's integrity. As far as we know, bystanders did not intervene.

6.4. Obtaining Informed Consent

A final ethical recommendation when dealing with the effects of physical touch is to seek the vulnerable persons' free and informed consent beforehand. This goes back to the principle of informed consent in medical ethics (Beauchamp and Childress 2019, pp. 118–39; Bush 2006, pp. 44–69; Peeters 2020, pp. 152–219). The principle of informed consent is demanding. Theoretically, consent implies that chaplains first inform vulnerable persons about the various options available and their advantages and disadvantages. The vulnerable persons understand this information and can give their consent in an entirely voluntary way beforehand. Chaplains can only intervene if they obtain this consent.

This guideline is good in principle but difficult in practice. Chaplains do a few planned interventions. They react to events as they occur. Asking for prior informed consent can be very artificial. In this case study, could Peter ask Anna for informed consent before embracing her and saying words? That would be difficult, but the best to do. Peter could have asked Anna if it was 'okay' to give her an embrace to comfort her. Briefly asking if something is okay while briefly stating the purpose should be possible. If Peter had asked if it were okay and indicated the purpose, there would have been no confusion for Anna that he was hugging her. Or maybe his intention was not so clear when he said he was happy to be there for her and comfort her. Perhaps his intention was ambiguous after all. Asking permission should have clarified his intention.

However, we should not overestimate the value and importance of informed consent. A prerequisite for giving consent or for making a decision is precisely the capacity to make that decision. The question, then, is to what extent vulnerable persons actually have that capacity. We should not be too quick to say that they do not have that capacity, but at the same time, that capacity may not be as free as we would like. In this case study, Anna would consent, but in the context of an asymmetrical relationship. She is vulnerable and dependent. She attaches great importance to Peter's intervention. Possibly, she thinks that an embrace is part of pastoral accompaniment and feels some pressure to accept that embrace as something that flows naturally from it. So, we can question the meaning and voluntariness of the consent. Can consent truly be free? But that is no reason to drop the question of consent.

On the contrary, the difficulty of consent is precisely a reason to work on it very carefully. This prompts us to see consent not as a moment in time but as a process. Vulnerable persons can give consent at one point in time but change their minds later. Consent is not final but is a process. Consent to physical touch can change during physical touch. In this case study, a vulnerable person like Anna may feel some pressure to consent to the embrace and find out during the embrace that it is not so good after all while she has no more chance to express her refusal.

Therefore, we want to conceive of consent as a dynamic process and reciprocal event. The guarantee of the voluntariness of consent is that there are sufficient possibilities and opportunities for vulnerable persons to give, withdraw, or refuse consent. It is up to chaplains to create these spaces or opportunities for vulnerable persons to give or refuse consent. Because persons are vulnerable, dependent, and have less power in the pastoral relationship, this is a very delicate task. Chaplains should try to discern verbal and non-verbal signs of consent or refusal in the vulnerable persons' words and behaviour during pastoral accompaniment as a whole but during physical touch, in particular. Non-verbal signs manifest themselves in emotions or body language, in expressions of tension or fear, or contentment and joy. For vulnerable persons to give these signals, chaplains need attitudes or virtues to receive these signals with openness, attention, respect, and commitment. This discerning of signs of consent or refusal is a special disposition of chaplains that we cannot lay down in guidelines or procedures. It flows from their virtues and is nurtured by their spirituality.

7. Conclusions

In this contribution, we have provided an ethical reflection on physical touch by Christian chaplains in their pastoral accompaniment of vulnerable persons, especially minors and persons with intellectual disabilities. To conduct that reflection, we developed a method for ethical evaluation. We can apply this method to many moral questions of chaplains, but certainly also to their physical touches. In that method, we revised the sources of morality into four elements of ethical analysis: the context of a pastoral relationship; the chaplain's motives; the physical touch; and the effects on the vulnerable person. We have discussed these four evaluative elements, making ten ethical recommendations. We also applied this method to this case study of chaplain Peter and Anna, who is a minor and has a moderate intellectual disability.

The first element of evaluation is the context of the pastoral relationship that is characterised by asymmetry and power imbalance. From this follows the ethical recommendations that chaplains (1) deal with power in a responsible way and (2) foster their sense of responsibility. The awareness of his own power and responsibility is important for Peter in this case study and may be presumed in him. The next evaluative element consists of the complexity of the chaplains' motives. The ethical recommendations for chaplains are to (3) clarify their motives and (4) strengthen their integrity. We assume that Peter's motives are not driven by sexual meanings but are focused on the goal of pastoral accompaniment. Physical touch is featured by ambiguity and constitutes the third element of evaluation. The recommendations are that chaplains (5) seek the appropriateness of touch, (6) consider age and development, and (7) nurture professional ethics. We can wonder with Peter if there were better alternatives, but his touch still seems appropriate and respectful for Anna's age and development. The final element of evaluation is the multiplicity of effects on the vulnerable person. This leads to the recommendations to (8) give priority to the vulnerable person, (9) not cause harm, and (10) obtain free and informed consent. Peter may have prioritised Anna and did not cause serious physical injury, but he did cause emotional and mental harm, as evidenced by her confusion after his words. Therefore, Peter would have been better off seeking consent.

That consent would have avoided the confusion of his touch combined with his words. Perhaps he was not sufficiently aware of the context of the asymmetrical and power relationship. That asymmetry makes it extremely difficult for vulnerable people not to consent to a touch they may think is appropriate. Seeking consent in the area of touch is not easy, but maybe that is precisely a learning point for chaplains. In any case, it seems better for chaplains to learn to ask permission to avoid any possible abuse of power than to stop touching persons physically if that is meaningful in pastoral accompaniment. This contribution is a plea for chaplains to have the courage to touch vulnerable persons when it serves the purpose of pastoral accompaniment, even in times of sexual abuse. But it is equally a plea for chaplains to be particularly careful to use power and to seek consent from vulnerable persons.

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