

## THE ROLE OF SUPERVISION IN FORMING THE PROFESSIONAL IDENTITY OF A HOSPITAL CHAPLAIN

Dace Dolace, Zane Imūne, Valters Dolacis, Skaidrite Gūtmane

### Abstract

The article analyses the importance of supervision based on anthropological knowledge in the formation of the professional identity of hospital chaplains. It emphasises the problematics of understanding the concept of professional identity and its two main aspects: 1) professional activity, and 2) the anthropological centre of professional identity, which provides for the personal development and quality of spiritual life of the chaplain, in order to answer the question how to become a guide to eternal life for a dying person. The functions of supervision discussed in the article stabilise the chaplain's personality and the poimenic and mystagogical aspects of the chaplain's professional identity in the context of hospital palliative care.

KEY WORDS: hospital chaplain, professional identity, anthropological centre, supervision, mystagogical function, poimenic function in the work of a chaplain.

### Anotacija

Straipsnyje analizuojama antropologinėmis žiniomis pagrįstos supervizijos svarba formuojant ligoninės kapeliono profesinį tapatumą. Straipsnyje pabrėžiama profesinio tapatumo raiška ir dviejų pagrindinių jos aspektų: 1) profesinės veiklos ir 2) antropologinio profesinio tapatumo centro, užtikrinančio kapeliono asmeninį tobulėjimą ir dvasinio gyvenimo kokybę, sampratos problematika, siekiant atsakyti į klausimą, kaip tapti mirštančio žmogaus vedliu į amžinybę. Straipsnyje aptartos supervizijos funkcijos stabilizuoja kapeliono asmenybę ir sielovados aspektus, susijusius su kapeliono profesiniu identitetu paliatyvosios pagalbos ligoninėje kontekste.

PAGRINDINIAI ŽODŽIAI: ligoninės kapelionas, profesinis tapatumas, antropologinis centras, priežiūra, sielovadinė funkcija kapeliono darbe.

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### Introduction

This article is related to the authors' experience of conducting supervision and training for hospital chaplains in Latvia. A hospital chaplain in the modern sense

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is defined as a professional who provides spiritual care, taking into account, however, that the concept of 'spirituality' in the Latvian context includes both esotericism and psychology. Distancing itself from the Christian tradition, it becomes unclear what knowledge the chaplain's practice is actually based on. Is it psychology, counselling or psychotherapy? If so, what is the difference between a counsellor, a psychotherapist educated in these disciplines, and a professional chaplain (Swinton, 2003, 4)? The Christian approach takes into account the eschatological dimension of man, with his departure into eternity and standing before God, and covers a wider spectrum of human existence than psychology alone. Being a chaplain is a discipline deeply connected to issues of value and meaning, where daily contact with people must be built on a deeply personal and trust-based level, combined with the primary task of caring for the spiritual dimension of human life. Considering that the hospital chaplain is a new profession in Latvia, an in-depth look at the chaplain's identity is necessary, emphasising the formation of the chaplain's professional identity on the basis of patristic anthropology and Christian theology, strengthening the poimenic and mystagogical aspect of the service of hospital chaplains. In this regard, the authors emphasise the importance of methodologically adequate supervision. Supervision, which is based on the tradition of social service of the Church and the practice of spiritual supervision, knowledge of patristic anthropology and ascetic experience, is the basis for transformative changes in a person, and consequently forms the professional self-understanding of the worker (chaplain).

The aim of the article is to analyse the functions of supervision based on patristic anthropology in the formation and stabilisation of the professional self-understanding of a hospital chaplain in the context of modern secularisation.

**Methodology.** The sociological study used the semi-structured interview method, which includes both structured questions for obtaining facts and general open-ended questions that allow the interviewee to provide a broader insight into the specific issue. The interpretation and discussion of the results are focused on the problems of the formation of a chaplain's professional identity and their causes, as well as on the potential for supervision in stabilising the anthropological centre of professional identity.

## **1. Definition and situation of the profession of healthcare chaplain in Latvia**

The activities of chaplains in Latvia are regulated by the Cabinet of Ministers Regulation No 134 'Regulations on the Service of Chaplains', issued in 2011, which is issued in accordance with Paragraph 14, Part Five of the Law on Religious Organisations. In the interpretation of these regulations, a chaplain is a person who

is nominated for the position of chaplain by a Latvian religious organisation, and hired by the management of the relevant healthcare institution. The Law on Religious Organisations stipulates that religious organisations may carry out religious activities in hospitals, nursing homes, places of imprisonment and formations of the National Armed Forces, if the people in them so wish, in coordination with the administration of the relevant institution.

In the Latvian context, hospital chaplains base their ministry on the tradition of Christian experience, which encourages the provision of spiritual care to all people. 'The ministry of the chaplain is not only an essential channel of healing, which is very important for ensuring a comprehensive, person-centered health care system, but also a powerful prophetic challenge to the church in the way it defines and practices this ministry' (Swinton, 2003, 2). An older name for the profession in Latvian is *dvēselkopējs* (in German *Seelsorger*), which is still the designation of the profession of chaplain in the German-speaking area. Drawing on personal, faith, cultural and community resources, chaplains provide spiritual care (spiritual support, advice and solace in suffering) to individuals, based on their existential, spiritual and religious needs. The decisive methodological instrument in the profession of chaplain is the person of the spiritual care provider, or the moral, spiritual and professional capacity of the chaplain's personality.

Historically, the professional activity of hospital chaplains in Latvia developed recently, about 20 years ago. The Latvian Association of Professional Healthcare Chaplains (LPVAKA), which trains, prepares and certifies chaplains, and promotes their professionalism, was established in 2005, with the mission to create a system open to interfaith dialogue. Chaplains who provide spiritual care in healthcare institutions must be registered in the Register of Medical Persons and Medical Support Persons. The Cabinet of Ministers Regulation No 134 'Regulations on the Service of Chaplains' defines chaplains of professional healthcare institutions as medical support persons who provide spiritual care to the staff of medical institutions and the patients in them, providing moral support and necessary consultations on religious issues in accordance with regulatory enactments on the competence of medical support persons in medical care.

## **2. The issue or definition of the chaplain's professional identity**

The importance of developing a professional identity in a field or sector has been recognised as essential for ensuring the relevance and effectiveness of professional activity. However, professional identity is not a finished entity, it is a continuous process, where this identity is interpreted and adapted under the influence of contextual factors of the workplace; therefore, identity formation is considered

more interactive and problematic than the relatively simple adoption of a role or professional qualification. Professional identity involves a continuous ‘becoming’, not a fixed point to strive for (Shaw, Bailey, 2016).

By analysing the data collected in scientific literature, and studies on the main trends in defining professional identity (from 2000 to 2019), the study ‘Professional Identity: A Concept Analysis’ (Fitzgerald, 2020) was conducted, with the aim of providing clarity in defining the concept of professional identity, using the areas of healthcare-related and caring professions. The conceptual analysis specified a definition of professional identity, including aspects such as skills and functions, knowledge, values and ethics, personal identity, group identity, and the influence of the care context (Ibid.). There is a tendency to define the professional identity of a chaplain in relation to certain professional community behaviours, expected actions, acquired formal education and body of knowledge (knowledge, theories of knowledge and professional learning as the main components of the professional ‘self’), a set of professional values, beliefs and ethics, emphasising that professional identity includes inclusion in a community of practice, drawing attention to the fact that professional identity is formed in interactional relationships and in a professional context.

Researchers also define two paradigms of professional identity, social and psychological, arguing that the social paradigm stems from the influence of social expectations, which manifest themselves in the form of rules, standards and interventions, with professional identity being formed through experience and socialisation. Sociological and psychological trends in defining the professional identity of healthcare and related professions emphasise a set of external activities, activism, as a result of which an ‘anthropological void in the concept and practice of nursing professions’ appears (Dolace, 2021, 102). However, an important aspect is the personality factor: ‘the identity of a professional as the main work tool in client-oriented work’, which can be applied to the definition of both the chaplain and the supervisor’s professional identity.

### **3. Sociological research**

The aim of the sociological research is to reveal the experience and understanding of professionals in the field (hospital chaplains) about aspects that form the professional identity of a hospital chaplain in the context of the hospital environment, the importance of the anthropological centre of the professional’s personality, sacramental and faith life, and the influence of another person’s suffering and death, in the formation of the professional identity, in order to model professional identity based on the experience of practitioners. The chaplains in the Chaplain

Service structural unit of the Riga Eastern Clinical University Hospital (RAKUS), which, with seven chaplains (at the time of the research), represents the largest chaplain structural unit in Latvia, were chosen as the basis for the sociological study. The sample for the sociological research was formed by all the respondents participating in the research. To achieve the goal of the sociological research, the semi-structured interview method was used, which includes both structured questions for obtaining facts, and more general open-ended questions that allow the interviewee to provide a broader insight into the specific issue (Mārtinsone, Pipere, 2021, 497). In the semi-structured interview, a general list of interview questions was prepared, and the interviewees had the opportunity to express their views, experiences, observations and beliefs.

### Summary of the research results

1. Hospital chaplains have to work in a very complex environment every day, which has its own order, hierarchy and algorithms on the part of the functioning of the hospital system, and anxiety, fear, ignorance and suffering on the part of the patients and relatives. The chaplain works in an anxious and often unpredictable crisis environment. Often the chaplain has to deal with staff resistance to spiritual care, with the prejudices of medical staff and a lack of knowledge about the meaning and essence of the chaplain's work, because the profession of hospital chaplain, as a pastoral consultant, is still developing in Latvia.

2. The work of a chaplain differs from the work of any consultant or psychologist primarily in that it is a ministry in which the main competence is to advise people on issues of a spiritual nature, to educate about a life of prayer and faith, where professional competence is significantly influenced by the chaplain's personal experience of spiritual life, the ability to build a deep relationship with God, and the awareness that the position of chaplain is a calling given by God through the authority of the Church to serve people. Without personal roots in the Church and in the sacraments, a chaplain is unable to fully help the soul of another person/patient on the path of faith, because serving the soul and the spiritual dimension of another person is impossible without cultivating one's personal spiritual life in the Church.

3. Referring to Martin Buber's idea of real life as an encounter in the context of addressing and responding, where the self is revealed only in relation to 'Thou' (You), the importance of the quality of the relational space that arises when a hospital chaplain meets a suffering person, and the need to look at the other person in an *I-Thou* relationship, is significant. '*I-Thou* can only be said with the whole being' (Bübers, 2010, 18). This means that it is important for a hospital chaplain to be fully present with his whole being, here and now. The hospital chaplain and

the suffering person enter into a relationship of reciprocity, influencing each other, forming each other. If this encounter does not occur, then any learned method or tool used can become an obstacle to the common path in reality.

4. The productivity of the hospital chaplain's work and the belief in the meaning of the work correlate with the great intensity of work, in which there is little time for rest and reflection. The greater the intensity of the work and the less time for rest, reflection and deeper conversations with the patient, the higher the coefficient that the belief in the meaning of the work disappears. The meaning of the chaplain's work also becomes relevant in the context of various patients' diseases and pathologies. *'What is the point when I approach a sick homeless person or an alcoholic who has brain damage as a result of use?'* However, *'the goal of spiritual care in each specific case is determined not by the personal subjective opinion of the pastor of souls, but by the leading position of the Triune God in the process of spiritual care.'*

5. The question of the professional identity and role of the chaplain arises as a significant professional issue, in which three aspects are revealed: a) the role of the chaplain is to be present to a person in suffering. In contact with the suffering and death of another person, the chaplain reaches his anthropological limits, experiences his human limitations and internal struggle; b) the awareness of his/her spiritual pathologies and personal anthropological limits under the influence of the external environment. The chaplain's service, which mainly takes place in crisis conditions, in contact with the suffering and death of another person, actualises the chaplain's life of faith, relationship with God, with another person, with himself; c) the importance of personal relationships with God in the chaplain's service. Given the mutual dynamics of human personality pathologies and human spiritual life (Dolace, 2021, 3), there is a mutual interaction of thoughts, feelings and will, influencing and determining human action. In the context of the external environment in which a chaplain works, not only does the chaplain's spiritual and faith life become relevant, but also the chaplain's internal difficulties, unhealed past situations, pathologies of the soul, which can cause a crisis situation or burn-out if not discovered and addressed. The issue of pathologies of a person's moral consciousness is closely related to the concept of sin. *'At the very heart of sin lies an impure (wounded) heart, in which a difficult-to-overcome inclination towards that which is contrary to the life of the Spirit has gradually developed, and is fundamentally sensual.'* In order for caring for others not to lead to burn-out, inner balance and calmness are necessary. To calm down and be under God, *'to allow the Word of God to diagnose the internal state of the moment – thoughts and attitudes. God gives strength and wisdom to say something – such wisdom that does not come from books, because patients do not always remember what the chaplain*

*has said, but remember the mood and inner peace.*' In this context, it is also important to consider the role and significance of supervision in the work of hospital chaplains as a significant support in maintaining internal balance and organising the anthropological system.

*The awareness of the surveyed respondents is dominated by the understanding of professional identity in the form of activism, which is expressed in thoughts about boundaries, what the tasks are, what should or should not be done, what are the norms of behaviour. The respondents do not actualise an essential anthropological question – what kind of person I myself must become in order to perform my professional duties. In defining professional identity, professional tasks alone are not enough, but the anthropological centre of professional identity must be defined: what I myself must become in order to be able to implement these tasks, actualising the qualities of the spiritual life and morality of the personality. The Fathers of the Church reveal that the opposite virtues of pathologies are love, humility, patience and temperance, and this cannot be written in any code of ethics. In the 21st century, this anthropological aspect of professional identity is very important, especially when it comes to 'patient-centered' social work, putting forward such Christian tasks as: 1) seeing the image and likeness of God in the patient (Imago Dei); 2) treating every person with respect, acceptance and caritative love. It is essential to establish an anthropological centre at the centre of professional identity, which includes the question of the deification of man, which involves the struggle with one's own pathologies of the soul, as well as answering the question of how to become a signpost to eternal life for a dying person, or how to become a mystagogue.*

#### **4. Analysis of the causes of problems at the macro level**

Given the tendency that the chaplain's profession is understood mainly at the level of activism, it lacks an anthropological centre, and the quality of the employee's personality is ignored in the professional identity, the author of the work draws attention to the causes of problems at the macro level.

1. Changes in European society: the trend towards secularisation. Globalisation and immigration have led to a diversity of world-views, and religious and spiritual traditions. In recent years, the spiritual and religious sphere in most Western countries has changed rapidly, with increasing trends towards secularisation (Office for National Statistics, 2021), as a result of which it can be argued that 'modern life is characterized by secularization in Western society, where society has changed from a society in which it

was practically impossible not to believe in God, to a society in which it has become possible' (Jacobs et al., 2020).

2. The trend in Western society is moving away from religious care towards generalised spiritual care. As the role of religion in Western societies has changed, so have the role and place of chaplains working in healthcare settings. Analysis of data from the Dutch scientific study 'The future of chaplaincy in a secularized society: a mixed-methods survey from the Netherlands' (Glasner et al., 2023) reveals that the healthcare chaplain has gradually changed from a profession based on religion to a broader profession that provides care for all existential needs. This trend is also reflected in the document 'Spiritual Care Competencies for Healthcare Chaplains' developed by the UK Board of Healthcare Chaplaincy (2020) for registered healthcare chaplains. This document distinguishes spiritual care from religious care, and focuses on spirituality and general spiritual care, assuming that any religious needs will always be met by appropriate spiritual care. Spiritual care is defined as care 'that recognizes and responds to the needs of the human spirit when a person is faced with life changes (e.g. birth, trauma, ill health, loss) or grief, and may include the need for meaning, self-worth, self-expression, faith support, perhaps for rituals, prayer or sacraments, or simply for a sensitive listener.' In this understanding, a significant problem arises: the spiritual realm is separated from the Triune God and the Christian Church.
3. The influence of secular humanism in defining the professional identity of chaplains. There are two main trends in Europe defining the professional identity of chaplains: a secular humanist perspective (Jacobs et al., 2020), and a Christian faith-based model of chaplaincy (Layson et al., 2023). In the Professional Standards of the Association of Spiritual Caregivers in the Netherlands, the 2015 revised version defines the role of chaplain as 'professional guidance, assistance and consultation on issues of meaning-making and philosophy of life' (Jacobs et al., 2020). Although secularists argue that Christian faith-based welfare services, such as chaplains, are unable to provide pastoral care for non-religious personnel, advocating for the complete exclusion of faith-based chaplains, the authors of the publication 'The Impact of Faith-Based Pastoral Care in Decreasingly Religious Contexts' emphasise that for most organisations, eliminating Christian faith-based chaplaincy services, and simply using non-religious practitioners, would reduce the diversity of care and effectively duplicate other secular services already provided. Christian faith-based chaplains can draw on a rich theological and philosophical history that spans millennia of thought



and benevolent action in dealing with life, death and injustice, and provide a deeper understanding of the issues of identity, meaning and purpose that both religious and non-religious people face. This practically implements a transcendental perspective, which is often needed in times of suffering, grief, or when the moment of a person's death is clear and close, explaining the importance of forgiveness and hope, which can alleviate suffering, enabling the provision of specific religious healing rituals and prayers, if and when requested or appropriate (see Layson, Carey, Best, 2023).

4. The definition of a profession is based on an anthropologically reduced concept and practice. In professional fields (such as social work, psychotherapy, public relations, pedagogy, etc), a clearly expressed trend towards the rapid acquisition of professional techniques and effective methods has developed in order to be able to build one's career as quickly as possible. Jürgen Habermas speaks of 'instrumental rationality', which threatens fellow human beings, because everything is subordinated to the achievement of individual goals. However, at the end of the 20th century, the concept of a specialist in the caring professions changed in Europe, marking 'a much more dynamic understanding of the profession and the professional – both the social work specialist and the profession itself are formed and constructed in the experience of professional activity under the influence of certain anthropological, cultural and social contexts' (Niklasson, 2005, 178).
5. The work of a chaplain is mainly based on traditional theological beliefs, which manifest themselves as the transfer of theological dogmas into practice. The problem becomes relevant when the patient says that he/she does not need a chaplain, argues against it, does not hear, or does not respond. Practical theology determines that the work of a Christian for the benefit of people is always spiritually creative as a newly given task, which must be solved, discovered using a completely different competence, not the competence of a 'technical manual', but the so-called praxis, which is a human activity rooted in the work of God, as explained by R. Anderson, a professor of practical theology. 'Competence does not arise only by repeating and practicing methods, but is acquired by participating in the work of God in such a way that the responsibility for the judgments that are made in service situations is in accordance with the purpose of Christ himself, because He is present in the situation and works through us and with us' (Anderson, 2001, 53).
6. Lack of understanding of the profession of chaplain in the public consciousness. Considering that the hospital chaplain as a profes-

sion has been taking shape in Latvia since the restoration of independence in the 1990s, the identity of the profession is only forming, and has not been established in the consciousness of medical personnel and patients, and in a correct understanding of what a chaplain is.

## 5. Vectors of professional identity

Metropolitan Anthony of Surozh, summarising his experience of what it means to serve a person in suffering, in illness and death, formulates the two necessary vectors of the competence of a hospital chaplain clearly: the vector of action, tasks and personality formation or the profession's anthropological vector (*see* Антоний Сурожский, митрополит, 2017).

Action:

1. The most important, the most useful (and the most difficult to learn) is *the ability to sit down and be present in complete stillness*. More important than words is *attitude and presence*.
2. *The ability to be silent*. To be so deeply silent and open that the patient can speak to the chaplain at any time. 'Let the empty chatter go and make room for a deep, collected silence full of genuine human concern. And you will discover what I have discovered many times over the last thirty or forty years: at some point people become able to speak, to speak seriously, to speak deeply, to say the few things that are worth saying. And you will discover something even more amazing: that you yourself are able to speak in this way.'
3. *Willingness to sit down, ask the patient about his/her life, share my life* and, 'telling about my life, about my experience, say something suggestive or useful. And by sharing with the person what I myself had experienced, I gave him the opportunity to experience something that he had not experienced before, to understand something and to feel that he/she can talk about these things.'
4. *One must have courage and tact to let the patient talk about his/her fears*, because one of the most difficult things for the patient is to lie, closed in his solitude, which is caused by the fact that he/she does not dare to speak. The chaplain must learn to see and hear the person, to perceive not only the words during the conversation, but also the expression of the eyes, face and voice, reacting to the fear or the unspoken question that lies not only behind the spoken words.

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5. One of the things that can *ruin a meeting or a visit to a sick person is empty talk*, because talk, like a cover, a person often uses to protect themselves from the need to be serious, to express their concerns, to be truthful.
6. A person needs a chaplain to be with them in their grief, in the abyss of this grief, and not to convince them that there is no grief or that they are making mistakes in their mourning. *Time must be given to grace and the person's inner experience to work in the situation.*
7. The chaplain can *help the sick person with his prayer from the depths of his heart*. Anthony of Surozh recommends 'taking the sick or dying person into himself, without defending himself against his fears, pain, reproaches, and holding him before the face of God, speaking with God in simple words about this person and his life'. If a person refuses prayer or God, then 'the chaplain has a heart, a mind, and he can stand before God and hold this person before God. To impose God on a person at the hour of death, when he consciously refuses God, is simply cruel.' In such a case, the chaplain uses the principle of substitution, which stipulates that the chaplain exists in faith, hope and love in the place of the patient (substitute), at a time when the patient has lost these qualities, while persistently seeking out the patient to simply be there for him, despite the patient's rejection or indifference.

Describing the anthropological centre of the chaplain's professional identity, Anthony of Surozh marks the following aspects:

- *Complete self-denial in serving patients*, because 'when you focus too much on yourself, you have no time to care for others.'
- *Stand in humility before the other person*. 'You should never put yourself in the position of a teacher. There is no need to pretend that because you are a chaplain you understand something that you yourself have never experienced.'
- A chaplain *must have his own attitude towards death*, which is one of the tasks of our Christian life: to get used to the thought of death, to know that it exists, to know how you feel about it. The criterion for whether we are Christians or not is our attitude towards our own death, towards the death of people dear to us.
- For a chaplain to be able to approach a person in a state of crisis caused by illness and suffering, 'great *inner purity* is needed and one must be able *to look at the person as an icon*, a living icon or "image of God", whom you approach with deep respect, with reverence, and towards whom you will act as you would in a temple.' That is, with prayer, reverently, sensitively, humbly, listening with all one's strength to what is in the person, to what he himself can say, but also to what the Holy Spirit does in him.

## 6. The poimenic nature of professional identity

The culture of humanism claims that the personality possesses the ability to self-determination, but God's revelation views man as a being who has lost his/her divine potential, who in this state of existence needs a helper, a 'shepherd', who directs the personality to its true belonging, back to unity with God. *Poimenics* (a Greek word that came from the New Testament and is derived from the word *poimēn*, for 'shepherd') is a discipline of practical theology, the task of which is the *care of the fullness of divine or spiritual life in the human body, soul and sociality* (relationships), spiritual assistance to a person in the process of conversion and spiritual development, as well as in crises and depressions, and social problems, in order to achieve spiritual stabilisation in a given situation and move towards the destination of human life, the fullness of salvation, the deification of the person, the care of the inner life. The chaplain becomes a poimenic, helping a person in suffering to find spiritual stabilisation in the current crisis situation, 'to transcend the illness, returning the soul from the illusion of self-sufficiency through turning to God: reconciling the soul with God' (Ozola, 2023, 141), and to be born to eternal life.

The significance of poimenic service in the chaplain's profession is not only apostolic (helping a person come into a relationship with the reality of God), but also in the ability to give the patient the love that comes from God, thus revealing that the most important thing he/she can give to the patient's soul is not advice, but the love that comes from God and dwells in the chaplain's own heart. Poimenic service does not mean solving another person's problems by giving advice according to the words of the Holy Scriptures, but it is significantly influenced by the 'personal experience of spiritual life and faith' (Удалова, 2012, 31). This service passes through the centre of the poimenic's personality, turning it into an 'I' belonging to God ('Christ in me'). If the chaplain does not carry the love of Christ in the centre of his/her heart, in the essence of his/her personality, then he/she is unable to give it to a person in suffering. The patient can be told the words 'God loves you', but a person must receive this love through suffering, which in turn forces the chaplain to completely ban his/her selfishness. 'Healing does not happen through the proclamation of salvation alone, but rather through sufferers walking a common path: together they come to know the tension between the eschatological promise of salvation and the suffering experienced today. Because the possibility of caring for souls could be based precisely on the fact that the future promised to us – thanks to lived love, empathy and authenticity – can become initially experienced' (Kīslings, 2004, 57).

## 7. The mystagogical nature of professional identity

As Anthony of Surozh emphasises, one of the tasks of a hospital chaplain is ‘to make the sick person receptive to the Sacraments’; however, it would not be right to receive them only for the purpose of gaining physical health. The professional duties of a chaplain include preparing a person for this Mystery, helping him/her regain the wholeness of his/her soul and spirit, so that a person can say: ‘I feel so transformed that it no longer matters to me whether I live or die, whether I receive physical healing or not’ (Антоний Сурожский, митрополит, 2017). A model of this type of pastoral care is the *mystagogue*, which is a Greek term (from *mysterion*, or ‘mystery’, and *agogos*, for ‘leader’). The concept of mystagogue has also found its place in Christianity, in the trend for mystagogical pastoral care, and today mystagogues in pastoral care are people who help others come into contact with the mystery of life that resides within them. These are people who are able to inspire the patient, helping him/her find the key to the meaning of life (Dolace, 2019, 14). Mystagogic pastoral care wants to bring the person to the mystery of his history and God, and set the healing process in motion, initially realising what is being talked about in terms of content. ‘It is precisely in this way that the mystagogue most convincingly talks about the undoubted coming and accompanying of God, that He Himself faithfully and irresistibly accompanies the other in the crises’ (Kislings, 2004, 55).

However, *the hospital chaplain cannot introduce the Mysteries by teaching alone, because it is not a set of truths*. ‘The Christian mystery is the Person of Jesus Christ, and the task of mystagogy is to help man to know this Person and to give his/her life to Him’ (Broszkowski, Krzysztof OP, 2013). The mature fruit of mystagogy is the awareness that ‘the life of man is gradually transformed by the sacred Mysteries (Sacraments) that are celebrated and that can make him/her a “new creature”, capable of bearing witness to his surroundings to the Christian hope that inspires him or her’ (Benedict XVI, 2007). The mystagogic aspect of the chaplain’s identity is important because man’s ‘relationship with the Sacraments changes as he/she grows and matures as a person and as he/she faces new challenges and circumstances of life’ (Ponton, 2016).

## 7. Supervision as a tool for strengthening the professional identity of a hospital chaplain

When describing the main functions of supervision, since the 1970s, the three basic functions of supervision, identified by Kadushin and Harkness (2014, 12), have dominated supervision literature and theory: administrative, educational

and support functions. However, in the 21st century, authors such as Hawkins, Shohet (2012) and Weld (2011; 2021) speak of a value-oriented, meaning-seeking function, in other words, a transformative function that directs the view towards meaning and the anthropological depth of man. Following the theses put forward by the Catholic theologian Pierre Teilhard de Chardin about a person who is constantly learning, Weld (2021) emphasises the transcendental dimension in man, within which man is in an eternal process of development on the path to divinisation. Thus, in order to ensure in-depth professional and personal growth and development in professional supervision, the transformative function of supervision, which is based on the concept of theological anthropology and which fulfils a guiding function in spiritual life, is essential, which is relevant in strengthening the professional identity of the hospital chaplain.

The social work law of the Republic of Latvia (Law on Social Services and Social Assistance) defines supervision as ‘purposefully organised consultative and educational support for supervisees (including professionals, groups of professionals, teams or organisations) on issues related to professional activity’, indicating the ‘improvement of professional competence and the quality of professional activity’ aspect of supervision (Sociālo pakalpojumu un sociālās palīdzības likums, 1.28). However, there is a risk that ‘supervision can become solely process-oriented and dominated by case management’ (Weld, 2021, 401). Taking into account the tendencies of ‘psychologisation’ of modern society, ‘superficial understanding is not sufficient for people to be able to resolve internal conflicts or difficulties on their own in cooperation with a client or in a collective’ (Mārtinsonē, Mihailova, 2023, 55). To reduce this risk, anthropological knowledge about humans is necessary.

Supervision, with its transformative anthropological paradigm, is today the most suitable space for the renewal of the professional identity, values and competencies of specialists in various social care professions. It stabilises the self-confidence of the professional, as well as his/her personal identity as ‘a creative center of professional abilities’ (Weld, 2021, 103). *Considering that the main working tool of the caring professions (both in the work of a hospital chaplain and in supervision) is the practitioner himself, bringing his/her experience, beliefs, mental models, hopes, concerns, aspirations and knowledge to the work, the person is always at the centre of supervision. The goal of supervision is to help a person build his/her professional identity, the centre of which is the formation of personal anthropological identity.* Weld talks about ‘bridging the gap between the personal and professional selves, using the argument that if people do not bring these two selves into their work, they will either come across as too clinical (limited personal self-presence) or too unstructured and lacking professional boundaries (limited

professional self-presence)’ (Weld, 2012, 40), emphasising the need to achieve this alignment, especially for those in the caring professions who are involved in working with people, where people often want a connection with a person, not just a mechanical approach. Thus, *supervision is a unique place, a relational space, where employees can stop and focus on their personal and professional learning with the overall goal of promoting professional development.*

The transformative function of caritative anthropological supervision provides hospital chaplains not only with knowledge of professional activity based on partristic anthropology, but also with the opportunity to experience a transformation of the understanding of professional identity through a transformation of consciousness, which provides a deeper understanding of the meaning of their professional work, as well as the discovery of a personal anthropological identity at the centre of professional identity. ‘Providing a transformative function in supervision is innovative, it supports mutual learning that is meaningful’ (Weld, 2021, 408).

Supervision develops along with the profession and simultaneously shapes it, it is a place of reflection and learning, where ‘an interactive dialogue takes place between at least two people, one of whom is the supervisor’ (Davys, Beddone, 2021, 22). In turn, conceptualising the presence of religion and spiritual life in supervision, Professor K. Campbell ‘offers a quadrilateral instead of the triangle characterising the relationship in supervision (supervisor-supervised-client), where one of the vertices is assigned to God, as understood and perceived by all participants involved in supervision. In this model, God is present, albeit indirectly, in the experience of all parties involved’ (Mārtinsone, Mihailova, 2017, 195). The Holy Scriptures also point to the axis of reciprocity between man and God. ‘The energy of the life force, which comes from God, meets and exchanges with human energy, and thus the connection between God and man becomes synergistic, i.e. [...] it is a harmonious cooperation of two energies – God and man’ (Kovaļevska, 2023, 93).

Supervision helps chaplains engage in a reflective practice of their professional activities, which involves critically evaluating their thoughts, feelings and actions in specific situations in order to rethink assumptions that are taken for granted, evaluate their reactions, and consider alternative perspectives. St Macarius the Great emphasises that ‘a person must guard his thoughts with all his might and turn away from what evil thoughts feed on, and turn to God, and not fulfill the whims of his imagination’ (Makārijs Lielais [St Macarius the Great], 2015, 61). The process of reflection in supervision, facilitated by supportive relationships, strengthens self-confidence, promotes learning, and promotes personal and professional growth. There is a danger that unreflected professional experience not only contributes to the onset of a professional identity crisis, but also to an instrumenta-

lised approach towards the help-seeker, the patient' (Dolace, 2009, 49). Reflection helps in discovering the Divine purpose or spiritual meaning in the performance of a professional task.

*The supportive function of supervision.* Hospital chaplains face emotionally complex situations on a daily basis, working in a crisis environment dominated by pain, loss and grief. If emotions are not managed in the work of a hospital chaplain, 'this can significantly affect the effectiveness of work. We do not work well if we are scared, depressed, sad, or stiffened. The expression of negative emotions is crucial to allowing a person to come to terms with the situation and overcome it [...] Supervision should be a place where emotions can be expressed and explored' (Gray, Field, Brown, 2010, 53). However, supervision based on patristic anthropology moves towards a deeper understanding of superficial emotions, towards the management of pathologies of consciousness, because it is impossible to manage emotional states if we do not look at the person as a whole. The supportive function of patristic anthropological supervision includes the prevention of professional burn-out, making it possible to discover that 'victory over crises lies in the power of God, which Christ gives to his disciples as a pledge of victory' (Dišlers, Kīslings, 2010, 11). Such a supportive function of supervision promotes stability and resilience in the professional self-awareness of hospital chaplains, helping to develop the skills and mindset necessary to overcome complex situations, manage stress and recover from difficult experiences, promoting professional effectiveness through anthropological metamorphosis. The concept of metamorphosis means qualitative changes in the core of the human mind (meaning the spiritual part of human consciousness). It is a transformation that occurs in the struggle with one's own anthropological pathologies or passions.

*Administrative, organisational function of supervision.* Usually, an administrative-organisational solution is sought, excluding the anthropological dimension and in-depth study, ignoring one's own personality state and personal development. In any supervision, the question arises, what to do, how to solve the situation, rational solutions are sought; however, patristically anthropologically oriented supervision encourages hospital chaplains to engage in self-reflection and self-assessment. If the deepest goal in life, which is both personal and professional, is to understand what it means to 'be human' in order to help, and to learn from life in order to give this acquired wisdom back to the world, then it is important once again to emphasise the formation of the professional identity through the transformation of the consciousness, which Weld designates by the terms 'personal practice theory formation' (Weld, 2012, 13) or 'practical wisdom', based on the theory and practice of critical reflection (Earle et al., 2017), which provides practitioners of the caring professions with a deeper understanding of the meaning of their work,



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their professional identity, or a revelation of who I am as a representative of the caring professions, both in God's highest order and, accordingly, in this place and at this time. As the reflection process moves from the experience gained in practice, 'where the methods and knowledge learned in practice were applied', to a deeper understanding of this experience, revealing the hidden anthropological factors associated with this experience: intuition, faith, love, values, creativity, spiritual life, etc, true professional competence is acquired, because competence is acquired in the reflection of experience and its theoretical redefinition, making it personal wisdom or a theory of personal practice. Unreflected, impersonal practice contributes to the formation of a professional identity crisis in employees (Dolace, 2021, 106).

*The educational function of supervision* in shaping the professional identity of a hospital chaplain provides benefits such as better patient care, ethical and thoughtful decision-making that respects patient autonomy and views while adhering to professional standards, and continuous learning through reflection on one's own practice. A hospital chaplain's participation in supervision demonstrates personal responsibility, a 'professional commitment to reflect, analyse, and reflect in order to renew and improve one's professional activities and practices' (Davys, Beddome, 2021, 20) in their work with patients. Chaplains who receive supervision based on patristic anthropology are better prepared to provide meaningful support during times of illness, loss and crisis, as they can use the anthropological knowledge, skills and insights gained from supervision.

### Suggestions for implementing supervision as a tool for strengthening the professional identity of hospital chaplains in practice

#### At the macro level

- (ENHCC) Standards state that working hospital chaplains receive professional training throughout their service at a level appropriate to their position. This process includes: a) theological and pastoral education and reflection, b) awareness of healthcare issues, c) practical/clinical supervision, d) spiritual guidance.
- In order to promote the regular implementation of supervision in healthcare, clear regulation is needed in the regulatory enactments of the Republic of Latvia on the position of the chaplain and supervision as a component of the professional training and professional identity of hospital chaplains.

#### At the mezzo level:

- In cooperation with the Latvian Supervisors Association and responsible officials, conduct informative and educational seminars and workshops

with the aim of promoting an understanding of the role and necessity of supervision in strengthening professional identity and improving the quality of work.

- Find an opportunity for Chaplain Service hospital chaplains to provide hospital-funded team/group and individual supervision once a month.

At the micro level:

- The supervision provided to hospital chaplains should be based on the concept of patristic anthropology, which directs the view towards meaning and the anthropological depth of man, avoiding being based on the principles of psychology.
- Ensure the realisation of the transformative function of supervision based on the patristic anthropological concept for hospital chaplains, providing the opportunity to experience the transformation of the understanding of professional identity through the transformation of consciousness and the discovery of the core of spiritual life at the centre of professional identity, showing how the profession influences the spiritual transformation of the professional, and how personal spiritual life influences the profession of hospital chaplain.
- Within the framework of supervision, hospital chaplains should ensure that the reflection process not only strengthens professional self-confidence, and promotes learning and professional growth, but also helps to discover the spiritual meaning in performing a professional task, as well as ensuring that the true strengthening of professional competence and self-confidence begins with an awareness of the need to struggle with one's own passions of the soul and pathologies of consciousness, which leads to the confession of sins and the Sacraments of the Church.

## Conclusions

1. When conducting research with hospital chaplains, two interrelated problems were identified: 1) the need to develop the recognition of the hospital chaplain's profession, which is related to a deepening of the understanding of the concept of professional identity; 2) the necessity for adequate, patristic-anthropologically based supervision in the strengthening and stabilisation of the professional identity and self-confidence of the hospital chaplain.
2. Supervision based on patristic anthropological knowledge not only provides hospital chaplains with a knowledge of professional practice rooted in patristic anthropology, but also enables them to experience a transformation of their grasp of professional identity through a transformation of conscio-

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usness that provides a deeper understanding of the meaning of their professional work, as well as the discovery of personal anthropological identity at the centre of professional identity, which, in turn, includes the question of the divinisation of man, which implies a struggle with the pathologies of the soul, as well as answering the question of how to become a signpost to eternal life for a dying man (mystagogue).

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