

Spiritual Care, Pastoral Care, and Chaplains: Trends in the Health Care Literature

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ABSTRACT. This study analyzes trends in the health care literature based on electronic searches of MEDLINE between the years 1980 and 2006. The search terms used were “spiritual care,” “pastoral care,” and “chaplain.*” The results document an expected surge in the rate of English-language journal articles about spiritual care beginning in the mid 1990s. Although the rate of articles about pastoral care was several times higher than that for spiritual care over much of the study period, there was a steady decline in articles about pastoral care during the past 10 years. These two trends produced a convergence in the rates, so by 2006 the rate of published articles on pastoral care (21.1 per 100,000) was less than twice as high as that on spiritual care

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(13.3 per 100,000). The rate of articles about chaplains rose moderately but significantly from 9.6 per 100,000 in the years 1980–1982 to 12.2 per 100,000 in the years 2004–2006. Increasing interest in spiritual care was evident in nursing, mental health, and general health care journals, being most pronounced in nursing. Declining interest in pastoral care was also most pronounced in nursing. This article discusses some implications of and responses to these trends.

KEYWORDS. Chaplains, healthcare, pastoral care, religion, spirituality, spiritual care, theology

INTRODUCTION

Interest in spirituality has increased among health care professionals in recent years. The gradual rise in the number of published articles about spirituality in biomedical journals throughout the 1980s turned into a surge in the 1990s (Mills, 2002; Weaver et al., 2003), which appears to be continuing. In psychology, the increase in articles about spirituality has been accompanied by a steady decrease in articles about religion (Weaver et al., 2006).

Another trend has also been occurring in the health care literature, which parallels changes in the popular culture about the definitions of religion and spirituality. Where religion and spirituality were once considered to be similar concepts, Pargament and others (Pargament, 1999; Hill & Pargament, 2003) have noted that spirituality now appears to be defined in contrast to religion, and some say the concept of religion is becoming marginalized (Curlin & Moschovis, 2004). In recent years, religion has come to refer to religious institutions, rituals, and ideology. Spirituality, on the other hand, is now typically used to refer to the search for meaning, transcendence, and connectedness (Pargament, 1999; Hill & Pargament, 2003). Implicit in these definitions, according to Pargament and Hill, is that “spirituality is good and religion is bad.” VandeCreek (1999) makes the same observation based on his review of articles about spirituality and religion published in a variety of health care journals.

VandeCreek (1999) searched Medline and other electronic databases to find issues of health care journals that were entirely devoted to the topic of spirituality. The searches identified a half dozen journals that had published special issues on spirituality between

1988 and 1998, containing a total of 60 articles. What struck Vandecreek most upon reading these articles was that only one mentioned pastoral care, chaplains, or professional chaplaincy in general. It was as if professional chaplaincy did not exist in the minds of the authors from the various healthcare professions who wrote the articles. Vandecreek explored several possible reasons why authors in different healthcare professions might ignore chaplaincy when discussing the importance of spirituality in healthcare. One explanation is, since spirituality has come to be seen as separate from religion, chaplains, as religious professionals, do not come into the picture since anyone can provide spiritual care. Indeed, Vandecreek notes that the “authors almost consciously seemed to avoid using the word ‘chaplain,’ referring instead to ‘spiritual counselors’” (Vandecreek, 1999, p. 425). He went on to say that “Authors in the nursing literature . . . believed their profession was responsible for spiritual care because they already did it” (p. 426). Moreover, in addition to the nursing field, Vandecreek noted that “various health care professions are not only stating they deliver these services as part of their role, but also that they are claiming the words ‘spiritual care.’” They seem to be willing to let chaplains identify themselves as providing ‘pastoral’ care because they believe that it limits them to sacramental functions, worship services, and providing attention to a few individuals with ‘religious’ problems (p. 431).

Vandecreek (1999) and O’Connor (2002) have argued that at least part of the reason why chaplaincy is often absent from discussions about spirituality in the health care literature is simply that most of the articles are written by other health care professionals. Chaplaincy is a far smaller profession than nursing, for example, and the profession of chaplaincy does not have the same academic or research rigor as nursing or other health care professions (Vandecreek, 1999). Thus, there are fewer articles that have been written by chaplains regarding the place of spiritual care and pastoral care in the health care system. Both Vandecreek (1999) and O’Connor (2002) have expressed the concern that if chaplains do not do research in the burgeoning field of spirituality/religion and health, professional chaplaincy will yield its legitimate authority in this area to other professionals. In light of these concerns, the present study conducted an extensive literature search to determine the extent to which spiritual care, pastoral care, and chaplaincy have been discussed in the health care literature between 1980 and 2006, and which professional disciplines have contributed to that discussion.

METHOD

Procedure

A total of 216 separate searches were conducted on MEDLINE for the years 1980 through 2006, with eight searches conducted for each of the 27 years within this timeframe. The first set of searches (one for each year) identified the total number of articles published each year with the following three search limits: (1) that they were “journal articles” (which excludes editorials, commentaries, etc.), (2) that they were about humans (which excludes animal and tissue studies, etc.), and (3) that they were in English. These 27 searches determined the baseline of articles that was later used to calculate yearly rates of articles for the subsequent searches.

The rest of the searches employed three basic search terms in seven different combinations to form mutually exclusive categories. The three search terms were: (1) spiritual care, (2) pastoral care, and (3) chaplain*. All seven searches looked for one or more of the three search terms in an article’s title, abstract, and/or list of key words. The use of an asterisk at the end of the term chaplain allowed us to search for any terms that start with “chaplain” but have different endings, such as “chaplains” or “chaplaincy.” Because “chaplain” may also be a family name, the search term “NOT chaplain [au]” was used in the searches to avoid including articles in which “Chaplain” was the last name of one of the authors.

The first three of the seven search phrases were: (a) “spiritual care” NOT “pastoral care” NOT “chaplain*”, (b) “pastoral care” NOT “spiritual care” NOT “chaplain*”, and (c) “chaplain*” NOT “spiritual care” NOT “pastoral care.” Each search phrase also included the term “AND ___ [dp]”, where the blank was filled in with the specific year (1980 though 2006) of each search. The code [dp] stands for date of publication. These three searches identified the numbers of articles in each year that contained only the term “spiritual care,” “pastoral care,” or chaplain, but not the other two terms. The remaining four searches, which looked for articles containing various combinations of these terms, were: (d) “spiritual care” AND “pastoral care” NOT “chaplain*”, (e) “chaplain*” AND “pastoral care” NOT “spiritual care”, (f) “chaplain*” AND “spiritual care” NOT “pastoral care”, (g) “spiritual care” AND “pastoral care” AND “chaplain*”. The complete citations of all the articles identified by each search were printed by year.

Annual Rates of Articles

The frequencies of articles obtained from the seven searches were summed to form three major categories and six subcategories of articles, which were not mutually exclusive. The three major categories were all articles that mentioned (1) spiritual care, (2) pastoral care, or (3) chaplains. The yearly rate for each of the three major categories was calculated by dividing the number of articles in each category in a given year by the total number of articles published that year and multiplying by 100,000. This produced annual rates of articles on spiritual care, pastoral care, or chaplains per 100,000 published journal articles.

The six subcategories were the numbers of articles on (1) pastoral care and spiritual care, (2) pastoral care and chaplains, (3) chaplains and pastoral care, (4) chaplains and spiritual care, (5) spiritual care and pastoral care, and (6) spiritual care and chaplains. The number of annual articles in each subcategory was divided by the number of annual articles in each major category to yield the percentage of articles in each subcategory within each major category each year.

Types of Journals

The article citations were used to categorize the types of journals in which they were published, based on the journal title, publisher, and subject terms listed for the journal in the MEDLINE/PubMed journal database. Journals were categorized by (1) their topical area and (2) whether they were religiously oriented or secular.

Statistical Analysis

The rates for each of the three major article categories (pastoral care, spiritual care, and chaplains) were grouped into nine three-year intervals for analysis by ANOVA (analysis of variance). Linear trend analysis was conducted on all three measures. These analyses were supplemented by performing Pearson's product-moment correlations on the rates of articles each year. Quadratic trends for various time periods were also conducted on the pastoral care measure using ANOVA. Scatter plots were prepared on the rate data for spiritual care and pastoral care, and regression analysis was conducted to assess trend lines for selected time periods. The percentage of articles published on each major category in different types of journals was

analyzed by ANOVA. Separate analyses were conducted on the religiously oriented and the secular journals.

RESULTS

The baseline search identified 5,608,956 journal articles meeting the search criteria that were published between 1980 and 2006, inclusive. The remaining searches identified a total of 1714 journal articles that contained the term pastoral care, 606 that contained the term chaplain* (hereafter called chaplain or chaplains), and 384 that contained the term spiritual care.

Table 1 shows the mean number and rate of articles that mentioned spiritual care, chaplains, and pastoral care across the time-frame of the study. Not surprisingly, the mean number of articles in spiritual care and chaplains increased over the 27 years included in the study. These figures do not matter by themselves, however, since there is an overall increase in the total number of articles published during this same time. Thus, we must focus on the change in the rates of articles across years.

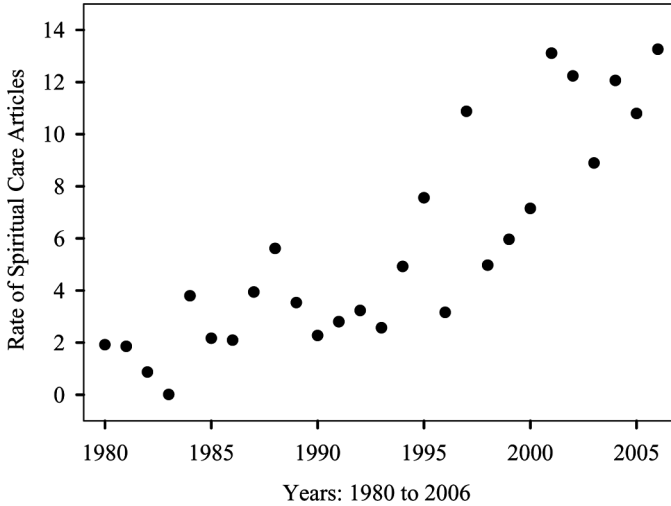
As seen in the table, the rate of articles on spiritual care increased from 1.6 per 100,000 for 1980–1982 to 12.0 per 100,000 for 2004–2006.

TABLE 1. Mean Number and Rate* of Articles in the Health Care Literature that Discuss Spiritual Care, Chaplains, and Pastoral Care by 3-Year Intervals between 1980 and 2006

Years	Spiritual Care		Chaplains		Pastoral Care	
	Number	Rate	Number	Rate	Number	Rate
1980–1982	1.7	1.6	10.3	9.6	28.0	25.7
1983–1985	2.7	2.0	10.7	8.0	22.7	17.1
1986–1988	6.0	3.9	13.0	8.5	40.0	26.1
1989–1991	5.0	2.8	16.3	9.3	40.7	23.2
1992–1994	7.0	3.6	17.3	8.8	62.3	31.9
1995–1997	16.0	7.2	19.7	8.9	80.7	36.4
1998–2000	15.3	6.0	28.0	11.0	116.0	48.0
2001–2003	32.7	11.4	44.3	15.4	96.0	33.5
2004–2006	41.7	12.0	42.3	12.2	85.0	24.7

*Rate = rate per 100,000 published journal articles listed in Medline per year.

FIGURE 1. Annual Rate of Articles Published in Health Care Journals That Mentioned “Spiritual Care” (Rate = Articles per 100,000)

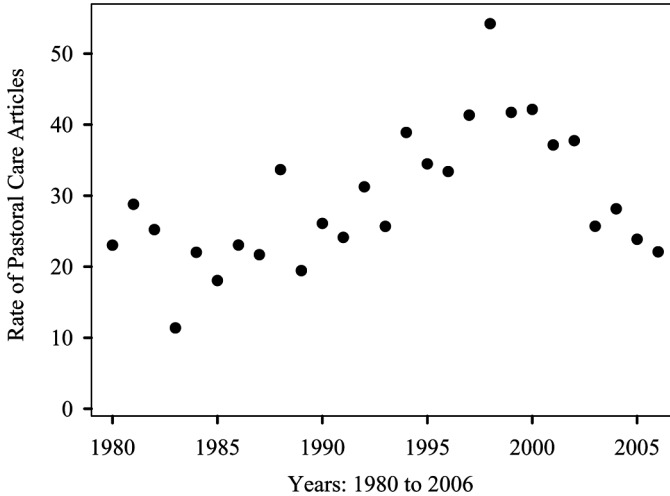


The analyses revealed that this is a significant linear trend over time ($p < 0.001$), yielding a Pearson r of .86. The annual rate of articles on spiritual care is presented in Figure 1. Subsequent analyses found that there were two separate and statistically significant linear trends. The first being a relatively small rise between 1980 and 1994 ($r = .55$, $p < 0.05$), and the second being a pronounced surge from 1994 through 2006 ($r = .73$, $p < 0.001$).

Returning to Table 1, one sees that the rate of articles about chaplains exhibited a small but consistent increase across the 27-year timeframe of the study ($r = .51$, $p < 0.01$). The rate of change of articles on pastoral care is markedly different, peaking in the 1998–2000 time interval. Although initial analyses indicated that it too followed a linear trend, further analyses showed that a quadratic trend provided a better fit for the data for all years after 1982 ($p < 0.01$ to $p < 0.001$). This trend is readily seen between 1990 and 2006 in Figure 2, with the rate of articles increasing up to 1998 and decreasing sharply thereafter.

Table 2 illustrates the percentage of articles that mention one of the three topics (the major categories) that also mention the other topics (the six subcategories) across three nine-year intervals. The left-hand

FIGURE 2. Annual Rate of Articles Published in Health Care Journals That Mentioned "Pastoral Care" (Rate = Articles per 100,000)



column shows that, of all the articles about pastoral care, only 7.5% also mentioned spiritual care throughout most of the 1980s. That percentage rose during the 1990s, and by the late 1990s and early 2000s the percentage (15.6%) had more than doubled since the 1980s. The percentage of articles that mention chaplains as well as spiritual care also increased between the first and the last third of the study period. In the first third (1980–1988), only 2.5% of all articles that discussed

TABLE 2. Mean Percentage of All Articles on Each Topic that Mention the Other Topics

Years	Pastoral Care		Chaplains		Spiritual Care	
	SC ¹	Chap ²	PC ³	SC ¹	PC ³	Chap ²
1980–1988	7.5	17.8	45.3	2.5	68.5	11.5
1989–1997	11.6	19.4	62.8	6.4	84.3	13.2
1998–2006	15.6	11.6	67.8	11.6	56.5	14.9

¹Spiritual Care.

²Chaplains.

³Pastoral Care.

chaplains also discussed spiritual care (2.5%). During the last third (1998–2006), more than 4.5 times as many journal articles addressed chaplains and spiritual care (11.6%).

The last two columns of the table are probably the most telling, from the perspective of professional chaplains. The next to the last column shows that the rate of articles that discuss both spiritual care and pastoral care are declining, reflecting the general decline since 1998 in published articles about pastoral care. The last column shows that articles discussing spiritual care are no more likely to discuss chaplains now than they were in the 1980s. Thus, while articles about pastoral care and chaplains are discussing spiritual care more often, there appears to be a growing body of articles about spiritual care in health care journals that does not address pastoral care or chaplains.

Subsequent analyses explored the degree to which different types of journals published articles in the different categories. In all, 42.7% of the articles were published in religiously oriented journals and 57.3% were published in secular journals. Of the articles published in religiously oriented journals, the majority were in chaplaincy and pastoral care journals (61.0%). The rest were published mainly in Christian nursing journals (16.4%) and the journals of religious hospital associations (18.2%), with the remainder appearing in journals on religion and ethics (1.6%) and various other types of religiously oriented journals or magazines (2.8%). The majority of articles about spiritual care, pastoral care, and chaplaincy in secular journals were in nursing (54.4%). Over a quarter (26.5%) appeared in a diverse collection of journals on health and medicine, including various specialties, public health, and health care services and administration, all of which we refer to hereafter as “general health.” A much smaller percentage appeared in mental health journals (8.0%), including psychology and psychiatry. The remainder were published in bioethics (2.6%), hospice and palliative care (7.0%), and other types of journals (1.5%).

Table 3 presents the percentage of articles on pastoral care, spiritual care, and chaplains that were published in religiously oriented journals across three nine-year intervals. Overall, the religiously oriented nursing journals in the sample (*Christian Nurse* and *Journal of Christian Nursing*) published a significantly greater percentage of articles about spiritual care ($p < 0.01$) and a significantly smaller percentage of articles about pastoral care ($p < 0.01$) and chaplains

TABLE 3. Mean (SD) Percentage of Articles on Pastoral Care, Spiritual Care, and Chaplains in Religious-Oriented Journals across Three Time Periods

Type of Journal	Pastoral Care			Spiritual Care			Chaplains		
	1	2	3	1	2	3	1	2	3
Nursing	50.0 (50.0)	99.3 (2.0)	66.7 (43.3)	27.2 (34.2)	20.7 (14.4)	30.0 (41.2)	3.7 (11.1)	4.4 (13.3)	3.7 (11.1)
Other	84.3 (15.4)	91.1 (6.0)	95.0 (5.2)	2.0 (3.4)	4.4 (5.3)	8.7 (5.7)	37.4 (16.8)	44.7 (9.7)	38.9 (10.0)

1 = 1980–1988; 2 = 1989–1997; 3 = 1998–2006.

($p < 0.001$) than other religiously oriented journals did. It should be noted that almost three-quarters of the articles in other journals were in chaplaincy and pastoral care journals (73.9%). The percentages in the table are greater than 100% in some time periods because some articles addressed two or more of the subject categories.

The Christian nursing journals exhibited the same quadratic trend with respect to articles on pastoral care ($p < 0.01$) that was exhibited by the entire sample, in that the highest percentage of articles about pastoral care peaked in the years 1989–1997. Indeed, the trend observed for the Christian nursing journals appears to account for a substantial portion of the overall trend. The percentage of articles on both pastoral care ($p < 0.01$) and spiritual care ($p < 0.01$) increased linearly across time in the other religiously oriented journals.

ANOVA revealed overall differences in the percentages of articles published on the three topical categories (pastoral care, spiritual care, and chaplains) across time ($p < 0.01$) and types of journals ($p < 0.001$). In general, the percentage of articles about pastoral care either declined or stayed about the same over time, depending on the type of journal, whereas the percentage of articles about spiritual care increased over time in all three types of journals listed in Table 4.

General health journals published proportionately more articles about chaplains and pastoral care than they did about spiritual care during all three time periods ($p < 0.001$), but the proportion about spiritual care rose significantly in the last third (1998–2006) of the study ($p < 0.01$). Neither the apparent increase in articles about

TABLE 4. Mean (SD) Percentage of Articles on Pastoral Care, Spiritual Care, and Chaplains in Three Different Types of Secular Journals across Three Time Periods

Type of Journal	Pastoral Care			Spiritual Care			Chaplains		
	1	2	3	1	2	3	1	2	3
General Health	61.1 (30.8)	58.2 (21.5)	70.6 (15.8)	7.4 (16.9)	2.4 (5.6)	20.2 (12.8)	55.9 (36.4)	54.6 (19.1)	37.2 (18.9)
Mental Health	87.0 (26.1)	77.8 (36.3)	69.1 (26.1)	0.0 (0.0)	0.0 (0.0)	12.7 (23.2)	18.5 (28.2)	19.8 (21.2)	41.5 (28.6)
Nursing	94.5 (9.1)	90.8 (8.0)	64.7 (20.3)	14.6 (12.9)	14.8 (10.3)	47.1 (19.1)	12.5 (17.4)	11.5 (6.5)	15.2 (7.3)

1 = 1980–1988; 2 = 1989–1997; 3 = 1998–2006.

pastoral care nor the apparent decrease in articles about chaplains in general health journals in 1998–2006 were statistically significant, possibly because the sample sizes were relatively small.

Mental health journals also published far more studies about pastoral care than spiritual care within the timeframe of the study. While articles about pastoral care declined somewhat across time, this trend was not significant because of the large standard deviations for each time period. There was no discussion about spiritual care in any of the mental health journals during the first two-thirds of the study (1980–1997), but the percentage of articles about spiritual care rose to 12.7% during the last third (1998–2006) of the study ($p < 0.05$). The percentage of articles about chaplains in mental health journals also rose sharply in 1998–2006 ($p < 0.05$).

Nursing journals had a greater percentage of articles about pastoral care throughout the first two-thirds of the study, but that percentage declined significantly across time ($p < 0.001$) and was the lowest among all three types of journals during the last third of the study (1998–2006). By comparison, the percentage of articles about spiritual care was higher in nursing journals than in other secular journals in 1998–2006. Within nursing journals, a significantly smaller percentage of articles about pastoral care ($p < 0.001$) and significantly higher percentage of articles about spiritual care ($p < 0.001$) were published in 1998–2006 compared to 1980–1997. The percentage of nursing articles about chaplains was relatively small but stable across all 27 years of the study.

DISCUSSION

The current study delves into the intersection between pastoral care and spiritual care through an investigation of how often theoreticians, researchers, and clinicians in various health care disciplines are employing these terms, along with the term chaplain. Overall, the results indicate that while the number of articles regarding pastoral care was initially several times higher than the number of articles exploring spiritual care, there has been a steady decline in the number of articles on pastoral care over the past decade. Given this sharp decline in articles about pastoral care and a rise in articles about spiritual care, the respective rates of articles on both topics have roughly converged, though there continues to be more articles on pastoral care. As we examine these trends, it becomes important to unpack some of the associations surrounding these terms. We will return to these considerations shortly, but first we want to review the results in somewhat more detail.

The observed surge in articles about spiritual care since 1994 was expected, given previous studies documenting the increasing rate of articles about spirituality in the health care literature during this time (Mills, 2002; Weaver et al., 2003, 2006). The growth in interest in spiritual care is clear in all three groups of secular journals, but it is most pronounced in nursing. The results also show a small but steady rise in articles about spirituality in religiously oriented journals outside of nursing. No trend was evident in the religious nursing journals.

The quadratic trend in articles about pastoral care was much more surprising. The rise throughout the 1990s might represent an increasing interest in religion and health, while the corresponding decline appears to represent a shift in interest away from religion to spirituality. While the peak is mainly due to the rate of articles about pastoral care in religious nursing journals, the decline is evident in both religious and secular nursing journals. Other religious journals do not exhibit this same decline, but the bulk of the articles in these other journals were published in specialty journals on chaplaincy and pastoral care. The trends among secular journals outside of nursing are less clear.

The historical origins of pastoral care can be traced back thousands of years (Jaekle & Clebsch, 1964; Gerkin, 1997). The immediate history of pastoral care in professional chaplaincy dates back to the 1920s and the beginning of clinical pastoral education

(Gerkin, 1997; Holifield, 1983). Thus, it is not surprising that the term pastoral care continues to be used in religiously affiliated journals by authors who are likely to be chaplains, clergy, and other religious professionals, even though the term is being abandoned in favor of spiritual care by authors publishing in other health care journals, especially in nursing and mental health. Another reason for the continued use of the term pastoral care in religiously oriented journals is that it is fairly well defined, particularly in comparison to spiritual care. However, relatively few health care professionals outside of chaplaincy truly understand what pastoral care is. In light of this lack of understanding and the rising interest in spiritual care, VandeCreek (1999) recommended that chaplaincy adopt the term spiritual care to describe their clinical practice. We will explain why we disagree with this recommendation later.

A further trend revealed in the current study revolves around the nature of chaplaincy. Although there was a significant increase in articles about chaplains over time, the results indicate there is a growing body of literature in health care journals that focuses on spiritual care without mentioning either chaplains or pastoral care. While this certainly reflects the growing interest in spirituality and the concomitant movement away from religion, per se, this finding also touches on issues of professional identity within the field of chaplaincy. Certified chaplains have been trained to provide patient care within a theological framework, and many feel that their religious grounding not only informs, but forms the foundation of their patient interventions. Nonetheless, some chaplains feel the need to move away from the term pastoral care in describing their work and instead adopt the term spiritual care in order to better fit in with current climate. By contrast, other chaplains feel the clear need to both claim their professional identity and to differentiate themselves from other members of the patient care team through describing their work as pastoral care. The following discussion further delineates the boundaries between pastoral and spiritual care.

Spiritual Care

As a term, spiritual care is not clearly defined. From a religious or theological perspective, “spirit” refers to *ruach*, “the spirit of God that hovered over the face of the waters” (Genesis 1:2); the breath of God that was breathed into Adam (Genesis 2:7); and, in Christianity,

pneuma, the Holy Spirit. The word “spirituality” carries the connotation of an individual seeking connection with an “other” being, greater than oneself and one’s own relationship with the “transcendent,” however the “other” and the “transcendent” are defined by the individual. “Spiritual,” then, encompasses how a person lives in a relationship with someone or something greater than oneself. This is the central element of the definition of spirituality used by most authors in nursing and other health care definitions, but the definitions of spirituality are quite diverse, and some would say “fuzzy” (Zinnbauer et al., 1997).

As Harding has argued elsewhere (Harding, 2005a), “spiritual care” has been so widely used that its meaning has been debased; nurses, social workers, psychotherapists, unit clerks, housekeeping, and others can all provide “spiritual care,” which, in this broader sense, has the meaning of “an individual offering care that is not affiliated with a specific system of religious belief [that is] based on a set of organizing principles.”

Pastoral Care

“Pastoral care is many things to many people,” Grossoehme (1999) said before offering his own definition: “pastoral care is the formation of relationships with persons of all ages that communicate (both with and without words) and bask in knowing one’s self to be a child of God, so that all persons are enabled to live through their life experiences and to understand them in terms of their faith” (Grossoehme, 1999, p. 5). Later in his book he writes: “The image of the pastoral caregiver as one who can listen and interpret the human experience of brokenness in light of one’s beliefs [is to be the theologian in residence in a worshipping community]” (p. 42).

Discussions among professional chaplains at The HealthCare Chaplaincy have yielded several other working definitions of pastoral care, which we include below.

“Pastoral Care is the discipline of providing a focused deliberate intention of caring for the resiliency of the human soul within the other’s theological context and understanding, particularly when the other is faced with challenges beyond their usual ability to cope. Pastoral Care does this by using the religious and spiritual experience and resources of the recipient facilitated and guided by the pastoral caregiver’s experience and training.”

Pastoral care is taking action with the deliberate intent to work with the resiliency of the human soul as defined by that soul's theological framework and understanding.

Pastoral care is actively bringing all the experience one has, all the resources one has, all the knowledge one has, to a situation in which someone is spiritually and/or emotionally vulnerable.

Pastoral care is crisis management on theological terms.

Pastoral Care is helping to transform what appears broken into wholeness—so that a truer understanding of the soul's relationship with the world and Other is possible.

In addition, there is some confusion surrounding the concepts of pastoral care and sacramental care, the latter of which is no more and no less than administering the religious rites or sacraments of a particular religion. These are concrete interventions, such as providing Shabbas lights, providing tefillin, administering Holy Communion, anointing, baptism, etc., and the administration of the rite is the only intervention done by the chaplain.

While the authors see sacramental care as an integral part of pastoral care, others may consider only the administration of rites and sacraments to be sufficient care for their patients and may use sacramental care as their own definition of providing pastoral care.

CHAPLAINS

What is too often overlooked in discussing pastoral care is the function, meaning, and relationship of ordination and commissioning to pastoral care. Ordination is a sacrament—the outward and visible sign of an inward and spiritual grace. In the Episcopal Church, it is the invocation of the Holy Spirit by those present, which passes through ordained bishops and priests to the one being ordained, transmitted through prayer and the laying on of hands. The sacrament of ordination in this manner is traced back through each bishop to the one before—all the way back to the original disciples, and through them, to Jesus himself.

Therefore, Father, make N. a bishop in your Church. Pour out upon him/her the power of your princely Spirit, who you bestowed upon your beloved Son Jesus Christ, with whom he endowed the

apostles, and by whom your Church is built up in every place . . .”
(Episcopal Book of Common Prayer, p. 521).

This rite infuses the recipient with the power of the Holy Spirit, and, in the Roman Catholic ordination rite, the ordinand is ontologically changed or transformed into the living representation of Christ on earth.

This Christian rite has some of its origins in the Jewish ritual of *smicha*, in which the high priest would “lean” on an animal sacrifice in the Temple in order to make the animal holy, and in so doing, would consecrate it to God. At one point, *smicha* became part of the ordination rite for those entering the rabbinate—the elders “leaning” on the ordinands to make them holy and to consecrate them to God.

Other Christian denominations also speak of a transformation from a purely secular life before ordination to a new life afterward of service and responsibility to one’s self, those served, and to God. By entering into new life as an ordained person, through the power of the Holy Spirit, one is responsible to God—the absolute transcendent—and from this point of service and responsibility to others and to the divine, one is liberated from the normal constraints of time and space and becomes a vehicle of the divine or transcendent.

This is the context, background, and formation of chaplains. It is ordination that sets them apart from the rest of the world, and it is that sense of being consecrated (and responsible) to God that gives chaplains their power and authority to provide pastoral care in a way that no other discipline in a medical institution can provide.

Not all religious traditions ordain, and not all that do ordain, ordain women. Where ordination is neither possible nor a practice of religious belief, two things generally happen: the community appoints or selects a member to fill the religious role of religious leader for that community, and/or there is some form of commissioning ceremony authentic to that belief system, in which the individual is charged with caring for the sick. In either event, some would argue that either or all of the commissioning ceremony within one’s faith tradition, the appointing of an individual to care for a community and/or taking on the office of chaplain as a lay person is in and of itself a form of ordination that transforms the lay person and brings them into a different relationship with the absolute transcendent.

CONCLUSIONS

It has been proposed that pastoral care and spiritual care form a continuum (LaRocca-Pitts, 2006). The first refers to the care provided by a faith leader within a community that shares the same set of beliefs, practices, and values. According to LaRocca-Pitts, the nature of the care “shifts from pastoral care toward spiritual care to the degree the faith leader allows the individual’s spiritual quest to take precedence over the norms of their shared faith tradition.” In the secular institutions, where the chaplain’s faith tradition may not apply to patients, LaRocca-Pitts says “the chaplain first offers spiritual care to all and then pastoral care to those who invite it.” We mention this argument here because it offers a valuable perspective on how different chaplains may view their roles with different patients, and the extent to which they see their practice as pastoral care or spiritual care. But it does not address the concerns of Vandecreek (1999), O’Connor (2002), and Harding (2005a) that chaplains are losing their authority with respect to spiritual realm as other health care professionals claim they can and do provide spiritual care.

If one accepts that pastoral care is a function of ordination, i.e., that pastoral care flows from the transformation that happens by virtue of ordination or commissioning, then one can argue that pastoral care is indeed part of the continuum of “spiritual care”—a very specific part with very clear responsibilities, authority, power, and accountability to the institution and to God. It is not demonstrated that these checks, balances, and responsibilities are assumed by any other medical discipline in their provision of spiritual care.

The first author has stated elsewhere that chaplains need not get on the spirituality band-wagon to reclaim their authority (Harding, 2005a,b, 2006). Instead, he proposes that chaplains reclaim their own language to describe what they do and use it to inform health care professionals in other disciplines about the value of pastoral care for patients, families, and staff. In the authors’ view, that primary language should not be spiritual, but *theological*, because theology and theological language seek to understand the meaning of life’s events and help another individual understand them in terms of their place and relationship to the transcendent within that person’s own belief system.

The result of this survey about chaplains, pastoral care, and spirituality calls for a clarification and clear definitions of the following

terms: chaplain, chaplaincy, pastoral care, religious, soul, spiritual, spiritual care, and theological. Most chaplains would argue that they are “different” from other medical disciplines. Ordination and commissioning are the origin and function of pastoral care as it flows from the authority given to them by their various traditions, their faith communities, and by God, are powerful vehicles that are used by chaplains for the good of the people entrusted to their care. This understanding of pastoral care is unique to chaplains. In the authors’ opinion, it would be professionally irresponsible to relinquish our heritage and use of pastoral care and become indistinguishable from all those who offer “spiritual care” without taking on the responsibilities and accountability of providing it.

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