THE FUTURE IN PASTORAL CARE
REV. TIMOTHY J. TOOHEY
EXECUTIVE DIRECTOR, NACC

In this article, the Executive Director of the NACC attempts to look at some of the trends in Pastoral Care. Based upon letters from the members, the makeup of the membership, discussion of concerns with other associations and the many requests from both members and other interested parties, he forecasts a much more active ministry.

The future will have both radical and subtle changes, most of which are taking place in the here and now. The problems that will beset the Catholic Pastoral Care Minister as well as the challenges will shape new ministries and demand new methods of training.

TRENDS
Several months ago, I had dinner with several male religious superiors. We were discussing the great number of requests for Priest/Chaplains to which they could not respond. Part of the reason they cannot respond is due to the fact of a lesser number of men in their community. But another important part was the fact that they also did not have sufficiently trained individuals. Any issue of the CANILLIAN, the National Catholic Reporter, the College of Chaplains' TIE, or the various regional newsletters of the ACPE, contain "want ads" for Priest/Chaplains. In addition, there are a fair number of requests for other ministers of Pastoral Care. Unfortunately, many of the institutions seeking pastoral people have to settle for people with less than the minimum requirements that were originally stipulated.

In responding to the frequent calls from administrators and Pastoral Care Departments, I find it necessary to state that either they will have to wait for quite a while and spread the word or that they will have to hire someone and allow them to seek the necessary training. In the case of the specific request for Priest/Chaplains, it often becomes necessary to suggest that they might seek another pastoral person and have a parish or some other institution provide part-time help for the Sacramental Ministries.

Looking at a random sample of the files of the NACC, three facts are inescapable. The percentage of priests is dropping, the age of the average religious pastoral person is rising and there are more Deacons and Laypersons joining the Association. Looking at the projections for the number of Priests and religious expected give us the realization that these trends will continue.

It is not just a Health Care Ministry phenomenon. Recently, just about every Priest in the country received a brochure asking that he consider the military ministry both in the regular armed services and in the reserves.

There are some other trends that are going to affect our future. There have been more and more cut-backs in both the number of Chaplains and the number of training centers on the state level. Budget cuts on the federal level, along with the court challenges in several states on
legality of government-funded Chaplains make the future of chaplaincy in governmental institutional settings questionable. There is a movement among some groups of fundamentalists to down-play the need for chaplains because they can provide large numbers of individuals who will volunteer one or two days a week. While this has been predominately in the correctional institutions, there are rumors that it is beginning to take place in health care institutions. We have also seen religious-like groups who have gotten very involved in mental health concerns.

Other trends that will shape our future are: 1. The move to home health care, especially in the hospice movement; 2. The increase in the number of "day" hospitals and surgi-centers for extremely shortening of hospital stays; (It is possible in some facilities, under certain conditions, for a woman to stay less than 24 hours after giving birth.); 3. The call for (W)holistic health care.

Within the Roman Catholic Church there are many developments that we are only beginning to see emerge. There is the whole matter of women's role in the church, especially the question of ordination. There seems to be a hiatus in many diocese on the training and ordaining of deacons due to a lack of defined roles. Many of the Lay Chaplains are not able to support families and some are still not accepted by clerics and religious. There are still male/female tensions as well as the ordain/non-ordained tension in too many areas. The question of training still is question mark, with CPE both praised and damned. The struggle toward a professional identity and the means to affirm that identity continues. There is all too often a divorce between the healing communities and the parish communities of the Church.

I would like to take some specific areas and give a combination prediction and hope of what we might see in the years to come. The future of health care ministry is in our hands today. What we do and say and how we say it will make a great deal of difference. It is my belief that we are on the cutting edge of history. Chaplaincy will either be a vital part of tomorrow's Church or it will be dead. I can see no half measures. It is my belief that we play a pivotal role in the life of the Church but that it is given to us by the Holy Spirit, and with His grace we can be the foundation of a marvelous ministry.

THE FUTURE

Let me begin with the assertion that I do not think there will be many Priests in the health care institutions of tomorrow. This is a radical change. Just a few years ago all the members of the NACC were Priests. Pastoral Care consisted (we thought) of the Priest/Chaplain. But as the number of religious in the health care institutions dwindled, we found out otherwise. The visible presence of the religious, nurses, and therapists was also a witness to the Church's care. They did spend time in prayer with patients, in consoling, in counseling, in comforting and all the ministries we speak of today. They did it as part of their other ministry. Then as their number declined, the Sister visitor was realized to be of much more importance than to be the retired person who could devote a few free hours to patient visitation. We suddenly realized that many of the religious actually had spent more time in patient spiritual care than we cared to imagine. A few brave souls began to exercise this ministry, often amidst hostile clergy and even other religious. Even a shorter while ago, a few Lay People were allowed to act as more than friendly visitors and could visit under the sharp eye of the Chaplain or Pastoral Associate.
I feel that the term "Pastoral Associate" should be given a nice burial. It served its purpose of integrating non-ordained (that is almost as bad as non-Catholic) with clergy into Pastoral Care. I do believe there is an essential difference that ordination bestows upon the recipient. However, the ministry to the sick, aged, and others with special needs does not basically need an ordained minister. In the present time there is an obvious need for the Priestly ministry in the sacramental life of the Christian. But ninety percent of our daily ministry is non-sacramental in nature. We are all Chaplains by the nature of what we do and are.

Obviously some distinctions have to be made and the terms Priest/Chaplain, Sister-Chaplain, etc. will probably have to do for a while. But certification should be made by the ministry and not with the distinction between clerical and lay participation. Certification will be in Health Ministry, Mental Health Ministry, etc. It also seems that some changes will take place in the types of certification.

The Nursing Profession just might serve as a model. There are Nurse Assistants who have minimal training and are not expected act in all capacities. Licensed Practical Nurses having received a year's training have greater responsibilities. Registered Nurses, however, are the norm for quality care. They come from two types of programs. The diploma program has been until the last few years the norm. In these two- to three-year programs, there is a great deal of skill building tied in with the academic program. In the baccalaureate programs, which take at least four years, the academic program is given greater emphasis. To a great extent it is often necessary for the nurse with the diploma background to work toward the degree in order to be considered for the head nurse or supervisory positions. A master's degree is usually considered for director's positions or for teaching.

The analogy is far from perfect, but if Pastoral Care is to be a professional ministry then the greater academic (theological) backgrounds become necessary. To represent the Church means one must know the Church. Special skills are necessary for being competent supervisors, not just in interpersonal skills but also in theological skills and knowledge. We have to sharpen our liturgical, medical moral, scriptural and even canonical knowledge. Summer courses or religious education are not preparation for ministry anymore than a Medical Secretary course or a course in Biology will give one the knowledge of Nursing.

We must see that managerial skill training is available for those who will direct Departments of Pastoral Care. If we are seeking equality with other department directors, we will have to demand equal training for ourselves. To arrive at this we have to begin to make our needs known to the seminaries, colleges, convents, universities and the clinical programs. We must have some type of accounting of the ministers turned out by the various programs, rewarding the best with our support and encouraging the others to improve.

(TO BE CONTINUED)