Heads turned at the sound of the raspy voice of the old man as he began speaking while he glared at me on the dais from his place dead center in the packed auditorium.

You say that the language is changing from pastoral care to spiritual care because it better defines who we are and what we do as chaplains. Well, let me tell you, I was around 30 years ago when we changed from spiritual care to pastoral care for precisely the same reason!

*Spiritual* care was too confining; it seems to connote religious concerns, but chaplains did more than that. We provided support and comfort to religious and non-religious people alike. *Pastoral* care came from a tradition that reflected this broad-based professional care at times of healing and opportunities of reconciling.

I remember thanking him for the history of which I had no knowledge. I went on to indicate that I think language needs to be contoured to the time and situation and what might best express the reality as it needs defining now. I noted that I believe this is one of those times for a change in language just as he and his colleagues did some 30 years before.

I then returned to my argument that spiritual care better focuses on the dimension of a person’s being that the chaplain’s skills are uniquely intended to address. Spiritual care may or may not include religious care. At a time in society where spirituality and spiritual issues are at the fore, it seemed to me that *spiritual* was the word we need to claim for our profession.

Actually it was not my thinking alone. In the early 1990s, the Catholic Health Association, through Father Joe Kukura and Larry Seidl, had convened a “summit” of pastoral care leaders a few months before the above incident wherein we spent hours arguing the merits of both expressions. It was quite a representative group and the dialogue was lively. We went home from that Chicago meeting pretty much in agreement that—to use a timely metaphor—when our colleagues
opened the sealed envelope the declared winner would be . . . spiritual care.

And so a lot of us began writing and speaking about spiritual care, and many of you locally would change the name of your institutional departments from pastoral care to spiritual care.

I am smiling now almost a decade later. Do you know why? I think we should return to *pastoral* care.

During my sabbatical while working on a manuscript for an upcoming book on spirituality and medicine, I was delineating a “menu of spiritual care services” so that others on the health care team could understand exactly what we offer to our patients, residents, parishioners, or clients. When I came to choose a term for “patient visitation,” the regular interaction with those to whom we minister (in contrast to more specialized services such as “ethical consultation” or “ministry to staff”), I realized the power of the term *pastoral* care.

Here’s what I wrote.

. . . I would like to distinguish *pastoral care* provided by the professional chaplain from *spiritual care* provided by all members on the health care team. Pastoral care is specific in its history, ecclesiastical or congregational authorization, training, skill sets, licensure, and patient focus. Spiritual care is general in that all have some greater or lesser responsibility for the *spiritual* dimension of the person’s well being and health. Pastoral care is one specific kind of spiritual care.

I also reference the theological tradition out of which the term *pastoral care* has grown. Orlo Strunk, the managing editor of *The Journal of Pastoral Care*, in giving a history of pastoral counseling noted the three-fold dimension of ministry, “poimenics, homiletics and catechetics,” corresponded to the caring, preaching, and teaching dimensions of the Christian mission.* Pastoral care has deep roots in the tradition.

In addition to history and tradition, I have come to realize that if everyone is offering *spiritual* care, then what defines what the chaplain does that others on the team are neither called nor skilled to perform? For a long time some of us spoke of *professional spiritual care* in contrast to a general concept of spiritual care. My recent experience, however, particularly with the Harvard program, Spirituality and Medicine, is that the nurses, and now even physicians,
will strongly claim that they are doing spiritual care, and further, at times, will not even reference the chaplain, never mind his or her unique competence in the field.

On the other hand, none of these professions can or do lay claim to pastoral care. Pastoral care emerges from the religious traditions, historically Christian, but now clearly interfaith in the ranks of the professional bodies.

Pastoral care is also highly symbolic. It is not simply the tending to the spiritual needs of a person. The pastoral care person, the chaplain, represents the religious tradition before he or she ever says a word or offers a gesture of support. The patient, resident or client (or even parishioner who is inactive or alienated), whether religious or not, knows that the provider is not merely a single individual with listening and responding skills, but the provider is also a whole community with traditions and rituals.

Our departments could still remain spiritual care departments for pastoral care is one specific mode of offering spiritual care, albeit at the level of the professional chaplain. We still oversee the spiritual care resources for the institutions in which we serve, that is, volunteers, Eucharistic ministers, and so forth. Certainly all of this needs ongoing discussion at this time in our history.

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So perhaps we need not wait the 30 years for the next change. Perhaps we need to realize that the ongoing challenge is to keep our minds and hearts open and lively in thinking, reflecting, and dialogue.

I indicated above that I smiled as I found change happening in my own thinking, reflecting, and dialogue. Though I don’t want to admit it, I think I was a bit smug when I was responding to the old man. I felt quite self-assured. After all I was a participant in this “summit” and we thought we had the answer. I also thought I handled his comment well—unspoken—that was good then, time to move on.

But I didn’t realize my own words would boomerang a few years later. The answer then may not be the answer now.

And perhaps the term should remain spiritual care, though I am no
longer of that opinion.

Living in the optimism of the 1960s of great change and great hope in
the Church and in society, many of us struggled with those that
refused to change. A shadowy fear in my life has been that one day I
could be that resister to change. I have always marveled at older men
and women whose hearts and minds are still having visions and
dreaming dreams. Men and women whose hands never cling and
claw back to a rock-solid golden time, but rather whose hands let the
waters of innovation and creativity flow over them and wash them
anew.

One of our priests in the association is that kind of person. Now in
his late 70s, he has probably been a part of the fight for spiritual care,
then pastoral care, then back to spiritual care. But he will read this
and probably say, “You know, it is time to change again.” Do you
know why? He’s a man who in his retirement contracted for spiritual
direction with a lay woman, something unheard of in his earlier
formation and priesthood. His enthusiasm and enjoyment are evident
as he shares how rich the gift of insight and inspiration he feels he
receives from the perspective of a woman guiding him and his life of
prayer.

And perhaps 30 years hence—or even 10—that old man on the dais
may be me standing there telling the same story as the next generation
puts forth spiritual care with confidence and conviction.

And the envelope, please. *

* Strunk, O. “A Prolegomenon to a History of Pastoral Counseling”
in Wicks, R. et al. Clinical Handbook of Pastoral Counseling.