

## Describing and Distinguishing Our Work

by Martha Jacobs

You may have noticed on the APC Web site that we have begun to use the term "chaplancy care" rather than "pastoral" or "spiritual" care to describe our work. This change is being made as we move more and more toward professionalizing our profession.

You may recall the [Standards of Practice for Professional Chaplains in Acute Care](#) which are posted on our Web site, the result of a work group of the Commission on Quality in Pastoral Services. In the standards, we identify what we do as chaplains as "chaplancy care." Since the board of APC has affirmed these standards, we are changing our vocabulary to reflect the standards of practice. (Several of our cognate groups are in the process of affirming these standards of practice, as well.)

If you would like to read more about the rationale behind embracing "chaplancy care" as the term we use to describe our work, please see Dr. Brent Peery's article, "What's In a Name" (below). Dr. Peery was on the Standards of Practice Acute Care Work Group and helped us to come to adopt the term "chaplancy care" as the best way to describe and distinguish the work we do in our settings. There will be much more about the Standards of Practice for Professional

Chaplains in Acute Care Settings. The just-posted autumn/winter 2009 issue of *Chaplancy Today* features the standards of practice and responses to them from professionals in several disciplines. And, before too long, the Standards of Practice for Professional Chaplains in Long-Term Care will be completed, and posted for your review and comment.

Over the next several months, you will become aware of other changes that are being made at the APC to move us forward as we continue to professionalize our profession. The board is very excited with the work that we have been doing as we become more and more an integral part of the many settings in which we provide chaplancy care.

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### What's in a Name?

Dr. Brent Peery

Through the years of working as a hospital chaplain I have been called by a variety of names. Patients, families, staff and physicians have variously called me "chaplain," "pastor," "preacher," "padre," "reverend," "Mr. Brent," "Father Brent," or "Dr. Peery." There is even one older physician from India who calls me "the holy man," which feels like a bit of a stretch to me.

This assortment of addresses reflects the experiences and needs of the ones who are addressing me. Since we professional chaplains are trained to work with and be supportive of people from diverse backgrounds, I am generally content to allow others to address me in the manner comfortable to *them*. However, I consistently introduce myself by saying, "Hello, I'm Brent. I'm one of the chaplains here at the hospital." I define myself professionally as a chaplain.

For longer than my years in the profession there has been an ongoing debate about how best to refer to ourselves and our work. Over the last half century, we have waffled between favoring the labels "pastoral care" and "spiritual care."<sup>[1]</sup> Though "spiritual care" is currently in vogue, there has never been unanimity. I believe neither "pastoral care" nor "spiritual care" is optimal.

With its roots in the Christian faith tradition, "pastoral care" is a bit provincial.<sup>[2]</sup> As a collective label for a department, I suppose it may work well in those rare places where all the chaplains and those they serve are Christians. It is in fact an accurate label for part of my work as a Christian chaplain: that is when I care for another Christian who grants me the privilege of being their pastor for a time. However, I work in a culturally complex and spiritually diverse setting. I frequently

serve people from a variety of faith traditions or no claimed faith tradition which is the case with most of us, I believe. Thus "pastoral care" is too narrow a term for the work of most professional chaplains.

"Spiritual care" is also a good term for *part* of our work. Its current popularity is closely linked to increased research into spirituality and health over the last few decades.[3] Chaplains are the professionals best equipped to help those in the hospital sort through the spiritual aspects of their experience.[4] However, a sizeable portion of my work has no overt spiritual content.[5] In addition, terms like "spiritual" and "spirituality" are ethereal and difficult to define. In the scientific culture of medicine and in an age of increasing emphasis on evidence-based healthcare, we do not serve our profession well by primarily defining our work with such a subjective term as "spiritual." It is not the best term available.[6]

I think our profession is best served by simply calling ourselves "chaplains," calling the work we do "chaplaincy care," and the departments in which we serve "chaplaincy services." This would mean moving beyond an authority borrowed from others through the cloaking of our work in their terminology, such as using "pastoral" from the Christian faith and "spiritual" from the spirituality and health movement. Instead, we are claiming our own authority through the use of our own terminology. Then, we can continue the ongoing process of growth as professionals and as a profession, while educating others about who we are, what we know, and what we do.

I am a professional chaplain. I have extensive educational and clinical training in religion, theology, spirituality, ethics and counseling. I primarily provide emotional and spiritual support to patients, families, staff and physicians in the hospital. But, if the situation requires, I can also provide pastoral care, ethical consultation, religious support, hospitality, conflict mediation, patient advocacy, customer service, etc. The form my care takes is based on my professional assessment of what would be most helpful to the other in that moment.

Why would we want to use limited terms like "pastoral care" or "spiritual care" to broadly describe what we do when they are narrow terms which at most describe only part of what we do?

#### Footnotes:

[1] Driscoll, Joseph J. (2002, April). And the Nominees are . . . Spiritual Care. *Pastoral Care. Vision*, 12(4).

[2] Mohrmann, Margaret E. Ethical Grounding for a Profession of Hospital Chaplaincy. (2008, November-December). *Hastings Center Report*, 38(6): 18.

[3] Physicians like Herbert Benson, Harold Koenig, Christina Puchalski, et al have been at forefront of this movement.

[4] Handzo, G., & Koenig, H.G. (2004). Spiritual Care: Whose job is it anyway? *Southern Medical Association*, 97: 1242-1244;

LaRocca-Pitts, M. (2004). Walking the Wards as a Spiritual Specialist. *Journal of Healthcare Chaplaincy, United Kingdom*, 5: 6-14.

[5] My personal spirituality is deeply important to me. So, one could argue all my care for others is spiritual care. I also affirm the truth that all human beings are spiritual. From that position one could make the same argument. However, I contend the average person does not use that term as broadly.

[6] Another potential issue with using "spiritual care" is it contributes to a fragmented rather than holistic approach to healthcare. This undermines our efforts oppose the depersonalization of the patient. See Morgante, James. An Argument Against the Use of the Term Spiritual Care. (2002, July). *Vision*, 12(7).

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