

## The Institutional Dynamics of Spiritual Care

Kees de Groot<sup>1</sup> [[c.n.degroot@uvt.nl](mailto:c.n.degroot@uvt.nl)]

### Abstract

This article develops a framework to explain differences in the institutional dynamics of spiritual care in a societal context of secularization and pluralism. 'Spiritual care' is a term used for a professionalized type of pastoral care, particularly in two settings outside religious institutions, namely, institutions of care and state institutions, such as the army and penitentiaries. Since the seventies, the term has come to include not only pastoral care of various denominational origins, but also Humanistic, Islamic, Buddhist and Hindu varieties. In the Dutch case, a difference appears between the *government policy towards spiritual care in the context of care* and within *the context of state institutions*. In the former case, influence by the government is weak. In this case, a general spiritual care is developing, supposedly in order to keep track with the secularization of the clients. In the latter case, the influence by the government is strong. In this case, confessional spiritual care is promoted, probably in order to prevent outsiders from 'dangerous' religious varieties from entering these total contexts. Thus, we see two different tracks of dealing with religious diversity and religious abstinence.

**Keywords:** Health System, Netherlands, Pluralism, Secularization, Spiritual Care

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### 1. Spiritual care as an example of religion in liquid modernity

In modern hospitals and in other institutional contexts as well (army, prison, etc.) we find people ('chaplains', but more often: 'spiritual counselors') who present themselves as offering 'spiritual care'. This article presents some general observations on this phenomenon in the Netherlands in relation to the themes of pluralization and secularization.

In the Netherlands, a professional standard for the spiritual counselor in (health) care institutions has been formulated. It defines spiritual care as 'the professional and official

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<sup>1</sup> Cornelis N. de Groot is assistant professor Practical Theology at Tilburg University, The Netherlands.

counselling and guidance in existential issues, based on faith and a philosophy of life, and professional consultancy in ethical, religious or philosophical aspects of care and policy.’ (VGVZ, 2002) This complex formula brings together two ways of working. It combines working as an expert (‘professional’) with working as an office holder or incumbent, such as a clergyman (‘official’).

My questions in this article are as following: How does ‘spiritual care’ as a phenomenon relate to secularization and religious pluralism? How ‘religious’ is it? How does this ‘religiousness’ relate to the institutional setting?

The theoretical background of my questions is formed by two aspects of the same diagnosis of late modernity, characterized by Zygmunt Bauman as ‘liquid’. The term ‘liquid’ refers to the breakdown of ‘solid’ modern institutions such as the political party, the family and the church, and the rise of ‘fluid’ social structures such as movements, networks and patterns of consumption (Bauman, 2000). Regarding the practice of what Max Weber called ‘the care of souls’ late modernity shows the dissemination of psychological ways of thinking and the rise of psychological experts, replacing traditional religious views and traditional religious specialists (Giddens, 1991). One aspect of this *Zeitdiagnose* is a narrative of ‘breakdown’, another aspect is a narrative of ‘transformation’.

Whereas authors such as Bauman and Anthony Giddens tend to reproduce the classic secularization thesis, I focus my research on the dynamics of religion *in* liquid modernity (de Groot, 2008). How does organized religion react to the waning of solid-modern patterns of belonging? What happens when religious beliefs and practices get beyond the boundaries of the religious field? Spiritual care results partly from ecclesial initiatives in the secular milieu of (health) care, the army and the prison. How should we interpret this spiritual care against the background of liquid modernity? My account of the recent history of spiritual care in the Netherlands is directed by two conflicting hypotheses.

Firstly, hypothesis H(R): spiritual care results from the breakdown of solid modern institutions, such as the political party, the family and the church. Spiritual care, in this case, is (still) linked to privileged organized religion, namely as a *relict* (secularization thesis)

Secondly, hypothesis H(P): spiritual care results from a process of transformation, in particular the dissemination of *psychological* ways of thinking and the rise of psychological experts, replacing traditional religious views and specialists. Spiritual care is a secular profession, close to the psychological profession - the contemporary functional equivalent of the religious specialist (transformation thesis).

## 2. Spiritual care in the Netherlands

Before I tend to the history of spiritual care in the Netherland, I present some facts and figures, derived from a recent report from the scientific council for the government's policy. The Netherlands can be considered as a secular and religiously heterogeneous country. Almost half of the Dutch population consider themselves as having 'no religion' (48%). However, those are not all atheists. In fact, only a few of them are, most don't know whether there is a God. They do believe there is something 'out there' or 'in me' and often tend to think they are 'spiritual persons'. Almost the other half identify themselves as Christians (44%): most of them as Catholics (28%) , others as mainline Protestants (12%) or other Christians (5%). Muslims are six percent of the population, two percent has another faith (van de Donk et al., 2006).

Behind us is a era of religious modernization (1800-1960) (Hellemans, 2007). The nineteenth century witnessed the growth and establishment of (orthodox) Protestant and Catholic religious regimes, including the formation of institutions for care and the regulation of the presence of the clergy in army and prison. (Before, the Netherlands were founded as a nation with a privileged Reformed Church, dominating Protestant dissenters, Jews and a large proportion of Catholics.) Until the sixties of the twentieth century, Catholic, orthodox Protestant and mainline Protestant elites have been active in organizing religion (parishes) and religion based institutions (schools, hospitals). A religiously plural political system and civil society was constructed, also known as 'pillarization'.

During the sixties, organized religion started to disintegrate. Religious participation and membership declined. The system of organized religious subcultures, also known as 'pillarization', started to collapse. At the present, most of the formerly faith based organizations (schools, hospitals, home care) are secular.

Against this background, we see the rise of 'spiritual care' as a new profession. Since 1970, several indicators point in this direction. Following American examples, Dutch psychologists and theologians started an interdenominational psychological and pastoral training (Clinical Pastoral Training) for pastors working in institutional settings. Departments for spiritual care were established, firstly in hospitals, later in other institutions for care as well: homes for the elderly, mental health care, and care for the mentally handicapped. These pastors started to operate on an inter-confessional basis, and were salaried by the institutions themselves. They united in a professional association (Association for Spiritual Counsellors in Care Institutions). In 1977, Humanistic spiritual counsellors entered the field and, in 1993, Islamic spiritual counsellors. Since 1985, counsellors without a (religious) affiliation started to manifest themselves. For the time being, they have not succeeded in organizing themselves in a separate section within the professional association. This association has formulated a professional standard, recognizes diplomas, and has set up a system of registration. In one word: it promotes the professionalization of 'spiritual care'.

At the same time, this new profession leans heavily on organized religion. The legal basis for spiritual care is and has been: the state does not interfere with religion, nor does it hinder the exercise of religion. Therefore, it facilitates spiritual care when people are under a regime that is regulated by state governance: in the army, a prison, or in a hospital or institution.

This is and was the juridical foundation of spiritual care in a *state context* (army and prison): when under the regime of the state, the state should also accommodate to religious needs. 'The state' facilitates 'religions' to exercise pastoral care, and its equivalents, using Delegating Authorities, which are bureaus that enable the Ministry of Justice to communicate with 'a religion'. In practice however, these chaplains work for militaries and respectively, the prisoners of other faiths as well. There are no strict boundaries.

After a lengthy debate about spiritual care in health care, this remained also the basis of spiritual care in the *context of care*, such as hospitals: religious people should be able to receive the usual pastoral care, even though it is difficult for priests and ministers to reach them. Since 1996, the Law on Spiritual Care urges care institutions to provide spiritual care for its patients and inhabitants. This law is based on article 6 of the constitution which

guarantees the freedom of religion. In practice, however, confessional identity of chaplains is downplayed (Smeets, 2006). The chaplains tend to perceive themselves as 'spiritual counsellors', irrespective of a religious affiliation.

In a context of secularization and increasing religious diversity recent developments display different trends in the context of care versus the context of state institutions. Since the eighties, health care institutions have started to employ unaffiliated spiritual counsellors as well, dismissing them of the required 'official' delegation. They have formed their own association (called 'Albert Camus'). The general professional association is discussing its exclusion of non-affiliated workers. It also tries to fortify its position in the 'care process. The association has, for example, succeeded in participating in the new Health Insurance System, namely as a profession that helps outpatients to 'cope' with their handicap or illness.

In the army and the prison the system of Delegating Authorities has been expanded. Next to Catholic, Protestant, Jewish and Humanistic sections, we now have, Muslim, Hindu, and Buddhist sections within the Department for Spiritual Care, which resides under the Minister of Justice. Within these sections, pleas for a both confessional and professional orientation are heard.

### **3. Different responses to pluralism and secularization**

In this last section, I will summarize the results in general terms, elaborate on them in the light of our theme, secularization and pluralization, and formulate a conclusion. The case of spiritual care in the Netherlands shows the following pattern. A new profession starts to establish itself, only partly linked with organized religion. It claims an expertise in existential issues, and modestly succeeds in being recognized as such. It is successful in the context of care and in the context of the army and the prison.

The organizational basis in the context of *care* is firstly (juridical/political): organized religion. Yet the profession also tries to claim its place in the process of care itself next to, but different, from social work and psychological help. Thus (cf. H (R)) it is linked with organized religion, which is still large but declining. However, a new profession (cf. H (P)) has developed itself, and seeks a new basis of legitimation. This new profession has its own professional

characteristics, embedded in theological and humanistic studies. It also uses psychological categories (e.g., 'coping') in the struggle for public recognition.

The organizational basis in the context of *state institutions* is strongly in organized religion (cf. H (R)). In this way, the government can indirectly exclude unaffiliated or 'sectarian' spiritual counsellors, whereas the established 'chaplains' do not have to prove their effectiveness. Secular soldiers and prisoners receive spiritual care (as an umbrella term), provided by Church, Humanism, Islam, Hinduism and Buddhism affiliated counsellors.

My interpretation of this professional history runs as follows. Remnants of solid-religious modernity are re-used in the context of extreme diversity (liquid modernity). The context of the Netherlands shows two different paths. The context of state institutions shows a formal continuation (and revival) of the confessional paradigm while operating in a plural religious and secular context. The keyword here is *security*. Policy makers seek to warrant the professional status of the spiritual counsellor by establishing a firm link with organized religions. Their view of society is dominated by the perception of religious diversity. Believers should have access to representatives of their faith.

In the context of care, a different trend is visible where spiritual counsellors seek to legitimize the role of their profession in the system of collective insurance, and in the rise of unaffiliated counsellors. Keyword is *accountability*. Here, policy makers seek to warrant the status of the profession by integrating its work in the process of care. Their view of society is dominated by the perception of secularization. Spiritual care is supposed to provide benefits for the patient, the client or the inhabitant.

In conclusion, I return to the questions I posed at the outset. In the seventies, religious diversity was the impetus to the rise of a new profession of *secular-religious* specialists. Their professional-academic orientation and institutional setting was secular; their expertise was in the religious domain, namely the provision of meaning in matters of life and death.

Increased *secularization* and *pluralization* has been answered by two strategies, which can be formally distinguished as follows:

1. the extension of the confessional model (*organized religious pluralism*)

2. the definition of a common ground for all professionals in spiritual care, within the context of public accountability (*generalized pluralism*)

The first strategy dominates in the context of state institutions, but is not absent in care institutions. Islamic counselors, for example, tend to operate exclusively for Islamic patients, alongside the Christian and Humanistic counselors who take care of all other patients. The second strategy dominates in care institutions, although spiritual counselors in the prison and the army reach people of other faiths as well, and try to prove their usefulness with scientific reports, too.

This case suggests that liquid modernity leads to 'care of souls' being conceptualized as spiritual care. Therefore, the new hypothesis H(S) runs as follows: *In liquid modernity, the historical Christian care of souls tends to transform into spiritual care as a new profession, close to, but distinct from the psychological profession.*

From the perspective of politics, this new profession is legitimated by the general need for pastoral care in society. In the specific context of the prison and the army its institutional dynamics are ruled by a logic of security, in the context of care by a logic of accountability. International comparisons might show similar trends for other countries.

## References

- BAUMANN, Z. (2000). *Liquid Modernity*. Cambridge: Polity Press.
- GROOT, C.N. de (2008). Religion in liquid modernity. *Implicit Religion*, 11, n° 3
- GIDDENS, A. (1991). *Modernity and Self-Identity*. Cambridge: Polity Press
- HELLEMANS, S. (2007). *Het tijdperk van de wereldreligies. Religie in agrarische civilisaties en in moderne samenlevingen*. Zoetermeer/Kapellen: einema/Pelckmans.
- SMEETS, W. (2006). *Spiritual Care in a Hospital Setting: an empirical-theological exploration*. Nijmegen: Proefschrift Radboud Universiteit.
- DONK, W. B. H. J. van de, et al., eds. (2006). *Geloven in het publieke domein. Verkenningen van een dubbele transformatie*. Verkenningen. Den Haag/Amsterdam, WRR/Amsterdam University Press.



VGZ (2002). *Beroepsstandaard voor de Geestelijk Verzorger in Zorginstellingen*.  
Amsterdam: Vereniging van Geestelijk Verzorger in Zorginstellingen (VGZ).