Whatever Happened to *Seelsorge*?

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The current interest in spirituality in this society has challenged theological reflection and ministerial practice with several questions. One of those questions is the theme of this essay: Whatever happened to *Seelsorge* (the care of souls)? Although *Seelsorge* has a long and rich history in the Christian tradition, pastoral care has been dominated for decades by psychologies of the self that paralleled the movement away from “soul” in theological discourse. The emergence of specialized forms of pastoral care and counseling has also contributed to the hiddenness of *Seelsorge* in our time. For the last several decades, the theories of pastoral care have been funded intellectually by the specialized practices of chaplaincy and pastoral psychotherapy.

The question of this essay has gained new significance recently as “spiritual care” has replaced “pastoral care” as the descriptive term for the work of hospital chaplains.¹ This change raises a number of critical questions. Are spiritual care and

¹See the mission statement of the Association for Clinical Pastoral Education. I have also read the draft of a white paper, not yet approved by the major chaplaincy groups in the United States, on “Professional Chaplaincy: The Role and Importance of Spiritual/Religious Care in Healthcare.” No material from that document is quoted in this essay.

Although pastoral care has fostered careful listening to human stories, in its modern practice it has not attended equally well to the stories of God. The recovery of *Seelsorge* (care of souls) can help build bridges between the human and the divine.
Seelsorge equivalent in their meaning and signification? Does spiritual care, as it is currently understood, continue the ancient tradition of Seelsorge? What would be the impact if this shift from pastoral care to spiritual care among chaplaincy organizations became the general definition of pastoral care in Christian churches? How might reclaiming “soul” in the definition revitalize and enrich the practice of pastoral care in the church? Behind these questions is a presumption: it matters how we describe the work of ministry.

I. THE TRADITION OF SEELSORGE OR CARE OF SOULS

Pastoral care, as practiced today, has a long and rich history in the Christian tradition. The goals and modes of the care or cure of souls have varied according to the demands of the culture or the needs of the time, but the aim has been the same: to respond to human pain with compassion and to human guilt with forgiveness and grace. Early church practice of pastoral care was called cura animarum, the cure of anima which was the Latin word for the Hebrew nephesh and the Greek psyche. For Luther, Seelsorge was a necessary pastoral alternative to the obligatory confessional. It was a probing conversation with a penitent on troubling religious matters. Perhaps the most distinctive Lutheran contribution to the modern development of Seelsorge is the mutual cure of souls of Christians for one another. Poimnics, another word for pastoral care, emphasized shepherding (poimen is a shepherd) or tending the flock. This practice of mutual guidance and consolation rests on the conviction that “all Christians are functioning members of one living body, exercising toward one another a spiritual or priestly office.” When mutual consolation became a form of discipline for the sake of church order, Seelsorge was disconnected from its focus on attending to troubled souls. Through all the changes, Seelsorge has remained the work of a community of believers. The nurture of soul requires formation and support in a community of faith.

The care or cure of souls is generally distinguishable from other modes of helping by its reference to transcendence and issues of ultimate meaning. William Clebsch and Charles Jaekle define Seelsorge in the following way:

The ministry of the cure of souls, or pastoral care, consists of helping acts, done by representative Christian persons, directed toward the healing, guiding, sustain-

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2For a number of years, I have thought about writing an article on the relationship of nouns and adjectives in pastoral care. If care is the constant noun, adjectives such as pastoral, biblical, spiritual, or soul answer different questions. Pastoral care has generally identified who does the work of care; biblical care is used by its advocates to emphasize the distinctive principles that underlie the kind of care given; spiritual care underscores the way or manner of care as well as its content; and Seelsorge or soul care focuses in part on the recipient of care. Pastoral care, pastoral conversation, pastoral counseling, pastoral psychotherapy have the adjective as the constant. Care is not the only noun modified by spiritual in the practice of ministry: there is also spiritual formation, guidance, companionship, direction, and conversation. If one starts with counseling as the constant, there are a variety of adjectives used to modify counseling: noetic counseling, biblical counseling, Christian counseling, as well as pastoral counseling. I recently read an essay by T. Byram Karasu on “Spiritual Psychotherapy,” published in the American Journal of Psychotherapy 53/2 (1999). Written for a secular audience, it describes the “way to soulfulness.”

ing, and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns.4

While the variants of this definition have been many in the last decades, pastoral care as a response to troubled persons has been constant. Pastoral care has become less directly representational of the church, however, particularly with the emergence of pastoral psychotherapy as a private therapeutic practice and the financial support of chaplaincy by medical institutions. The “context of ultimate meanings and concerns” has also become less explicitly religious because of the dominant use of psychological categories to help troubled persons help themselves resolve conflict and gain new self-understanding.

Over the last decades, the most significant modification of this definition by Clebsch and Jaekle has been the silence about soul. It has been said that soul was the last unmentionable four-letter word left in the common culture. The language of soul has not been in vogue in pastoral theology, partly out of fear of returning to old body/soul dualisms and partly because the psychological paradigm has dominated definitions of the human. As a result, modern pastoral care has attended more carefully to the human story than to the presence of God in human life. The recovery of soul is therefore prerequisite to rediscovering Seelsorge for our time.

The primary task of pastoral care, Homer Ashby has argued, is to “tend to the soul.”5 It is necessary to reclaim the “soul” in the cure of souls, he said, because soul language reminds us that we come from God and are destined for God. At the same time, soul deepens the experience of being a unique and whole creature, simultaneously at one with God and with all creation. Seelsorge seeks to assist individuals and communities to weave together human and divine stories in order to live faithfully and responsibly with others and with God.

The aim of this essay is to encourage the recovery of soul as the context of “ultimate meanings and concerns” and to restore Seelsorge as a descriptive metaphor connecting the pastoral care movement with its roots. In hospital visitation or in pastoral counseling or in pastoral conversations over coffee after morning worship, our intent is the same: to give our full attention and steadfast care to troubled souls. As long as troubles of the soul have been understood in psychological language, the cure of souls was linked primarily to the methods and diagnostic categories of psychotherapy and not Seelsorge. The recovery of soul in defining the work of pastoral care not only reconnects the present with the Seelsorge tradition; it is also a hedge against lingering dualistic thinking and a reaffirmation of the place of mystery and transcendence in the human journey to God.


5Homer Ashby, “Reclaiming the Soul of the Cure of Souls” (Paul Allen Lectures, McCormick Theological Seminary, Chicago, 1996).
II. REDEFINING PASTORAL CARE AS SPIRITUAL CARE

My question, “Whatever happened to Seelsorge?” has been prompted by the recent decision of the Association for Clinical Pastoral Education, Inc., to replace “pastoral care” with “spiritual care” in its mission statement. The final sentence of the ACPE Mission Statement now reads: “We promote the integration of personal history, faith tradition and the behavioral sciences in the practice of spiritual care.” The motivation for this change is at least fivefold: (1) the work of care is done more and more by laypersons for whom the word “pastoral” is too clearly associated with the clerical paradigm; (2) the work of chaplains is now most often paid for by the health care institution; (3) since most of the patients visited by chaplains are not practicing Christians or at least not identified with a Christian community, generic spirituality must be the context for exploring “ultimate meanings and concerns”; (4) spirituality is promoted by health care administrators because people who recognize the transcendent in life and pray recover from disease more quickly; and (5) the religious diversity of chaplains requires a more inclusive metaphor than pastoral care.

This change in nomenclature reflects fundamental changes taking place in this culture and in health care. The current popularity of spirituality is a response to a deeply felt hunger both inside and outside traditional religious institutions for experiences of wonder and transcendence that will answer a widespread longing for deeper meaning. Spirituality is understood to be a response to the urgings of the spirit, both human and divine, toward wholeness and community. Such a perspective is a particularly important means of coping when people get sick. Spiritual care, it is said, is a way of mobilizing the spirit in response to the human longing for health. Relabeling the work of chaplaincy as spiritual care is an understandable and perhaps even necessary accommodation to society’s interest in spirituality and the culture of health care institutions.

The advantage of this focus on spirituality in health care is that it invites a holistic approach to illness and health. If the commitment to spiritual care will prevent health care institutions from becoming “biological garages where dysfunctional human parts are repaired or replaced,”\(^6\) then spiritual care, as a more inclusive umbrella than Seelsorge, is a positive perspective in support of the care of the hospitalized sick. It is also consistent with the following statement of the Joint Commission on the Accreditation of Healthcare Organizations: “Patients have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values.” This kind of respect for persons has always been part of Seelsorge.

Understanding their work as spiritual care is a reminder to chaplains that they are to be sensitive and respectful to the variety of spiritualities and faith perspectives of the people to whom and with whom they minister in the health care

setting. Spiritual care undoubtedly also contributes to spiritual growth and healing from illness, but it is not equivalent to Seelsorge. Because specialized ministries like chaplaincy have shaped the general practice of pastoral care for the last decades, there is a critical need to examine the connection between spiritual care and Seelsorge.

III. RECOVERY OF SOUL

In order to evaluate the impact of this shift to spiritual care, it is necessary to examine yet another question: Which metaphor, soul or spirit, most adequately connotes the core of an individual before God? Thomas Moore begins his book on Care of the Soul by stating that the primary cause of the maladies of our time is that we have neglected soul. “When soul is neglected, it doesn’t just go away; it appears symptomatically in obsessions, addictions, violence, and loss of meaning.” If Moore’s analysis of the modern plight is accurate, we need to renew our interest in soul.

It takes a comprehensive vision, Moore observes, “to know that a piece of the sky and a chunk of the earth lie lodged in the heart of every human being and if we are going to care for the soul, we will have to know the sky and earth as well as human behavior.” Spirit, ego, and self identify specific dimensions of the human person, but none of these terms has the capacity of soul to hold earth and sky in paradox. The connotations of soul suggest a theological anthropology not reflected in metaphors of self.

Our anthropology is theological when images of the human person link us to God as well as to the earth. Soul makes this connection. For that reason, the recovery of soul is at the same time a retrieval of the transcendent in human life. Soul is the source of human genuineness and depth and mystery. We have much important work to do to care for our bodies and keep our thinking clear. But the care of souls or Seelsorge touches the deepest dimension of being human that longs for relationship with God. We have our life from God, and we find life in God. To tend a soul is to lead it in the ways of God, who is the source and end of the journey.

No image more clearly reflects the bio-social-spiritual unity of the human person than soul. Soul is not body and yet the body is inextricably connected to soul. Soul does not exist apart from that which gives it form. We are both embodied souls and soul-filled bodies. The Hebrew word frequently translated soul (nephesh) points to the integral and inseparable core of who we are. This unity of the human person is preserved when we remember that kidneys rejoice (Prov 23:16), the soul thirsts and hungers (Ps 42:2), and souls long for the Lord (Ps 84:2a).

Soul is the most effective metaphor for thinking paradoxically about the hu-

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8Ibid., xix.
man as an earthy creature a little lower than the angels, with a piece of sky and a chunk of the earth lodged in the heart. Troubled souls often bring to the relationship of care a desperate longing for simplicity. The aim of Seelsorge is to empower people to embrace paradox, endure contingency in life, and live with full awareness of both immanence and transcendence in life.9

IV. THE SPIRIT IN SPIRITUAL CARE

If soul is the essence of one’s existence or the indivisible core of the whole person, then spirit is the life-giving, vital breath of human energy and power. The ancient Hebrews and Greeks both used the same word (ruach and pneuma) in referring to both spirit and breath. As the force of human living, spirit is not a thing but an aspect of existence that permeates all human being. Spirit designates the human ability to perceive and respond to the transcendent in ordinary living. When spiritual is used as an adjective to modify human activity such as care, the reference has often been to this God-given life of “spirit” that is in juxtaposition to matter. Although spirit may be thought of as a force infusing all human existence, it is not linked to matter the way soul and body are connected.

More recently, spiritual has come to include any of the “higher” functions of the human life such as freedom, creativity, the sense of beauty, the quest for the good, and the longing for love and community. Gerald May emphasizes the unitive impulse of spirit in his contemplative psychology: “Spirit, for me, has a quality of connecting us with each other, with the world around us, and with the mysterious Source of all.”10 In an age marked by fragmentation and alienation, it is not surprising that the language of spirit has become a vehicle for expressing the human longing for connectedness and community. Because the emphasis on spirituality tends to replicate individualism in this culture, metaphors of spirit often promise more about unity and community than they can deliver. At the same time, spiritual care is in danger of being trapped in abstraction because of its emphasis on the higher volitional and affective dimensions of being human. The benefit of understanding Seelsorge as spiritual care is, however, that it enables caregivers to honor the sacred worth of each individual and respect the diversity of human beliefs and cultures.

Anyone can engage in spiritual care. That is another way of practicing the inclusivity of spirit. Spiritual care is not limited to professionally trained staff or theologically educated chaplains or ministers. While in one sense this parallels the reformation principle that established care as the work of the people of God, spiritual care is not sustained by community nor does it presume shared values. Each spirit is unique. In order to be inclusive enough of the rich diversity of spirit, the theoretical or theological context for spiritual care must be sufficiently general to


include all expressions of spirit. In order to preserve this inclusive perspective, spiritual care must minimize particularity. As a consequence, its connection to the Christian tradition of Seelsorge is more tenuous.

V. D I E T R I C H B O N H O E F F E R O N S P I R I T U A L C A R E

In a book entitled Spiritual Life, Dietrich Bonhoeffer presents an alternative approach to spiritual care that is more specific to one traditional understanding of pastoral care as soul care. For Bonhoeffer, spiritual care falls under the church’s mission of proclamation. Caring for the soul is proclamation to the individual and therefore a special kind of preaching. Human nature, Bonhoeffer contends, moves toward self-justification. As a result, people do not hear the word of grace from God. In order to enable people to hear the gospel, spiritual care must include careful listening to the parishioner in order to recognize and disclose human sinfulness. “Spiritual care does not want to bring about competence, build character, or produce certain types of persons.” Spiritual care prepares people to hear the law as God’s commandment and the gospel as God’s gracious deliverance.

Because Bonhoeffer understands spiritual care as God’s work, he minimizes the role of human experience. The intent is to help people believe they are called by God and help them incorporate their experience into the living catholic tradition. Spiritual care is both invocation and evocation. Invocation, the gift and miracle of calling God into our presence, is necessary to prevent transcendence from being swallowed up in immanence. Evocation, the main form of spiritual care, attends to the human in order to strengthen the awareness of God’s presence in a person’s life. The aim of pastoral care consistent with this perspective is to assist people in weaving the stories of their lives and God’s stories as mediated through the community into a transformative narrative that liberates and empowers them for discipleship in the world.

While Bonhoeffer’s approach to spiritual care reconnects the practice of Seelsorge to its theological roots, it is finally more about communicating the gospel than tending troubled souls. In that sense, Bonhoeffer’s specificity is as problematic as the generality of current trends in spiritual care. The primacy of proclamation swallows up human struggles in divine transcendence. The critical question for pastoral care even in chaplaincy is not respect for religious diversity. At issue is the connection between human and divine stories, between attending to the stuff of human life in all its messiness and reflecting the mystery of God with wonder and awe. Spirit tends toward abstraction, but focus on soul is a reminder that humankind is always both/and: both a piece of sky and a chunk of earth. This emphasis on the paradox of soul avoids the pitfalls of spiritualistic dualism, avoids spiritual abstraction, keeps spiritual care grounded in the concrete and the com-

12This theme is explored in Herbert Anderson and Edward Foley, Mighty Stories, Dangerous Rituals (San Francisco: Jossey-Bass, 1998).
munal, and reminds us that the human creature who belongs to the earth also comes from God and is destined for God.

VI. IMPLICATIONS OF RECOVERING SEELSORGE

While there will be contexts such as health care institutions in which broader and more inclusive definitions such as “spiritual care” may be necessary, the recovery of “soul care” is needed to reconnect present modes of pastoral caretaking with the ancient Christian tradition of Seelsorge. At a time in the church when cultural accommodation is a tempting option, the language of Seelsorge keeps Christian identity clear. The purpose of pastoral care is to tend the soul. Spiritual direction has emerged as a special mode of care in the church in part because pastoral care has lost sight of its focus. If, however, pastoral care is understood as Seelsorge or companioning the soul on its journey to God, then we may not need to divide up soul care into separate disciplines. The image “soul friend” is, in fact, common to both pastoral care and spiritual direction.

Spiritual care is a necessary alternative mode of care in an increasingly pluralistic society. However, it is not an equivalent to pastoral care in the tradition of Seelsorge. Because soul is a deeper and more comprehensive metaphor for human life before God, the recovery of soul is prior to the retrieval of Seelsorge or soul care as the primary metaphor for the church’s ministry of care. Recovering Seelsorge will have several implications for the practice of pastoral care:

1. Understanding pastoral care as Seelsorge or soul care changes the language we use to assess human trouble. A lost or troubled soul is not a psychological assessment. Diagnostic categories like depression and narcissistic or borderline disorders will remain, but those descriptions are deepened when the struggle of the soul is not only with internal demons but with God. Ordinary ways of measuring health and well-being are insufficiently ambiguous to capture the deeper truths of soul. As I mean it here, ambiguity refers to the multiple meanings, contradictions, and mystery in human life at its depth. To be a lover of souls, our own included, we need to have some appreciation for human complexity and mystery. Our language must be ambiguous enough to capture the contradictions of human soul. Narrative and ritual, more than carefully delineated, statistically verified diagnostic categories, captures that mystery. The language of soul is story and song, and paradox is the window to the holy.

2. In its history, Seelsorge has alternatively been translated as the “cure of souls” and the “care of souls.” For this time and in this society in which health has become an entitlement, it is important to emphasize care rather than cure. Reclaiming soul in soul care reminds us that life and health are gifts of God. Faith may enhance our health or healing, but they are still gift. Health, we know, does not eliminate sin. Nor does sin guarantee the absence of health. Michael Ramsey, the wise Archbishop of Canterbury, once said it this way: “Amid the clinical trends in
contemporary pastoral guidance, the pastor will need to keep alive the permanent issues of sin and forgiveness. To be healthy and to be whole is not substitute for being penitent, forgiven, and holy.”13 One of the ways Bonhoeffer distinguishes spiritual care from psychotherapy is that spiritual care does not follow psychological methods of investigation for the sake of a diagnosis. Rather, it encourages confession of sin and places sinful people before God’s mercy. Reconciliation becomes a primary mode of soul care as it has been for much of Christian history.

3. Because pastor and parishioner, chaplain and patient, caregiver and penitent are all empty-handed sinners before God, there is an immediacy in every caring relationship that transcends ordinary role definitions. The focus is not on the relationship but on Christ. It is only through dependence on word, prayer, and faith that the other person is freed from bondage to his or her ego and the gospel is heard as a gracious word. This common ground does not eliminate the need to honor personal boundaries in the work of soul care. It does, however, locate the relationship within a larger communal context. William J. Doherty has observed that the contemporary psychotherapist has become “the doctor of the rootless modern soul.”14 When care is rooted in soul, the relationship begins on common ground and moves away from the isolating power of personal pain to wider commitments of responsibility and accountability in the world.

4. It is soul, James Ashbrook has argued, that expresses meaning, and making meaning depends on memory. That is the functional meaning of soul. The idea of soul “identifies our uniqueness—our capacity for centered decisions, our capacity for taking initiative, in short, the primacy of the whole over the parts.”15 It is memory that makes our lives personally meaningful by linking the past and the present. Without memory, we have neither history nor identity. We are “soul-less” without the sense of continuity that memory makes. It is necessary for the sake of soul that we take time to remember. The sacred work of care restores soul when we listen to another’s story in order to make a meaningful memory. Even when we cannot remember, however, we are held in the memory of the community. And if the community forgets, we are still held in the memory of God. Making meaningful memory is essential for soul because of its liminal character between earth and sky. Soul is bound by time but has its own time. Remembering the Sabbath is a necessary part of the rhythm of human life in order to have time for remembering and restoring the soul.

5. The paradox of soul care is that we walk with people between two worlds. We are familiar with the stuff of life, we know fully and deeply the stories that come from our very messy human struggles, and at the same time we are theotokos, bear-

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13Michael Ramsey, The Charismatic Christ (New York: Morehouse Barlow, 1973) 45. Soul is a way back to thinking that character matters without, at the same time, returning to old forms of asceticism. The recovery of soul, as I mean it, presumes a rather earthy view of holiness.


ers of God. In an address to priests in Chicago shortly before his death, Joseph Cardinal Bernardin spoke eloquently of the liminal character of soul care: “We are not dispensable ‘functionaries’ in the church; we are bridges to the very mystery of God and healers of the soul. When we claim this identity unapologetically, we not only find ourselves; we also provide the church and our culture with the sustenance they require.”16 Being a pastoral person is liminal work. We are constantly building bridges between these two realities: between the human story of struggle and joy and the mystery that is God.

Care of souls has always listened carefully to human stories and regarded them seriously—even when they take us to the edge of being human. The modern practice of pastoral care has not always listened as attentively to the stories of God. The recovery of soul and the practice of soul care enables us to root pastoral care in both earth and sky more clearly than spiritual care and current approaches to pastoral care. Soul is immersed in the world of human stories through intimacy, community, suffering, and death. And yet the human soul longs for God. Soul is who I am, and yet soul is from God. The retrieval of Seelsorge or soul care in our time is necessary to build bridges between the human and divine in order to keep soul alive in times not hospitable to the soul. ☯

16Joseph Bernardin (address delivered to the annual meeting of the National Federation of Priests‘ Councils, San Diego, CA, 1 May 1995).