A Strategic Vision for Spiritual Care
Chaplaincy Innovation Lab
August 2023

The Context

In May 2023, the U.S. Surgeon General issued an Advisory Report calling loneliness and isolation an epidemic in the United States; these problems “increase the risk for individuals to develop mental health challenges in their lives, and… can increase the risk for premature death to levels comparable to smoking daily.” Political polarization, natural and human-induced disasters, environmental crises, social media, and other factors contribute to these challenges, which were exacerbated by the COVID pandemic.

The causes and consequences of loneliness and social isolation are evident at individual and community levels across the United States and are among many post-pandemic challenges to individual and societal wellness. Therapists and mental health professionals are unable to keep up with demand from those in need, and many community partners are working at or beyond capacity.

Religious organizations historically have helped connect people in the United States, but these organizations are now facing their own challenges. Large numbers of congregations have closed and continue to close, impacting not just congregants but also local businesses and community groups that gather in these now-closing spaces. Projections suggest congregational closures will continue across geographies and religious traditions as growing numbers of people in the United States identify as not religiously affiliated. Many congregational leaders are exhausted in the wake of the pandemic, juggling the challenges of finances and aging buildings while continuing to support those who have not returned to their congregations in person (in addition to those who have returned).

Another kind of care professional – spiritual care providers, traditionally called chaplains – became publicly visible during the pandemic in ways they had not been since World War II. Often trained alongside congregational clergy, chaplains currently work in the military, prisons, healthcare organizations, and a range of other traditional – what we call legacy – contexts. Spiritual care providers engage with all people (not just those who are religious), often in the midst of struggle and loss.

They engage with individuals, families, and communities around meaning, purpose, and belonging, seeing these as life’s eternal questions – part of what it means to be human – rather than as signs of illness or affliction. Chaplains work both preventatively and in response to crises, beyond the walls of religious congregations. In addition to working in legacy institutions, chaplains offer spiritual care today in new settings like social movements, facilities for the unhoused, and for-profit companies.
Spiritual care providers have the training and skills to address the loneliness, social isolation, disease, and unwellness plaguing many people today. Despite their preparation (most have graduate degrees), locations across the United States, and skillsets, chaplains and spiritual care providers are underutilized in the United States.

Why is this?

We propose three reasons:

- First, the public has limited and inconsistent knowledge of who chaplains are. Between 18% and 44% of the public in a 2022 Gallup survey reported interacting with a chaplain. The descriptions of chaplains that respondents provided, even when the question offered its own definition, were highly variable. Many people see chaplains only as religious figures, which is not how chaplains describe themselves and does not accurately describe the totality of spiritual care.

- Second, people are not clear about what spiritual care is and why it might be beneficial to them. Growing numbers of people who are not religiously affiliated equate spiritual care with organized religion and dismiss it. There is no national consensus about what spiritual care is or a marketing or messaging strategy to share that information.

- Third, even those who want to access spiritual care do not clearly understand how to do so. Demographic changes in the legacy institutions where chaplains work have shifted the services provided by and availability of chaplains. While chaplains are emerging in other, new settings, they are not doing so in consistent and predictable ways across the country. It is also not yet possible to access spiritual care directly through popular delivery systems like apps and subscription services, channels through which people access therapy and other wellness content.

Underlying these three factors is the issue of terminology: are “spiritual care” and “chaplain” the best ways to describe and market this care? The term chaplain has a strongly religious, historically Christian connotation. This is familiar and welcome to some segments of the American public, but not all. Important questions remain about how to name, label, communicate, and market the work these care professionals do around meaning, purpose, and belonging.

We believe chaplains and spiritual care providers (under these or alternative titles) have important roles to play in combating the epidemics of loneliness, isolation, disease and unwellness in the United States. Spiritual care providers have long histories of supporting communities, often in ways more hidden than obvious. We articulate a vision and a plan that will produce five outcomes leading spiritual care to be significantly better known, better integrated, and more accessible to millions more people across the United States than currently have access to chaplains.
The vision is fully aligned with the Surgeon General’s targeted recommendations for parents, schools, governments, healthcare providers, technology companies, public health professionals, community-based organizations and other stakeholders to strengthen human connections and relationships.

A Vision for Spiritual Care

Our vision for spiritual care is grounded in the work of chaplaincy and spiritual care. Instead of starting with the people who do the work - chaplains and spiritual care providers themselves - we start with the people who can benefit from the work and move backwards to think about the broad and diverse coalitions that can support spiritual care in many forms. This expansive approach challenges people with the title “chaplain” or “spiritual care provider” to be laser focused on the differences they want to make for care recipients in collaboration with other care professionals. In other words, we advocate spending much less time discussing credentials and training and much more time asking care recipients how chaplains can best serve them.

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Our approach requires a new framework for marketing and infrastructure, considering legacy institutions where spiritual care is offered (e.g., the military, prisons, and healthcare organizations); new settings; and new delivery systems. To support the broadest range of people, this approach recommends segmenting the population of those served. We need to honor and recognize that the term chaplain remains accessible and an opening to serve some people, particularly those who are traditionally religious. Yet the term closes doors for others, particularly non-Christians, the non-religious, and people who have had negative experiences with traditional religion and its representatives.

Market research is needed to name and engage these distinct populations, as well as to clearly articulate the value proposition of spiritual care around meaning, purpose and belonging in a way that is pragmatic and accessible to recipients.

Our approach is further rooted in commitments to respect, engage and protect (as far as possible) the wellbeing of all people, regardless of the truths in which they believe and the behaviors in which they engage as a result. This positioning shifts the overall commitment of the profession from tolerance towards mutual engagement, respect, reliance and – ultimately – resilience, which our world so desperately needs.
**Outcome 1. Consistent knowledge among the public of what chaplaincy/spiritual care is and why/how to access it.**

For spiritual care to meet its potential, that potential needs to be clearly articulated by chaplains and understood by a broad swath of the American public. People need to know how and why they might access spiritual care. A clear national description of chaplaincy and spiritual care is a first step. It must include the value proposition of chaplains, and such a description must be accessible, relatable, and attractive to people both inside and outside of traditional religious organizations. The description should focus on the work of spiritual care and its benefits, not the people who are doing it.

The description should then be used as a step toward building a broad coalition of people with varied skill sets who support the work of spiritual care. With a communication strategist and marketing team, the Chaplaincy Innovation Lab and its stakeholders can articulate such a description, build a campaign to market it nationally, and execute that campaign.

**Outcome 2. Increased knowledge of and access to chaplaincy and spiritual care in traditional settings.**

Part of a national communications strategy must include elevating the work of chaplaincy and spiritual care in the traditional settings where it occurs. Survey data shows that the majority of people who interact with chaplains do so in healthcare settings, yet there is no consistent marketing or communication around spiritual care in these settings.

*“Chaplaincy and Spiritual Care is for you”*

One or more infographics, as well as other branding materials, around themes such as “Chaplaincy and Spiritual Care is for You” could be deployed consistently across thousands of legacy organizations across the country, raising awareness of spiritual care’s availability as well as how to access it.

Case studies the Lab is currently developing that demonstrate the return on investment for chaplaincy will also ideally play a role in clarifying demand. Such materials must be intentionally diverse and illustrate that people from a range of backgrounds, including those who are not religious, both receive and provide spiritual care which, for many, preferably has nothing to do with traditional religious institutions.

**Outcome 3. New business models that financially support the provision of chaplaincy and spiritual care in new or novel settings will be available.**

Chaplaincy is emerging in new settings, from social movements to law offices to for-profit companies hiring wellness officers. There are no consistent business models that support this work. As the
traditional delivery systems for spiritual and religious content – congregations – decline, we need to work together to build organizational and business models to financially support the provision of spiritual care in new ways. Possibilities include partnerships with subscription and online modalities offering wellness and mental health support, as well as placing spiritual care providers in existing professional care roles not currently configured as including spiritual care. The public needs to be able to access spiritual care directly, as well, through both new and legacy organizations.

**Outcome 4. Business models that financially support the provision of chaplaincy and spiritual care in legacy settings will be available.**

Spiritual care provision in legacy institutions – healthcare, colleges and universities, prisons, and the military – is changing considering significant demographic shifts. It is not safe to assume that financial support for this work will continue absent evidence that the work is effective and serves a broad range of constituents. Supporting extant business models for spiritual care in legacy institutions and developing new ones requires acknowledging who is and is not being served at present, how shifting demographics are changing or could change those models, and developing new approaches that look to the future rather than the past.

**Outcome 5. Ongoing practical collaboration among supply-side actors (educational institutions, endorsers, certification bodies) and demand-side actors (employers, recipients of care, etc.) in a wide variety of religious, community and business organizations.**

Finally, and most importantly, the work of spiritual care needs to be championed by a broad range of constituents, at least half of whom are not representatives of traditional religious organizations. The public needs to see spiritual care as integral to physical and mental wellness and key to reducing loneliness and isolation – what the World Health Organization and other national and international stakeholders call the fourth dimension of public health. But that integration cannot happen unless the silos around those who train and employ chaplains come down.

Questions of meaning and purpose cannot remain segregated from our individual and collective wellness. Religious leaders with histories outside of congregations have important insights upon which we can and should rely. At the same time, leaders with histories outside of congregations have equally important insights we must leverage together for the good of our nation.

Many, and a growing number more, are engaging questions of meaning and purpose beyond the communities of traditional religion. Helping them do so is fundamental to our individual and collective wellness. The decline in traditional religion does not indicate the end of its attention to the human spirit; instead, it challenges us to innovate new delivery mechanisms through which spiritual care can be offered for and by all.
Table 1. Theory of Change

**Impact:** Make the value of chaplaincy/spiritual care better known and more accessible to the American public.

<table>
<thead>
<tr>
<th>Inputs (What we need)</th>
<th>Activities (What we’ll do)</th>
<th>Outputs (How we’ll do it)</th>
<th>Outcomes (What we’ll change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consensus definition of chaplaincy/spiritual care and a communications strategist</td>
<td>Promote one definition of chaplaincy/spiritual care and its value nationally</td>
<td>Marketing campaign focused inside and outside of spiritual/religious organizations</td>
<td>Consistent knowledge among the public of who chaplains/spiritual care providers are and why/how to access one</td>
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<tr>
<td>Market research and a graphic designer for an infographic</td>
<td>Promote chaplaincy/spiritual care in legacy settings</td>
<td>Create a “Chaplaincy/ Spiritual Care is for You” infographic for legacy settings to use on social media and campuses</td>
<td>Increase knowledge of/access to chaplaincy/spiritual care in legacy settings</td>
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<td>Identify ways people outside of legacy settings contexts can access chaplaincy/spiritual care</td>
<td>Clarify the limits of existing business models and develop new models that financially support the provision of chaplaincy/spiritual care in novel settings</td>
<td>Case studies with partners of what infrastructure already exists that could include chaplains/spiritual care providers in novel settings</td>
<td>Provide new business models that financially support the provision of chaplaincy/spiritual care in novel settings</td>
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<td>Cases (to sponsor one or more case competitions and for teaching)</td>
<td>Sponsor a case competition for new and revised business models of chaplaincy/spiritual care</td>
<td>Partner with business schools and programs focused on caregiving and the social good</td>
<td>Develop business models that financially support the provision of chaplaincy/spiritual care in legacy settings</td>
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<td>A new CIL initiative to build a broad coalition of stakeholders with more than half coming from outside of spiritual/religious organizations</td>
<td>Support and build organizations/networks to further educate stakeholders inside and outside of spiritual/religious organizations and actively facilitate putting the right people into productive conversation</td>
<td>Professional partnerships, meetings, relationships, etc. that cross the supply and demand side of chaplaincy/spiritual care, as well as the religious/nonreligious divide, operationally and consistently</td>
<td>Ongoing practical collaboration among supply-side actors (educational institutions, endorsing certification bodies) and demand-side actors (employers, recipients of care) in a wide variety of religious, community, and business organizations</td>
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This strategic vision is offered as one part of the project, “Chaplains as Facilitators of Covenantal Pluralism” supported by the Templeton Religion Trust (Wendy Cadge, Brandeis University, Primary Investigator). It results from two years of research about the supply and demand for spiritual care in the United States and a gap analysis of the space between demand/need and training/preparation. A draft of this vision was reviewed by the project’s Advisory Board.


4 Throughout this document, we use “spiritual care provider” and “chaplain” interchangeably, while acknowledging the opportunities and challenges of the word “chaplain” and its uneven reception in the profession and among care recipients today. We also discuss the difficulties represented by the language deployed when describing spiritual care elsewhere in this document.

