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The unacknowledged presence of Catholicism in secularized Dutch society: The case of spiritual care

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This chapter addresses the impact of Catholicism in secularized Dutch society, focusing on its contribution to spiritual care, while acknowledging the decay of the religious field as such, in the past decades. The central thesis is that, even where solid structures have melted, practices such as those originating in pastoral care, have been continued in a secular environment. The empirical findings are followed by suggestions about how to evaluate these findings from a theological perspective.

Introduction

There is a certain self-centeredness in the diagnosis that the church, here predominantly the Roman Catholic Church, is in crisis. In itself, the diagnosis reflects an experience of ontological insecurity. The existence of the church as we know it is at stake, and the future is uncertain. One narrative is guided by fear: will the church survive? Another by hope: the church to come will be purer, or more hospitable.

An alternative perspective starts with society instead of the church and tries to understand the present in light of the past, instead of looking at the future based on the present. This is what I will do in this contribution, which intends to shed some light on the secularized context of the Netherlands by studying the social origins and conditions of a newly constructed practice called *spiritual care at home*. This initiative concerns chaplaincy—both religious and non-religious—organized as a public service and practiced outside an institutional setting. In fact, one can order a spiritual caregiver from the region through a national website: https://geestelijkeverzorging.nl/ (Molenaar and Dwarswaard 2020).

I interpret this version of spiritual care as an ecclesial practice that has been transferred to the secular sphere, that is: not controlled by the authority of religions. My question is: how should we understand and evaluate such a process of transfer from the perspective of a practical theology that is informed by historical sociology?

Concepts and method

Practical theology as an academic subdiscipline in connection with whatever religious tradition is concerned with learning about and from practices. The subject of study is often made up of religious practices, such as in lived religion, but it may also include practices that are considered part of other social spheres such as the political sphere or the sphere of health care, or that have migrated from one sphere to the other. In all cases, the research is ultimately part of the intellectual endeavor to understand the body of wisdom that is contained in beliefs, practices, experiences, expressions, bodily, and material manifestations concerning the sacred. In this regard, practical theology is an integral part of the audacious project of doing theology that is traditionally understood as 'faith seeking understanding'. The theological perspective builds upon the human

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capacity to transcend and reflect on the individual day-to-day existence and research results should contribute to the way people orientate themselves in life. This also accounts for the present study. I learned from my study of the care for people in spiritual need and hope that the outcome of this study serves this profession.

Against this background, I have used sociology, more specifically historical sociology in the tradition of Max Weber and Norbert Elias and sociology of religion, to explain and understand the rise of the profession of spiritual caregiver in the Netherlands. I did not so much start a new historical research project, but gathered and studied the existing research literature on chaplaincy and spiritual care especially in the Netherlands, complemented with policy reports, juridical and government documents (cf. De Groot 2021). Since 2002, I have also been educating chaplains, mainly Catholic, both on a master's level and in a post-academic setting, such as Clinical Pastoral Education. These courses were guided by the concept of the research professional and included making an analysis of the chaplaincy's organizational context and writing a policy report on issues pertaining to the expertise of the chaplain. My own research interest was guided by dissatisfaction with prevailing narratives that use the concept of secularization to explain the rise of spiritual care as a profession that has emancipated from its ecclesial chains (Schilderman 2015), or cut off its roots (van Iersel and van Gastel 2007), depending on the normative evaluation. In a classic formula secularization refers to a process, namely the decline of religion's authority. Such a process may be the outcome of the interplay between certain strategies and circumstances. A reified and teleological concept of secularization that 'causes' certain developments, however, does not have any explanatory value. We have to look closer at specific acts, conditioned by specific power relations, to discover how a profession came into being in a way that was not controlled or planned by any of the actors involved (cf. Elias 1950).

According to Max Weber, in every type of society there are individuals, or even institutions, that try to offer comfort in cases of individual suffering such as sickness and misfortune. He classifies these practices under the general concept of *care of souls* (Weber 1980, 283; 1989, 90–91). What they have in common is that they start off by listening to the person seeking help, after which a ritual act may follow: comforting words or gestures, or religious instruction. This concept has also proven useful outside a religious context (Bourdieu 1985). Weber is mostly interested in care of souls that is practiced from a systemized worldview and promotes a particular cultural community, but it could also be practiced in the setting of a private enterprise and just legitimated by the results. In terms that have become popular almost a century later, the former variety would have its place in *civil society*, whereas the latter would be at home in the *market*. In the spirit of Weber, I would like to distinguish a third variety in which care of souls is practiced in the sphere of the *state* and has to follow bureaucratic procedures. A historical example could be the practice of confession enforced by the Inca regime in 16th century Peru (de Groot 1995, 50–53). State, market, and civil society, conceived as the sphere that is not controlled by either the state or the market, are then three possible settings. In practice, they can be connected or even intertwined. This remains to be seen.

'Spiritual care' in this sociogenetic study is the English translation of the Dutch term '*geestelijke verzorging*' which has become the common term for chaplaincy, that is: care of souls outside the context of a parish or congregation, in whatever religious, spiritual, or humanistic variety. It is not restricted to the setting of health care, but is also used, for example, for prison chaplaincy. In international literature, the term also refers to holistic concepts of health care, including attention to spiritual aspects (Gärtner 2016). This is not how the term is used here.

I am focusing on spiritual care in the home setting as a nation-wide service for a relatively broad audience, provided by registered spiritual caregivers, that is, specialized professionals with a bachelor's or master's degree in theology, religious studies, humanistic studies, or spiritual direction that includes a traineeship and clinical supervision. This form of government-subsidized care of souls as it has started in the Netherlands since 2019 seems unique internationally, although we should realize that the relationship between church and state in neighboring countries such as Denmark and Germany is such that the ecclesial care of souls there is actually also financed from public means.

Spiritual care and Catholicism

The case of spiritual care is relevant for the study of Christianity in secularizing societies in general, but is especially interesting for the study of the development of Catholicism for three reasons. First, care of

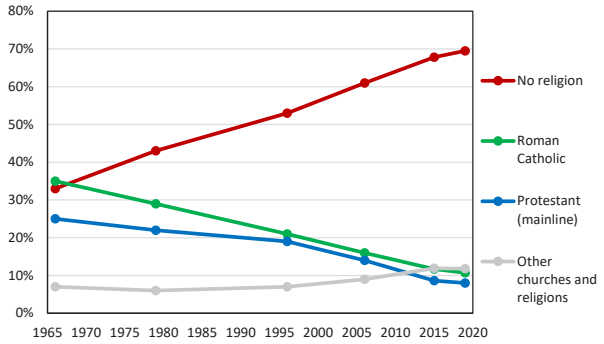
souls can be considered as the factual core business of the Roman Catholic Church, next to liturgy, especially the Eucharist. From Max Weber to Michel Foucault (2018) scholars have drawn attention to individual confession as the paradigmatic model of spiritual care in Western societies. Secondly, although the Netherlands have long been dominated by the (Calvinist) Dutch-Reformed Church, the Roman Catholic Church is the country's largest church since 1930 (Advocaat 1999). Since the late nineteenth century, Catholic orders and congregations have been active in establishing hospitals. It was in these hospitals, and in those founded by Protestant deaconesses and by universities, that hospital chaplaincy as a distinct practice has developed during the twentieth century. Thirdly, in the past years Catholic theologians, including those located at the Catholic university of Tilburg (Jacques Körver), the formerly Catholic university of Nijmegen (Hans Schilderman), and the University for Humanistic Studies (Andries Baart, Carlo Leget) have played a major role in promoting the professionalization of spiritual care in the Netherlands. Their contributions have drawn the attention of an international audience (e. g., Körver and Walton 2017).

In this chapter, I will analyze the development of spiritual care by relating it to shifts in the relations between state, market, and civil society, which includes the church. In the first section, I will demonstrate that in countries such as the Netherlands the Roman Catholic Church is beyond the situation of crisis. But what does this breakdown imply for society at large? In the second section, I will explain that it has enabled the birth of an innovative practice with a background in the churches. Thus, I will interpret this not as an example of the demise of Christianity, but as a process of religion in interaction with modernity, the de-institutionalization of religion, and the re-institutionalization of these practices in other institutional spheres. In the third section, I will evaluate the continuities and discontinuities in this process and I will close with stipulating the relevance of this case study for a well-informed and nuanced view on the changing position of the church in secularizing societies.

The Roman Catholic Church beyond the crisis

In the first decade of the twenty-first century, following reports from the United States and Ireland, several experiences of sexual violence committed by ecclesial representatives against minors in the Roman Catholic Church in the Netherlands were brought out into the open. The number of reported cases exploded after the Dutch newspaper *NRC Handelsblad* started to publish a series of articles in the spring of 2010. The world confronted the church, that is: Roman Catholic clergymen and others, both with transgressions of its own moral norms and with a culture of silence governing the organization in which these acts against church members were committed (Deetman et al. 2011). This scandal probably put a dent in the trust that the Dutch population has in the church (de Hart and van Houwelingen 2018, Gärtner 2020, Inglehart 2020). Yet, it didn't cause a crisis.

Church membership in the Netherlands (1966–2019)



Graph provided by Joris Kregting. Source a) 1966–2015: *God in Nederland* b) 2019: Longitudinal Internet Studies for the Social Sciences (LISS-panel CenterData/Tilburg University).

A look at the figures regarding church membership tells us that the Catholic church in the Netherlands had already started to lose members in the nineteen sixties. According to the latest wave of a series of detailed surveys (*God in Nederland*), 69,5 % of the population deny that they belong to a religion.

According to a more conservative type of questioning in a recent survey of Statistics Netherlands ('Do you consider yourself as belonging to a church or a group with a specific worldview?'), 54 % of the general population says that it doesn't consider itself as belonging to any religious or humanistic grouping (CBS 2020). This figure approaches the nominal figures. For the age groups between 15 and 25 the number is 64 %. The percentage of Catholics among people between 15 and 25 (11,5) is only three percent higher than the percentage of Muslims (8,6).

This decline has been well documented, researched, explained, and even predicted. The dwin-

dling of membership followed the emancipation of the Catholic population from its underprivileged position and the rise of the welfare state. The awareness of a crisis in the church was actually already abundant in the fifties, and concerned two issues in particular: one was the finding that a considerable number of clergymen were struggling with their sexuality, the other was the impression that members of the new professions, such as social workers, were doing a lot better than priests in providing care for people with questions of life (Boelaars et al. 1950; de Groot and Salemink 2012). In this period, Catholicism was not just affected by eroding external powers. Catholic organizations had also played a significant role in the modernization of Dutch society in general, and in the establishment of centers for social and mental healthcare in particular (de Groot 2018).

Declining membership followed the active contribution of Catholic organizations and key figures to a society in which one could turn to professional, secular, support for issues with relationships, children's education, and even existential problems. These organizational efforts were accompanied by philosophical notions such as those about personal responsibility and freedom, subsumed under the heading of *personalism*. Personalist psychology characterized the Roman Catholic Bureaus for Life and Family Questions.

The Catholic Church didn't disappear from the scene all of a sudden; it first made its way up to the front stage, influenced the performance of the whole ensemble, and then withdrew to become a minor character. The present chapter focuses on an episode from this long-term process: the most recent development that followed the establishment of mental health care: the rise of *spiritual care* as a public service outside the institutions.

A sociogenesis of spiritual care at home

Since 2019, spiritual care at home has been funded by the government if patients belong to one of three specific categories: being aged fifty or over; suffering from a life-threatening affliction; or living in the area in the far North of the Netherlands that is regularly hit by earthquakes (de Jonge 2018, Maagdelijn et al. 2018). In the medium term, the secretary of Health, Welfare and Sport wants to achieve "a (nationwide) infrastructure" for spiritual care at home (de Jonge 2020, 2). In a historical and international perspective, it is remarkable that spiritual care is provided for individuals outside any institutionalized context, since these forms of counseling are usually offered by civil society, especially by religious organizations such as churches under a familiar label: ministry.

Another violent take-over of the religious by the secular, as a somewhat blunt narrative of secularization would have it? I beg to differ. I will show how the birth of this new practice is also the result of an ecclesial success story, be it at the cost of ecclesial control (cf. Beaudoin 2008).

Formation of chaplaincy (1930–1970)

Just like in several other countries, hospitals in the Netherlands had often been established by Protestant deaconesses and Roman Catholic religious orders and congregations, and were directed by the clergy (Goudswaard 2006). As secular women entered the nursing profession and the medical profession took over the management, the religious staff started to specialize in liturgy and ministry. As the state started to regulate the financing of hospital care, civil society withdrew.

In this first stage, ecclesial professionals responded actively to the conditions of modernity. The establishment itself of modern hospitals, including the presence of religious professionals, was the result of initiatives taken by civil society, dominated by Catholic and Protestant organizations. While state support increased, ecclesial professionals specialized in becoming pastors. Thus, hospital chaplaincy may be regarded as a modern invention.

Religious initiative in a secular setting (1970–2015)

Hospital chaplaincy remained part of the care that was offered, funded through the collective insurance system (VGVZ 2002, Schilderman 2013). Against the backdrop of both increasing cooperation between the mainline churches and decreasing involvement from the churches in the profession of hospital chaplaincy, these chaplains started to cooperate to such an extent that each chaplain was considered to take care of every patient, regardless of her or his religious affiliation. Patients would encounter the 'spiritual caregiver' (*geestelijk verzorger*) on duty at their ward (Snelder 2006).

In this second stage, the financial support for hospital chaplaincy is guaranteed by the state, inter-

estingly because of the freedom of thought, conscience, and religion as guaranteed by the Dutch Constitution (Hirsch Ballin 1988). However, as the connections of care institutions with civil society weakened, and representatives of the major denominations embraced the spirit of ecumenism, chaplains tended to position themselves as relatively autonomous specialists within the context of care. They started to call themselves spiritual caregivers. This move indicates a distancing away from their being ecclesial representatives in favor of their position in an institution financed by public money.

The world takes over (2015 – …)

The concept of spiritual care appeared successful in hospitals, prisons, army, and elderly homes. It also attracted the attention of groups in civil society who did not have a tradition of chaplaincy, such as the unchurched. At the end of the seventies, the Humanist Association (established in 1946), started a training program which later evolved into the University of Humanistic Studies to facilitate the entrance of spiritual caregivers representing the unchurched.

Thus, the humanist spiritual caregiver was still a representative of a denomination, be it one that was hard to detect in real life other than in a negative way: the category of the 'nones', now baptized as 'humanists'. The importance of representation changed when candidates for a position in providing spiritual care entered the scene who did not wish to, or could not, affiliate themselves with *any* of the existing denominations. After long deliberations, the concept of 'spiritual care' was transformed. Since 2015, 'spiritual care' not only refers to chaplains, rabbis, humanist, and Buddhist counselors, imams, and pandits, but also to spiritual caregivers 'not otherwise specified'. The newly established Council for Spiritual Caregivers without an institutional mandate tests the ideological competence of spiritual caregivers who have no commission from a church or other ideological organization. According to the present professional standard "Spiritual care is professional counseling, support, and advice regarding meaning-making and worldview" (Vereniging van Geestelijk Verzorgers 2016, 10). Unlike the previous version, the current one does not mention 'representing' at all. This definition of the profession marked the completion of a development that had started with the introduction of an umbrella term.

In this third stage, the role of civil society, both including ecclesial authorities and the sphere of lived religion, has diminished, even to such an extent that the option of spiritual care outside religion or organized worldviews has become available. But while the influence of ecclesial authorities has waned, the impact of bureaucratic regulations is growing. As market procedures enter the sphere of health care, hospital chaplaincy is increasingly being challenged to account for its effective and efficient contribution to health, according to the standards provided. This is particularly true for spiritual care at home.

A result: spiritual care at home

It is only since the late twentieth century that care and nursing homes, or rather, the umbrella organizations that administer them, recruit spiritual caregivers themselves. For a long time, it had been the local ministers and pastors that came to see their parishioners and organized services in these homes. Sometimes this is still the case. However, against the background of an ageing population, political tendencies to diminish the role of the state in providing care, and legitimated by the presumption that elderly people generally prefer to live at home rather than in homes, residential care for several categories has been reduced. In addition, hospitals have diminished the average amount of days patients are taken care of. These processes decrease the options that chaplains have to contact persons in need.

Therefore, spiritual caregivers started a lobby to have home-based spiritual care subsidized as part of the national health care system. In 2006, the Council for Health Care Insurances still advised the Assistant Secretary of State to consider this a task for churches and other religious or humanistic organizations, unless spiritual caregivers were specifically helping clients to cope with their illness or deficiencies (Hopman 2006). This point of view changed under new political circumstances. On the one hand, a broad campaign was launched to 'fight loneliness' in society, particularly among the elderly. On the other hand, a movement of senior citizens emerged who argued for a law that would enable professional assisted ways of ending one's life on the basis of a well-considered, enduring death wish on the part of an elderly person, without specific physical suffering. For this presumed situation they coined the term 'completed life', re-

ferring to an individual's conviction that life was actually over and all that remained was to wait for death. Their plea made it to one of the key issues of the progressive-liberal party (D66) who took part in the negotiations for the new coalition in 2017.

Thanks to a particular joint effort of this party (D66) seeking to widen the criteria for voluntary euthanasia, a Christian political party (ChristenUnie) seeking to promote palliative care, and a general plea from organizations of the elderly to invest into spiritual care in the home situation, an innovative cooperation between state and market has seen the light of day. All agreed that elderly people should at least benefit from some kind of 'life-coaches' becoming available to the public. This political agreement paved the way for home-based spiritual care facilitated by the state.

Spiritual caregivers successfully claimed the expertise that was needed for this 'life-coaching', which gave a positive impulse to the ongoing but delicate process of professionalization. Probably, the increasing share of humanistic caregivers and those who do not represent a specific denomination helped government officials to overcome the earlier reserves in sponsoring what was hitherto considered a task for civil society (Bras and Hengelaar 2019). Whereas the churches further lost control over the chaplaincy they had constructed, the cooperation between the subsidizing state and the market-based involvement of spiritual caregivers created a bureaucratic reality with its own opportunities and demands (Liefbroer et al. 2020).

The preceding process of professionalization enabled spiritual caregivers to be allowed to step in when the national government decided to finance spiritual care at home, now that patients and elderly people are expected to live at home as long as possible. The option that they are visited by priests, or persons in a comparable position, is no longer presumed. Caregivers, usually certified to work in institutional spiritual care, are now allowed to operate as solopreneurs for so-called Centers for Questions of Life (*Centra voor Levensvragen*), subsidized by public means, that is, if the request and the person meet the requirements. (The funding applies to people over 50 years old. "For those younger than 50 a supplementary health insurance policy may offer a refund. The other option is for clients to pay for the contact themselves" (van den Berg 2020, 15)).

A devastating success

Spiritual care at home is the result of a U-turn. First, chaplaincy started to become a profession in institutional healthcare and care for the elderly, employed by the government. Then, the same profession, expanded to 'spiritual care', was exported to the home situation. In one way, the new situation emulates the traditional care of souls. In another way, the transfer from civil society to a public-private arrangement involves an important transformation: spiritual care is paid for, is embedded in a bureaucracy, and is supposed to serve the spiritual or existential dimensions of health: experiencing meaning, existence with a purpose, a focus on the future, and acceptance of one's situation (Reijmerink 2017, Huber and Garssen 2017).

This context promotes a functional perspective on the practice of spiritual care. It specifies its object as assistance in the process of meaning-making and encourages attempts to enhance and display its efficacy in this respect. In comparison with traditional ministry, several other aspects retreated: offering practical assistance, mobilizing the community, representing the religious community, and embodying the archetypical person with a divine, or sacred, mission.

Spiritual care as a distinct profession and the practice of spiritual care at home as a subsidized type of care are outcomes of contingent processes in both the religious and the secular sphere. No one planned the birth of this new professional service, and yet the whole development follows a familiar pattern. At any time, political, cultural, or economic factors and initiatives by particular agents can change the course of this process, but up to this point I detect three stages, the same three stages that I observed in earlier research on what happens with religion in liquid modernity (de Groot 2018). First, there are the ecclesial maneuvers in modernity; secondly, an individual ecclesial initiative becomes dominated by the social logic of the secular sphere; and thirdly the world takes over. During these three stages the relations between civil society, state, and market shift.

In sum, first the churches contributed to the formation of a modern profession: hospital chaplaincy. Secondly, against the background of the de-institutionalization of the church, this profession developed into a distinct profession: spiritual care. In a new round of re-institutionalization, the third step, the original religious practice, now transferred to

the secular sphere, is the starting point for a new social formation. Truly, a devastating success.

A transfer of the sacred?

After having established (in section 1) that the decay of the Catholic church, at least in the Dutch province, started a long time ago, it is easier to look at this development from a more detached position (section 2). On the one hand, churches have contributed to the transfer of a part of their repertoire to other societal actors; on the other hand, these societal actors have used the ecclesial repertoire as a resource for new practices (section 3). The genealogy of spiritual care at home shows one instance of the impact of Catholicism in secularized Dutch society. Even where solid structures have melted, practices such as those originating in pastoral care have been continued in a secular environment.

This account of a church liquefying, rather than disappearing, is more realistic and perhaps also less alarming than the narrative of crisis. It does not deny that in the last decades Dutch society, like most European societies, has gone through waves of secularization, rather than de-secularization. However, this case study exemplifies an approach that adds important details to what the term secularization usually refers to, i. e., 1) attention for the formative phase of ecclesial practices in modernity, 2) the active role in the transfer to the secular, 3) the gradual emancipation of these practices from ecclesial authorities and subordination to secular authorities, and 4) the appropriation of Christian culture by the secular world.

In order to determine whether this approach has any further added value to the narrative of secularization, one might take a closer look at the process of transfer and ask what is continued and what is discontinued during this operation (de Groot 2018). A process of secularization may simply imply that the role of the church, e. g., in caring for people with questions of life, is replaced by another institution: medical or psychological. This is in particular interesting with respect to chaplaincy, a profession often described as having 'the sacred' as a common concern (Swift, Cobb, and Todd 2015). As Hans Joas put it in *The Power of the Sacred:*

> The affective intensity of the tie to a sacred entity may be transferred from one idea or one institution to others; this was often the case, for example, where people's ties to Christianity and the church were superseded by a commitment to socialism and the party. But it is also possible for the intensity of ties to dwindle without migrating to new content or other institutions; in other words, there may be a loss of motivation that is not replaced by anything else. (Joas 2021, 249)

Further research should discover whether spiritual care will develop into a profession of the sacred in a secular setting, or secularize to the extent that chaplains become life coaches who restrict themselves to the level of individual functioning, unconcerned with what transcends the boundaries of the self. The transfer could, after all, imply the concern with the sacred as well. The results of the Dutch *Case Studies Project*, which involves detailed analyses of over a hundred examples of spiritual care practice, suggest that spiritual care explores and responds to experiences of self-transcendence, such as ecstasy, anxiety, guilt, and the loss of meaning. Caregivers' interventions are characterized by ethical, aesthetic, existential and spiritual dimensions (Walton 2020, Körver 2020). Spiritual care may still be care of the soul, even if practiced with a lot more attention to what it means for the individual, compared to a historical phase in which a visit to or from the pastor was also the fulfillment of a moral, social, or religious obligation. Current research by Anke Liefbroer, Iris Wierstra, and Annemarie Foppen (2021) has to reveal how spiritual care specifically in the home setting is doing in this respect.

Its *context*, the government-regulated field of market-based spiritual care, however, seems to entail a different discourse, including notions such as resilience, empowerment, and individual autonomy. It will be interesting to see whether this approach will also enter the *practice* of spiritual care, and if so, whether this will result in a more pragmatic, de-sacralized spiritual care, close to the psychological care for people with problems of living, or in a re-sacralization of spiritual care, now governed by the belief in the promises of positive health (cf. Rogers-Vaughn 2016).

Then again, a third option may prevail. Perhaps, we can trust that a profession that deals with questions of life will not fail to see, ask, feel, hear, and articulate how people *resonate* with the world outside them (Rosa 2019)—how others, the Other, life itself carry them and challenge them. In that sense, a certain *care of souls* may continue to be present, also in a secularized society in which the Roman Catholic Church, with its tradition of *cura animarum*, has largely retreated into the wings.

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