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The Biblical and Patristic Tradition as a Research Invariant of Christian Clinical Pastoral Care (Soteriological, Hamartiological, and Thanatological Aspects)

Anatolii Marchuk [1] ● Oleksandr Marchuk [2 *]

[1] *Yuriy Fedkovych Chernivtsi National University (Ukraine). PhD Student at the Department of Philosophy and Cultural Studies.*

[2] *Yuriy Fedkovych Chernivtsi National University (Ukraine). Assistant Professor at the Department of Philosophy and Cultural Studies, PhD in Philosophy.*

*** *Corresponding Author,*** e-mail: o.marchuk@chnu.edu.ua

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ABSTRACT

The article provides a religious-studies and theological substantiation of the biblical and patristic tradition as a research invariant of Christian clinical pastoral care. The relevance of the study is determined by the institutionalization of medical chaplaincy in Ukraine, the development of the specialization "Clinical Pastoral Care", and the need to preserve the theological identity of spiritual care within the Ukrainian medical environment. The main aim of the article is to clarify the role of the biblical and patristic tradition as an important and stable foundation shared by polyconfessional Christian clinical pastoral care, with particular reference to the patristic component rooted in the era of the undivided Church, in its key dimensions: soteriological, hamartiological, and thanatological. The study demonstrates that the biblical tradition and its essential patristic-exegetical component, understood as a single tradition, are not merely a historical or cultural-artistic heritage, but also an important source for all areas of theological knowledge. In the present article, this tradition serves to delineate fundamental theological truths that constitute the enduring substantive content and model for the basic directions of Christian anthropology and patristic counselling. Accordingly, it is an important condition for the meaningful integration of contemporary clinical pastoral care into the living continuity of Christian tradition. It helps preserve the value and stability of this tradition amid the critical challenges of secularization and ensures a living connection between the ecclesial experience of ministry to the other and the contemporary professional practice of medical chaplaincy. It is argued that the soteriological aspect discloses spiritual care as pastoral accompaniment of the human person within the understanding of salvation as healing and the restoration of wholeness, which is embedded in the very meaning of the concept of salvation. The hamartiological approach makes it possible to substantiate sin as a spiritual wound that requires spiritual healing. From the thanatological perspective, death is understood not as a merely biological end, but as a boundary spiritual-existential experience of transition to eternity, affirmed and illumined by the Christian axiom of the Resurrection. Overall, the article proposes to consider Christian clinical pastoral care as an authentic and contemporary form of manifestation of the spiritual tradition of the Church's ministry as a divine-human organism within the clinical environment of Ukraine.

KEYWORDS

clinical pastoral care, medical chaplaincy, healthcare chaplaincy, chaplain, spiritual care, patient, healing, ministry, guilt, spiritual care (support).

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Анатолій Т. Марчук [1] ● Олександр Т. Марчук [2] *

[1] *Чернівецький національний університет імені Юрія Федьковича (Україна). Аспірант кафедри філософії та культурології.*

[2] *Чернівецький національний університет імені Юрія Федьковича (Україна). Асистент кафедри філософії та культурології, канд. філос. наук.*

* ***Автор-кореспондент,*** e-mail: o.marchuk@chnu.edu.ua

СТАТТЯ

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АНОТАЦІЯ

У статті здійснено релігієзнавчо-богословське обґрунтування біблійно-патристичної традиції як дослідницького інваріанту християнського клінічного душпастирства. Актуальність дослідження зумовлена інституціоналізацією медичного капеланства в Україні, освітнім становленням і розвитком спеціалізації «Клінічне душпастирство», потребою збереження богословської ідентичності духовної опіки у медичному середовищі України. Основною метою статті є з'ясування ролі біблійно-патристичної традиції як важливої сталої основи спільної для поліконфесійного християнського клінічного душпастирства часів єдиної Церкви (патристичний аспект) в таких його важливих вимірах: сотеріологічному, гамартіологічному та танатологічному. За результатами проведеного дослідження показано, що біблійна традиція та її важлива патристична екзегетична складова як єдина традиція – це не лише історичне чи культурно-мистецьке надбання, а й вагоме джерело всіх напрямів богословського знання. У цій роботі, зокрема, виконує функцію накреслення загальних істин, що є незмінним змістовним наповненням і взірцем базових напрямів християнської антропології й патристичного консультування. Відповідно, важливою умовою занурення у сучасну практику клінічного душпастирства, яке допомагає зберегти цінність і незмінність традиції за критичних викликів секуляризації, є забезпечення живого зв'язку між церковним досвідом служіння іншому та сучасною професійною практикою медичного капеланства. Доведено, що сотеріологічний аспект розкриває духовну опіку як пастирський супровід людини в розумінні «спасіння» як зцілення, і відновлення цілісності (що і закладено у змісті самого поняття «спасіння»); гамартіологічний підхід дозволяє обґрунтувати гріх як духовну рану, яка потребує духовного лікування; а з позиції танатологічного аспекту присутнє позитивне розуміння смерті як граничного духовно-екзистенційного досвіду переходу до вічності, ствердженій та освітлений християнською аксіомою воскресіння. Загалом, запропоновано розглядати християнське клінічне душпастирство як ще одну автентичну та сучасну форму вияву духовної традиції служіння Церкви як боголюдського організму у клінічному середовищі України.

КЛЮЧОВІ СЛОВА

клінічне душпастирство, медичне капеланство, капелан, капеланство в охороні здоров'я, пацієнт, зцілення, служіння, провина, таїнство покаяння, духовна опіка (підтримка).

1. Introduction

The contemporary development of healthcare chaplaincy calls for its interpretation not only in legal, organizational, or professional terms, but also from theological and religious-studies perspectives. In a healthcare institution, the chaplain encounters a person in pain who does not seek abstract verbiage, but real help and Divine support. What is decisive here is not only the theoretical component of the formation of a clinical pastor, even if that component has been mastered with excellence, but also living practice – the practice of embodying the Christian truths that the chaplain proclaims in his own real life.

Just as in the context of military combat experience, soldiers will not truly receive a pastor who has not himself passed through the hell of war, so too in medical chaplaincy, if one is not a practitioner of one's own spiritual healing, it becomes difficult to understand how one can help others. Accordingly, only the lived practice of passing through the most critical clinical situations, including spiritual-clinical situations, can truly form a pastor for such service. This concerns not only the pastor as a member of the ecclesial hierarchy, but also the genuine Christian, for whom Christianity is not merely a philosophy, however beautiful it may be, but a living experience of falls and risings on the path toward the final encounter and union with God in holiness, however "wild" this may sound to the modern secular world.

Christians need holiness not as absolute sinlessness, for only the Creator is absolutely sinless, but as a necessary condition of a spiritually healthy way of life. Within such a way of life, soteriology is interpreted exegetically and correctly within the boundlessness of tradition, since in its essence the biblical tradition has no bounds; the same applies to hamartiology and, accordingly, to thanatology. Then everything is illumined by the Light of the Godhead, and human fear gradually disappears. If fear remains, it is the fear of God; yet in its true meaning this is not fear, but reverent awe before the omnipotence of God, which, in the process of spiritual formation, is disclosed as humility and love that overcomes fear. There is then no fear either before illness – which the human person no longer fears and for which he or she gives thanks rather than complains – or before death, which is not limited to this life but is a passage into eternity.

It is within these anthropological perspectives that the present study is situated. For this reason, clinical pastoral care cannot be interpreted exclusively as psychological support, social assistance, or some "lifeless" form of ethical accompaniment. It possesses its own theological identity, rooted in biblical experience and in the patristic vision of the human person as an integral personality called to healing, salvation, and a profound understanding of the multidimensionality of sin and death, which discloses authentic communion with God not only externally, but also inwardly.

The process of institutionalizing chaplaincy activity in the field of healthcare makes this topic even more relevant. Order №1407 of the Ministry of Health of Ukraine, dated 9 September 2025, approved the "Regulation on Chaplaincy Activities in the Field of Healthcare". In this subordinate legal act, the work of a chaplain is defined as a professional activity aimed at meeting the spiritual and religious needs of patients, members of their families, and employees of healthcare institutions and rehabilitation facilities [12]. Alongside this, educational cycles in the specialization "Clinical Pastoral Care" have been launched in various regional centres of Ukraine, indicating a transition from community-based and volunteer forms of spiritual care to a professionally organized form of ministry within a healthcare institution [17]. At the same time, this process is important not only for the healthcare sector, but also for ecclesial practice, since it raises the question of the models and ways through which the Church may participate in initiatives within clinical activity.

2. Literature Review

Contemporary research on Christian clinical pastoral care is shaped at the intersection of several scholarly discourses: practical theology, religious studies, pastoral theology, medical ethics, moral theology, patristic anthropology, and neo-patristic therapeutic theology.

In Ukrainian scholarly research, chaplaincy in healthcare has been considered primarily in the legal and regulatory aspect of implementing this objective. Analysing the legal inconsistencies in the regulation of pastoral care in the field of healthcare, Nataliia Rosul emphasizes that this sphere "requires clear consolidation" not only at the level of general legislative acts, but also at the level of special legal regulation, namely a separate law, although such a law was never adopted by the Ukrainian Parliament after being introduced as early as 2016. The author points to the need to define the legal status of the

chaplain, the mechanisms of the specialization "Clinical Pastoral Care", and the certification of chaplaincy-based spiritual care in the field of healthcare [16]. This approach is important for the institutional formation of medical chaplaincy; however, it does not exhaust its theological content. Legal recognition may create the conditions for ministry, but it does not determine the inner theological logic of pastoral presence at the bedside of the sick person.

A similar line of inquiry is developed by O. Bilash and N. Rosul, who trace the evolution of healthcare chaplaincy in Ukraine from the voluntary ministry of clergy to its professionalization within healthcare institutions [3]. The authors emphasize that, before 2022, the legal status of the hospital chaplain in Ukraine predominantly reflected its religious component, whereas the subsequent stage of development indicates the emergence of the chaplain as a professional provider of spiritual care in the medical environment [3].

Another important contribution is found in O. Halachenko's study, which formulates the following positive conclusion: "The main areas of activity of a medical chaplain are spiritual and psychological support, ethical mediation, and medical-social advocacy" [5]. The article by Archpriest O. Trofymliuk and Priest K. Moskaliuk examines the historical, legal, regulatory, and organizational dimensions of the formation of clinical pastoral care in Ukraine. This study also clarifies the development of the professional institution of chaplaincy-based spiritual care in the healthcare sector, while giving substantial attention to the interpretation of the core provisions of the Regulation on Chaplaincy Activities in the Field of Healthcare [18].

International literature on healthcare chaplaincy places particular emphasis on the professionalization of spiritual care, the standardization of chaplaincy training, the assessment of the effectiveness of spiritual support, and the integration of the chaplain into the interdisciplinary medical team. The consensus statement "A Statement on the Role and Qualifications of Health Care Chaplains for Research and Quality" highlights the need to address "a significant gap" in articulating the role of chaplains in healthcare and in presenting spiritual care as an important domain of care for patients with serious illness [6]. The authors also point to the need for "standardization and alignment" in the training and practice of healthcare chaplains [6].

Thus, the Christian chaplain in the clinical environment is not a neutral consultant on religious needs, but acts as a representative of a specific ecclesial tradition while remaining capable of professional practice in conditions of worldview and religious diversity.

Within the same context, particular significance attaches to the chaplaincy theory proposed by the American scholar Judith R. Ragsdale. The methodological premise of this theory is that the quality of chaplaincy accompaniment depends, among other factors, on the chaplain's ability to take into account how a patient's religious beliefs and practices shape his or her experience of illness, treatment, and presence within the medical environment [14]. Ragsdale subsequently proposes a shift of emphasis from an approach primarily oriented toward the chaplain's religious literacy to a broader tradition-aware approach. This model makes it possible to consider not only religious, but also spiritual and secular worldview systems through which patients interpret illness, suffering, treatment, hope, and death [14]. At the same time, the present article addresses a narrower and more specifically theological aspect of the problem: the biblical and patristic tradition is considered not as one possible worldview resource available to the patient, but as a research invariant of Christian clinical pastoral care. Accordingly, the focus is not only on the chaplain's ability to understand the patient's worldview tradition, but also on the chaplain's own ecclesial tradition of ministry, which shapes the Christian understanding of illness, sin, suffering, death, and salvation.

The biblical foundations of pastoral care are examined in studies by, among others, V. Magezi and P. Manzanga. These works emphasize that Holy Scripture functions as an authoritative source for the theological grounding of pastoral practice [8]. Their approach makes it possible to view the biblical tradition as a normative foundation of pastoral ministry. At the same time, studies of pastoral spiritual care do not always examine the specifically clinical context, where suffering is associated with bodily illness, medical diagnosis, prognostic uncertainty, fear of death, and moral-spiritual crisis.

The patristic dimension of this issue, which constitutes an integral exegetical component of the biblical foundations of pastoral care, should be considered in the context of research on Orthodox pastoral counselling and therapeutic anthropology. Marinel Laurenţiu Marcu, in his important study The Orthodox Christian Church Fathers and Pastoral Counseling, turns to the pastoral legacy of the Church Fathers and emphasizes that their approaches to the spiritual accompaniment of the human person have not lost their relevance for contemporary Orthodox pastoral practice [11]. This makes it possible to

interpret patristics not as a historical supplement to contemporary chaplaincy, but as a distinctive theological way of understanding the human person. From the patristic perspective, the human being is not viewed fragmentarily, but holistically: as created in the image of God, called to communion with God, yet wounded by sin, suffering, mortality, and the need for healing.

The works most closely related to the topic of the present article are those devoted to the neo-patristic current of therapeutic theology and to the biblical-patristic understanding of health. O. Marchuk and I. Marchuk argue that "the renewal of interest in the achievements of the Eastern patristic theological tradition and in the original, authentic articulation of soteriology took place through the return, in twentieth-century theological discourse, to an ontological-organic approach to its interpretation, that is, to the understanding of salvation in terms of healing" [10, p. 109]. This, in turn, makes the Eastern patristic tradition particularly relevant for Ukrainian medical chaplaincy. The authors outline educational and organizational directions for applying neo-patristic therapeutic theology in the training of chaplains and chaplain assistants [10]. In a later article, A. Marchuk and O. Marchuk consider health as a category that cannot be reduced to a physiological or psychosomatic indicator, but is disclosed within the framework of the image of God, wholeness, and likeness to God [9].

3. Problem Statement

The scientific novelty of the study lies in the conceptualization of the biblical and patristic tradition as a research invariant of clinical pastoral care. In contrast to studies in which medical chaplaincy is considered primarily as a legal and regulatory institution, a form of professional spiritual assistance, an educational specialization, or a practical field for the application of neo-patristic therapeutic theology, this article interprets the biblical and patristic tradition as the foundation that sustains ministry to the patient, to the suffering person, and, at times, to the dying person. The proposed model envisages the analysis of clinical pastoral care in three interrelated dimensions: soteriological, hamartiological, and thanatological.

4. Methods and Materials

The source base of the study consists of several groups of materials. First, the texts of Holy Scripture are used, in particular New Testament passages that reveal the ministry of Jesus Christ to the sick, the suffering, sinners, and those who stand before the face of death: Mk. 2:17, Matt. 25:36, Jn. 9:1-3, Jn. 11:25, Jas. 5:14-16, 1 Cor. 15:26, Heb. 2:14-15 [2]. The second group comprises patristic texts and theological formulae that are important for Christian anthropology and soteriology, especially the works of Athanasius of Alexandria and Gregory the Theologian [1; 4]. The third group includes contemporary scholarly works devoted to medical chaplaincy, pastoral care in the public sphere, pastoral counselling, neo-patristic therapeutic theology, as well as Ukrainian normative and scholarly sources concerning the formation of medical chaplaincy [3; 5; 6; 8–14].

The methodological basis of the article is formed by religious-studies and theological approaches necessary for analysing clinical pastoral care as an ecclesial practice within the medical environment. Biblical-theological analysis is applied in order to clarify the semantic foundations of pastoral ministry to the sick and suffering person in the texts of Holy Scripture. In this context, the biblical images of Christ as Physician, Good Shepherd, Consoler of the suffering, and Victor over death are considered not as general religious metaphors, but as theological reference points for interpreting pastoral care.

A comparative-theological approach is used to compare contemporary models of medical chaplaincy with the biblical and patristic understanding of the human person. This makes it possible not to oppose professional spiritual care to ecclesial ministry, but to show the conditions for their proper integration. Christian clinical pastoral care may be professional, interdisciplinary, and open to the worldview diversity of the medical environment; however, its ecclesial identity is preserved through the biblical and patristic invariant.

The method of theoretical generalization is used to substantiate the biblical and patristic tradition as a research invariant of clinical pastoral care. Within the article, this foundation is disclosed through three interrelated aspects: soteriological, hamartiological, and thanatological.

5. Results and Discussion

The biblical tradition forms the theological foundation of pastoral ministry to the human person in suffering and vulnerability. In the Old Testament, God reveals Himself as the One who sees the pain of His people, hears their cry, and enters history as Deliverer. In the New Testament, the Divine presence attains its Christological fullness: Jesus Christ heals the sick, receives the rejected, forgives sinners, raises the dead, and Himself accepts suffering and death. Clinical pastoral care may therefore be understood not only as an auxiliary element of medical practice, but as a mode of ecclesial presence in the clinical environment, where the human person encounters bodily limitation, spiritual crisis, and the boundary questions of his or her own existence.

Of particular significance is the Gospel image of Christ the Physician. In the Gospel according to Mark, Christ says: "Those who are well have no need of a physician, but those who are sick" (Mk. 2:17) [2]. From the biblical and patristic perspective, Christ appears as the Physician of human nature, who heals not only bodily illness but also the spiritual, sinful disunity of the human person. For this reason, clinical pastoral care does not duplicate the basic methods of medical assistance, but opens another horizon of healing – healing in the connotation of salvation.

No less important is the text of the Evangelist Matthew: "I was sick, and you visited Me" (Matt. 25:36) [2]. In this saying, the sick person does not appear merely as an object of mercy; he or she becomes the place of encounter with Jesus Christ. Such a Gospel principle changes the very logic of clinical pastoral care. Pastoral presence at the bedside of the sick person is not only the fulfilment of a humanitarian duty, but also the ecclesial continuation of ministry to Christ in the suffering human person. In Christian clinical pastoral care, the sick person is not only a diagnosis or a clinical case, but a person in whom suffering opens the possibility of a spiritual encounter with Christ.

In the passage from the Epistle of the Apostle James, illness as an extraordinary existential problem is disclosed and, properly speaking, overcome within ecclesial prayer and spiritual accompaniment – the accompaniment of the presbyters of the Church. The Apostle exhorts: "Is anyone among you sick? Let him call for the presbyters of the Church, and let them pray over him, anointing him with oil in the name of the Lord" (Jas. 5:14) [2]. In this text, bodily illness is not separated from faith, prayer, participation in the ecclesial community, hope for healing, and the experience of forgiveness. For this reason, this passage from the Catholic Epistle of James may be regarded as one of the biblical texts that substantiates the spiritual accompaniment of the sick person within the bounds of ecclesial tradition [2]. Here, illness is not isolated from the spiritual state of the human person, yet neither is it mechanically identified with personal sin. It is precisely this integrality that is important for clinical pastoral care. The chaplain must not replace the physician or the psychologist, but his presence testifies that human suffering has not only physiological or psycho-emotional dimensions. Illness often opens questions of the meaning of life, guilt, fear, hope, relationships, the remembrance of God, and death.

The biblical foundation of clinical pastoral care also lies in the fact that God does not remain apart from human pain. In Christ Jesus, He enters into human vulnerability, accepts suffering and death, in order to open the way to life. Thus, clinical pastoral care is not reduced to neutral counselling on religious matters, but appears as a form of ecclesial witness to Divine closeness to the human person who, in the condition of illness, may experience the loss of meaning, dignity, and hope.

As for the patristic tradition, it develops biblical anthropology in the direction of a holistic vision of the human person. The human being appears as created in the image of God and called to likeness with God, yet wounded by inner rupture – that is, by sin, corruptibility, the passions, and mortality. For this reason, salvation in the Eastern Christian tradition is often understood not only in juridical, but also in therapeutic categories: as healing, restoration, transfiguration, and deification. This is of fundamental importance for clinical pastoral care, since the object of care is neither the "soul" apart from the body nor the "body" apart from psychic and spiritual life, but the whole human person.

The classical formula of Athanasius of Alexandria – "He became human so that we might be deified" [1] – points to the depth of Christian soteriology. Salvation here is not reduced to external justification, but presupposes the ontological restoration of the human person in Christ. In clinical pastoral care, this means that spiritual care should be oriented not only toward the temporary calming of the patient, but also toward opening before him or her unlimited ways of restoring communion with God, with others, and with oneself. Even when physical recovery is impossible, spiritual restoration, the Sacrament of Repentance, reconciliation, and hope remain real aspects of pastoral accompaniment and spiritual support.

In his polemic against Apollinarianism, Gregory the Theologian formulates a principle that is important for Christian soteriology: "For that which was not assumed was not healed; but that which is united to God is also saved" [4]. This thesis indicates that Christ assumes human nature in its fullness; therefore, the healing of the human person in Christ cannot be understood apart from the wholeness of his or her being. In the context of clinical pastoral care, this means that pastoral presence is addressed neither to the "soul" apart from the body nor merely to the bodily condition of the patient, but to the concrete person in whose experience physical suffering, fear, guilt, remembrance of God, hope, relationships, and faith constitute a single existential experience.

Contemporary researchers of neo-patristic therapeutic theology emphasize that the Eastern Christian spiritual tradition has a distinctly therapeutic character [7; 15; 19]. The Church appears as a unique means of spiritual healing, and pastoral ministry as accompaniment of the human person on the path of purification, spiritual illumination, and healing. For medical chaplaincy, this means that chaplaincy care cannot be limited to emotional support; it must be rooted in Orthodox therapeutic anthropology, in which the spiritual wound of the human person is considered in relation to sin, the Sacrament of Repentance, grace-filled liberation from sin, true freedom, and hope in the Resurrection.

At the same time, patristic exegesis helps to avoid the dangerous sacralization of illness. Illness in itself is not a spiritual virtue, but it may become a place of spiritual insight, reassessment of life, the Sacrament of Repentance, reconciliation, and openness to the grace of God. Clinical pastoral care should not explain to the person "why" he or she became ill in the sense of direct causality, but should help the person not to remain alone before the experience of suffering and to see the possibility of spiritual meaning even in an extreme boundary situation between earthly life and death.

The soteriological aspect is central to the biblical and patristic understanding of clinical pastoral care. In the Christian tradition, salvation does not mean only future participation in eternal life; it begins already here as the restoration of the human person in Christ. For this reason, clinical pastoral care is concerned not only with the religious needs of the patient, but also with his or her profound question about the meaning of life, suffering, the understanding of the essence of guilt, and consequently reconciliation and the future here on earth and in eternity with God.

During severe illness, the limitation of human existence is felt with particular intensity: bodily vulnerability, uncertainty about the future, changes in habitual social roles, dependence on others, and a clear awareness of death all transform the way in which a person perceives himself or herself, one's own life, and one's relationship with God. In this experience, the chaplain does not replace the physician, psychologist, or social worker, since his ministry is of a different nature. It is directed toward affirming God's presence beside the person who is experiencing illness, spiritual vulnerability, and the loss of a sense of support. In the soteriological perspective, the patient appears not only as someone in need of assistance, but as a person called to salvation and deification, that is, to participation in the Divine life not by essence but by grace, even when the medical prognosis remains unfavourable.

Neo-patristic therapeutic theology is especially important for understanding this dimension. O. Marchuk and I. Marchuk show that the return to an ontological-organic approach to soteriology actualizes the understanding of salvation in the connotation of healing, the attainment of unity with God so that God may be all in all, and the attainment of deification – not by nature, but by grace – to which all humanity is called [10]. This makes it possible to speak of clinical pastoral care as an environment in which spiritual healing is not identified with physical recovery, yet neither is it separated from bodily suffering. Even when medicine cannot ensure recovery, pastoral care can open for the person the experience of reconciliation with Christ through the Sacrament of Repentance, prayer, hope for eternal life, and inner peace.

The soteriological perspective makes it possible to define the relationship between spiritual care and psychological support. Psychological support can help a person cope with anxiety, fear, trauma, loss, or disorganization. However, clinical pastoral care places the person in another dimension – the dimension of salvation, in which suffering is not automatically removed, but, through the experience of God's presence, is overcome synergistically by God and the human person. It is precisely this perspective that distinguishes pastoral assistance from purely psycho-emotional accompaniment.

Clinical pastoral care in its soteriological dimension presupposes several practical orientations: it helps the person preserve dignity in a situation of bodily vulnerability; directs him or her toward prayer, repentance, and reconciliation with his or her Creator; sustains hope in salvation through the Resurrection – and all this does not depend solely on the medical prognosis; it connects the experience

of illness with the broader ecclesial experience of salvation, in which the human person does not remain isolated from God and the community.

The hamartiological aspect of clinical pastoral care requires particular theological caution. The Christian tradition recognizes the connection between sin, death, and the woundedness of human nature; however, this does not mean that every concrete illness can be explained as a direct punishment for a committed sin. Indicative in this context is the Gospel episode of the man born blind. To the disciples' question, "Who sinned, this man or his parents, that he was born blind?", Christ replies: "Neither this man nor his parents sinned, but that the works of God might be revealed in him" (Jn. 9:2-3) [2]. This text shows that bodily illness cannot be identified with personal sin, while at the same time it opens the possibility of a theological interpretation of illness as a space in which God's action may be revealed.

Thus, clinical pastoral care does not aim to turn hamartiology into a mechanism for accusing the patient. On the contrary, the patristic tradition makes it possible to speak of sin as a wound, a rupture with God, a loss of wholeness through sinful self-love, and alienation from God, from others, and from oneself. In this approach, although the patient is responsible for his or her own sin, he or she is not always responsible for the illness; rather, the patient is a person who, in the time of illness, may experience with particular intensity the spiritual drama of sin, guilt, resentment, lack of reconciliation, fear, loss of meaning, or alienation.

This dimension has important practical significance. In the clinical environment, a person often asks: "Why has this happened to me?", "Has God punished me?", "Am I guilty of my illness?", "Why is my child suffering?", "Why is God silent?". An inappropriate pastoral response may deepen spiritual trauma. If illness is directly identified with punishment, the patient may be overwhelmed by guilt, shame, or religious fear. Instead, the biblical and patristic tradition makes it possible to speak about the woundedness of human existence without accusing a concrete person.

The hamartiological aspect of clinical pastoral care consists in helping the person see the possibility of spiritual liberation. It is here that confession, prayer, forgiveness, reconciliation with relatives, acceptance of one's own limitation, and openness to God's mercy become especially important. The chaplain does not impose an interpretation of the patient's illness, but may carefully help him or her discern which spiritual knots need to be untied: lack of reconciliation, resentment, fear, despair, self-accusation, unwillingness to receive help, or loss of trust in God.

In this sense, hamartiology becomes not a doctrine of condemnation, but a language of spiritual diagnosis. It does not replace medical diagnosis and does not explain the mechanisms of physical illness, although it is capable of explaining the mechanisms of sinful passions; rather, it helps to describe the inner experience of a person who is undergoing rupture, loneliness, guilt, or loss of connection with God. It is precisely this hamartiological sensitivity that enables clinical pastoral care to be pastorally safe and theologically sound.

Clinical pastoral care inevitably has a thanatological dimension, since a healthcare institution, hospice, palliative care unit, or intensive care unit is a place where death ceases to be an abstract category. In the biblical and patristic tradition, death is not merely the biological end of life. It is a spiritual and existential boundary connected with the Fall, fear, the rupture of the earthly form of being, and, despite all this, Jesus Christ conquers death through suffering.

The Apostle Paul calls death "the last enemy" [2]. This means that Christian thanatology does not romanticize death and does not regard it as a naturally harmonious event. Death is an enemy, but an enemy conquered in the Resurrection of Christ. For this reason, clinical pastoral care does not deny the tragedy of death, yet it also does not leave the human person in hopelessness. It opens the perspective of prayer for those who are experiencing death. Reconciliation with God is also essential; it takes place through repentance and the Sacrament of Confession, which becomes the final ecclesial accompaniment of the dying person in the hope of the resurrection from the dead.

In the clinical space, the fear of death is not only a psychological but also a spiritual phenomenon. It is connected with questions of meaning, guilt, the incompleteness of actions in this earthly world, the rupture of relationships with loved ones, uncertainty before death, fear of God's judgment, or the loss of hope for eternal life. Chaplaincy presence in such a situation does not remove death, but helps the person not to remain alone before its face.

The thanatological aspect also concerns the families of patients and healthcare workers. Death in a healthcare institution is an event that affects not only the sick person, but also those who are near. The family needs not only information about the patient's condition, but also spiritual support in the

experience of loss, possible feelings of guilt, helplessness, or an unfinished farewell. Medical personnel constantly encounter death, and this may be experienced as a certain professional helplessness and moral exhaustion. Therefore, clinical pastoral care includes accompaniment in grief, support for the family, prayer for the deceased, help in reconciliation with loss, and spiritual support for those who provide treatment and care.

In the thanatological dimension, the difference between Christian clinical pastoral care and a secular model of accompaniment at death becomes especially clear. Its aim is not merely to "normalize" death or to help the person psychologically accept the end of life. Christian pastoral presence testifies that death is not the completion of life, for Christ Himself is "the resurrection and the life", in whom Christians have life beyond their physical existence [2]. This does not abolish the pain of loss, but opens a spiritual perspective in which suffering, death, and grief may be understood in the perspective of the Resurrection.

The contemporary chaplain works in an institutional environment different from that of the pastor of the ancient Christian community. He cooperates with physicians, psychologists, social workers, the administration of the institution, patients' families, and people of different religious and worldview convictions. On the other hand, the research invariant proposed here does not allow medical chaplaincy to dissolve into contemporary secular models of psychological or social support.

This, in fact, does not deny the professional standards of medical chaplaincy; on the contrary, it gives them theological content. The chaplain must be professionally prepared, capable of interdisciplinary cooperation, ethically responsible, confessionally correct, and sensitive to a pluralistic environment. However, these competencies do not abolish his theological identity. The Christian chaplain acts in the clinical space as a representative of a tradition in which the sick, the suffering, and the dying person is not a "case", but a person who needs pastoral assistance, prayer, hope, repentance, and reconciliation with the God of Love.

For this reason, clinical pastoral care may be interpreted as a contemporary form of manifestation of the spiritual tradition of the Church of Christ. Its contemporaneity lies in the fact that it operates within the institutional space of medicine, cooperates with an interdisciplinary team, takes into account professional standards of spiritual care, and requires specialized training. Its ecclesiality lies in the fact that it preserves the biblical and patristic tradition unchanged, seeing in the sick person not only a patient, but a person; in suffering, not only a medical problem, but a spiritual challenge; and in death, not only a biological end, but a boundary illuminated by the Resurrection of Christ.

The proposed concept has not only theoretical but also practical significance for the Ukrainian model of medical chaplaincy, since it may be used in shaping the educational content of the specialization "Clinical Pastoral Care". The training of a chaplain cannot be limited to communication skills, the psychology of crisis accompaniment, legal regulation, or medical ethics. It must include an integral theological-anthropological cluster: the biblical and patristic understanding of suffering, patristic therapeutic anthropology, soteriology, hamartiology, thanatology, spiritual accompaniment of palliative patients, and accompaniment in grief.

This concept helps to establish the boundaries of the chaplain's competence. The chaplain is not a physician, psychotherapist, or social worker, but he cooperates with them, bringing into the team a spiritual-theological dimension of the vision of the human person. His ministry does not duplicate medical or psychological assistance, but complements it where the meaning of suffering, faith, repentance, forgiveness, guilt, death, hope, and spiritual dignity are concerned.

The biblical and patristic tradition helps to prevent both secular simplification and pastoral unprofessionalism. Secular simplification threatens chaplaincy with the loss of its ecclesial identity. Pastoral unprofessionalism threatens to make pastoral presence in the clinic incorrect, traumatic, or confessionally insensitive. The combination of professional training with the biblical and patristic tradition makes it possible to preserve both the professional quality and the ecclesial character of the ministry.

6. Conclusions

The biblical and patristic tradition is an important foundation of Christian clinical pastoral care, since it ensures the stability of the theological vision of the human person across different historical and institutional forms of pastoral ministry. It is not only a source base, but also a contemporary theological-anthropological foundation of Christian clinical pastoral care.

The soteriological dimension of clinical pastoral care makes it possible to understand spiritual care for the sick person in the plane of healing in the connotation of salvation and reconciliation with God, that is, as the restoration of the wholeness of the human person. This prevents the theological simplification of medical chaplaincy to psychological support or crisis counselling.

The hamartiological aspect makes it possible to speak of sin as a spiritual wound, through sinful rupture and alienation from unity with God, without identifying a concrete illness with punishment for personal sin.

The thanatological dimension of clinical pastoral care discloses death as a spiritual-existential boundary that requires pastoral assistance, prayer, accompaniment in grief, reconciliation with one's Creator, and Christian hope in the Resurrection. It is here that the distinction between clinical pastoral care and purely psychological or social forms of support becomes especially clearly defined.

Clinical pastoral care may be interpreted as a contemporary form of manifestation of the spiritual tradition of the Church of Christ in the medical space. A key point is that its professionalization, normative regulation, or integration into the healthcare system does not deny its ecclesial nature, provided that the biblical tradition as the basic foundation, together with the patristic tradition, unique in its exegetical dimension, is preserved as the immutable basis of theological continuity, conceptual stability, and pastoral identity.

References

1. Athanasius Alexandrinus. (1857). De incarnatione Verbi. In J.-P. Migne (Ed.), *Patrologiae cursus completus: Series Graeca* (Vol. 25, cols. 95–198). J.-P. Migne.
2. Bibliia. Knyhy Sviatoho Pysma Staroho ta Novoho Zavitu [The Bible. Books of the Holy Scripture of the Old and New Testaments]. (2011). (Hieromonk Rafail [Roman] Turkoniak, Trans.; 4th complete translation from Ancient Greek). Ukrainian Bible Society. (in Ukrainian)
3. Bilash, O., & Rosul, N. (2025). The legal institute of health care chaplaincy in Ukraine. *Kościół i Prawo*, *14*(27), 31–47. https://doi.org/10.18290/kip2025.2
4. Gregorius Nazianzenus. (1862). Epistula 101 ad Cledonium presbyterum contra Apollinarium. In J.-P. Migne (Ed.), *Patrologiae cursus completus: Series Graeca* (Vol. 37, cols. 176–195). J.-P. Migne.
5. Halachenko, O. (2025). Klinichne dushpastyrstvo yak intehratyvnyi resurs multydystsyplinarnoi postinsultnoi reabilitatsii: Model komandnoi vzaiemodii [Clinical pastoral care as an integrative resource of multidisciplinary post-stroke rehabilitation: A model of team interaction]. *Suchasna medytsyna, farmatsiia ta psykholohichne zdorovia*, 2(20), 21–26. https://doi.org/10.32689/2663-0672-2025-2-3 (in Ukrainian)
6. Handzo, G., Buhuro, D. J., Kidd, R., Saks, N. T., & Ferrell, B. (2023). A statement on the role and qualifications of health care chaplains for research and quality. *Journal of Pain and Symptom Management*, *65*(6), e745–e755. https://doi.org/10.1016/j.jpainsymman.2023.01.026
7. Larchet, J.-C. (2000). *Thérapeutique des maladies spirituelles: Une introduction à la tradition ascétique de l'Église orthodoxe.* Cerf.
8. Magezi, V., & Manzanga, P. (2024). A biblical foundation for public pastoral care practice: A biblical reflection. *In die Skriflig / In Luce Verbi*, *58*(1), Article a3087. https://doi.org/10.4102/ids.v58i1.3087
9. Marchuk, A., & Marchuk, O. (2025). Antipode to trauma: Wholeness, perfection, and health in the biblical and patristic tradition. *Skhid*, *7*(4), 56–62. https://doi.org/10.21847/2411-3093.2025.748
10. Marchuk, O. T., & Marchuk, I. V. (2022). Perspektyvy praktychnoi realizatsii kontseptiv neopatrystychnoho napriamu terapevtychnoho bohoslovia v ukrainskomu medychnomu kapelanstvi [Prospects of the practical implementation of the concepts of the neopatristic direction of therapeutic theology in the Ukrainian medical chaplaincy]. *Osvitnii dyskurs: Zbirnyk naukovykh prats*, *42*(10–12), 98–110. https://doi.org/10.33930/ed.2019.5007.42(10-12)-10 (in Ukrainian)
11. Marcu, M. L. (2022). The Orthodox Christian Church Fathers and pastoral counseling: Specific patristic pastoral approaches. *Journal for the Study of Religions and Ideologies*, *21*(63), 81–95. https://thenewjsri.ro/index.php/njsri/article/view/262
12. Ministry of Health of Ukraine. (2025, September 9). *Pro zatverdzhennia Polozhennia pro kapelansku diialnist u sferi okhorony zdorovia: Nakaz Ministerstva okhorony zdorovia Ukrainy No. 1407* [On approval of the Regulation on chaplaincy activities in the field of health care: Order of the Ministry of Health of Ukraine No. 1407]. https://zakon.rada.gov.ua/laws/show/z1444-25 (in Ukrainian)
13. Peng-Keller, S., Balboni, M., Balboni, T., Haussmann, A., Haythorn, T., Mösli, P., Neuhold, D., Nuzum, D. R., Smeets, W., Swift, C., Swinton, J., Roser, T., Vandenhoeck, A., & Winiger, F. (2025). Spiritual care at the crossroads: An

ecumenical white paper on the future of Christian healthcare chaplaincy. *Journal of Religion and Health*, *64*(2), 1031–1046. https://doi.org/10.1007/s10943-025-02255-0

14. Ragsdale, J. R. (2025). Tradition-Aware Chaplaincy Theory (TACT): A name change for and evolution of religiously informed, relationally skillful chaplaincy theory. *Journal of Pastoral Care & Counseling*, *79*(1–4), 24–30. https://doi.org/10.1177/15423050251319359
15. Romanides, J. S. (2008). *Patristic theology: The university lectures of Fr. John Romanides* (Monk Damaskinos Agioreitis, Ed.; Hieromonk Alexios [Trader], Trans.). Uncut Mountain Press.
16. Rosul, N. O. (2023). Aktualni pytannia normatyvno-pravovoho rehuliuvannia medychnoho kapelanstva v Ukraini [Topical issues of legal regulation of medical chaplaincy in Ukraine]. *Naukovyi visnyk Uzhhorodskoho natsionalnoho universytetu. Seriia: Pravo*, *1*(78), 221–226. https://doi.org/10.24144/2307-3322.2023.78.1.36 (in Ukrainian)
17. Shupyk National Healthcare University of Ukraine. (2025, February 5). *Vidkryttia tsyklu spetsializatsii bazovoho rivnia za spetsialnistiu "Klinichne dushpastyrstvo"* [Opening of the basic-level specialization cycle in "Clinical Pastoral Care"]. https://www.nuozu.edu.ua/n/p/12740-vidkryttia-tsyklu-spetsializatsii-bazovoho-rivnia-za-spetsialnistiu-klinichne-dushpastyrstvo (in Ukrainian)
18. Trofymliuk, O., & Moskaliuk, K. (2025). Medical chaplaincy in Ukraine: Normative foundations and prospects for comprehensive implementation. *Proceeding of Kyiv Theological Academy*, *25*(197), 331–340. https://doi.org/10.35332/2411-4677.2025.25.20
19. Vlachos, H. (1994). *Orthodox psychotherapy: The science of the Fathers* (E. Williams, Trans.). Birth of the Theotokos Monastery.