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fr. Chronis Christoforos

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Visiting the Sick as a Pastoral Responsibility: Orthodox Theology in Dialogue with Contemporary Challenges

fr. Christoforos Chronis¹⁸⁰

Abstract

This article examines pastoral visitation of the sick as a central responsibility of the Church within the Orthodox tradition. Drawing on biblical teaching, patristic theology, historical developments, and contemporary challenges, it demonstrates that pastoral visitation is not merely a social obligation, but a sacramental act rooted in the very identity of the Church. The study explores the biblical foundations of care, the patristic understanding of illness as a path toward repentance and sanctification, and the Church's historical witness through philanthropic and medical institutions. It also engages modern challenges such as chaplaincy in pluralistic healthcare contexts, end-of-life care, and the dialogue between pastoral theology and psychology. By integrating theological, historical, and interdisciplinary perspectives, the article highlights pastoral visitation as a vital ministry that embodies Christ's compassion and points to the eschatological hope of the resurrection.

Keywords

Pastoral visitation; Orthodox theology; Illness and suffering; Patristic tradition; Chaplaincy; Spiritual care

Introduction

Pastoral care of the sick stands at the heart of Christian ministry. From the earliest days of the Church, visiting the sick was not considered optional philanthropy but a constitutive act of discipleship and communion with Christ. The words of Jesus Christ in Matthew 25:36 "*I was sick and you visited me*", place this ministry at the center of eschatological judgment. To neglect the sick is to neglect Jesus Christ Himself.

¹⁸⁰Priest of the Holy Metropolis of Aetolia and Acarnania, Assistant Professor at the Kapodistrian University of Athens, School of Theology-Department of Theology.

Within the Christian Orthodox tradition, pastoral visitation of the sick combines sacramental, theological, and communal dimensions. It is not limited to moral encouragement but extends to the proclamation of the Gospel, the celebration of the sacraments, and the reaffirmation of communion with the Church.

The aim of this study is to present pastoral visitation as an essential responsibility of the Church. It does so by examining its biblical foundations, exploring patristic insights on illness and healing, reviewing the Church's historical witness, and engaging contemporary perspectives. In this way, the article seeks to demonstrate that pastoral visitation is both a timeless ministry and a practice requiring renewed theological articulation in today's healthcare contexts.

1. Biblical Foundations of Pastoral Care

The biblical witness situates sickness and healing within the drama of creation, fall, and redemption. Humanity was created in a state of wholeness, but through disobedience illness and death entered the world: *“but of the tree of the knowledge of good and evil you shall not eat, for in the day that you eat of it you shall surely die”*.¹⁸¹ When Adam and Eve ate from the forbidden tree, they not only broke communion with God but also introduced corruption and mortality into human existence.¹⁸²

The Church Fathers interpreted these texts to mean that sickness is not part of God's original plan but a consequence of humanity's turning away from divine life. St. Athanasius of Alexandria teaches that death and corruption came as the natural result of separation from the Source of life.¹⁸³ Likewise, St. Gregory of Nyssa observed that in the original creation there was no aging, no disease, and no affliction; these entered only after the fall of man.¹⁸⁴

In the New Testament, Jesus Christ appears as the “physician of souls and bodies.” His earthly ministry was characterized by teaching, preaching, and healing: *“And he went about all Galilee, teaching in their synagogues and preaching the gospel of the kingdom and healing every disease*

¹⁸¹ *Gen. 2:17.*

¹⁸² *Gen. 3:6.*

¹⁸³ See, for example, Athanasius of Alexandria, *De incarnatione Verbi*, PG 25:95–198.

¹⁸⁴ See Gregory of Nyssa, *De anima et resurrectione-Dialogue on the Soul and the Resurrection*, PG 46:11–160.

and every infirmity among the people".¹⁸⁵ Matthew further notes: *"He took our infirmities and bore our diseases"*.¹⁸⁶

This healing mission was entrusted to the Apostles: *"Heal the sick, raise the dead, cleanse lepers, cast out demons"*.¹⁸⁷ Care for the sick thus becomes a sign of the Kingdom of God breaking into history. The parable of the Last Judgment makes clear that service to the sick is service to Christ Himself: *"As you did it to one of the least of these my brethren, you did it to me"*.¹⁸⁸

The Apostle Paul also emphasizes the communal dimension of suffering: *"If one member suffers, all suffer together"*.¹⁸⁹ Illness is never a private matter but touches the whole body of Christ. For this reason, pastoral visitation expresses the solidarity of the Church with its suffering members.

Contemporary biblical scholarship has highlighted that healing in the New Testament cannot be reduced to medical recovery. Rather, it restores the person to communion with God, with the community, and with themselves. Biblical anthropology views the human person holistically, such that salvation encompasses body, soul, and spirit.¹⁹⁰ Thus, pastoral visitation is both therapeutic and eschatological: it comforts in the present while pointing to the ultimate healing in the resurrection.¹⁹¹

2. Patristic Approaches to Illness and Healing

The Fathers of the Church consistently interpreted illness not as a meaningless tragedy but as a reality that could become spiritually fruitful. For them, sickness was a school of humility, a path of repentance, and at times a divine pedagogy leading the believer closer to God. This perspective laid the theological foundation for pastoral visitation, shaping it as an ecclesial act of healing and reconciliation.

¹⁸⁵ *Matt. 4:23–24; Luke 7:21.*

¹⁸⁶ *Matt. 8:17.*

¹⁸⁷ *Matt. 10:8; Luke 10:8.*

¹⁸⁸ *Matt. 25:40.*

¹⁸⁹ *1 Cor. 12:26.*

¹⁹⁰ Joel B. Green, *Body, Soul, and Human Life: The Nature of Humanity in the Bible* (Grand Rapids: Baker Academic, 2008), 178–182.

¹⁹¹ Craig L. Blomberg, *Jesus and the Gospels*, 2nd ed. (Nashville: B&H Academic, 2009), 412.

Illness as Pedagogy and Repentance

St. Basil the Great stressed that God allows illness for the correction of the soul. In his *Homily on Psalm 32*, he interprets physical suffering as a call to self-examination and renewal of life: sickness becomes a teacher urging the faithful to repentance and dependence on divine mercy.¹⁹² Basil's pastoral practice reflected this conviction. His establishment of the *Basileiad* (the Basileias complex), a vast charitable and medical complex in Caesarea, illustrates the integration of theology and practical care, where the sick were treated not only medically but also spiritually.¹⁹³

St. John Chrysostom similarly viewed illness as an opportunity for spiritual growth. In his homilies, he emphasized that suffering, while painful, could liberate Christians from worldly attachments and redirect their hearts toward eternal life. He taught that God does not send illness to punish but to heal, using suffering as a means to correct and sanctify.¹⁹⁴ Chrysostom went so far as to encourage gratitude in times of sickness, since the weakness of the body revealed the sufficiency of God's grace.¹⁹⁵

The Pastor as Physician of Souls

St. Gregory the Theologian offered one of the most profound metaphors for pastoral ministry, describing it as “the art of arts and the science of sciences”.¹⁹⁶ For him, the pastor is a physician of souls, tasked with discerning the unique condition of each person and applying the proper “medicine”, whether exhortation, consolation, or correction. Illness, in this framework, is not merely biological but a spiritual reality requiring therapeutic engagement.

St. Gregory of Nyssa expanded this vision by interpreting sickness as a reminder of the frailty of human nature and as a context for deepening trust in divine providence. He taught that while

¹⁹² Basil the Great, *Homily on Psalm 32*, PG 29:332.

¹⁹³ Susan R. Holman, *The Hungry Are Dying: Beggars and Bishops in Roman Cappadocia* (Oxford: Oxford University Press, 2001), 152.

¹⁹⁴ John Chrysostom, *Homilies on the Gospel of Matthew*, PG 57:29.

¹⁹⁵ Margaret M. Mitchell, *The Heavenly Trumpet: John Chrysostom and the Art of Pauline Interpretation* (Louisville: Westminster John Knox, 2000), 214–18.

¹⁹⁶ Gregory the Theologian, *Oration 2: In Defense of His Flight to Pontus*, PG 35:432.

disease was not part of God’s original creation, it could nonetheless be transformed by grace into a means of sanctification.¹⁹⁷

Illness, Salvation, and Theosis

At the core of patristic teaching is the conviction that salvation is therapeutic. St. Ignatius of Antioch famously described the Eucharist as the “medicine of immortality,” highlighting that the healing of the soul is inseparable from sacramental participation in Christ.¹⁹⁸ Illness becomes not only a test of endurance but also a context where the believer encounters the healing power of the Incarnate Word.

Recent theological scholarship has reaffirmed this patristic framework. Recent studies argue that the patristic concept of *theosis* integrates human weakness and suffering into the transformative journey toward God, thereby offering a radically different interpretation of illness than modern biomedical reductionism.¹⁹⁹ Pastoral visitation, in this light, continues the patristic ministry of healing: the pastor becomes a sacramental presence who joins the sick in their suffering while guiding them toward hope and communion with God.

3. Historical Development of Pastoral Care of the Sick

From the earliest centuries, the Christian community distinguished itself by its commitment to the poor and the sick. While Greco-Roman society often marginalized those who were weak or ill, the Church saw in them the suffering Christ and responded with organized care. Pastoral visitation thus developed in tandem with Christian philanthropy, evolving into both a theological conviction and a concrete social practice.

¹⁹⁷ See, for example, Gregory of Nyssa, *De anima et resurrection-Dialogue on the Soul and the Resurrection*, PG 46:11–160.

¹⁹⁸ Ignatius of Antioch, *Letter to the Ephesians 20.2*, in *The Apostolic Fathers, vol. 1*, ed. and trans. Bart D. Ehrman (Cambridge, MA: Harvard University Press, 2003), 211.

¹⁹⁹ Paul L. Gavrilyuk and Sarah Coakley, eds., *Theosis: Deification in Christian Theology* (Grand Rapids: Eerdmans, 2006), 88–93.

Early Christian Witness

The *Didache* and early Church orders already reflect an ethos of caring for the sick, linking such ministry to the identity of the Christian community.²⁰⁰ The martyrdom narratives also describe believers visiting imprisoned and sick confessors, understanding such acts as participation in the suffering of Christ.

By the fourth century, pastoral care of the sick had taken institutional form. As already mentioned, St. Basil the Great established the *Basileiad* in Caesarea, a vast philanthropic center that included hospitals, hospices, and leprosaria.²⁰¹ This pioneering institution became a model for Christian philanthropy throughout the Byzantine world. It integrated medical treatment with spiritual care, demonstrating that for the Church healing was holistic-embracing body and soul together.

Byzantine Institutions of Care

As Demetrios Constantelos has documented, Byzantine philanthropy developed into a sophisticated network of hospitals, orphanages, and homes for the elderly, many attached to monasteries and funded by emperors or bishops.²⁰² Pastoral visitation was integral to this system, as clergy not only administered sacraments but also offered daily companionship and counsel. The theological conviction that every sick person bore the image of Christ fueled this enduring ministry.

Importantly, the Byzantine commitment extended to psychiatric care. Eftychiadis and Marketos note that legislation in the 10th century protected the rights of psychiatric patients and required humane treatment, reflecting the Christian ethos of dignity and pastoral compassion.²⁰³ Such measures illustrate how pastoral theology directly influenced public policy and healthcare practice.

²⁰⁰ *Didache*, in *The Apostolic Fathers*, vol. 1, ed. and trans. Bart D. Ehrman (Cambridge, MA: Harvard University Press, 2003), 415–16.

²⁰¹ Susan R. Holman, *The Hungry Are Dying: Beggars and Bishops in Roman Cappadocia* (Oxford: Oxford University Press, 2001), 147–153.

²⁰² Demetrios J. Constantelos, *Byzantine Philanthropy and Social Welfare* (Athens: Phos, 1986.), 230–33-in greek.

²⁰³ A. Eftychiadis and S. Marketos, “The Treatment of Psychiatric Patients and the Relevant Legislation in Byzantium during the 10th Century,” *Materia Medica Greca* 9, no. 2 (1981): 221–23-in greek.

Western Developments and Modern Continuities

In the West, pastoral care followed parallel but distinct paths. Historical researchers have identified four classic functions of pastoral care throughout history: healing, sustaining, guiding, and reconciling.²⁰⁴ These categories, while descriptive of Western contexts, resonate with Orthodox practice, though Orthodoxy emphasizes more strongly the sacramental and liturgical dimensions of visitation.

The monastic movement also contributed decisively to the history of care. Monasteries often functioned as centers of hospitality and healing, embodying the biblical command to serve Christ in the sick. Andrew Crislip has shown how early monasticism transformed healthcare in late antiquity, merging ascetic ideals with medical and pastoral service.²⁰⁵

Even in modern times, this historical witness continues to inspire Christian involvement in hospitals, hospices, and social services. The persistence of chaplaincy as a recognized profession underscores the deep historical roots of pastoral visitation. The training of chaplains in clinical pastoral education is an institutional continuation of the ancient pastoral imperative to be present with the sick.

The historical record thus reveals that pastoral visitation is not an accidental or secondary ministry but a defining characteristic of the Church's witness. From the *Basileiad* to Byzantine hospitals, from medieval monasteries to modern chaplaincy, the Church has consistently manifested her identity as a healing community.

4. Contemporary Dimensions of Pastoral Visitation

Pastoral visitation of the sick today unfolds in a healthcare context marked by complexity, pluralism, and rapid change. Hospitals and hospices bring together patients of diverse faiths, while medical technology extends life even as ethical dilemmas intensify. Within this environment, the role of the pastor or chaplain is both indispensable and often contested.

²⁰⁴ William A. Clebsch and Charles R. Jaekle, *Pastoral Care in Historical Perspective* (New York: Harper & Row, 1964), 32–45.

²⁰⁵ Andrew T. Crislip, *From Monastery to Hospital: Christian Monasticism and the Transformation of Health Care in Late Antiquity* (Ann Arbor: University of Michigan Press, 2005), 89–92.

End-of-Life Challenges

One of the most urgent pastoral contexts is end-of-life care. Debates about euthanasia, physician-assisted dying, and the limits of aggressive treatment raise profound questions for pastoral theology. Nolan argues that the chaplain's task in such moments is to be a "hopeful presence," offering meaning when medical cure is no longer possible.²⁰⁶ Sulmasy's biopsychosocial–spiritual model underscores that end-of-life care must integrate the spiritual dimension, treating patients as whole persons.²⁰⁷

Orthodox theology offers a distinctive contribution here by affirming both the sanctity of life and the redemptive potential of suffering when united with Christ. Pastoral visitation provides accompaniment rather than abstract answers, embodying the Church's refusal to abandon the dying.

Spiritual Needs in Healthcare

Studies consistently show that patients desire spiritual conversations with healthcare providers, yet these are often absent in clinical contexts. Best, Butow, and Olver demonstrate that addressing spirituality enhances coping and resilience, particularly in oncology settings.²⁰⁸ For the Orthodox pastor, visiting the sick includes precisely this dimension: listening to existential questions, praying with the patient, and reorienting them toward eschatological hope through the resurrection of Christ.

Chaplaincy and Interdisciplinary Collaboration

Modern chaplaincy has developed as a recognized profession, shaped by clinical pastoral education (CPE). Effective pastoral practice in healthcare requires both theological depth and professional training in clinical skills such as spiritual assessment and interdisciplinary collaboration.

²⁰⁶ Stephen Nolan, "Spiritual Care at the End of Life: The Chaplain as a 'Hopeful Presence,'" *Journal of Religion and Health* 50 (2011): 781–92, <https://doi.org/10.1007/s10943-009-9259-4>.

²⁰⁷ Daniel P. Sulmasy, "A Biopsychosocial–Spiritual Model for the Care of Patients at the End of Life," *The Gerontologist* 42, suppl. 3 (2002): 24–33, https://doi.org/10.1093/geront/42.suppl_3.24.

²⁰⁸ Megan Best, Phyllis Butow, and Ian Olver, "Do Patients Want Doctors to Talk about Spirituality? A Systematic Literature Review," *Patient Education and Counseling* 98, no. 11 (2015): 1320–28, <https://doi.org/10.1016/j.pec.2015.04.017>.

This dual competence ensures that pastors can serve meaningfully within medical teams while maintaining their theological identity.

Interdisciplinary approaches also facilitate dialogue with psychology. Acceptance and Commitment Therapy (ACT), as applied by Nieuwsma, Walser, and Hayes, offers tools for helping patients accept suffering, cultivate mindfulness, and commit to values even in illness.²⁰⁹ These principles resonate with Orthodox spirituality, which emphasizes patience (*hypomonē*), watchfulness (*nep-sis*), and surrender to God's will.²¹⁰

Reclaiming the Theological Voice

While interdisciplinary collaboration is vital, Swinton warns that pastoral theology risks losing its distinct voice if reduced to psychological techniques or generic spirituality.²¹¹ Pastoral visitation must therefore remain explicitly theological, presenting Christ as the healer and situating suffering within the paschal mystery. Without this grounding, pastoral care risks being indistinguishable from secular counseling.

In this sense, contemporary pastoral visitation is both a theological act and a dialogue partner with modern sciences. It integrates compassion, professionalism, and theological witness, ensuring that the Church's ministry of healing continues in today's pluralistic healthcare settings.

5. Theological Framework of Pastoral Visitation

Pastoral visitation of the sick must be understood not merely as a moral or charitable act but as an ecclesial event. Within Orthodox theology, it reflects the Church's identity as the Body of Christ and expresses her fourfold mission: kerygma, leitourgia, koinonia, and diakonia.

²⁰⁹ Jason A. Nieuwsma, Robyn D. Walser, and Steven C. Hayes, *Acceptance and Commitment Therapy for Clergy and Pastoral Counselors: Using ACT to Bridge Psychological and Spiritual Care* (New York: Routledge, 2016), 45–60.

²¹⁰ *Ibid.*, 101–20.

²¹¹ John Swinton, "Why Is There a Lack of Theological Voices in the Recovery Movement?" *Practical Theology* 4, no. 3 (2011): 291–310, <https://doi.org/10.1558/prth.v4i3.291>.

Kerygma: Proclaiming the Gospel of Hope

Every pastoral visit becomes a proclamation of the Gospel. The Word of God, read and shared at the bedside, reorients the sick person from despair to hope. As Paul exhorts, “*Faith comes from hearing, and hearing through the word of Christ*”.²¹² For the Fathers, the spoken word of Scripture carried healing power, reminding the faithful that suffering is transfigured in Christ. Modern pastoral theologians note that proclamation during visitation communicates not abstract doctrine but embodied hope.²¹³

Leitourgia: Extending Worship to the Sickroom

Visitation is also an extension of the Church’s liturgical life. The sacraments of the Eucharist and the Anointing of the Sick are central to the pastoral encounter, making visible the unity of the sick with Christ and with the ecclesial body. St. James describes the practice: “*Is any among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord*”.²¹⁴ In this way, the sickroom becomes an altar, and the presence of the priest a continuation of the Church’s worship.

Koinonia: Overcoming Isolation

Illness often isolates the sufferer, cutting them off from community. Pastoral visitation restores communion by affirming that the sick remain full members of the Church. The Apostle reminds believers that “*if one member suffers, all suffer together*”.²¹⁵ In visiting the sick, the Church enacts this solidarity, embodying communion in concrete presence. This theological dimension ensures that pastoral visitation is never an individual task but an act of the whole Church.

Diakonia: Serving with Compassion

²¹² Rom. 10:17.

²¹³ Emmanuel Lartey, *In Living Color: An Intercultural Approach to Pastoral Care and Counseling*, 2nd ed. (London: Jessica Kingsley, 2003), 87–94.

²¹⁴ Jas. 5:14–15.

²¹⁵ 1 Cor. 12:26.

Finally, pastoral visitation embodies diakonia, the service of love. The pastor advocates for the dignity of the sick, comforts families, and reminds the community of its responsibility toward the vulnerable. Professor of Pastoral Theology Alexandros Stavropoulos highlights that pastoral theology today must hold together proclamation, worship, community, and service if it is to remain faithful to its mission.²¹⁶

Integration: An Integral Ecclesial Act

Together, these four dimensions reveal visitation as a divine theological act. It is proclamation, worship, communion, and service, united in a single ministry. As Brian Croft argues, visiting the sick is not an optional activity but a visible sign of the Church's participation in Christ's own ministry of compassion.²¹⁷ Without this practice, the Church risks losing her identity as a healing community.

Orthodox pastoral theology thus affirms that visitation is sacramental, ecclesial, and eschatological. It points not only to the healing of the present but also to the final restoration of all creation in Christ.

6. Pastoral Visitation as a Ministry of Wholeness

The pastoral visitation of the sick cannot be confined to words of encouragement or ritual actions alone. It is a total ministry that engages the entirety of human existence: body, soul, relationships, and eschatological hope. Orthodox theology, with its integrated vision of the human person, insists that true pastoral care must reflect this wholeness.

The Sacramental Dimension

The mystery of the Anointing of the Sick (*Euchelaion*) epitomizes the holistic nature of pastoral visitation. It is not simply a prayer for physical recovery but a sacramental act that restores communion with God and the community. Through anointing, the sick are strengthened by divine

²¹⁶ Alexandros Stavropoulos, *Challenges of Pastoral Theology Today* (Athens: Armos, 2013), 58-in greek.

²¹⁷ Brian Croft, *Visit the Sick: Ministering God's Grace in Time of Illness* (Grand Rapids: Zondervan, 2014), 5-ePub edition.

grace, forgiven of sins, and assured of their place in the eschatological banquet.²¹⁸ The Eucharist, administered at the bedside, unites the sick with Christ in His death and resurrection, making visitation a profoundly ecclesial act.²¹⁹

The Psychological and Emotional Dimension

Illness often generates fear, anxiety, and loneliness. Pastoral visitation must therefore address the psychological and emotional struggles of patients. Contemporary research confirms that pastoral presence reduces anxiety, increases hope, and supports resilience.²²⁰ This aligns with the Orthodox spiritual practice of *paraklesis* (comfort), which emphasizes compassionate listening and empathetic presence as integral to healing.

The Social and Familial Dimension

Visitation also embraces the social context of illness. Families often bear the burden of care, struggling with exhaustion, grief, and uncertainty. Pastoral support for families is thus inseparable from ministry to the sick. Butler's work highlights that effective pastoral care must adopt a contemplative posture, attentive to the needs of caregivers as well as patients.²²¹ By affirming the communal dimension of suffering, the Church strengthens the bonds of love and prevents isolation.

The Ethical Dimension

Pastoral visitation frequently intersects with ethical dilemmas and decisions about life support, organ donation, or the use of experimental treatments. Pastors are called not to replace medical expertise but to guide patients and families with theological discernment, grounding decisions in the sanctity of life and the hope of resurrection. Sulmasy argues that the presence of

²¹⁸ Alexander Schmemmann, *Of Water and the Spirit: A Liturgical Study of Baptism* (Crestwood, NY: St. Vladimir's Seminary Press, 1974), 101–3.

²¹⁹ John D. Zizioulas, *Being as Communion* (Crestwood, NY: St. Vladimir's Seminary Press, 1985), 213–15.

²²⁰ Harold G. Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications," *ISRN Psychiatry* (2012): 278730, <https://doi.org/10.5402/2012/278730>.

²²¹ Sarah A. Butler, *Caring Ministry: A Contemplative Approach to Pastoral Care* (New York: Continuum, 1999), 30.

chaplains in clinical ethics consultations ensures that spiritual values are not marginalized in healthcare decision-making.²²²

The Missiological Dimension

Finally, pastoral visitation serves as a witness to the wider society. In a world where illness is often hidden in institutions and death avoided in public discourse, the Church's ministry among the sick testifies to the reality of Christ's compassion and the hope of eternal life. Swinton and Mowat emphasize that pastoral theology, when faithful to its theological roots, becomes a counter-cultural practice that challenges individualism and affirms human dignity.²²³

Conclusion

Pastoral visitation of the sick is an indispensable expression of the Church's mission. Rooted in Scripture, shaped by the Fathers, embodied in the history of Christian philanthropy, and challenged by contemporary healthcare contexts, it remains a central pastoral responsibility.

This ministry cannot be reduced to sentimentality or professionalized care alone. It is sacramental, theological, and eschatological. Visiting the sick is visiting Christ; to neglect the sick is to neglect Him. In a healthcare world dominated by technology and efficiency, pastoral visitation restores the human and spiritual dimension of healing.

For Orthodox theology, this ministry represents the Church's very identity: to be a community of healing, compassion, and hope. It bridges proclamation, worship, communion, and service, manifesting the Kingdom of God at the bedside of the suffering. By reclaiming and deepening this practice, the Church not only serves her members but also offers a prophetic witness to a world in need of true healing.

Bibliography

²²² Daniel P. Sulmasy, "Spiritual Issues in the Care of Dying Patients: '... It's Okay between Me and God,'" *JAMA* 296, no. 11 (2006): 1385–92, <https://doi.org/10.1001/jama.296.11.1385>.

²²³ John Swinton and Harriet Mowat, *Practical Theology and Qualitative Research*, 2nd ed. (London: SCM Press, 2016), 48–55.

Athanasius of Alexandria, *De incarnatione Verbi*, PG 25:95-198.

Best, Megan, Phyllis Butow, and Ian Olver. "Do Patients Want Doctors to Talk about Spirituality? A Systematic Literature Review." *Patient Education and Counseling* 98, no. 11 (2015): 1320–28. <https://doi.org/10.1016/j.pec.2015.04.017>.

Blomberg, Craig L. *Jesus and the Gospels*. 2nd ed. Nashville: B&H Academic, 2009.

Basil the Great. *Homily on Psalm 32*, PG 29:324-348.

Butler, Sarah A. *Caring Ministry: A Contemplative Approach to Pastoral Care*. New York: Continuum, 1999.

Clebsch, William A., and Charles R. Jaekle. *Pastoral Care in Historical Perspective*. New York: Harper & Row, 1964.

Constantelos, Demetrios J. *Byzantine Philanthropy and Social Welfare*. Athens: Phos, 1986.

Crislip, Andrew T. *From Monastery to Hospital: Christian Monasticism and the Transformation of Health Care in Late Antiquity*. Ann Arbor: University of Michigan Press, 2005.

Croft, Brian. *Visit the Sick: Ministering God's Grace in Time of Illness*. Grand Rapids: Zondervan, 2014.

Didache. In *The Apostolic Fathers*, vol. 1. Edited and translated by Bart D. Ehrman. Cambridge, MA: Harvard University Press, 2003.

Eftychiadis, A., and S. Marketos. "The Treatment of Psychiatric Patients and the Relevant Legislation in Byzantium during the 10th Century." *Materia Medica Greca* 9, no. 2 (1981): 221–23.

Gavrilyuk, Paul L., and Sarah Coakley, eds. *Theosis: Deification in Christian Theology*. Grand Rapids: Eerdmans, 2006.

Gregory of Nyssa, *De anima et resurrectione-Dialogue on the Soul and the Resurrection*, PG 46:11–160.

Gregory the Theologian. *Oration 2: In Defense of His Flight to Pontus*. PG 35:408-516.

Green, Joel B. *Body, Soul, and Human Life: The Nature of Humanity in the Bible*. Grand Rapids: Baker Academic, 2008.

Holman, Susan R. *The Hungry Are Dying: Beggars and Bishops in Roman Cappadocia*. Oxford: Oxford University Press, 2001.

Ignatius of Antioch. *Letter to the Ephesians*. In *The Apostolic Fathers*, vol. 1. Edited and translated by Bart D. Ehrman. Cambridge, MA: Harvard University Press, 2003.

Koenig, Harold G. "Religion, Spirituality, and Health: The Research and Clinical Implications." *ISRN Psychiatry* (2012): 278730. <https://doi.org/10.5402/2012/278730>.

Lartey, Emmanuel. *In Living Color: An Intercultural Approach to Pastoral Care and Counseling*. 2nd ed. London: Jessica Kingsley, 2003.

Mitchell, Margaret M. *The Heavenly Trumpet: John Chrysostom and the Art of Pauline Interpretation*. Louisville: Westminster John Knox, 2000.

Nolan, Stephen. "Spiritual Care at the End of Life: The Chaplain as a 'Hopeful Presence.'" *Journal of Religion and Health* 50 (2011): 781–92. <https://doi.org/10.1007/s10943-009-9259-4>.

Nieuwsma, Jason A., Robyn D. Walser, and Steven C. Hayes. *Acceptance and Commitment Therapy for Clergy and Pastoral Counselors: Using ACT to Bridge Psychological and Spiritual Care*. New York: Routledge, 2016.

Schmemmann, Alexander. *Of Water and the Spirit: A Liturgical Study of Baptism*. Crestwood, NY: St. Vladimir's Seminary Press, 1974.

Stavropoulos, Alexandros. *Challenges of Pastoral Theology Today*. Athens: Armos, 2013.

Sulmasy, Daniel P. "A Biopsychosocial–Spiritual Model for the Care of Patients at the End of Life." *The Gerontologist* 42, suppl. 3 (2002): 24–33. https://doi.org/10.1093/geront/42.suppl_3.24.

—, "Spiritual Issues in the Care of Dying Patients: '... It's Okay between Me and God.'" *JAMA* 296, no. 11 (2006): 1385–92. <https://doi.org/10.1001/jama.296.11.1385>.

Swinton, John. "Why Is There a Lack of Theological Voices in the Recovery Movement?" *Practical Theology* 4, no. 3 (2011): 291–310. <https://doi.org/10.1558/prth.v4i3.291>.

Swinton, John, and Harriet Mowat. *Practical Theology and Qualitative Research*. 2nd ed. London: SCM Press, 2016.

Zizioulas, John D. *Being as Communion*. Crestwood, NY: St. Vladimir's Seminary Press, 1985.

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