Pastoral Care, Spiritual Care, and Chaplaincy

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The term pastoral care is used frequently in the literature to describe a core function of ministry, although often without a definition. Sometimes the term is used interchangeably with spiritual care. On other occasions, the two terms describe distinct constructs - pastoral (religious) care and spiritual (non-religious) care. This essay seeks to define the terms, explore the points of intersection between pastoral and spiritual care, and consider the implications for the ministry of Christian chaplains as they seek to provide spiritual care to all and pastoral care to those for whom it is appropriate and meaningful.

1. Pastoral care

a. Definition

A range of definitions for pastoral care can be found in the literature.

Patton states that the primary task of pastoral care is "hearing and remembering." It requires that carers "remember God's action for them, ...remember who they are as God's people, and ...hear and remember those to whom they minister" (Patton, 2005a, p. 5).

Harding et al describe pastoral care as...

> ...the discipline of providing a focused deliberate intention of caring for the resiliency of the human soul within the other's theological context and understanding, particularly when the other is faced with challenges beyond their usual ability to cope (Harding et al., 2008, p. 112).

McClure defines care as "attentive concern for another" including "notions of affection, solicitude, accompaniment, and protection." Pastoral care is, by extension, "religious attention toward another" (McClure, 2012, p. 269).

> Pastoral care can thus be defined as a form of practical theology specified as an intentional enacting and embodying of a theology of presence, particularity in response to suffering or need, as a way to increase among people the love of God and of neighbour (McClure, 2012, p. 270).

The basic elements of pastoral care are...

> ...careful attention, theologically informed diagnosis, and compassionate support or intervention... Every good pastoral caregiver needs to know how to give attention (to observe and to listen), how to make a diagnosis (to be able to interpret theologically the cause of suffering and to discern what is needed), and how to intervene (to offer accompaniment, guidance, and support). (McClure, 2012, p. 273).

Pastoral care has also been described as "the shepherding of an individual or community in terms of guiding, healing, sustaining, reconciling and nurturing their religious faith and well-being within an ecological context" (Carey & Rumbold, 2015, pp. 1418, 1430) and "the

expertise to help patients identify their own answers to philosophical and theological concerns" (Cramer et al., 2015, p. 134).

b. General principles of pastoral care

From these definitions we can identify seven general principles of pastoral care.

i. Pastoral care is not exclusive to Christianity

While most often applied to the Christian tradition (McClure, 2012, p. 269), pastoral care is not exclusive to Christianity. Increasingly, in our contemporary pluralist society, pastoral care has found a place in a range of faith traditions and is increasingly taking non-religious forms.

> ...one historian of the field identifies forms of spiritual direction and long histories of "wise religious guides" in non-Christian religious traditions, particularly in the Jewish, Hindu, Buddhist, and Muslim contexts (McClure, 2012, p. 269).

ii. Pastoral care is the expression of a theology or belief system

Pastoral care is the practical expression of a theology or belief system. McClure describes pastoral care as "theologically informed" (McClure, 2012, p. 273) and Carey & Rumbold locate it within a framework of "biblical and ethical principles" (Carey & Rumbold, 2015, p. 1426). These principles include the belief that God created humanity for relationship with himself and one another and that "God continues in relationship with humankind by remembering and hearing us" (Patton, 2005b, p. 1). Doehring writes, "I soon discovered that pastoral care was not just a matter of listening to these unfolding stories. It was also about creating meaning" (Doehring, 2014, p. xiv). Meaning is created when events are integrated into an overarching theological narrative.

Christian pastoral care draws heavily on the imagery of God as shepherd. Psalm 23 defines the pastoral role as one of shepherding, that is, of leading, guiding, and restoring the souls of those in "the darkest valley" (Patton, 2005b, p. 3). It is the ministry of "presence and guidance toward the restoring of soul" (Patton, 2005b, p. 3). Referencing the "parable of the lost sheep" in Luke 15, the pastoral challenge is found in risking...

> ...the work with 'the ninety and nine' in order to spend time with the one... Luke 15 calls the pastor as shepherd to find time to care for the one that is lost, even at the risk of his or her larger responsibility for the whole group (Patton, 2005b, p. 2),

iii. Pastoral care is care for the soul

As an exercise in applied theology, pastoral care is, first and foremost, soul care. It addresses the spiritual needs of human beings by "restoring persons to the way that God created them" (Patton, 2005b, p. 3). Harding et al describe it as "caring for the resiliency of the human soul" (Harding et al., 2008, p. 112). McClure speaks of pastoral care as "integrating theory, theology, and practice within the context of a faith community for the purposes of spiritual healing" (McClure, 2012, p. 270).

iv. Pastoral care is practical and need based

Pastoral care is practical and need based. It is a response to "human frailty and vulnerability" wherever they are found (McClure, 2012, p. 270) and involves giving attention and making a theologically informed diagnosis leading to a practical intervention (McClure, 2012, p. 273).

v. Pastoral care is intentional

Pastoral care is an intentional act. It involves the "focused deliberate *intention* of caring for the resiliency of the human soul" (Harding et al., 2008, p. 112) and it is "an *intentional* enacting and embodying of a theology of presence" (McClure, 2012, p. 270). These outcomes are achieved through a deliberate process of listening and observation, theological interpretation and discernment of needs, and targeted, practical support (McClure, 2012, p. 273).

vi. Pastoral care is person-centred

Pastoral care is person-centred. It is a collaboration between client and carer which "honours client perspectives or experiences and deliberately builds a relationship or rapport with clients given the intentional purpose of being able to, if possible, provide the necessary and practical pastoral support" (Carey & Rumbold, 2015, p. 1426). It is an inductive process.

> An inductive approach makes room for theological meanings to emerge from the care seeker's story. Narrative pastoral care is about contextual, provisional meanings grounded in the particularity of personal, family, and communal stories (Doehring, 2014, p. xv).

vii. The provision of pastoral care has three components

The provision of pastoral care has three components.

The message

The pastoral message, flowing from Christian theology of care, assumes "that the love of God is enfleshed in love of neighbour and love of self" (McClure, 2012, p. 269) and communicates "a God who caringly creates human beings for relationship and who continues to care by hearing and remembering them" (Patton, 2005a, p. 5).

> God created human beings for relationship with God and with one another. God continues in relationship with creation by hearing us, remembering us, and bringing us into relationship with one another. Human care and community are possible because of our being held in God's memory; therefore, as members of caring communities we express our caring analogically with the caring of God by also hearing and remembering (Patton, 2005a, p. 6).

One means of communication is storytelling.

> Images, metaphors, and symbols… [are a way] to convey what is unique yet also universal about life and death… storytelling in pastoral care often searches for ways to connect with God, humanity, and creation amidst pain, suffering, and the everyday trials of life (Doehring, 2014, p. xiv).

Because pastoral care is a function of "religious life and organization" and involves "religious attention toward another" (McClure, 2012, p. 269), the method of communication utilises the tools and forms of a faith tradition. In the case of Christianity these might include, but are not limited to, pastoral presence, worship, reading and meditating on scripture, the teaching of biblical truths, individual or conjoint prayer, ventilative confession, anointing, and sacramental ministry.

The pastoral carer

Communication is mediated through the pastoral carer. Pastoral care is not just "a role to play or a function to perform" (Patton, 2005b, p. 3). It is more than "a specific technique or set of discrete practices." Rather, it involves a multi-dimensional and bi-directional presence, encompassing the "various responses of a person or persons motivated by God's love for another or others" (McClure, 2012, p. 269) and involving "the wisdom to know, be, and do what is necessary to restore persons to the way that God created them" (Patton, 2005b, p. 3). A pastoral carer is someone whose...

> ...care for others is inescapably related to the way one cares for oneself; [whose] pastoral caring always involves being someone as well as doing something: and [who] learns about oneself and how to care for others through experiential and reflective participation in caring relationships" (Patton, 2005a, p. 5).

Elaborating on "experiential and reflective participation" in the relationship between the carer and the recipient of care, Swift speaks of the "I–thou of pastoral care," meaning that every pastoral encounter is bi-directional. There is a "reciprocity of care," a giving and taking (Swift, Cobb, & Todd, 2016, p. 274). The chaplain should look for, and acknowledge, what has been given. For example...

> Prisoners, who have had everything taken away from them, can also lose their sense of self-worth and dignity, feeling: What do I have to give to anyone anymore? In acknowledging to that person that I have received something from them, that they have taught me something, which I will then use in my future ministry with whoever else I encounter, I hope to remind them, and reawaken in them, their capacity to give (Swift, Cobb, & Todd, 2016, p. 274).

The pastoral context

The third component is the context within which pastoral care occurs. Pastoral care is provided within, and is a ministry of, a caring faith community (Patton, 2005a, p. 5). It is a function of what the faith community is rather than where it, or the care seeker, is located.

> Pastoral care is the action of a community of faith that celebrates God's care by also hearing and remembering those who are in some way cut off from the faith community (Patton, 2005b, p. 1).

Pastoral care has moved from being a ministry of the clergy to a ministry of "the caring community of clergy and laity" (Patton, 2005a, p. 4). To ensure that pastoral care remains true to the values and beliefs of that community, it is generally provided by those authorised or endorsed to do so by a faith community and who share the beliefs, practices, and values of that community (Harding et al., 2008, p. 115). It is "religiously specialized work and the personnel designated to undertake that work... [are] officially ordained and commissioned by

a recognized religious organization… [or] approved as 'volunteers' to assist in pastoral care work" (Carey & Cohen, 2016, p. 2).

2. Spiritual care

a. Terminology

The term spiritual care is used in two ways. The first use is as an umbrella term for all care aimed at addressing a client's spiritual needs, religious and non-religious. This terminology reflects recent moves towards a "broader and more inclusive 'biopsychosocial-spiritual' model" (Carey & Cohen, 2016, p. 2). The "increasingly pluralistic and culturally diverse" nature of modern society requires that the provision of spiritual care be "multi-faith in form" (Swift, 2009, p. xiii) and delivered through multifaith teams or in generic, religiously neutral ways (Visser, Vähäkangas, Baig, & Thomsen, 2025, p. 240).

The second, and the focus of this next section, results from the increasing number of people identifying as non-religious (Savage, 2019, p. 1; de Wal, 2026, p. 2) and is used to differentiate between religious and non-religious forms of care. Spiritual care is used to describe the latter.

> In plural societies… the view of chaplains as representing and embodying a specific religious tradition no longer serves as the generally accepted foundation for the legitimacy and credibility of chaplaincy… These days, chaplains need to be able to support people whose orienting frameworks are diverse, dynamic and individualized (Schuhmann, Jacobs, & Damen, 2026, p. 43).

While also a response to universal spiritual needs, spiritual care in this sense is "not affiliated with a specific system of religious belief [or] based on a set of organizing principles" (Harding et al., 2008, p. 112). It is "not solely rooted in religious doctrine, but in meeting the existential, emotional, and ethical needs of individuals from a wide range of worldviews… [and it] accommodates and affirms non-religious belief systems" (de Wal, 2026, p. 5). De Wal has observed that, even for religious chaplains, "most conversations revolve around coping with illness, understanding suffering, or dealing with emotional turmoil and not necessarily around prayer or religious doctrine" (de Wal, 2026, p. 8).

It is important to recognise that non-religious spiritual care is not value neutral (Carey & Cohen, 2016, p. 2) or faith free. Rather, it seeks to respect and affirm the worldview of the client (Savage, 2021, p. 6) and is informed by the worldview of the provider of spiritual care. Humanist chaplains, for example, strive to provide comfort and meaning "through a non-theistic lens – using human-centred language, personalised narratives, and inclusive symbolism instead of traditional religious forms" (de Wal, 2026, p. 153). Based on their worldview, they "avoid any implication that suffering is divinely ordained or that miracles will intervene" and they do not refer to the supernatural. Instead, they acknowledge "the human reality of the situation… validating a patient's fear or sorrow – and help[ing] them identify what still gives them meaning or comfort (be it family, art, personal accomplishments, or simply the solace of being heard and not judged)" (de Wal, 2026, p. 156). Humanist chaplains value self-determination, freedom of choice, respect for individual dignity, autonomy, rationality, and inclusivity. "By design, a secular ceremony can include everyone present, whether religious or not, because it avoids exclusive theology" (de Wal, 2026, p. 156).

Savage, reflecting on his grandparents' experience of religious care while in hospital towards the end of their lives, wrote of the need for this type of care.

> The encounters were harmless in themselves. Having politely been told that they were not needed, thank you, the chaplains melted gently away and out of the ward. At least, therefore, my grandparents were not bothered with inappropriate offers of care... Most people in the UK today do not have a religious identity; most people do not have religious beliefs; most people do not engage in any sort of religious practice. But of course, we have beliefs, we have an approach to life, we have the same need as every human being to make sense of what is happening to us and to connect with like-minded people. In difficult times we need support. Someone less than a counsellor, more than a friend, who can listen and be present with us (Savage, 2019, p. x).

b. Principles and practices od spiritual care

Five ethical principles and four tools for non-religious spiritual care can be identified. While these are derived primarily from the provision of spiritual care in the healthcare sector, they are more broadly applicable. Spiritual care must be person-centred, holistic, and involve discretion, accompaniment, and tolerance (Carey & Cohen, 2016, p. 5).

i. Spiritual care is person-centred

The focus of spiritual care is on the individual as "the nexus of all relationships (e.g., family, social, and religious/spiritual relationships) and their autonomous right to make decisions (e.g., medical treatment or refusal, spiritual care, or none)" (Carey & Cohen, 2016, p. 6). Non-religious people require "meaningful emotional and existential care that reflect[s] their own values" (de Wal, 2026, p. 6).

ii. Spiritual care is holistic

It requires "respect for the totality of the needs of patients as whole persons utilizing a biopsychosocial-spiritual model of care which requires a professional team approach involving reciprocal appreciation for the contribution of other disciplines, communication skills, respect, and humility" (Carey & Cohen, 2016, p. 6).

iii. Spiritual care requires discretion

Discretion is required in determining "the level of spiritual care provided to patients," and, in keeping with a holistic approach to care, the "willingness to make referrals to other professionals when appropriate (e.g., physicians, psychiatrists, nurses, and other allied health professionals) (Carey & Cohen, 2016, p. 6).

iv. Spiritual care involves accompaniment

Illness is a journey on which a patient can feel isolated, abandoned, and alone. Spiritual carers address these feelings through "accompaniment and active listening ... for as long as it is desired and helpful to the patient" (Carey & Cohen, 2016, p. 6). "This compassionate presence can alleviate loneliness and emotional pain by communicating that someone is truly there with the person in their suffering" (de Wal, 2026, p. 50).

The “Fellow Traveller Model” for accompanying, or “journeying with” a patient has four levels, each requiring an appropriate level of skill: joining (requiring spiritual awareness), listening (requiring spiritual sensitivity), understanding (requiring spiritual empathy), and interpreting (requiring the capacity to provide spiritual guidance). The model can be delivered by multi-disciplinary team with practitioners joining or leaving the journey at different points according to their level of competence (De Luca, Sena, Butcher, & De Wal, 2025, pp. 6-7)

v. Spiritual care requires interfaith tolerance and a commitment to non-proselytising

From a position of “epistemic humility,” spiritual carers must be “respectful and attentive to a patient’s particular spirituality (or possibly not beliefs)… Proselytizing violates the principle of interfaith tolerance and, given patient vulnerability, may be acceded due to fear rather than autonomously making an informed choice” (Carey & Cohen, 2016, p. 6).

To satisfy these principles, non-religious spiritual care utilises, but is not limited to, the following tools.

i. Presence/accompaniment

The principle of accompaniment is met through a calm, caring presence involving “active listening, empathy, and a nonjudgmental presence during times of anxiety, grief, illness, or uncertainty” (de Wal, 2026, p. 49).

> A humanist chaplain might, for example, share a moment of silence with a patient, or read a poem that captures the patient’s feelings. The emphasis is on authenticity and presence: being there with the person in a compassionate way, without reciting any doctrine (de Wal, 2026, p. 155).

ii. Listening

Meaning and empowerment are facilitated through listening. “Narratives, or life stories, are a common way for patients to articulate their spiritual needs and support mechanisms” (De Luca et al., 2025, p. 7). These stories need to be heard. The skills of hearing are those of active listening, using open-ended questions, and reflective responses (De Luca et al., 2025, p. 8). Active listening gives a person “the opportunity to be heard, and, importantly, to feel that they are being heard” (Savage, 2021, p. 7).

Listening creates the environment for exploring “existential questions and existential themes: how did I get into this situation, how can I make sense of it, why me, how can I find peace of mind, what do I have to live for, who am I?” (Savage, 2021, p. 8). The goal of this exploration is not to “provide religious answers but rather facilitate the person’s own meaning-making process” (de Wal, 2026, p. 50).

Creating a safe place for listening requires confidentiality (Carey & Cohen, 2016, p. 6).

iii. Practical support

Practical support means “doing whatever is helpful and necessary – within professional bounds – to improve a person’s situation or honour their needs, whether that’s advocating

within the system, linking to outside support, or taking direct action to provide comfort" (de Wal, 2026, p. 53).

A holistic spiritual carer serves as a bridge between the client and other sources of support. Examples of this include "practical assistance that improves a person's wellbeing," "helping with small tasks that alleviate a burden," coordinating with other services, facilitating a referral to a psychologist, social worker, education program, or support group if required, "arranging rituals or cultural needs," making a phone call, or arranging for a quite space (de Wal, 2026, pp. 52-53).

iv. Rituals and ceremonies

Rituals and ceremonies, stripped of religious content and reimagined to "align with secular values," "can mark important moments and provide a sense of structure, comfort, and community" (de Wal, 2026, p. 152). They can help people to "express emotions, confront mortality, celebrate life, and connect with something beyond the immediate clinical experience" (de Wal, 2026, p. 153). They create a space for exploring existential questions.

Rituals are "symbolic action[s] or routine[s] imbued with meaning" (de Wal, 2026, p. 153). They are "vehicles for meaning making" (de Wal, 2026, p. 154). For example, "lighting a candle, saying a few reflective words at a bedside, or holding a moment of silence…" can provide "a sense of peace or closure" (de Wal, 2026, pp. 153-154).

Ceremonies are more formal events to mark significant occasions. They can have the effect of "humanis[ing] the clinical environment" and "giv[ing] permission for emotions to be expressed and witnessed" (de Wal, 2026, p. 154). Moreover, a "shared ceremony helps individuals feel part of a supportive community of remembrance" (de Wal, 2026, p. 154).

3. Points of intersection

Pastoral (religious) care and spiritual (non-religious) care have much in common.

a. Shared beliefs and practices

Both have adopted a person-centred methodology (Swift, Cobb, & Todd, 2016, p. 184). Pastoral care "honours client perspectives or experiences and deliberately builds a relationship or rapport with clients" (Carey & Rumbold, 2015, p. 1426). Spiritual care is focused on "facilitating the needs, desires, and goals of a person to achieve their own self-actualization" (Carey & Cohen, 2016, p. 1).

Both are committed to the provision of holistic care (McClung et al., 2006, p. 147), seeking to foster a spiritual well-being that impacts both psychological and physical functioning as well as overall quality of life (Cramer et al., 2015, p. 133).

> This 'holistic' aspect of [religious] chaplaincy, the chaplain's ability to be a connector in an increasingly differentiated and fragmented society – and across large institutions – was considered a major strength (Swift, Cobb, & Todd, 2016, p. xx)

Both function in a multi-disciplinary context with a "willingness to make referrals to other professionals when appropriate (e.g., physicians, psychiatrists, nurses, and other allied health professionals) (Carey & Cohen, 2016, p. 6).

Both involve a calm, caring, compassionate presence. Pastoral care is an "an intentional enacting and embodying of a theology of presence" (McClure, 2012, p. 270). "Good relationships are at the heart of good care" (McClure, 2012, p. 273). Spiritual care involves a "nonjudgmental presence during times of anxiety, grief, illness, or uncertainty" (de Wal, 2026, p. 49).

Both are tolerant of diversity, with "the primary aim of ensuring that religious, pastoral, and spiritual tenets are equally valued alongside other systems of belief" (Carey & Cohen, 2016, p. 2).

Both utilise the tool of active listening. The primary task of pastoral care is hearing and remembering. Carers "hear and remember those to whom they minister" (Patton, 2005a, p. 5). McClure speaks of the primacy of "person-to-person conversation" (McClure, 2012, p. 273). Spiritual care involves "active listening [and] empathy" (de Wal, 2026, p. 49).

Both help their clients to find meaning in their experiences. "Pastoral care [is] not just a matter of listening to these unfolding stories. It is also about creating meaning" (Doehring, 2014, p. xiv). "Humanist chaplains listen to people's stories, comfort their sorrows, help them find meaning or solutions" (de Wal, 2026, p. 62).

Both are committed to the provision of practical support. Pastoral care has the goal of providing "necessary and practical pastoral support" (Carey & Rumbold, 2015, p. 1426). Spiritual care does "whatever is helpful and necessary… to improve a person's situation… or take direct action to provide comfort" (de Wal, 2026, p. 53).

Both utilise rituals and ceremonies to mark important moments (de Wal, 2026, p. 152), connect with something beyond the immediate (de Wal, 2026, p. 153), and create spaces for exploring spiritual and existential questions. Pastoral care is a function of "religious life and organization" (McClure, 2012, p. 269) and so utilises forms and practices of a faith tradition. Spiritual care reimagines rituals and ceremonies to "align with secular values" (de Wal, 2026, p. 152).

b. Differences

However, despite the many methodological similarities, pastoral care and spiritual care are not synonymous.

First and foremost, each emerges from a distinct theological or ethical belief framework shared by the carer and the client. Schuhmann et al note the implications for chaplaincy.

> Chaplains have to relate to people with a variety of worldview orientations so that they cannot provide care from within a certain worldview which serves as a self-evident, shared normative framework (Schuhmann, Jacobs, & Damen, 2026, p. 46).

It is, perhaps, better to regard the pastoral and spiritual care as existing on a continuum with their place marked by the degree to which "the individual's spiritual quest takes precedence over the norms of a … faith tradition" (Harding et al., 2008, p. 115).

Second, the consequence of different starting points is that pastoral care and spiritual care have different end points. To use the example of humanist spiritual care (it should be noted that secular humanism is not the only non-religious belief system), humanist spiritual care

“strives to meet individuals where they are, addressing the full spectrum of human needs from a secular, person-centred perspective” (de Wal, 2026, p. 49) and helping them “find meaning or solutions” (de Wal, 2026, p. 62) within themselves. Christian pastoral care is predicated on the belief that God created humanity for relationship with himself and one another, that he “continues in relationship with humankind by remembering and hearing us” (Patton, 2005b, p. 1), and therefore the goal of pastoral care is “restoring persons to the way that God created them” (Patton, 2005b, p. 3) and finding solutions in him.

Third, spiritual care rightly acknowledges the importance of empathetic listening and giving the client “the opportunity to be heard… [and] to feel that they are being heard” (Savage, 2021, p. 7), to “identify their own answers to philosophical and theological concerns” (Cramer et al., 2015, p. 134), and to “find meaning or solutions” (de Wal, 2026, p. 62). Pastoral care goes further, not only allowing the client to be heard, but also challenging them to hear the “love of God enfleshed” (McClure, 2012, p. 269) in the carer and experience the leading, guiding, and restoring work of the Shepherd directed toward those in "the darkest valley" (Patton, 2005b, p. 3).

Fourth, while also utilising the full psycho-social toolkit of non-religious spiritual care, Christian pastoral care brings with it a suite of additional religious (McClure, 2012, p. 269) or faith-based tools to aid in the provision of care, comfort, and support when appropriate and requested.

4. Pastoral care, spiritual care, and chaplaincy

A Christian chaplain cannot separate themselves from the theology which calls, defines, and directs them. Nor can a Christian chaplain, indwelt by the Holy Spirit, avoid “enacting and embodying” the presence and the love of God. This is who they are. To attempt to conceal that would be incompatible with the openness and honesty of the chaplaincy relationship. Therefore, a Christian chaplain will always be a pastoral (religious) care provider as defined above.

How can that be reconciled with the fact that, in a pluralistic world, chaplains are required to be the providers of spiritual (non-religious) care to all without distinction, often as part of a generic or multi-faith chaplaincy team? The answer is that a chaplain provides spiritual care to all with pastoral intent and from a pastoral heart. Such care can be non-proselytising, inclusive, tolerant, and respectful of differing worldviews. It is intentional, person-centred, holistic, and practical. But it is, at the same time, motivated by the desire of to see “the souls of those in ‘the darkest valley’” restored “to the way that God created them.”

To that end, the chaplain must be quick to build rapport and earn trust, an empathetic listener and observer, skilled in assessing spiritual needs, resources, and coping mechanisms, and able to discern where a client sits on the pastoral/spiritual care continuum and what mix of care is apposite. This includes referral where necessary, and directly providing practical, need based support using such spiritual and/or pastoral care tools that are deemed contextually meaningful and appropriate, all the while being ready to speak about Jesus when “there is an invitation … to speak” but “without knocking over the altars of other religions” (Milton, 2006, p. 10).

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