

Review Article

Pastoral Care for the Sick: Reading Luke 24, 13-35 as a Model for Healthcare Chaplains

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Abstract: This essay uses the narrative approach to reflect on Luke 24:13-35 in relation to the ministry of healthcare Chaplains besides its application to various theological and pastoral paradigms. It illustrates how the text inspires spiritual accompaniment, informs spiritual assessment, directs pastoral interventions, and guides boundaries in pastoral care for the sick in healthcare settings. It encourages Chaplains to foster and evoke the attitude of compassionate curiosity in patients to aid them engage with the truth of their own health conditions, no matter what, to find meaning, strength and hope in their own sufferings and pain. It finally invites Chaplains to consider their role as a prophetic witness to the truth of the mystery of the human being. Against the backdrop of the story, the article ignites the reader to search for answers to the questions: What is the context of hospital chaplaincy ministry discovered in Luke 24:13-35? What pastoral attitudes of Jesus are evident in the gospel pericope? And how do these pastoral attitudes serve as the “Jesus-factor” to inform the decision and skills of Christian Chaplains on the one hand and inspires Healthcare Chaplaincy Ministry in general on the other hand?

Keywords: Road to Emmaus (Luke 24:13-35), Healthcare Chaplaincy, Spiritual Accompaniment, Pastoral Care, Spiritual Assessment.

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1. INTRODUCTION

The Healthcare system in recent times is witnessing a growing debate about hospital chaplaincy [1]. The general trend of the arguments relates largely to questions about the identity, nature, scope, and specific role of Chaplains [2]. Some wonder whether they should be considered as part of healthcare professionals or merely religious ministers working in healthcare institutions [3]. Others contend with their role as pastoral care providers or spiritual care providers [4]. Admittedly, these questions are relevant for the purposes of developing and shaping the ministry of chaplains as *care givers of patients*.

Nonetheless, this foregoing discussion does not in any way disproof of the need for hospital chaplains as part of the holistic attempt to provide the healthcare needs of patients in our communities. In my opinion, while administrative staff of healthcare systems may be justifiably concerned about questions of structures regarding Chaplaincy, I believe that *Christian Chaplains* should be concerned about another kind of question altogether. Invaluably, the most important question for *Christian Healthcare Chaplains* in any given encounter with the sick person should be: “*What does Jesus require of me for this patient?*” [5]. Such a question aims at bringing to the consciousness of the chaplain the mind and attitude of Jesus Christ which would inspire, direct,

¹Rachel L. Seddon, Edgar Jones, and Neil Greenberg, “The Role of Chaplains in Maintaining the Psychological Health of Military Personnel: An Historical and Contemporary Perspective,” *Military Medicine* 176, no. 12 (2011): 1357-1361.

²Randy Shook, and Laurie Fojut, “Measuring What Chaplains Do,” *Health Progress* 85, No. 2 (2004): 37-40.

³John Swinton, “A Question of Identity: What Does it Mean for Chaplains to Become Healthcare

Professionals,” *Scottish Journal of Healthcare* 6, no. 2 (2003): 2-8.

⁴Fiona Timmins, Et. Al, “The Role of The Healthcare Chaplain: A Literature Review.” *Journal Of Health Care Chaplaincy* 24, No. 3 (2018): 87-106.

⁵ Cf. *The Holy Bible: English Standard Version* (Wheaton, IL: Crossway Bibles, 2016), Micah 6:8.

and inform any choice of action for the good of the patient. In view of this, I have set out in this paper to examine the attitude of Jesus in the Gospel narrative of Luke 24:23-35 as a model for Chaplains in hospital ministry; discussed under the topic: *Pastoral Care for the sick: reading Luke 24:13-24 as a model for Chaplains in Hospital Ministry*.

Against this background, the research explores how Jesus dealt with the questions and emotions of his disciples through a narrative analysis of Luke 24:13-35. It further examines how the text can offer a model guide for chaplains in healthcare settings.

Objective of the Study

Overall, this study is intended as a theological critique on the ministry of chaplains. It is hoped that it will be informative for Chaplains but more-so be found inspirational and transformative for Christian Chaplain readers. Thus, it seeks to espouse the attitude of Jesus in the sequence of the Lukan narrative text as the “Jesus-factor” for accompaniment in Hospital Chaplaincy ministry. The study is structured in three parts. It begins by examining the narrative content and structure of Luke 24:13-35; next it considers the context of healthcare chaplaincy ministry; and finally, examines how the text inspires the pastoral ministry of the chaplain in caring for the sick. It is desired that in this study, readers would comprehend meaning of key words as may be specifically indicated.

1. The Narrative Content and Structure of the Gospel Pericope

As hinted already, this study is built on a *narrative critique* on Luke 24:13-35. The account forms part of the large records of the resurrection stories of Jesus Christ. In biblical scholarship, it is commonly referred to as *the Emmaus story*. In his commentary on Luke, Walter L. Liefeld purports that the story is a literary and spiritual jewel. It is at once a moving story, a testimony to the Resurrection, an explanation of the empty tomb, and an occasion for Luke to summarize several of his major themes. Though it has to a superlative degree the ring of truth - what literary scholars call “verisimilitude”- some biblical scholars have considered it legendary [6].

1.1 The Narrative Content of Luke 24:13-35

Here comes the story! In the biblical passage, the author of the *Gospel according to Luke* tells the story about two of Jesus’ disciples who were disappointed by the crucifixion and death of Jesus whom they hoped would be their *redeemer*. Amazingly, three days after his

death, some women of their group show up to report a certain vision of an angel in which they were told that *the dead redeemer* “[Jesus] is alive.” Overwhelmed by the whole event, they threw in the gun and decided to return to their village, Emmaus. They set out from Jerusalem and headed off, feeling distressed, broken, and pained as victims. As they went, they discussed the “things that had happened.” “While they were talking and discussing together, Jesus himself drew near and went with them. But their eyes were kept from recognizing him.” [7].

The narrator continued to recount that while on the journey with Jesus, He probed their hearts with questions as they walked along. Angrily, they reacted to Jesus’ question as though to an ignorant stranger who didn’t care about the great events happening in the city. Jesus takes turn to listen to them with genuine empathy. Then evoking in them a compassionate curiosity for their dullness, he carefully explained the truth of their perceived loss of hope in the Messiah. As they “drew near to the village to which they were going, Jesus acted as if he was going farther, but they urged him strongly, saying, “Stay with us, for it is toward evening and the day is now far spent.” [8]. So, Jesus accepts their invitation, went in to stay with them and reclined with them at table for supper.

The story concludes that as Jesus took the bread and broke it, the eyes of the two disciples were opened and they recognized that “*it is the Lord*.” Just then, Jesus disappeared. Turning to each other, they said to themselves; “Did not our hearts burn within us while he talked to us on the road, while he opened to us the Scriptures [9]. Then, they returned that night to Jerusalem to the other disciples and “reported what had happened on the road, and how [Jesus] was known to them in the breaking of the bread.” [10]. Does the story ring a bell?

1.2 The Narrative Structure of Luke 24:13-35

Following the narrative sequence of the Gospel pericope with attentiveness to the progressive scenes in which the author tells the story in this narrative account, I have structured the text into six parts for the purposes of this study.

- i. Luke 24:13 The journey of the two disciples from Jerusalem to Emmaus
- ii. Luke 24:14-16 The appearance and journey of Jesus with the two disciples
- iii. Luke 24:17-27 The dialogue on the journey
- iv. Luke 24:28-29 The invitation of Jesus to the house of the disciples

⁶Walter L. Liefeld, “Luke,” in *The Expositor’s Bible Commentary: Matthew, Mark, Luke*, ed. Frank E. Gaebel, vol. 8 (Grand Rapids, MI: Zondervan Publishing House, 1984), 1050 -1051.

⁷*The Holy Bible: English Standard Version* (Wheaton, IL: Crossway Bibles, 2016) Lk. 24:15-16.

⁸*The Holy Bible: English Standard Version* (2016), Lk 24:28-29.

⁹*ibid.* Lk 24:32.

¹⁰*ibid.* Lk 24:35.

- v. Luke 24:30-32 The table meal and the disappearance of Jesus
- vi. Luke 24:33-35 The return journey of the disciples from Emmaus to Jerusalem

2. The context of Chaplaincy Ministry

Properly taking up one's role in life requires accurate knowledge of one's context [11]. This is true for the functionality of every institution but even critical for those institutions whose work directly impact on human life. In fact, context cannot be overlooked by those who work on the human person as patient. To be sure, the chaplain ought to recognise the actual context in which his ministry with patients takes place to be useful. Reflecting carefully on our study text reveals the context of Chaplaincy ministry as *the walk of a patient and the walk with a patient*. But again, *such a walk is often a journey together with patients on a particular road*. This is what I have set out to demonstrate in this section of the study.

2.1 Chaplaincy Ministry as the Journey of a Patient

Luke opens the narrative with the words: *“That very day two of them [two of Jesus’ disciples] were going to a village named Emmaus, about seven miles from Jerusalem, and they were talking with each other about all these things that had happened [12].”* I indicated this part of the text as *“the journey of the two disciples from Jerusalem to Emmaus.”* This identification is crucial for the understanding of chaplaincy ministry as a unique journey of each patient, patients’ family, or relatives or even the medical staff depending on the given encounter. Evidently, the content of the narrative text attests to this discovery.

Grasping the specific elements of the content lends credibility to this conviction. The subject of the story is noted by the author simply as “two of them”; their action was *walking and talking* about all the “things that had happened”; and this event took place *on the road* from Jerusalem to a village called Emmaus. The “two of them” have been identified with Jesus’ disciples. One of the two, “Cleopas” (v. 18), was not of the Twelve, and the other is not identified, leaving his or her identity a matter of conjecture [13]. My concern is that they were identified by the author as *human persons* who had a

personal relationship with Jesus. In their crisis, they took to the road all alone walking and talking as they went.

What were they talking about? The story reveals that they were talking about the event of the death of Jesus and news of his resurrection. [vs. 19-12] This event directly impacted their life, their religious and social identity, and their psychological health. The “happening” overturned their lives suddenly and overwhelmed them. Surely, they were dealing with questions of loss, grief and meaning making. “Luke shows their bewilderment.” [14].

Justifiably, the author adds an additional geographical information to the Journey of the disciples which emphasises and validates the author’s intent. The specific movement of the disciples from Jerusalem to Emmaus described by Luke was chosen intentionally to communicate the reality of the overwhelming situation in which the subject had found themselves. For me, this geographical details in the narrative were not chosen arbitrarily.

At this point, it is crucial to underscore a hermeneutical critique on Jerusalem (ירושלם, *yerushalami*) and Emmaus (Εμμαους, *Emmaous*).

According to Michael D. Evans,

“The meaning of this name [Jerusalem] is quite astonishing. The core word in this name is, ‘sha•lem,’ which means ‘completeness’ and ‘wholeness.’ The word ‘shalom’ ‘peace,’ comes from this word, because any peace depends on both ‘completeness’ and ‘wholeness.’ ...The first part of the name Jerusalem is ‘yir•oo,’ which can mean either ‘[they] will see’ or ‘[they] will feel the awe.’ When you put the first part together, you fully understand the name Jerusalem: “[they] will see ‘The Wholeness’ or ‘[they] will feel the awe of The Completeness.” [15].

Emmaus is derived from the Hebrew חמם or חמת and means “spring,” “hot spring.” Various sites have been identified by archaeologists and scholars [16]. Among them, it seems credible to me to identify with El-

¹¹ Anna-Lena Sundlin and Paul Sundlin, “Contexts and Roles in Daily Lives,” in *Taking Up Your Role: How to Shift Between Life and Work Without Losing Yourself* (Cambridge: Catalyst Communication Press, 2012), 19-24.

¹² *The Holy Bible: English Standard Version* (Wheaton, IL: Crossway Bibles, 2016), Lk 24:13–14.

¹³ Tim Gray and Jeff Carvin, *Walking with God: A Journey through the Bible* (Pennsylvania: Ascension Publishing Group, LLC, 2018), 273-275.

¹⁴ Walter L. Liefeld, “Luke,” in *The Expositor’s Bible Commentary: Matthew, Mark, Luke*, ed. Frank E.

Gaebelein, vol. 8 (Grand Rapids, MI: Zondervan Publishing House, 1984), 1050 -1051.

¹⁵ Michael D. Evans, “Hebrew Word for the Day – ‘Jerusalem,’” *Jerusalem Prayer Team Newsletter*, October 26, 2023. <http://www.jerusalemprayerteam.org/?pc=MWBHWOD>

¹⁶ François Bovon, “Luke 3: A Commentary on the Gospel of Luke 19:28–24:53,” in *Hermeneia - A Critical and Historical Commentary on the Bible* ed. Helmut Koester, trans. James Crouch, (Minneapolis, MN: Fortress Press, 2012), 370–371.

*Qubeibeh*¹⁷ because of its historical facts in relation to the Lukan details to this end. Geographically, this location is about 780 meters [18], above sea level while the old city of Jerusalem is scaled 1158.24 meters [19], above sea level. Though located north-west of Jerusalem, Emmaus is on a slopy scale down the lane. This geographical slope from Jerusalem to Emmaus is key. It is a slopy movement. The farther away from Jerusalem, the steeper the slope on the topographical scale to El-Qubeibeh.

These narrative details of the content, hermeneutical and geographical hints from the text convey the “spiritual state of being” of the disciples. It reveals the downturn movement in the lives of the two disciples expressed as; “we hoped he would be the one to redeem Israel...” [v. 21]. What an assertive way to communicate frustration and brokenness.

Noticeably, patient care context is always a downturn moment or movement in the physical health, psychological health, spiritual health, or even socio-cultural health of individuals or groups. This downturn is a reality, unique to each patient and possesses a historical significance relevant to the patient. It is something the patient or relative(s) is very much concerned about. It is a reality the patient might have been talking about or discussing within (soliloquizing). It is that reality which sets the patient on a journey down the lane. The energies at play at such moments can be as heavily burdensome or intensely slopy depending on the stage of the health condition of the patient or depending on the meaning the patient attaches to his/her health condition. This moment or movement may last or persist as short as “seven miles” for a car-drive or as long as “seven miles” for a bicycle-ride or as very long as “seven miles” for a walk.

The chaplain’s task is to identify the unique context of each patient and recognize the stage of his spiritual state. Only then does a journey with the patient becomes relevant and possibly useful.

It is therefore incumbent on chaplains to recognize that, Healthcare Chaplaincy Ministry takes place in the context of the lives of people who are walking a journey away from the awe of peace to hot springs; away from freshness to weariness; from serene spirit to a broken spirit; and indeed, a movement away from wholeness and completeness in health to uneasiness

and discomfort in their Health. This may manifest in the feeling of loss, trauma, or grief and may lead to coping skills such as *escape* in any form.

2.2 Chaplaincy Ministry as a Journey with a Patient

In the biblical narrative, Luke recounts that “while they were talking and discussing together, Jesus himself drew near and went with them. But their eyes were kept from recognizing him.” [20]. This is what I captured in the text analysis as *the appearance and Journey of Jesus with the two disciples*.

Consider the countless occasions in which chaplains, like Jesus, “draw near” on the journey of patients *and walked with them*. This act of showing up on the unique path of patients and walking along with them is what I technically refer to as *accompaniment*. Assuredly, the process of spiritual accompaniment begins once the chaplain shows up on the patient’s journey. While this may seem a commonplace, accompaniment is not altogether smooth. Like ordinary travels, it has its own curves, ups and down, bridges to cross and turns to take. In the reality of human relations and precisely with interpersonal relationships, interconnectivity goes through stages and can take time [21]. And throughout the journey one is never sure of what to expect. Thus, *disclosure* is keen in accompaniment.

Several factors could ensue disclosure in accompaniment. But once *biases* make their way into the encounter, it is possible for “eyes to be kept from recognizing” even the divine presence afforded in the encounter between patients and chaplains. It can make the various stages on the journey rough, cumbersome, and burdensome. But this is foreseen because of the complexity that characterizes human nature. Instinctively, it is not at once so easy to open-up to a stranger. Some level of bonding must first take place for genuine disclosure to take place through good communication and fruitful Dialogue.

To be useful on the journey with patients, chaplains must keep in mind that *Humans, like systems*, are a complex reality with structural layers that only unfolds in bits. To handle such challenging situations successfully, we need to remember to take our eyes off the ground and consider the surrounding context. The same is true for taking up our role in a functional way. It

¹⁷ Carl J. Laney, *The identification of Emmaus from Selective Geographical Problems in the Life of Christ* (Doctoral Dissertation, Dallas Theological Seminary, 1977) 165-183

¹⁸“Tera Sancta Organ Festival,” *Emmaus El-Qubeibeh*. Accessed 28/10/2023, URL: <https://www.tsorganfestival.org/organs-emmaus-el-qubeibeh/>

¹⁹ Ferrell Jenkins, *Jerusalem at 3800 feet Altitude*, “Ferrell’s Travel Blog – Archive,” January 2010,

<https://ferrelljenkins.blog/2010/01/22/jerusalem-at-3800-feet-altitude/>.

²⁰ *The Holy Bible: English Standard Version* (Wheaton, IL: Crossway Bibles, 2016), Lk 24:15–16.

²¹ Anna-Lena Sundlin and Sundlin, Paul, “Looking through the Lens of Group Development,” in *Taking Up Your Role: How to Shift Between Life and Work Without Losing Yourself* (Cambridge: Catalyst Communication Press, 2012), 77-83

can be useful to think of patient-chaplain encounter from a system perspective. Such systems thinking helps the chaplain to remember that nothing happens in a vacuum - that all people and events form part of a greater context.” [22].

In the narrow context, accompaniment engages with the culture of the Patient which ought to be acknowledged and respected. The language, age, religion, social, political worldview, even if they differ from the chaplain’s own culture, must be engaged for the effectiveness of the encounter. While some of these may be obvious, others may be hard to determine. This does not require interrogation or investigation but *discernment*.

Ultimately, accompaniment must follow the model of Jesus; “walking along with them.” [v.15]. It demands respect for the pace of the patient in its entirety. This requires patience. I guess that is why they are technically referred to as “patient.” The pace of the patient is paramount in healthcare. The only excuse to this norm is when their pace affects another person’s life negatively. But even so, appropriate channels are engaged to find the way forward. That is why the journey remains “a walk with” as Jesus did. He did not walk before or behind the two disciples but “along” with them. Therefore, chaplaincy as a journey with patients must take the context of *an accompaniment*, not a shepherding role.

2.3 Chaplaincy as a Ministry on a Road

In this section, attention is fixed on the physical location where the encounter between Jesus and the two disciples took place in the most part. It is a throwback on the *journey of the disciples and their journey with Jesus*. Luke locates both events on “the road.” It was a location in *transit*. It was a location away from Jerusalem, the centre of worship, beyond the settings of the temple. But again, it was a location towards Emmaus, where the home of the disciples was located. This is to indicate that the encounter did not take place in any religious setting or in their home for the most part. It was mainly on the road. And roads, as we know, are not permanent settings. Roads point to transition.

Chaplains ought to recognize that patients are always people in a period of transition in their lives. Typically, transitions are chiefly marked by stages of ending, a neutral period, and a new beginning [23]. This is crucial information because, depending on the stage,

the patients’ response gravely affect both medical care and spiritual care.

Additionally, regardless of who might have constructed that road from Jerusalem to Emmaus, it is historically obvious it was under the jurisdiction of civil authorities. In part, the Jewish State had control, but it was also under the juris-province of the Roman Empire. This elaboration is intended to drive home an obvious but critical context of chaplaincy ministry. Clearly, chaplains’ ministry take place in healthcare institutions. Owners of these facilities have specific mission and vision statements to guide their institutional goals. Besides, such institutions are also under the jurisdiction of civil authorities who make policies to keep the structural system running to meet global healthcare standards.

“The VA [Veterans Affairs] manual, for instance, states that the chaplain service’s primary objective is to “provide for the spiritual welfare” of patients by establishing relationship with the individual patients. [...] The VA desires that its chaplains follow an ecumenical practice that stresses blending general or universal truths and traditions. In this respect, the chaplains’ particular religious affiliation is a matter of secondary importance.” [24].

In reference to the VA policy above, it can be recognised that the context of the chaplain’s ministry is shaped in three ways within the systemic structure of healthcare institutions. For the chaplains, knowledge of such policies defines their scope of work and adherence to it serves to keep away from trouble. As regards their role, the policy aids chaplains to give a human face with an interpersonal touch to the entire patient-experience amidst the healthcare structures which practically reduces patients to numbers and labels. Overall, such policies serve for the smooth running of the institution itself and the department of chaplaincy within the system. Ultimately, our role as chaplains, just as any human being, is to take up full membership in society for the goal of our own transformation as well as the transformation of the system itself. This requires that we are also aware of the context we are in and how energy is moving within the system to be functional, effective, and useful in our role [25].

3. The Jesus-factor in the Ministry of Chaplains

My focus in this section is to demonstrate how the attitude of Jesus shines through the ministry of

²² Anna-Lena Sundlin and Sundlin, Paul, *Taking Up Your Role: How to Shift Between Life and Work Without Losing Yourself* (Cambridge: Catalyst Communication Press, 2012), 39.

²³ William Bridges, *Transitions: Making Sense of Life’s Changes*, 2nd ed. (Cambridge: Da Capo Press, 2014), 101-157.

²⁴ Winnifred Fallers Sullivan, *A Ministry of Presence: Chaplaincy, Spiritual Care, and the Law* (Chicago: University of Chicago press, 2014), 154.

²⁵ Colette Alleman, *System-Centred Thinking for Patient-centred Spiritual Care* (Lecture Notes, CPE Class, Ochsner Medical System, New Orleans, September 2023)

Chaplain as a theological reflection of the narrative text for the study. [cf. Luke 24:13-35] The attempt is to suggest some thought regarding the big question; “what does Jesus require of the chaplain for the patient?” I have technically referred to the attitude of Jesus evident in the text as the *Jesus-factor* in this study. To be sure, this section illustrates how the pastoral skills of Jesus in Luke 24:13-35 informs, directs, and guides healthcare chaplaincy ministry.

3.1 The Jesus-factor in Spiritual Assessment

The primary duty of the Chaplain in spiritual accompaniment is to discern what constitutes the pressing need of the patient in the moment. Some healthcare practitioners and even some chaplains doubt if Chaplains have any such capacity to do any kind of a diagnosis of a patient’s spiritual health need [26]. In my opinion, such viewpoints are clear indications of either ignorance of the word of God or a lack of discernment on God’s word.

A valid biblical support for spiritual assessment in a health context is the story of “the man born blind.” The author of the Gospel according to John recorded an incident in which Jesus’ disciples asked him about the source of the blindness of a man as they passed-by. Jesus answered, “It was not that this man sinned, or his parents, but *that the works of God might be displayed in him.*” [27]. This certainly is a clear spiritual assessment made by Jesus about the physical health condition of the man [28]. It may be helpful to read the full story to check for what *care plan* was provided by Jesus for the physical healing of the sight of the blind man following the assessment. [Cf. John 9]. Frankly, spiritual assessment is a duty required by the very fact of the chaplain’s ministry.

As a practical tool, Spiritual Assessment should be understood as an “evolving dialogue, established within a compassionate encounter with the patient, regarding those issues that most concern the individual patient. It involves diagnosing an individual’s primary unmet spiritual need and devising a plan about how to address that need through a process of *particular interventions* aimed at healing outcomes.” [29]. It seeks to engage with the undercurrents of patients’ health stories to assist in birthing-out the most *pressing but unrecognized needs* inhibiting their human flourishing. Spiritual assessment helps to better understand the patients’ clinical or medical condition and facilitates a

better appreciation of their medical diagnosis. In the Emmaus story, we see this practical tool evident in the attitude of Jesus as He journeys with the two disciples. By means of dialogue, listening and questions, Jesus discerned the need of the disciples and provided an adequate corresponding intervention. Let us examine these factors more closely in subsequent paragraphs.

3.1.1 The Factor of Dialogue

In the story, Luke demonstrates how Jesus urged the two disciples to talk about their situation. In fact, the dialogue section in the narrative forms the largest portion of the entire pericope. Out of the 22 verses [vs. 13-35] which make up the full story, the dialogue section occupies 13 verses [vs. 17-30]. The author tells us in this portion about how Jesus opened-up the dialogue with the two disciples: their initial hesitation and anger and their expression of surprise. He informs us about the compassion and concern showed by Jesus’ in response to their surprise. Jesus kept the dialogue progressive and sort clarification from what one of the two disciples had said. Luke further tells us about how the two disciples eventually became comfortable to talk with Jesus and one of them, speaking the mind of both, spoke their hearts out. Jesus then shook them-up in their thought by a curious question concerning their submission. He then reached out to them respecting their worldview and chanced upon the relevant facts in their speech to explain to them the truth of the whole matter bothering them. In sum, the author demonstrated how through dialogue Jesus aided the two disciples to make meaning of their sad situation. This certainly is a model for Chaplains.

I strongly believe that dialogue is a great deal in making assessment of patient’s spiritual needs. It is one surest way for accompaniment. In their encounter with patients, Jesus expects Chaplains to engage with them through a compassionate conversation to help them make meaning. Rabi Dayle Friedman, addressing some group of Chaplains on the topic of Stress and Resilience, affirms this position in a YouTube video posted on the website of the U.S Department of Veterans Affairs. Dayle remarked “...a profound part of what we [chaplains] can offer the suffering of others; is to witness them, to empower them to tell their story and to let them know that we are with them right where they are in the stuff, they are in. So that’s the first thing that can really help to foster resilience in the face of brokenness.” [30].

²⁶ McSherry, Wilfred, and Linda Ross, eds. *Spiritual Assessment in Healthcare Practice* (Keswick: M&K Update Ltd, 2010), viii

²⁷ *The Holy Bible: English Standard Version* (Wheaton, IL: Crossway Bibles, 2016), Jn 9:1–3.

²⁸ Colette Alleman, *System-Centred Thinking for Patient-Centred Spiritual Care* (Lecture Notes, CPE Class, Ochsner Medical System, New Orleans, October 24, 2023)

²⁹ Michele Shields, Alison Kestenbaum, and Laura B. Dunn, *Spiritual Assessment, and Intervention Model (AIM)*, (Spiritual AIM Manual, 6) www.spiritualAIM.org

³⁰ U.S. Department of Veterans Affairs, “Video #2: Stress and Resilience,” YouTube video, 53:26, May 17, 2021, URL: <https://www.mirecc.va.gov/IMH/upstream.asp>

3.1.2 The factor of Listening

Evidently, the narrative attests to Jesus' attitude of listening as key in assessing the spiritual need of the two disciples. Throughout the encounter he listened more than he spoke. In fact, the few times he spoke, he did so to make sense of the information already given in the conversation by the disciple. He introduced no new information into the conversation. He listened and focused on the details of their submission. He gave them the opportunity to be seen and heard. And that is an example for Chaplains to follow.

Just as the words spoken, Chaplains must be attentive to what I refer to as "*present but unnamed realities*." The narrative points to this fact. Whatever conclusions there is to be established on the historical and theological import of the story of Emmaus, one thing remains unresolved. The reader is puzzled by the question; "who is the other disciple?" I guess, Luke's intent was to give a hint on attentiveness to present but unnamed realities in dialogue. Chaplains need to pay attention to such realities. They could be vague words, phrases, general statements; persons referenced in pronoun. The Chaplain misses the opportunity to make meaningful spiritual assessment as long as such realities remain unclarified. These could be the key to making sense of the entire encounter.

Personally, I believe that there is only one reason why the Chaplain must listen; *to discern what matters to the patient*. Rabi Dayle Friedman puts it "to know where they are." In a reflection on the biblical story of Hagar and Ishmael in the wilderness, Rabi Dayle submits: "...As people [Chaplains] who are working with service members and with veterans, *that's our job; to hear the voice of the person 'where they are.'* And even as in the case of Ishmael, to hear the voice of the one who can't lift their voice; what they used to call in the women's movement, 'hearing someone into speech.'" [31]. Chaplains ought to consider *listening* as an act of charity for the patient.

3.1.3 The Factor of Questions

In the dialogue section of the narrative [vs. 17-30], Luke records three questions posed by Jesus. Each had a unique purpose to play in the entire dialogue.

- a. "*What is this conversation that you are holding with each other as you walk?*" [v.17]
- b. "*What things?*" [v.19]
- c. "*Was it not necessary that the Christ should suffer these things and enter into his glory?*" [v. 26]

Without getting into any exegetical labour of the classical Greek of St. Luke, the English translation itself clarifies the point being raised. The English syntax of the sentences suggests that all three questions are

unique in their purpose. The first question is one that demonstrates "*concern*"; the second, seeks "*clarification*"; and the third creates "*curiosity*." In this way, evidence is attained on the use of questions during dialogue with patients for assessment. One reason for questions in assessment is to show concern, the other is to seek clarification and the last is to create curiosity if need be. The last detail, "*curiosity*," needs further elaboration.

I have found a gracious help in my personal experience about a sensitive variant in dialogue with others which I refer to as "*the power of compassionate curiosity*." Usually in communication, it is very likely to find oneself or another take a rigid standpoint. Once a *sensitive question* is introduced into the conversation which challenges the viewpoint, it creates a sudden pause. Usually, this leads to a deep curiosity that spurs further reflection, research, and discernment. It happens that, in the long run, such a "*curiosity*" results in either equilibrium, reconstruction or strengthen the original standpoint. I think this is what Jesus intended with the question; "*Was it not necessary that the Christ should suffer these things and enter his glory?*" [Luke 24. 26]. This imparted the attitude of the disciples; they became sober and more attentive to Jesus' explanation. It must certainly be a powerful variant in dialogue. Since it happens a lot in the medical settings that patients or patients' relatives can take certain strong standpoints against the viewpoints of the medical staff, I believe "*compassionate curiosity*" could be a very prudent tool for Chaplains in such cases.

Consequently, "questions" must be seen as an essential tool for spiritual assessment. It acts like a double-edge sword. Its proper use can aid a purposeful discernment. It can be a destructive tool when questions are passed as interrogation or investigation to patients. Questions should be employed to convey concern for the patient's situation. It should be asked in a clear conscience and with compassion to demonstrate empathy. It should help clarify doubt when it surfaces. And should be used sparingly, creatively, and prudently to create curiosity for a consideration of a new viewpoint. Unless it is at the service of the good of the patient, questions may be avoided.

Conclusively, in spiritual Assessment, the chaplain's task is to discern the primary pressing need, the level of acuity of the need and how far along the need is on the path towards healing and integration. Whatever the assessment in each encounter, patients' need can fall generally into three perspectives; *need for meaning and direction; need for self-worth and community belonging and need for reconciliation to love and be loved*. The

³¹ U.S. Department of Veterans Affairs, "Video #2: Stress and Resilience," YouTube video, 53:26, May 17,

2021, <https://www.mirecc.va.gov/IMH/upstream.asp>

URL:

chaplain's task would then be to provide a relevant intervention as a *guide, valuer or truth-teller* [32].

3.2 The Jesus-Factor Directing Interventions

Luke observes: "They said to each other, 'Did not our hearts burn within us while he talked to us on the road, while he opened to us the Scriptures?' And they rose that same hour and returned to Jerusalem" [33].

A serious focus on the pericope quoted above from the narrative text, leads to the question; "What happened?" A retrospection on the story from the time Jesus showed up to walk with the disciples up to the time of His sudden disappearance may give a clue. [vs. 15-31]. Assuredly, the period of the journey from the time "he drew near" until "he vanished from their sight" can rightly be referred to in the narrative as the *time of His Presence*. This inference resonates with the *ministry of presence* which commonly describes the ministry of healthcare chaplains.

3.2.1 The Ministry of Presence

Evidently, a change occurred on account of Jesus' *presence*. Indeed, there was an intervention with his presence. Severally, the ministry of healthcare chaplains has been described as a "*ministry of presence*." I endeavour to reflect on three specific ways in which it finds expression in the narrative text as an *intervention model* for chaplains.

i. Pastoral Presence

By *pastoral presence, (spiritual presence)* I am referring to the practical interventions of Jesus on the journey with the two disciples. He walked with them, spoke with them, listened to them, explained issues to them, walked with them and sat with them. In response to their emotional need, he empathised with them. To their confusion, he afforded them meaning. Jamie Aten and Kent Annan refer to this kind of presence as practical presence [34]. In their opinion, the terms *ministry of presence, pastoral presence, and spiritual presence*, refer to the practical interventions that chaplains provide in response to patients' pressing need. This pressing need may fall into any of the five categories of "BLESS" needs: namely Biological needs, Livelihood needs, Emotional needs, Social needs or Spiritual needs. Undoubtedly, chaplains practically provide any of these needs in every patient encounter. Luke therefore attests to the presence of Jesus with the two disciples as a practical presence. In my view, this kind of presence is a *pastoral or practical intervention* in healthcare.

ii. Sacramental Presence

I speak of sacramental presence in quite a unique way to mean a presence that communicates divine presence in this study. On the journey with Jesus, Luke reports that the disciples attest to an inner sensation of awe which felt like fire burning their hearts. Unbelievably, they had this feeling all through the journey "as he spoke with them explaining the scriptures." [v.31].

It makes sense to me to submit here that, like Jesus, chaplains practically communicate the very presence of God with their physical presence in every patient encounter. Consciousness of this fact can help them to recognise their presence with the patient not merely as a work but as ministry. Their physical presence always affords them the privilege to bring the awe of God into the ordinary space in any way the Holy Spirit wishes to reveal the divine essence. This is not too much for God. Yes, He does it! I therefore humbly implore that in their sacred work as Chaplains, they should strive to be "bridges" and not obstacles in God's desire to meet and touch his people with his love through their ministry of presence. Doing just that offers the avenue for a *Sacramental Intervention* to occur.

iii. Prophetic Presence

The narrative story ends with the attestation to the *recognition of Jesus and the testimony to His resurrection* by the two disciples. Luke wrote:

"And they found the eleven and those who were with them gathered together, saying, "The Lord has risen indeed, and has appeared to Simon!" Then they told what had happened on the road, and how he was known to them in the breaking of the bread." [35].

Certainly, this account forms a crucial part of the testimony to the Resurrection of Jesus Christ from the dead. It is this sudden revelation, indeed "the truth" which resolved the puzzle of the two disciples, cleared their confusion, healed their brokenness, and testified to the "*reality*" at the heart of their bewilderment. It is a critical observation in the narrative text.

This critical information reveals to me the *prophetic witness* in the ministry of healthcare Chaplains. Undoubtedly, the one reality which sets everyone in motion in healthcare institutions is the mystery called the "*human being*." The complexity that revolves around this *being* can be overwhelming. It often leads to similar experiences of bewilderment like the two disciples experienced in the Emmaus story.

³² Michele Shields, Alison Kestenbaum, and Laura B. Dunn, *Spiritual Assessment, and Intervention Model (AIM)*, (Spiritual AIM Manual, 7) www.spiritualAIM.org

³³ *The Holy Bible: English Standard Version* (Wheaton, IL: Crossway Bibles, 2016), Lk 24:32–33.

³⁴ Jamie Aten and Kent Annan, *Spiritual First Aid*, (Wheaton, Illinois, Spiritual First Aid, LLC, 2023), 27.

³⁵ *The Holy Bible: English Standard Version* (Wheaton, IL: Crossway Bibles, 2016), Lk 24:33–35.

Often, chaplains witness the truth about the human person in its wounded, broken and vulnerable state beyond the limits of the natural sciences. The individual experiences in such encounters offer them specific instances of *revelation about the human person which* can spur deeper reflection, recognition, and better appreciation of the total vision of the human being.

I believe strongly that the *prophetic presence of their ministry is to witness to the truth of the uniqueness of the human person and to testify to the truth of our common humanity*. This privileged opportunity afforded them by their ministry should commit them to contribute to the truth of the human person as the creator intended it. This can aid in shredding the extremes of natural sciences, demythologise the myths of religions, and clear the cloud of philosophical thoughts concerning the human being. Their ministry ultimately would testify to the reality of who God created the human person to be and promote the resurrection of the human dignity from the tomb of falsehood. On a personal level, such knowledge can be great help for chaplains themselves to deal with their own broken pieces. Once this happens, their ministry would justly be known for its *prophetic intervention* to appreciating the human being in truth.

3.3.0 The Jesus-Factor Guiding Boundaries

As chaplains take up their role in context, it is key that they pay attention to certain limits which their ministry requires of them. *Boundaries* as it is technically termed, has been beautifully woven into the fabric of the Emmaus story on two counts.

3.3.1 Respect for Privacy in Ministry

Luke observes; *As "they drew near to the village to which they were going, Jesus acted as if he were going farther, but they urged him strongly, saying, "Stay with us, for it is toward evening and the day is now far spent." So, he went in to stay with them.*" [vs. 29-30]

Obviously, this is an indication of Jesus' respect for the privacy of the disciples. He only made a move to their home [private space] after an *explicit permission* by them. This is a model to follow in ministry. Respect for privacy is a must in healthcare systems because of the principles of *informed consent* and authority as against the vulnerability of the sick. This attitude of Jesus guards the Chaplain against familiarity and negligence and summons chaplains to respect privacy in all matters regarding their sacred profession.

3.3.2 Strategic Disappearance in Ministry

The peak of the story finds expression as *"...and he [Jesus] vanished from their sight."* [v.31] Exegetical information on this piece abounds. I side with the simple

reason that the mission of Jesus was accomplished for the two disciples. The text puts it *"...and their eyes were opened, and they recognised him."* What more has Jesus to do, but to leave the scene?

It is crucial that Chaplains acknowledge this as a Jesus-factor that guides their ministry. Chaplains must learn to strategically "disappear" from the scene of ministry. This is necessary for two reasons. Firstly, it is self-care. Secondly, it allows patients a prudent space to manage their own affairs. Healthcare Chaplains ought to be mindful that their role is not to fix patients. Leaving them some space permits patients to use their common sense to navigate their own paths to healing. Besides, conscious of the stress of their ministry, it is wise that chaplains recognize that "there can be no spiritual first-aid without spiritual self-aid."

4. CONCLUSION

The overwhelming nature of *Pastoral Care for the Sick* can be a real bewilderment. A theological reflection on their ministry in relation to the Word of God, can be a great inspiration for healthcare chaplains in taking up their role after the example of Jesus, the *Great Chaplain of the Sick*. Through this study, it has been observed that the Emmaus story in Luke 24:13-35 sheds a bright light on the ministry of healthcare Chaplains.

Therefore, as they journey with patients, chaplains ought to keep track of the care context and the energies flowing in the systems for effective spiritual accompaniment. In cooperating with healthcare Staff, may they keep in mind that spiritual assessment in healthcare practice [does] not only present a clear challenge but also provides both practical advice and the tools required to equip healthcare practitioners to undertake that challenge" in the hope of providing a holistic care to patients [36].

Since healing requires both autonomy and connection, the study encourages Chaplains to create the opportunity for patients to be *"seen and heard."* In a spirit of charity, may chaplains listen to patients' comments, behaviours, questions, concerns, indeed the chaplains own inner witness, to discern "where they are" along the path to healing. Whatever their intervention, it is hoped that their ministry would ultimately assist patients or those responsible for them to use their common sense to manage their own lives and health conditions. When complexity arises in their ministry, Jamie Aten and Kent Annan encourage Chaplains to remember that "humility is essential for effective care." [37]. In the end, may Chaplains bear a prophetic witness

³⁶ Androulla Johnstone, "Forward," in *Spiritual Assessment in Healthcare Practice*, eds. McSherry, Wilfred, and Linda Ross (Keswick: M&K Update Ltd, 2010,) viii

³⁷ Jamie Aten and Kent Annan, *Spiritual First Aid*, Wheaton, Illinois, Spiritual First Aid, LLC, 2023, 18.

to the truth of our common humanity as they experience it in its weakest state through their sacred work.

Although not part of the plan for this research paper, I have found out as I draw the curtains to a close that the content could be insightful for trainees and educators of Christian healthcare chaplaincy. In this light, I humbly recommend this work as a study guide to institutions or persons who wish to develop a curriculum for the education and formation of Christian Healthcare Chaplains.

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