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Ontological Jurisdiction and Professional Drift: A Sociological Analysis of De-Differentiation in Spiritual Care

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Abstract

Spiritual care occupations—spiritual direction and professional chaplaincy chief among them—occupy a professional jurisdiction whose cognitive foundation is not a body of techniques but an ontological commitment: the claim that the phenomena they address (vocation, discernment, encounter, the experience of being addressed by something exceeding the self) are real in a manner not exhaustively reducible to intrapsychic process. Drawing on Abbott's theory of professional jurisdiction and DiMaggio and Powell's account of institutional isomorphism, this article argues that these occupations are undergoing a process of professional de-differentiation, by which a once-distinct jurisdiction loses its boundary and is progressively absorbed into the adjacent jurisdiction of psychotherapy and counseling. The mechanism is not external displacement but voluntary mimicry: practitioners adopt the lexicon, credentialing logic, and outcome-measurement regime of the therapeutic professions because these constitute the legitimated currency of the contemporary helping-profession field, and in doing so concede the very cognitive ground that constituted their jurisdiction. Locating this drift within the broader Weberian process of disenchantment and the rise of a therapeutic culture, the article identifies three isomorphic mechanisms operating across four domains of practice, and proposes that re-differentiation depends on the explicit re-articulation of what is here termed the profession's ontological jurisdiction. The analysis connects this re-articulation to the constructs of liminal competence and the recognition paradigm, offering a sociologically grounded account of how a contemplative profession might retain its distinctiveness.

Subject Areas

Sociology

Keywords

Sociology of Professions, Jurisdiction, Institutional Isomorphism, De-Differentiation, Spiritual Care, Chaplaincy, Therapeutic Culture, Disenchantment

1. Introduction

In the author's experience as a practitioner—an interpretive observation offered as such rather than as a systematic finding, though one consistent with the ethnographic record discussed in Section 2.1—a pattern recurs when practitioners of spiritual direction or professional chaplaincy are asked, in unguarded settings, to explain what they do: they reach for the vocabulary of the therapeutic professions. They describe their work as a form of supportive listening, as the facilitation of meaning-making, as the provision of emotional and existential support to persons under stress. The description is not inaccurate. It is, however, revealing, because it locates the profession's distinctiveness in a difference of accent rather than a difference of kind—spiritual care, on this account, is what counselors and psychotherapists already do, conducted by practitioners who are licensed to use religious words. This article takes that recurring description as a sociological symptom and asks what it indicates about the structural position of the spiritual care occupations within the contemporary field of helping professions. By the spiritual care occupations I mean principally professional chaplaincy and spiritual direction—the two roles whose jurisdictional claim rests centrally on the ontological commitment described below—though the analysis extends to adjacent contemplative-care roles, such as pastoral counseling and certain forms of religiously grounded formation, to the precise extent that they share that commitment, rather than to the whole field of helping work conducted under religious auspices.

The argument advanced here is that spiritual care occupies a professional jurisdiction whose cognitive foundation is unusual. For most established professions, the foundation of jurisdiction is a body of abstract knowledge that licenses inference about a domain of practical problems [1]. For the spiritual care occupations, the foundation is not principally a technique or an evidence base but an ontological commitment—a claim about what kind of thing the phenomena they treat actually are. The dream of a deceased parent, the sense of being called toward or away from a course of life, the experience of consolation in prayer, the conviction of having been addressed by something larger than oneself: the practitioner treats these as realities that are not exhaustively reducible to the intrapsychic processes a psychotherapist would identify. This ontological claim, rather than any particular skill, is what differentiates the jurisdiction from the adjacent jurisdiction of counseling. I will call it the profession's *ontological jurisdiction*.

The central claim of this article is that the ontological jurisdiction of spiritual care is being eroded, and that the erosion follows a recognizable sociological

pattern—professional de-differentiation under conditions of institutional isomorphism. The erosion is not the result of an aggressive incursion by a competing profession. It is, more troublingly, a voluntary process, in which practitioners themselves adopt the language, the credentialing apparatus, and the outcome-measurement expectations of the therapeutic professions because those have become the legitimated currency of the institutional fields—hospitals, health systems, accreditation bodies—within which spiritual care must now establish its standing. In adopting that currency, the profession concedes, often without anyone deciding to, the cognitive ground on which its jurisdictional claim originally rested.

This analysis sits within applied sociology in three respects. It applies the sociology of professions to an occupational group that has been comparatively understudied within that literature; it extends institutional theory to explain a case of de-differentiation rather than the more frequently examined case of professional emergence; and it offers practitioners a sociologically grounded account of a predicament they experience but have lacked the conceptual vocabulary to name. The article is conceptual and theoretical rather than empirical: it develops and applies a sociological framework, and its central claims are advanced as interpretive and analytic propositions that invite, but do not themselves supply, the empirical tests set out in Section 6.4. The remainder of the article proceeds as follows. Section 2 establishes the theoretical framework, drawing on the sociology of professions, institutional theory, and the literature on disenchantment and therapeutic culture. Section 3 develops the concept of ontological jurisdiction. Section 4 specifies the three isomorphic mechanisms through which de-differentiation proceeds. Section 5 traces those mechanisms across four domains of practice—the reception of anomalous experience, the teaching of contemplative practice, the vocabulary of discernment, and the formation of practitioners—selected not as an exhaustive inventory but because each is a site at which the contrast between the ontological and therapeutic framings is especially sharp and consequential, and because together they span the profession's principal modes of activity: how it receives experience, how it teaches practice, how it interprets, and how it forms its practitioners. Section 6 discusses the conditions of re-differentiation and connects the analysis to the constructs of liminal competence and the recognition paradigm. Section 7 concludes.

2. Theoretical Background

2.1. Jurisdiction and the Sociology of Professions

The modern sociology of professions owes its central analytic category to Abbott, whose account replaced the older question of what traits make an occupation a profession with the more dynamic question of how professions compete for control over domains of work [1]. On Abbott's account, professions exist in a system; each holds jurisdiction over a set of problems, and the boundaries between jurisdictions are continually contested, defended, expanded, and abandoned. What anchors a jurisdiction is not the manual skill of its practitioners but the abstract

knowledge system that allows the profession to classify a problem, reason about it, and prescribe a course of action. Abstraction is decisive precisely because it is what allows a profession to defend its territory against competitors: a jurisdiction grounded only in routine technique is vulnerable to absorption by any adjacent profession that can perform the same technique, whereas a jurisdiction grounded in a distinctive system of inference can claim problems that competitors are not equipped to construe.

Freidson extends this account by characterizing professionalism as a "third logic" of work organization, distinct from both the logic of the market and the logic of bureaucratic hierarchy [2]. The professional logic rests on the claim that certain kinds of work require a body of knowledge and judgment that cannot be reduced to either consumer preference or managerial specification, and that the practitioners of such work must therefore retain a measure of self-governing discretion. Freidson's analysis is pertinent here because it identifies precisely the pressure points at which professionalism is vulnerable: where the market logic demands measurable services priced for exchange, and where the bureaucratic logic demands standardized, auditable outputs, the professional logic must either defend the irreducibility of its knowledge or concede that its work can be specified in the terms the other two logics prefer.

Applied to spiritual care, this framework reframes a question usually posed in theological or pastoral terms as a structural one. The question is not whether spiritual directors and chaplains do valuable work—they plainly do—but whether the knowledge system that grounds their jurisdiction is distinctive enough to resist absorption by the adjacent therapeutic professions, and robust enough to satisfy the market and bureaucratic logics that govern the institutions employing them. The sociologist Cadge, in the most sustained ethnographic study of chaplaincy in American medicine, documents the strategies by which chaplains negotiate their place within institutions organized around biomedical and increasingly therapeutic-psychological assumptions, and shows how readily the distinctive contribution of spiritual care is translated into the institution's preferred idiom of measurable patient outcomes [3]. That translation is the empirical face of the process this article theorizes.

2.2. Institutional Isomorphism

If the sociology of professions supplies the category of jurisdiction, institutional theory supplies the mechanism of its erosion. DiMaggio and Powell's account of institutional isomorphism explains why organizations operating within a shared institutional field come, over time, to resemble one another, even in the absence of competitive pressures that would select for such resemblance on efficiency grounds [4]. They identify three mechanisms. Coercive isomorphism arises from formal and informal pressures exerted by organizations on which an actor is dependent—regulatory requirements, accreditation standards, reimbursement conditions. Mimetic isomorphism arises from the imitation of organizations perceived

as more legitimate or successful, particularly under conditions of uncertainty about what counts as competent practice. Normative isomorphism arises from professionalization itself—from the shared training, credentialing, and professional networks that diffuse a common definition of legitimate work.

The power of this framework for the present case lies in its prediction that isomorphic pressure operates regardless of the intentions of individual actors and regardless of whether the imitated form actually improves the imitating organization's performance. A spiritual care department does not adopt the assessment instruments and outcome metrics of behavioral health because those instruments capture what is distinctive about spiritual care; it adopts them because doing so renders its work legible and legitimate within an institutional field that recognizes those forms. The adoption is rational at the level of organizational survival even as it is corrosive at the level of jurisdictional distinctiveness. This is the central irony the article seeks to capture: the very strategies that secure the profession's institutional standing are the strategies that dissolve its jurisdictional ground.

2.3. Disenchantment and the Therapeutic Culture

Isomorphic mechanisms do not operate in a cultural vacuum; they presuppose a background understanding of what counts as real, credible, and sayable. That background, in the modern West, is the long process Weber named disenchantment—the progressive withdrawal of explanatory and evaluative authority from any order of reality beyond the empirically calculable [5]. Weber's account of rationalization in *The Protestant Ethic and the Spirit of Capitalism* and his lecture on science as a vocation together describe a world in which, in principle, there are no incalculable forces, and in which the kinds of meaning the older traditions located in a transcendent order are relocated into the interior life of the individual or evacuated altogether [5] [6]. Disenchantment is not the disproof of the more-than-material; it is the cultural decision to bracket it, to treat it as methodologically inadmissible, and over time to forget that the bracketing was a decision rather than a discovery.

The therapeutic culture is, on this reading, disenchantment's characteristic late form. Rieff's analysis of the triumph of the therapeutic described the emergence of a culture in which the management of the self's well-being replaces participation in a shared moral and sacred order as the organizing aim of life [7]. Furedi's later account of therapy culture traces how a vocabulary of vulnerability, coping, and emotional management has become the dominant idiom through which contemporary societies interpret experience, displacing both religious and civic frames [8]. For the spiritual care occupations, the significance of this development is direct. The therapeutic culture does not merely compete with spiritual care for clients; it supplies the default interpretive frame within which the phenomena of spiritual care are received, so that a vocational crisis becomes a problem of values clarification, a dark night of the soul becomes a depressive episode, and an experience of grace becomes a transient affective state. The frame is hospitable, even

kindly. But it is a frame within which the profession's ontological claim cannot be stated, only translated—and translation, repeated often enough, becomes replacement.

3. Ontological Jurisdiction

3.1. The Cognitive Ground of a Contemplative Profession

The concept of ontological jurisdiction can now be stated precisely. A profession's jurisdiction is ontological when the abstract knowledge system that grounds its claim to a domain of problems consists centrally in a commitment about the nature of the phenomena in that domain—specifically, a commitment that those phenomena are not exhaustively reducible to the categories of an adjacent profession. Spiritual care is the paradigm case. What licenses the spiritual director's distinctive mode of inference is the working assumption that the directee's experience of being addressed, called, consoled, or met is a candidate encounter with a reality exceeding the directee's own psychology, rather than only an event within it. Remove that assumption and the inferential apparatus collapses into the apparatus of psychotherapy; retain it, and the profession reasons about its problems in a way no adjacent profession is equipped to replicate.

It is essential to be clear about the status of this claim. The argument does not require that the ontological commitment be true, nor that the sociologist adjudicate its truth. The argument is that the commitment functions as the cognitive ground of the jurisdiction, in the same way that the commitment to the reality of unconscious mental processes functions as part of the cognitive ground of psychoanalysis, whatever one concludes about its scientific standing. What matters sociologically is that a jurisdiction grounded in a distinctive ontological claim is differentiated from its neighbors precisely insofar as the claim is held, articulated, and defended; and that such a jurisdiction de-differentiates precisely insofar as the claim is bracketed, left implicit, or translated away.

Because the term is new, it is worth distinguishing ontological jurisdiction from three adjacent ideas with which it might be confused. It is not professional identity: identity is a practitioner's subjective and affiliative sense of who they are and to which community they belong, whereas ontological jurisdiction is a structural property of an occupation's knowledge system, which can erode even while practitioners continue to feel strongly that they are chaplains or spiritual directors. It is not epistemic authority: epistemic authority is a claim to know a domain reliably and to be credited as a knower within it, whereas ontological jurisdiction is the prior commitment about what kind of thing the objects of that knowledge are—a profession can possess considerable epistemic authority over phenomena it has already redescribed in an adjacent profession's terms, and in doing so will have surrendered its ontological jurisdiction even as its authority grows. And it is not a worldview: a worldview is a person's general orientation to reality at large, held by individuals across occupations, whereas ontological jurisdiction is occupation-specific and jurisdiction-constituting—a commitment about the particular do-

main of phenomena over which a given profession claims competence, doing work in the sociology of professions that a diffuse personal outlook cannot do. The concept thus names something more specific than worldview, more structural than identity, and more foundational than authority: the ontological wager that constitutes a domain of problems as this profession's own.

3.2. The Hierarchical Ontology as a Jurisdictional Resource

Among the available articulations of a more-than-material ontology, the comparative framework developed by Smith offers a particularly serviceable jurisdictional resource, because it is cross-traditional rather than confessional [9]. Smith argued that the wisdom traditions share a structural feature that modernity has discarded: a hierarchical ontology in which reality has multiple levels—roughly, the terrestrial, the psychic, the celestial, and the infinite—each known through a corresponding human faculty, so that the senses register the material, the mind the psychological, and higher contemplative faculties the orders of reality the mind alone cannot reach. Huxley's earlier anthology of the perennial philosophy assembled the testimony of contemplatives across traditions to the same structural claim, in the literary register of comparative mysticism rather than the analytic register Smith would later supply [10]. Whatever the philosophical merits of this framework—and they are contested—its sociological utility is that it provides an explicit, articulable knowledge system within which the phenomena of spiritual care are intelligible as encounters with distinct levels of reality rather than as epiphenomena of brain states.

Recast in the vocabulary of this article, Smith's hierarchy is not primarily a metaphysics to be believed but an example of the kind of abstract-knowledge system a profession requires if its jurisdiction is to be ontological rather than merely technical. The contrast with the materialist default is, for jurisdictional purposes, the entire point. On the materialist default, every phenomenon the profession treats is in principle the property of an adjacent jurisdiction—neurology, psychology, psychiatry—and the profession's distinctiveness reduces to a difference of vocabulary. On a hierarchical or otherwise more-than-material ontology, the phenomena belong to a domain the adjacent jurisdictions are not constituted to claim. The choice between these is, whatever else it is, a choice about whether the profession has a jurisdiction at all. Bourdieu's concept of *doxa*—the taken-for-granted background that a field treats as self-evident and beyond question—names the difficulty exactly: the materialist default operates as the doxa of the contemporary helping-profession field, so that the ontological claim of spiritual care must be asserted against the grain of what the field treats as too obvious to need stating [11].

4. Mechanisms of De-Differentiation

4.1. Mimetic Isomorphism: The Migration of the Lexicon

The most pervasive mechanism is mimetic. Under conditions of uncertainty about how to demonstrate competence within institutions organized around biomedical

and behavioral-health norms, spiritual care practitioners imitate the practices of the professions whose legitimacy is secure. The imitation is most visible in language. The vocabulary of presence, discernment, vocation, consolation, and grace is progressively supplemented and then supplanted by the vocabulary of coping, resilience, emotional support, distress reduction, and meaning-making. Each substitution is locally reasonable—the therapeutic term is more legible to colleagues, more defensible in a chart, more compatible with the institution's documentation. But the cumulative effect is to relocate the entire domain of practice into the conceptual space of the therapeutic professions, where the distinctive ontological claim cannot be expressed. A profession that describes its work exclusively in the lexicon of an adjacent profession has, for jurisdictional purposes, already conceded the territory.

4.2. Normative Isomorphism: Credentialing and the Standardization of Formation

The second mechanism is normative, operating through the professionalization of training and credentialing. As the spiritual care occupations have sought the legitimacy that accompanies formal certification, they have increasingly modeled their formation on the competency frameworks of the counseling and clinical professions: defined learning outcomes, standardized assessment of skills, measurable competencies, continuing-education requirements. This development brings real benefits in accountability and quality assurance. Its isomorphic cost is that it redefines formation as the acquisition of transferable skills rather than the cultivation of the practitioner's own ontological sensibility. Where the older traditions understood formation as a transformation of the practitioner—a slow development of the faculties through which the more-than-material is perceived and companioned—the competency frame understands it as training in techniques that any sufficiently skilled helper could acquire. A formation that produces interchangeable skilled helpers cannot ground a distinctive jurisdiction, because the skills it certifies are precisely the skills the adjacent professions already certify.

4.3. Coercive Isomorphism: Reimbursement and the Audit of Outcomes

The third mechanism is coercive, operating through the financial and regulatory dependencies of the institutions that employ spiritual care practitioners. Health systems under reimbursement and accreditation pressure require that every department justify its existence in the institution's common currency, which is the measurable improvement of auditable outcomes. Spiritual care departments accordingly find themselves obliged to demonstrate their value through patient-satisfaction scores, distress-screening metrics, and quantifiable contributions to length-of-stay or readmission targets. The pressure is real and the response is rational; departments that cannot speak the institution's language do not survive its budget cycles. But the outcomes the institution can measure are, by construction,

the outcomes the therapeutic frame recognizes, and a profession that justifies itself entirely by those outcomes has accepted the frame within which its distinctive contribution is invisible. The coercive mechanism thus completes the work of the other two: having borrowed the lexicon and standardized the formation, the profession is finally required to prove its worth in terms that presuppose it has no distinctive worth to prove.

5. Sites of Erosion

The three mechanisms can be observed operating together across the principal domains of spiritual care practice. Four are examined here: the reception of anomalous experience, the teaching of contemplative practice, the vocabulary of discernment, and the formation of practitioners.

5.1. The Reception of Anomalous Experience

The clearest site of erosion is the practitioner's reception of experiences that the materialist frame must classify as anomalous: the deathbed vision in which a dying patient is met by someone already dead, the continuing sense of a deceased spouse's presence, the dream in which a parent returns with something to say. The bereavement literature has itself moved away from the older model in which healthy grief required detachment from the deceased, toward the recognition that an ongoing bond with the dead is common and adaptive rather than pathological [12]. Empirical work on the dreams and visions of the dying documents recurrent symbolic patterns—journeys, the appearance of guides, the negotiation of obstacles—that cross faith traditions and levels of prior religious commitment [13]. Yet even this welcoming literature characteristically interprets such experiences within the materialist frame, as the bereaved person's construction of an internal representation that supports emotional regulation, with the deceased figuring as the object of the survivor's continued imaginative activity rather than as a participant.

Consider a composite illustration, de-identified and altered. A lucid woman in the final weeks of a terminal illness reports that her long-dead husband has been present in the room, silently, and asks the chaplain whether she is losing her mind, adding that she has concealed the experience from the nursing staff for fear that her medications will be adjusted. The illustration is offered as such: it is composite and illustrative in its particulars rather than a single documented case, constructed to make the contrast between the two framings vivid, and it carries no evidential weight on its own. The pattern it depicts, however, is not idiosyncratic. The empirical literature on end-of-life dreams and visions documents both the prevalence of such experiences among the dying and the tendency of patients to withhold them from clinical staff for fear of being judged confused or medicated, so that the particulars are representative of a phenomenon the literature records rather than an isolated anecdote [13]. The therapeutic frame and the ontological frame prescribe observably different receptions. Within the therapeutic frame, the experience is a meaningful psychological event to be validated for its emotional func-

tion; within the ontological frame, it is in addition a candidate encounter with a reality to which the dying are understood to become permeable, to be received as such without either endorsing a specific metaphysics or collapsing the experience into pathology. The difference is not sentimental. It determines whether the profession is doing work that the adjacent professions could do equally well, or work that is constituted by a distinct ontological commitment. The recognition paradigm developed in the author's related work formalizes this alternative stance: the practitioner's task is to recognize and accompany the reality of what is met rather than to resolve it into a category the surrounding frame finds admissible [14]. Where practitioners default to the therapeutic reading, the erosion of the jurisdiction is enacted at the bedside.

5.2. The Teaching of Contemplative Practice

A second site is the pedagogy of contemplative practice. Over the past several decades the Western reception of meditation has been dominated by what may be called the clinical-mindfulness frame, in which contemplative practice is presented as a self-regulatory technology validated by neuroscience and deployed for stress reduction and improved well-being [15]. The clinical evidence is genuine and the applications are valuable. But the frame presupposes the materialist answer: meditation is something the organism does to itself for the organism's benefit. This is not what the contemplative traditions claim about their own practices, which understand meditation as the training of consciousness to participate in orders of reality the ordinary mind does not register. When spiritual care practitioners teach contemplative practice exclusively within the clinical-mindfulness frame, they convert a discipline whose traditional rationale is ontological into a technique whose rationale is therapeutic—and in doing so relocate it, once again, into the jurisdiction of the adjacent helping professions.

5.3. The Vocabulary of Discernment

A third site is the profession's traditional vocabulary of discernment—the language of consolation and desolation, vocation, calling, and the leading of the Spirit. Each of these terms presupposes that there is something moving in the person that is not simply the person, something to be discerned from and not merely about. Buber's distinction between the I-It and the I-Thou relation supplies a precise way to mark what is at stake: discernment, traditionally understood, is the practice of recognizing when a person is being addressed in the I-Thou register by a reality that genuinely meets them, whereas the therapeutic redescription can recognize only the I-It register of an interior process to be analyzed [16]. On the materialist frame these terms are at best heuristics for psychological dynamics that could in principle be redescribed more accurately: consolation becomes positive affect, desolation becomes depressive symptomatology, vocation becomes the integration of values and capacities. The redescriptions are not absurd, and they are partly true. But they are not synonyms; they mean something different, and a profession that

allows its discernment vocabulary to be treated as dispensable shorthand for psychological assessment has conceded that discernment is psychological assessment—which is to say, has conceded the jurisdiction.

5.4. The Formation of Practitioners

The fourth site is formation, where the normative mechanism examined above does its most consequential work. If the profession's work engages a domain not reducible to the psychological, the practitioner cannot be adequately formed by psychological training alone, however necessary such training is. The traditions have understood the companion's formation as ontological: a transformation of the practitioner's own capacities through sustained contemplative practice, such that the practitioner becomes the kind of person able to perceive and accompany what the work engages. Sanford's model of the *kalyāṇamitra*, or spiritual friend, articulates this understanding in a Buddhist register, locating the companion's qualification not in certification but in the depth of their own formation in the practices and the realities those practices open [17]. The competency frame cannot accommodate this conception of formation, because the relevant transformation is neither a discrete skill nor a measurable outcome on the institution's timeline. A profession that allows its formation to be fully specified by the competency frame thereby accepts that its practitioners need be formed only as skilled helpers—and skilled helpers are what the adjacent professions already produce.

6. Discussion

6.1. The Conditions of Re-Differentiation

If de-differentiation proceeds through the bracketing of the ontological claim, re-differentiation depends on its explicit re-articulation. This is not a call for the profession to retreat from institutions, to abandon accountability, or to refuse the genuine goods that credentialing and outcome measurement secure. It is the more modest but more demanding claim that the profession must be able to state, in articulable terms, the ontological commitment that grounds its jurisdiction, rather than leaving it implicit and thereby surrendering it by default. The materialist frame is the doxa of the field; what is doxic is not argued for but assumed, and the only response to an assumption that dissolves one's jurisdiction is to make it explicit and contest it [11]. The hierarchical ontology examined above is one available articulation; the enactive account of mind developed in cognitive science is another, locating the mind in the organism's embodied engagement with its world rather than in the brain alone [18] [19]; the indigenous and non-dualist traditions supply others. The profession need not settle on one. It needs only to recover the practice of articulating that its jurisdiction rests on an ontological claim at all.

It would overstate the argument, however, to treat every use of therapeutic language as jurisdictional surrender. Therapeutic vocabulary can also function strategically, as the lingua franca through which a chaplain renders a contribution legible to physicians, nurses, and social workers in a shared clinical setting, and a

practitioner who can speak that language fluently is often better positioned to be heard, included, and trusted on an interdisciplinary team than one who cannot. On this view the relevant capacity is a kind of bilingualism: the practitioner translates into the therapeutic register at the points of institutional contact where translation secures a hearing, while continuing to reason about the work, and to form colleagues and trainees, in the profession's own ontological terms. Strategic translation of this kind need not dissolve the jurisdiction; it can protect the conditions under which the jurisdiction is exercised. The argument of this article is therefore not that therapeutic language should be avoided, but that the profession is endangered when translation ceases to be one register among others and becomes the only register the profession retains—when the therapeutic idiom is no longer a second language deployed at the boundary but the first and only language in which the work can any longer be thought. De-differentiation is the collapse of the bilingual into the monolingual, not the act of translation as such.

6.2. Liminal Competence and the Recognition Paradigm

The capacities required for re-differentiation can be named more precisely by drawing on two constructs developed in the author's related work. The first is liminal competence: the formed capacity to dwell sustainably at thresholds—between life and death, presence and absence, the said and the unsayable—without collapsing them prematurely into resolution [20]. Liminal competence is, in the present terms, the practitioner-level correlate of an ontological jurisdiction; it is the disposition that allows a practitioner to remain within the ambiguity that the therapeutic frame is structurally inclined to resolve. The construct draws on the anthropology of liminality, which describes the threshold phase of transition as a distinct mode of being rather than a mere interval to be passed through [21]. The second construct is the recognition paradigm, which contrasts with a resolution paradigm in its account of the practitioner's task: where the resolution paradigm seeks to move the person through and out of an anomalous or painful experience toward a settled state, the recognition paradigm seeks to recognize and accompany the reality of what the person is undergoing [14]. Together these constructs translate the structural argument of this article into the register of practice: a re-differentiated profession is one whose practitioners are formed in liminal competence and oriented by recognition rather than resolution.

6.3. The Stakes of the Analysis

It is worth naming what is lost if the analysis is correct and the drift continues unchecked. The parallel professions of death-work offer a cautionary case: the body of knowledge and practice once carried by elders, ritual specialists, and clergy has, in the industrialized West, been largely displaced by medical and managerial frames, leaving a vacuum that a vague and undertheorized spirituality imperfectly fills [22]. The spiritual care occupations are vulnerable to the same trajectory. If the lexicon continues to migrate, the formation to standardize, and the

outcomes to be audited in therapeutic terms, the profession will not be abolished; it will persist as a kindlier, more religiously inflected variant of supportive counseling, having quietly relinquished the jurisdiction that once distinguished it. This is not a complaint against the therapeutic professions, whose work is good and necessary and which spiritual care does not seek to replace. It is an argument that the converse work—the work constituted by an ontological commitment to the therapeutic frame cannot express—will cease to be done if the profession that is constituted to do it forgets that this is what it is for.

6.4. Limitations and Future Research

This analysis is theoretical and interpretive rather than empirical, and its principal claims invite empirical test. The migration of the lexicon could be examined through content analysis of chaplaincy chart notes, professional-association competency documents, and job descriptions over time, to determine whether therapeutic terminology has in fact displaced the traditional vocabulary at the rate the argument predicts. The normative mechanism could be examined through an analysis of certification and accreditation standards across decades. The coercive mechanism could be examined through a study of how spiritual care departments justify their budgets within health systems. Comparative work could ask whether the spiritual care occupations in less thoroughly disenchanted institutional fields exhibit a slower rate of de-differentiation. The construct of ontological jurisdiction, finally, may have application beyond spiritual care, to any profession whose jurisdiction rests on a contested claim about the nature of its objects; the sociology of professions might productively ask which other jurisdictions are ontological in the sense developed here, and whether they exhibit the same characteristic vulnerability to isomorphic erosion. A subsequent article will develop the formation dimension of this argument in detail through the *kalyāṇamitra* model.

7. Conclusion

Spiritual care occupies an unusual professional jurisdiction, one grounded not in a distinctive technique but in a distinctive ontological commitment to the reality of the phenomena it treats. That commitment is the profession's cognitive ground, and its articulation is the condition of the profession's differentiation from the adjacent therapeutic professions. Under the cultural conditions of disenchantment and the institutional conditions of isomorphic pressure, the commitment is being bracketed—through the migration of the lexicon, the standardization of formation, and the audit of outcomes in therapeutic terms—and the jurisdiction is eroding accordingly, not through external conquest but through the profession's own rational adaptations to a field whose doxa cannot accommodate its claim. Re-differentiation does not require withdrawal from institutions or refusal of accountability. It requires that the profession recover the practice of articulating the ontological ground on which it stands, and that it form practitioners in the liminal competence and the recognition-oriented stance that such a jurisdiction demands.

The question the profession faces is not, finally, a theological curiosity. It is the structural question of whether spiritual care has a jurisdiction of its own, or is becoming, slowly and without anyone deciding, a dialect of the professions that surround it.

Conflicts of Interest

The author declares no conflicts of interest.

References

[1] Abbott, A. (1988) The System of Professions: An Essay on the Division of Expert Labor. University of Chicago Press. https://doi.org/10.7208/chicago/9780226189666.001.0001

[2] Freidson, E. (2001) Professionalism: The Third Logic. University of Chicago Press.

[3] Cadge, W. (2012) Paging God: Religion in the Halls of Medicine. University of Chicago Press. https://doi.org/10.7208/chicago/9780226922133.001.0001

[4] DiMaggio, P.J. and Powell, W.W. (1983) The Iron Cage Revisited: Institutional Isomorphism and Collective Rationality in Organizational Fields. *American Sociological Review*, **48**, 147-160. https://doi.org/10.2307/2095101

[5] Weber, M. (2001) The Protestant Ethic and the Spirit of Capitalism. T. Parsons, Trans., Routledge.

[6] Weber, M. (1946) Science as a Vocation. In: Gerth, H.H. and Mills, C.W., Eds., *From Max Weber*: *Essays in Sociology*, Oxford University Press, 129-156.

[7] Rieff, P. (1966) The Triumph of the Therapeutic: Uses of Faith after Freud. Harper & Row.

[8] Furedi, F. (2004) Therapy Culture: Cultivating Vulnerability in an Uncertain Age. Routledge.

[9] Smith, H. (1992) Forgotten Truth: The Common Vision of the World's Religions. HarperSanFrancisco.

[10] Huxley, A. (1945) The Perennial Philosophy. Harper & Brothers.

[11] Bourdieu, P. (1977) Outline of a Theory of Practice. R. Nice, Trans., Cambridge University Press. https://doi.org/10.1017/cbo9780511812507

[12] Klass, D., Silverman, P.R. and Nickman, S.L. (1996) Continuing Bonds: New Understandings of Grief. Taylor & Francis.

[13] Bulkeley, K. and Bulkley, P. (2005) Dreaming Beyond Death: A Guide to Pre-Death Dreams and Visions. Beacon Press.

[14] Mussche, T. (2026) Beyond Twelve Months: Prolonged Grief Disorder and the Pathologization of Ongoing Loss. *Open Access Library Journal*, **13**, 1-13. https://doi.org/10.4236/oalib.1115553

[15] Kabat-Zinn, J. (1990) Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness. Delacorte Press.

[16] Buber, M. (1970) I and Thou. W. Kaufmann, Trans., Charles Scribner's Sons.

[17] Sanford, M. (2021) Kalyāṇamitra: A Model for Buddhist Spiritual Care. Vol. 1, Sumeru Press.

[18] Varela, F.J., Thompson, E. and Rosch, E. (1991) The Embodied Mind: Cognitive Science and Human Experience. MIT Press.

https://doi.org/10.7551/mitpress/6730.001.0001

[19] Thompson, E. (2015) Waking, Dreaming, Being: Self and Consciousness in Neuroscience, Meditation, and Philosophy. Columbia University Press.

[20] Mussche, T. (2026) Liminal Competence: An Original Construct for Sustainable Threshold-Dwelling in Ongoing Loss. *Open Access Library Journal*, **13**, 1-18. https://doi.org/10.4236/oalib.1115552

[21] Turner, V. (1969) The Ritual Process: Structure and Anti-Structure. Aldine.

[22] Jenkinson, S. (2015) Die Wise: A Manifesto for Sanity and Soul. North Atlantic Books.