

What layer are we on?

WHAT LAYER ARE WE ON?

CONVERSATIONAL HERMENEUTICS IN CHAPLAINCY AND PASTORAL CARE

Theo van Leeuwen



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Contents

Introduction	9
Chapter 1	
Setting the stage	13
1.1 Demarcation of the area of research	13
1.2 Philosophical perspectives: Hermeneutics in competence and communication	16
1.3 Sociological perspective: a society in change	24
1.4 Professional perspectives: Responses from the professional field	27
1.5 Educational perspectives and differing definitions	31
1.6 Research questions and research design	36
Chapter 2	
Educating chaplains – opinions of lecturers on hermeneutic competence	41
2.1 Design of the inquiry and method	41
2.2 Results	43
2.3 Conclusions and discussion	53
2.4 In summary: follow-up questions	58
Chapter 3	
Theoretical framework	59
3.1 Philosophical – theological perspective on interpretation and understanding	59
3.1.1 Understanding oneself – interpretation and identity	60
3.1.2 The other in the process of interpretation	64
3.1.3 Self-expression: interruption and testimony	71
3.2 Psychological – communicative perspective	76
3.2.1 Conversation theories	76

3.2.2	Imagination, symbol and metaphor	82
3.3	Existential themes as the content of hermeneutic communication	89
3.4	Pastoral – theological perspective: Back and forth, hermeneutical movements in pastoral and spiritual care	94
3.4.1	Historical developments	95
3.4.2	Hermeneutic roles	99
3.4.3	Hermeneutic-narrative approach	100
3.5	Conclusion	103

Chapter 4

Design and method to study the conversation practice of chaplains 105

4.1	Case studies	106
4.2	Sampling	109
4.2.1	Purposive sampling	109
4.2.2	Participation	110
4.3	Data	114
4.4	Analysis	117
4.4.1	Analysis of conversation practices	118
4.4.2	Analysis of reflections	122
4.4.3	Analysis of views	123
4.5	Quality aspects	124
4.5.1	Validity, construct validity	125
4.5.2	External validity	126
4.5.3	Reliability	127
4.5.4	Other aspects concerning validity and reliability	127
4.6	Ethics	128
4.7	The researcher	130

Chapter 5

Results: exemplary analysis of Case Ingrid 135

5.1	Conversation practice Ingrid	135
5.1.1	Process: The development of the conversation and conversation technique	136

5.1.2	Content: Themes and connections between experiences, themes and sources	151
5.1.3	Other conversations: process and themes	153
5.2	Reflections of the chaplain on the conversations	162
5.3	Views on profession and hermeneutic communication.	165
5.3.1	Personal views on her profession	165
5.3.2	Hermeneutic communication in her personal view on the profession	166
5.3.3.	Plurality	167
5.3.4	Own Tradition	168
5.4	Researcher's observations and provisional conclusions	170
5.4.1	Conversation practice	170
5.4.2	The chaplain's reflections on the conversations with patients	178
5.4.3	Views on the profession, hermeneutic communication and its operationalisation	179
5.4.4	Provisional conclusion	181

Chapter 6

	Results from the other cases	185
6.1	Portraits	185
6.1.1	Case Tineke: In the driver's seat	185
6.1.2	Case Marvin: Theological expertise	189
6.1.3	Case David: Sweet and waiting	194
6.1.4	Case Anne: Affirmative, imaginative and playful	198
6.2	Practice	202
6.2.1	Contribution of professional listening skills	203
6.2.2	Connecting experiences and sources	209
6.2.3	Contribution of the conversation partners	217
6.2.4	Themes, sources and connections	222
6.2.5	Plurality and the chaplain's tradition	226
6.2.6	Opportunities	228
6.3	Reflections	234
6.4	Professional views	236
6.5	Contributions from the verbatim cases	239
6.6	Provisional conclusion	240

Chapter 7

Conclusions and recommendations	243
7.1 Answering the main research question and conclusion	243
Conclusion	248
7.2 Bringing together the research topics: synthesis and discussion	249
7.2.1 Conclusions in relation to the views of lecturers	249
7.2.2 Conclusions in relation to theory	252
7.2.3 Conclusions in relation to the professional standard	255
7.2.4 Conclusions in relation to definitions of hermeneutic competence	258
7.2.5 Conclusions in relation to literature	260
7.2.6 Contributions of this study to theory, practice and training	263
7.3 Reflections and further research	264
7.4 What layer are we on? Recommendations	268
Summary in Dutch	275
Acknowledgements	287
Bibliography	289
Appendices	301
Curriculum Vitae	319

Introduction

A group of theology students in their senior year has gathered in the lecture hall for one of the final courses in their curriculum. The course is called: 'Working hermeneutically on existential themes'. By means of verbatim reports they reflect on their pastoral counselling and their guidance practice with regard to worldview questions.

One of the students reports a conversation with an older woman. In the last year she has been hospitalized several times and has now been told that the prognosis is bad. She's restless, anxious underneath. She shows no evidence of a religious conviction. The chaplain in training adequately counsels the woman's feelings, but the conversation also goes around in circles. The conversation ends in biographical data, how long she has lived in the city, and where exactly. 'On the other side of the water,' she says. The chaplain in training reacts, 'Oh, so you always have to go around that end, across the bridge?' 'Yes,' the woman answers, 'and that bridge is getting longer and longer.' 'I can imagine,' the chaplain responds. 'You have less and less energy.'

The student evaluates the conversation and says she is looking for a biblical image that could comfort or encourage the woman. When asked why she would want to do so, she answers that that is the assignment, working hermeneutically? In addition, she says: 'That is the tradition I represent in this contact.' In the group a discussion arises about the meaning of 'working hermeneutically'.

'Why should you look for a biblical image?' one of the other students asks. 'Why not just ask what might give her strength in her current situation?' 'Yes,' another adds, 'maybe she has her own, non-biblical image. You don't really know anything about her worldview or religious background yet.' 'Does it have to be about images?' a third says. 'Isn't working hermeneutically a lot more like helping her to look at her own life and also at what is going on now and what it means to her?' A fourth adds: 'Talking about meaning, what would it actually mean that she says that the bridge is getting longer and longer?'

The present research project examines form and content of hermeneutic communication between chaplains of Protestant-Christian tradition and patients, in settings of a general hospital and in the context of contemporary Dutch society with its religious plurality. It also examines the hermeneutic competence that enables such hermeneutic communication.

Reasons for the present study: the state of the problem

Most protestant, or protestant related institutions for theological education in the Netherlands understand hermeneutic competence as one of the main competences, or even the core competence of spiritual care and chaplaincy. It is hermeneutic competence that enables hermeneutic communication. That corresponds with the professional standard of the Dutch association of spiritual caregivers (VGVZ) and its description of hermeneutic competence as one of the specific competences for a chaplain or spiritual caregiver (VGVZ, 2010, 2015).

The first reason for the present study is the difficulties of theological students to put hermeneutic competence into practice. Not rarely students ask, at the end of their study, how to do 'it' and what exactly 'it' is? They become confused by different uses of the word 'hermeneutic' in different disciplines of theology and by the terms used in definitions. Also they are trying to understand how to relate their own religious identity, their affiliation, to the work they have chosen to do. It is not easy for them to operationalise the definition of the term.

Matters get more complicated, and that forms a second reason for this study, when one takes a closer look at the descriptions of hermeneutic competence provided by various protestant or protestant related educational institutions in the Netherlands and the differences between them. The definitions that were in use at the time the study began, were all written in the period 2005 – 2012. In that period the professional organisation also spoke of 'diagnostic and hermeneutic competence' as a necessary competence to perform the core task of the spiritual caregiver (VGVZ, 2010). The VGVZ definition contains aspects that are at odds with the definitions of the educational institutions. In chapter 1.5 I will look at the differences in detail. But there is also a common characteristic in all of the definitions: hermeneutic competence addresses the relation between people's current experiences on the one hand and meaningful sources and traditions on the other.

The words 'sources' and 'traditions' lead to a third reason to start this inquiry. Since the 1960s, major societal changes have taken place in Western Europe. The Netherlands developed from a more or less mono-cultural into a multi-cultural and multi-religious society (Doolaard, 2006; Van de Donk et al., 2006). Simultaneously, organised religion seems to become increasingly replaced by individual spirituality, composed from several traditions and sources (De Hart, 2013; De Hart et al., 2011). What does that plurality with a multitude of sources and traditions mean for the encounter between chaplains and their conversation partners? How does the chaplain relate to his or her own tradition? Does it play any role and if so, what is that role?

These three observations: the difficulty of students to operationalise hermeneutic competence and shape hermeneutic communication, differences between definitions of hermeneutic competence and changes in society with regard to worldview, are the three reasons that led to this study on hermeneutic competence and hermeneutic communication.

Outline

The study is structured as follows. In the first chapter, I take stock of the research field. That begins with a demarcation, situating hermeneutic competence in a broad and differentiated field (1.1). I then introduce a number of perspectives that illuminate the theme of the study: philosophical (1.2), sociological (1.3), professional (1.4) and educational (1.5). The chapter concludes with a formulation of the research questions and the research design (1.6).

The second chapter is the report of an initial, exploratory survey among lecturers from a number of theological institutions about their views on the operationalisation of hermeneutic competence and the way in which form and content is given to hermeneutic communication. The results of that survey yield questions that can be explored in practice.

In chapter three, I explore what theoretical concepts can be helpful in bringing hermeneutic communication into focus. From three angles, I describe processes of interpretation, understanding and communication and the roles the chaplain takes in those processes. First, I discuss a philosophical-theological perspective (3.1), with the help of the hermeneutic theory of Ricoeur. Here, I focus on the process of interpretation and self-understanding. I also address the matter of understanding the other, guided by Moyaert's theory of interreligious dialogue, also based on Ricoeur. Finally, I address the elements of interruption, self-disclosure and witnessing. Second, I adopt a psychological-communicative angle. Understanding hermeneutic communication requires not only a psychological-communicative conversational model but also a model that specifically addresses existential themes. I use models by Lang and Van der Molen and by Hartmann, respectively. This section also focuses on imagery, symbols and metaphors as specific expressions of meaning and existence.

As a step towards the third angle, section 3.3 offers a brief exploration of some of the content of hermeneutic communication. Both from the field of work and from theory, it becomes clear that interpretation and understanding in the context of chaplaincy deal with questions of life. These can be approached and described from different viewpoints. I ultimately opt for a categorisation from existential psychology. The third perspective is pastoral-theological (3.4). After sketching historical

developments of pastoral theology, I describe different hermeneutic roles in different pastoral models. I then turn to the hermeneutic-narrative approach.

In the fourth chapter, I introduce the examination of the conversational practice of Protestant Christian chaplains. I elaborate on the research design and method: a multiple, embedded case study of seven cases. Sampling, data collection and analysis are discussed, as well as quality aspects and ethics. I conclude the chapter with a reflection on my own background and development and the role it plays in my research. Chapters five and six present the results of empirical research on the conversational practices of Protestant Christian chaplains in general hospitals. Chaplains were interviewed on their views of the profession and on hermeneutic communication. They also reflect on the transcriptions of their recorded conversations. In the seventh chapter, I draw conclusions, discuss them and offer recommendations for practice, training and further research.

In the introduction I described the reasons for initiating this study: questions from students, differing definitions of hermeneutic competence, changes in society with regard to worldview and the role the spiritual caregiver's own worldview plays. Together, these reasons sketch the contours of the research area. The first section of this chapter offers a number of considerations in response to those motivating reasons. Hermeneutic competence is derived from training practices within a broad spectrum of theological professional practices. In order to do justice to the reasons for this study and adequately examine them, a funnel is needed in order to demarcate the field of investigation. In the second section, I will briefly address the central concepts of hermeneutics, hermeneutic competence and hermeneutic communication from philosophical perspectives. In order to connect the concept of hermeneutics with the practice of spiritual caregivers, I elaborate on the concepts of existential themes, meaning and worldview. The third section offers a sociological perspective. It addresses the societal changes concerning meaning, religion and worldview during recent decades. The fourth section addresses professional perspectives. It sketches the foundation of and developments within the Dutch professional association of spiritual caregivers in relation to increasing religious and worldview plurality and the developments in the practice of chaplains. The fifth section provides an educational perspective. It offers a description of where chaplains are trained for their profession and addresses the issue of the difference in definitions of theological institutions and the professional field with regard to hermeneutic competence. In the sixth section I will state the research questions and sketch the research design.

1.1 Demarcation of the area of research

The questions students pose concern the meaning of the term hermeneutic competence and its operationalisation in practice. By the professional field hermeneutic competence is regarded as a main characteristic of their future professional practice. That provides an important motivation for conducting empirical research. The

theory of hermeneutics is extensive, but the focus on the professional's actions is limited and a shared description of the competence is lacking. In that situation a qualitative study is indicated (Gray, 2014, pp. 160-162). There is a need to see how hermeneutic theory is understood by practitioners and operationalised in practice. Such an empirical qualitative research approach provides an opportunity to clarify or add to existing theory on the basis of practical experience. A number of considerations, however, are important for the precise formulation of the research context and the demarcation of the area of research.

The first consideration concerns terminology. In speaking about hermeneutic competence, it is important to bear two things in mind. First, from an educational point of view, a competence relates to a 'cluster of related knowledge, skills and attitudes that affects an important part of a person's task (role or responsibility)' (Cluitmans et al., 2002, p. 7). With the help of that cluster, the professional contributes to, in this case, a certain form of communication, which we here call hermeneutic communication. Below, the term is described in more detail in terms of content. Secondly, communication relates to a process between different actors. So it is not only the professional who 'conducts' (initiates, sustains, executes) or owns the hermeneutic communication. It is just as interesting to see what role the conversation partner plays in the communication. The data must therefore be of such a nature that it provides insight into the actions of both the professional and the conversation partner.

The second consideration concerns the precise definition of that part of the work of a pastor, spiritual caregiver or chaplain to which the term hermeneutic communication can refer. Theological institutions describe several competences for the professional profiles for which they provide education. That indicates that hermeneutic competence relates to part of the professional's practice domain. It is important to clarify to what aspects of the professional contact the term 'hermeneutic' refers. After all, conversation partners do not explicitly ask for hermeneutics in contacts with a caregiver, nor does the caregiver use the term with the conversation partner. We will see that there are reasons to apply hermeneutic competence and hermeneutic communication to that particular part of the work that deals with questions of life and meaning (1.2).

That leads to an important (third) consideration for the location of the research. We need a research context in which questions of life and meaning are addressed or are close to the surface. Significant experiences, of happiness or of disturbance, often cause questions about views on life and meaning (Anbeek, 2016; Jacobs, 2020). In such situations people need to renew their understanding of life. A hospitalization is a situation in which the daily course of life is interrupted. It is conceivable that

the context of a general hospital would be a good place to investigate the practice of hermeneutic communication by chaplains and spiritual caregivers.

A fourth consideration is the further demarcation of that practice. In general, spiritual caregivers and chaplains have a multitude of tasks. These include not only direct client contact, but also contributions to ethical decision-making, training other disciplines and advising on policy issues. Also, in the direct counselling of clients they make use of various methods. Conversations on meaning and worldview is one of them. Of course, guidance in meaning and worldview issues also includes forms of communication of a non-verbal nature, ritual and celebration. Hermeneutic communication thus takes shape in many forms of guidance and other tasks. This study, however, focuses on the guidance by means of conversation.

There are several reasons to focus on individual conversation practice within this spectrum of activities. It is in conversation, in one-to-one contacts between spiritual caregiver and conversation partner, that hermeneutic communication as support for meaning comes most clearly into view. Celebrations have a collective character, which makes it more difficult to see in what way the celebration is supportive of the processes of understanding and support of meaning of individual participants. Ethical decision making has an explicitly defined and, in comparison to hermeneutic communication, also a limiting purpose. Clinical classes are directed to other professions with their own goals. Individual conversations seem the most accessible for observing hermeneutic practice. Language also plays an important role in that. The use of language makes it possible to analyse conversations in a similar way as is done in the hermeneutic process of understanding written texts, traditionally the domain of hermeneutics.

A fifth consideration concerns the relation between hermeneutic competence and plurality. The definitions refer to traditions and sources, but whose traditions and sources are meant by that? And what does contemporary religious and worldview plurality mean for hermeneutic communication and competence? A general hospital is not only a place where questions of life are close to the surface, but also a place where people of all ages and backgrounds can suddenly find themselves. Although there may be local differences, it is probably a place where people of various beliefs or worldview convictions are to be found.

The final consideration concerns the caregiver's own religious or spiritual tradition. Students also wrestle with the question how much room, as well as which function, if any, their own religious or spiritual identity may have in contacts with their conversation partners. That calls, in the context of a demarcated, exploratory study, for a closer look at the practice of spiritual caregivers of a particular tradition with a considerable hermeneutic tradition as that of Protestantism (Walton, 2013).

In this research I choose, exemplary, Protestant spiritual caregivers with a formal commitment to and an endorsement from a Protestant church. From here on I will refer to them by the term chaplain.¹

Terminology

This study focuses on the operationalisation of a competence that has been defined in various terms. In the following sections and chapters the key terms will be further elaborated upon. At this point, only a preliminary working definition of the competence can be provided. To that end, I draw upon hermeneutics as the theory of interpretation and understanding. The history of hermeneutics shows a development from interpreting and understanding texts to interpreting and understanding existence itself. On the basis of that process of understanding, a view of life, that is, a world-view is formed. The interpretation and understanding of existence itself becomes urgent when profound experiences (in which existential themes are recognisable) are involved. Life has to be ‘considered’ anew. In that process, previous sources and traditions of meaning play an important role.

In order to maintain direction and focus, I used a working definition from the start of the study: hermeneutic competence is the ability to engage in communication about experiences in the light of meaningful sources and traditions. I call that communication hermeneutic because it involves the attempt to interpret and understand those experiences and those sources. In the next chapter I will further explain what I mean by the terms ‘existential themes’, ‘meaning’ and ‘worldview’.

1.2 Philosophical perspectives: Hermeneutics in competence and communication

Hermeneutics

Hermeneutics in the broadest sense of the word is about ‘tracing and clarifying meaning’ (Walton, 2014, p. 14, n27). In the philosophy of science, hermeneutics is the section of epistemology concerned with interpreting and understanding human utterances (Van den Bersselaar, 2003). Its focus is meaning (Baronov, 2004, p. 113). The term has a long history. For detailed overviews of the historical development

1 On terminology and differences in terms between Dutch and English language areas, I refer to chapter 1.4. The choice for Protestant chaplains I will explain in detail in chapter 4.2.1.

I refer to Jeanrond (2000), Ganzevoort & Visser (2007), De Knijff (1980) and Caputo (2018). I will here highlight several relevant issues.

The term 'hermeneutics' is derived from the mythological figure Hermes, the messenger, who conveys the intention of the gods to mankind. The messages were often in the form of riddles and not immediately accessible. The messenger therefore had to explain the messages and make them understandable to the recipients. Hermes forms, so to say, the connection between the human world and what is beyond. This is less innocent and servant-like than it seems. Hermes is also the protector of travellers, those who are on the road, but also the protector of thieves. He is a trickster, a prankster, who also deliberately wrong-foots, challenges and creates shifts. The back-and-forth movement, the linking of one and the other and deriving meaning from it, has remained the central idea of the word hermeneutics throughout the centuries. And Hermes' disruptive, deconstructive nature recurs in radical and postmodern hermeneutics (Caputo, 2018).

For a long time hermeneutics mainly provided rules for explaining texts. 'Throughout the Reformation and into the Enlightenment, Europeans were obsessed with a collection of ancient texts that were commonly considered to provide the essential cultural-intellectual foundation of Western civilization. Those works included the Bible and various classical works from Greek and Roman antiquity.' The methods developed for the interpretation of these texts, became the basic framework for hermeneutics (Baronov, 2004, p. 113).

After the Enlightenment and with the rise of the natural sciences, it became necessary for the humanities to distinguish themselves from those rapidly emerging disciplines in view of the question what different kinds of knowledge both approaches generate. Hermeneutics provided an important framework for this.

Jeanrond, in his overview of historical developments, points to Schleiermacher, with whom the development of modern hermeneutics is generally situated (Jeanrond, 2002, p. 44). For Schleiermacher, the written text was central, in line with what was customary. The text remains the standard for understanding. The reader must therefore empathise with the circumstances and situation of the author in order to discover the overall meaning of the text. But Schleiermacher adds a subjective aspect. There can also be a personal understanding of the text. He calls that a divinatory moment. The text reveals itself in its meaning to the reader in a private way. Only then does the reader, together with the author, really participate in the subject of the text.

Dilthey, building upon the work of Schleiermacher, proposes a distinction between a scientific, positivistic way of thinking, which provides an explanation

of phenomena and the humanities, with its hermeneutic way of thinking, that does not provide explanations, but an understanding of phenomena. Both forms, both approaches, yield knowledge, but each of a very different nature. Although, Dilthey's distinction has been criticized, aspects of the distinction have been integrated in later concepts of hermeneutics. Gerkin (1984) sees traces of this in the work of Ricoeur in the concepts of the language of force and the language of meaning.

Another 'move' is made by Dilthey, in keeping with the work of Schleiermacher. Whereas Schleiermacher introduces a subjective understanding into hermeneutical theory, Dilthey goes on to say that, if the subjectivity of the reader plays a significant role, then the understanding of human experience is also historically and contextually determined. That means that history itself can also be the object of the process of understanding.

It is Gadamer (1965) who points to the forming effect of history. We do not approach texts, the reality around us, from a blank perspective, but from our own understanding. A horizon of understanding has already formed itself within us. What matters then is the coming together of 'two horizons, that of the text and that of the reader' (Jeanrond, 2002, p. 65).

A number of lines, that is, the inclusion of subjective understanding, the broadening of perspective from texts to history and the importance of including personal, historical and contextual formation in the process of understanding, all come together in Ricoeur's work. He holds them together in a dialectic tension. For him, texts are 'language expressions aimed at giving (or attributing) meaning' (Ganzevoort & Visser, 2007, p. 104). The process of interpretation involves both an initial naive approach to texts, in which pre-understanding is fully involved, and a critical distance (distancing) from the text, with ample space for a critical scientific approach, before it can come to a real appropriation (Moyaert, 2011b). In this, the lines of explanation in the sciences and of understanding in the humanities are connected. Ricoeur's views on the process of interpretation will be discussed further in chapter 3.

According to Ricoeur, there is an analogy between written text, spoken text and human action: all are meaningful expressions. 'All three have an influence that transcends the moment, all have unintended consequences as well as intended ones, all create a world and all are open to reinterpretation' (Capps, 1984). The parallels open the way to approach human action hermeneutically as well. With this, another shift is made. In addition to a doctrine about understanding texts, hermeneutics also becomes an approach for understanding existence itself: 'existential

hermeneutics' (Ganzevoort & Visser, 2007, p. 106; Jeanrond, 2002). Again and again, people seek to understand their reality and who they are. They seek to interpret what happens to them, understand how they relate to others and discover what they are getting themselves into. It is in response to the major questions of life that we try to find meaning. In that process of searching for meaning, we do not start from zero. We stand in a biographical and historical context and live in a world full of different interpretations, stories of meaning, traditions, religions, in short: worldviews, all dealing with existential questions.

Existential themes

Life can be so full that we are hardly aware of meaning. At the most we experience our life as 'having meaning' when we like doing something. That can change when we experience events that happen to us, that deeply touch us and interrupt the natural course of everyday life. They might be experiences of deep wonder and happiness, or experiences of horror and despair. All of a sudden existential themes or existential questions can appear. There are various formulations for those questions such as: questions of life, questions of existence, moral questions or 'slow questions' (Kunneman, 2000). They are 'questions about illness, suffering and death, but also about love, fidelity and care in relationships, or violence, infidelity and indifference in relationships' (p. 73). In a way, the questions are timeless, or perhaps better: questions of all times, that in changing contexts need to be rethought again and again on a personal level. They are questions of sense and meaning, of value, of deterrence, of beauty. Attempts have been made in various disciplines (philosophical, theological and psychological) to categorise the existential themes and questions. That will be dealt with in more detail in chapter 3.3. In any case, they are questions, themes and experiences of a specific nature. They cannot be solved with purpose-means rationality (Kunneman, 2009) nor can they be answered in a logical-argumentative sense. A different language is needed to grasp some of what is difficult to put into words. The language of metaphor and of story, the language of dream, vision and fantasy, and also of playfulness and humour is more suitable (Kunneman, 2000; Mulder, 2012).

Meaning

It is inherent to humankind to reflect and consider. We are able, to a certain extent, to perceive life, to have an awareness of the past, of the present and to have thoughts about the future. Gradually we develop a view on who we are and what happens to us. In this way we attribute meaning to our existence. Thus, meaning is a fundamental characteristic of being human, an anthropological fact (Smit, 2015).

Smaling and Alma define meaning as ‘a personal relationship to the world in which one’s own life is placed within a broader framework of coherent meanings, in which purposefulness, value, connectedness and transcendence are experienced, together with competence and recognition, so that feelings of motivation and well-being are also experienced’ (Smaling & Alma, 2010, p. 23).² Literature distinguishes between everyday meaning and existential meaning (Mulder, 2012).³ The way in which we fill a day in such a way that we experience it as pleasant or useful is such a form of everyday meaning, which is not or hardly consciously perceived. However, there is no hard distinction between everyday meaning and existential meaning. Although hardly conscious to us in everyday life, the decisions we have to make and the choices that we make, stem from transcending norms and values, which in turn can be related to each other in a network of meanings and can be linked to traditions and sources (Mulder, 2012, p. 34). These frameworks play an important role in existential meaning. We call such an overarching framework of coherent meanings a worldview. They help us to interpret reality around us and ourselves in that reality. They provide answers or help us to relate to the existential questions reality presents.

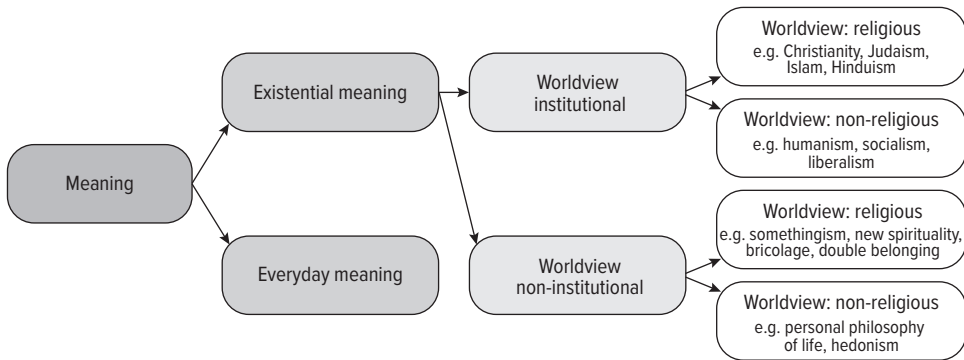
Worldview

Frameworks of meaning are sometimes clearly recognisable in society: they take on form in institutions. They shape the identity of movements and organisations, such as humanism, socialism, liberalism, Judaism, Christianity, Islam. The examples show that a further distinction can be made within institutional worldviews: religious and non-religious. But sometimes they are less recognisable, less clearly organised. It is common to speak of non-institutional worldviews, which can also be distinguished into religious and non-religious variants. To non-institutional, religious forms belong (e.g.) the ‘*Ietsisme*’ (Somethingism)⁴, new spirituality, the

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- 2 Smaling and Alma’s definition of meaning is very similar to the consensus definition of spirituality, from the European Association for Palliative Care (EAPC) of 2010: ‘Spirituality is the dynamic dimension of human life that relates to the way persons (individual and community) experience, express and or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant and / or the sacred.’ (Van der Leer, 2020, pp. 71,72).
 - 3 Different terms are used, e.g.: everyday meaning and ultimate meaning (Ter Borg,) or ‘meaning in’ and ‘meaning of’ (Lans v.d.), both cited by Van der Leer (2020).
 - 4 *Ietsisme*’ is to be translated as ‘believing in ‘something’. At the beginning of this century the term was first coined by Ronald Plasterk, a Dutch politician and former secretary of education and home (Biezeveld et al., 2006, p. 7). See also: <https://www.urbandictionary.com/define.php?term=somethingism> (23.03.2024)

development of one’s own worldview, be it by taking elements from several religions and fitting them into a personal construct (bricolage) (Zondervan, 2008)⁵ or by committing oneself to more than one worldviews at the same time (Multiple Religious Belonging) (Berghuis, 2019). Non-institutional, non-religious worldviews are more individual in character. See figure 1.

Figure 1
 Meaning in relation to kinds of worldview.



Note: adapted from *Werken met diepgang* (p. 35), by A. Mulder, Uitgeverij Meinema

Institutional worldviews in particular have for centuries produced patterns and systems that have helped to answer the questions of who we are, who we want to be and how we should be. They formed and form an essential element of our identity (Van Dijk-Groeneboer, 2018). They provide standards and patterns of behaviour. But with the diminished influence of such institutions, there is more room for individuality. Roles are no longer fixed and the question of who we are must be answered in a distinct way. That roles are no longer fixed also means that identity is not fixed, but constantly evolving. In chapter 3 the evolving nature of identity is further explored. We express our identity, both in the actions we perform, in the underlying choices, and in the story we tell about ourselves (Ganzevoort & Visser, 2007). In that story our meaning is included; in our story one can hear how we relate to the world and to what happens to us in it.

5 The term is from French anthropologist Claude Lévi-Strauss and was first used in his book *The Savage Mind*, in 1966.

Hermeneutic competence

Worldviews ensure that in what we experience and what happens to us, life is still experienced as ‘right’ (which is not the same as ‘life is good’). They help us to deal with the experiences and questions and provide us answers or ways to relate to them. But what if the contrast-experiences (Anbeek & De Jong, 2013; Anbeek, 2016, 2018) are such that the answers provided no longer fit, or that the stories, stored in our biography, no longer help us to understand who we are? Then, there is an urge to re-interpret both, what is happening to us and the stories we live by, the traditions to which we belong.

The drawing together of actual experience on the one hand and sources and traditions on the other, going back and forth between what is and ‘what is beyond’, between what is now and what has been handed down to us, or what we have found to be sources of meaning so far, is the core of hermeneutics in the context being studied. That would seem to suggest that such meaning-making can always succeed, but nothing could be further from the truth. It equally implies the possibility that a ‘fitting’ or satisfactory answer is not found. It equally implies the possibility of the *horror vacui*. The search for meaning in the light of what happens to us is first and foremost a hermeneutic activity that we perform ourselves. However, the task can overwhelm us.

It is in such situations that chaplains seek to offer assistance. ‘Spiritual Caregiving is the professional support, guidance and consultancy on meaning and worldview’ (VGVZ, 2015, p. 9). All definitions of hermeneutic competence include that back-and-forth movement. That means that theologians and spiritual caregivers are expected to be able to ‘read’ both the actual situation and experiences on the one hand and the sources and traditions of meaning on the other, and to relate them to each other.

Hermeneutic communication

By virtue of hermeneutic competence, communication on questions of existence and identity becomes possible. However, the use of the term hermeneutic communication is not unproblematic. In a way, every form of communication is hermeneutic in nature. Every method of communication aims at enabling the partners to understand each other, finding the meaning of what is communicated. Seen in this light, hermeneutic communication is a pleonasm.

For the moment, I will stick to literature written with the theological practice in mind and that defines ‘hermeneutic communication’ as a specific part of communication. In this study hermeneutic communication refers to ‘the communication between persons and groups that is embedded in the traditions from which those

persons, groups and/or communication originate' (Ganzevoort, 2007, p. 29). It is the communication from and about sources and traditions in relation to 'slow questions, motives, values and meaning. The scope cannot be sharply delineated', but it concerns all themes that occur in the field of meaning, worldview and religion (Mulder, 2012, p 33).⁶

The introductory section of this chapter states that the use of the term communication in hermeneutics shows that it is a process involving several actors. That implies that it is a dialogical process between, in the context of this study, an interlocutor and a chaplain. In addition, of course, there is also an internal dialogue, when a person comes to terms with his or her own traditions and sources. Those elements will return in chapter three.

Issues arising from this section

In my brief sketch of the history of the concept of hermeneutics, the key words are interpretation and understanding. That includes both the interpretation and understanding of concrete experiences and the existential questions and themes contained in what a person encounters in life, as well as the interpretation and understanding of the sources and traditions of meaning, and how they relate to each other. In order to assist others in finding meaningful coherence in existence, hermeneutic competence is needed. The term hermeneutic communication has been chosen for the conversational interaction on these issues. The chosen field of research is chaplaincy and the chaplain who enters into a relationship with a conversation partner in which guidance or consultancy takes place in the field of meaning and worldview.

An initial exploration of the meaning of the terms 'hermeneutics', 'hermeneutic competence' and 'hermeneutic communication' shows that these terms refer to the meaningful interrelation of experience and source or tradition, but this does not yet delineate what and whose sources and traditions are involved. Those questions are important in the light of a society as it has developed in the past decades in the Netherlands, but also in a large part of Europe. That is the subject of the next section. To examine the practice, a theoretical deepening is also required. I will look for this deepening in chapter three with regard to processes of interpretation and their relationship to identity (3.1.1), in the fields of dialogue and conversation (3.1.2 and 3.2) and in the further identification of existential themes (3.3).

⁶ Incidentally, both Ganzevoort and Mulder use the term 'worldview communication' (Dutch: levensbeschouwelijke communicatie) as well as 'hermeneutic communication'.

1.3 Sociological perspective: a society in change

Definitions of hermeneutic competence refer to the connection between current experiences and traditions or sources, without making clear what and whose traditions are meant. The definitions that I use as one of the starting points for this research, seem to be based on the tradition of the professional. But even then, it is complicated to determine what tradition is involved. If we start from the traditions of the interlocutors, the situation becomes more complex. That has to do with rapid changes in society, in which a number of tendencies are at work, like pluralization, de-institutionalism and individualization.

During the last decades, due to migration and influences of other cultures, modern western society, including the Netherlands, has developed, from a more or less mono-cultural society with Christianity as the dominant religion, into a multi-cultural and multi-religious society. Christian tradition no longer has prime authority. In many cities it is no longer a majority worldview.

Regarding de-institutionalism, a 2016 research report shows that the number of church members of almost all denominations taken together decreased to about 25% of the Dutch population (Bernts & Berghuijs, 2016). The one exception to that conclusion were the smaller Protestant churches which stabilized in number. The Roman Catholic Church had to face not only the fact of decreasing numbers, but also of less participation by the remaining members. The largest Protestant denomination, the Protestant Church in the Netherlands, however, saw in the last ten years an increase in participation in church services of the remaining members. But in the overall view the report speaks of marginalisation of churches in society in that fewer people belong to a church, hardly visit any, are not familiar with what churches have to offer and do not see any link between churches and their own worldview (Bernts & Berghuijs, 2016, pp. 26,31). A report of the Scientific Board of Government Policy (WRR) from 2006⁷ looks at the role religion plays in the public domain (Van de Donk et al. 2006). It speaks of a transformation of religion and indicates that lifestyles of meaning have replaced bonds to institutionalised forms of religion (Kronjee & Lampert, 2006). People come together less often within fixed institutionalised contexts, but instead in more fluid forms such as events, online networks and the like, where the aspect of 'belonging to' shows itself in different degrees of involvement.

7 Dutch title: *Geloven in het publieke Domein. Verkenningen van een dubbele transformatie. Believing in the Public Domain. Explorations of a twofold transformation.*

Individualization

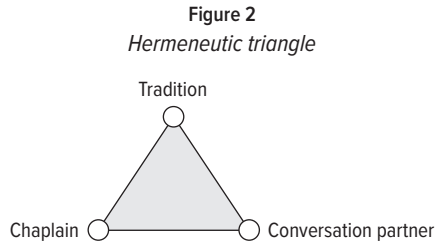
Plurality has also increased among those who are still connected with churches. The great Christian pillars⁸ of the previous century have given way to more fragmented forms of faith. The church as an institution has largely lost its power of expression (De Hart, 2013). Individual church members do not comply with official doctrines but formulate their own fragmented beliefs in interaction with society and the spirit of the times. Residues of classical Christian doctrine mix with all kinds of other influences. Throughout the centuries, connections have always taken place between Christian tradition and older, local forms of faith, but the processes has become more prevalent and more plural. Astley brings to the fore that there is a discernible discrepancy between formulated faith and lived faith. He speaks of ‘ordinary theology’, practised by people who are not experts or professionals in the field of theology, as opposed to a theology of the Church and a theology of the academy (Astley, 2002). The ‘theology of the layman’ is contextual: bound to place and time and searching and groping found on the fault lines of life. People design their own worldview in which they adopt only parts of classical traditions. De Hart calls this ‘modular beliefs’ (De Hart, 2013). For some, divine service is still a fixed point, but to many it no longer is. Instead, people choose from a wider ‘supply’. Media and events (concerts, festivals, meetings) also contribute to that supply (Kronjee & Lampert, 2006; Mulder, 2012). Individualization and pluralism go side by side.

People construct their own meaningful framework, or their worldview identity, on the basis of (parts of) classical traditions, but also with other sources of meaning and new traditions, that sometimes resemble behavioural patterns from older traditions. For this process of composition, I referred to the word bricolage in the previous section. Cornille coined the concept of Multiple Religious Belonging in which people affiliate with more than one religious tradition (Berghuijs, 2019). In a compilation of fragments, an identity is built up that can no longer necessarily be traced back to a single core or theme (...), also when it comes to religious identity’ (Ganzevoort, 2007).

Thus, although the reports show a clear decline in institutionalised forms of religion and worldview, it is equally clear that religion and worldview are by no means absent in society. On the contrary, a diverse worldview landscape has emerged and even an increase in interest in meaning and spirituality. Moreover, life, especially in the unforeseen events and critical moments, continues to confront people with existential questions, to which they seek meaningful answers.

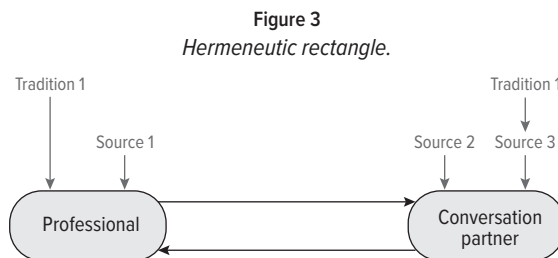
⁸ Until the sixties it was customary to speak of a pillarized society; social life was divided according to religion or worldview. Every movement, every pillar (Protestant, Roman Catholic, socialist) had its own clubs, newspapers, schools, trade unions and shops.

For processes of hermeneutic communication and for the question whose and what traditions are meant in the definition of hermeneutic competence, the situation becomes complex. In Christian-oriented theories of pastoral care, counselling practices, catechesis or homiletics a hermeneutic triangle is often used between (common) Text or Tradition, pastor/chaplain and the interlocutor, youth groups or congregation members.



Jonker (1992) thus describes a dialectical-hermeneutical learning model applied to catechesis. Dingemans (1991) does so for homiletic communication.

As a result of the developments outlined above, the interlocutor often no longer has an unambiguous 'T' (tradition), but a composite one. The chaplain is also receptive to different influences and will incorporate that into his or her personal view of life. And, to complicate matters, chaplains are not the same and that is especially true for spiritual caregivers, who can come from a wide variety of denominations, religions or worldviews. There is no longer a hermeneutic triangle (if there ever has been), but more a hermeneutic rectangle of chaplain and interlocutor, each with their own horizon of understanding. But the horizon of understanding is not unambiguous. The text or tradition to which each of them refers is often a composite one. It is in the context of a multitude of sources and traditions that a conversation takes place between the chaplain and the conversation partner.



Note: adapted from *Werken met diepgang* (p. 31), by A. Mulder, Uitgeverij Meinema

Issues arising from this section

A number of questions arise from the described developments. From what traditions and sources does a person draw in hermeneutic communication? To what extent is it possible for the conversation partners to identify with another person's worldview, traditions and sources? What role can and may the tradition of the chaplain (who is there to serve the interlocutor) play? And as chaplains are also influenced by various trends, in what ways is the Protestant tradition relevant for chaplains in their profession? These questions will be discussed in the terms of plurality and dialogue, of witnessing and interruption and conversation theory in chapter three. The repercussions of the social development of the past decades for the professional field will be discussed in the next section.

1.4 Professional perspectives: Responses from the professional field

The sociological developments discussed above have had consequences for the development of the field and training in pastoral and chaplaincy care. I will briefly discuss, first of all, developments within the Dutch professional association of spiritual caregivers, and then developments in the professional field.⁹

Professional association

The 1970s played an important role in the development of the professional field. The context was the demise of the pillarization of Dutch society. In 1971 the Dutch Association of Spiritual Caregivers (VGVZ) was founded. In 1972 a chaplain for the first time became a hospital employee. Until then, chaplaincy care in a health-care institution was provided by local churches. Local clergy, or volunteers, visited their congregation members or parishioners in the institution. In the early years of the association and also in the organization of the work within the institution, the influence of the denominationally segregated society was still clearly noticeable. At that time the VGVZ had three sectors: Protestant, Roman Catholic and non-church. The latter was replaced in 1987 by a humanist sector. In the 1980s it became clear that the increasing growth of patients from the immigrant population required a rethinking of the way in which chaplaincy care was offered. Initiatives were developed, for example, to call upon local religious leaders with an Islamic or Hindu

⁹ I am here following the historical overviews in Doolaard (2006), Zock (2019) en Huijzer (2017).

identity. In the early 1990s, the issue received more attention when the government also insisted on innovation in this area.

From that period onwards, three developments began to play a role as a response to the developments of multiculturalisation described above. First of all, the self-evident affiliation of a chaplain with an institutionalised religious community came into question. In 1984, a number of members asked for a sector of spiritual caregivers without any such affiliation. The discussion was met with a negative decision in 1986 but remained on the agenda of the professional association until the founding of the Sector for Institutionally Non-Affiliated Spiritual Caregivers (SING) in 2015. On the one hand that move relinquished the necessity of an official bond with a worldview society; on the other hand, however, the underlying idea of working from a well-defined spirituality and a more or less endorsing authority was preserved. Non-affiliated spiritual caregivers are authorised by a 'Council for Non-Denominational Spiritual Caregivers' that reviews the worldview competence of spiritual caregivers without an endorsement from a church or worldview society. Until now, the professional association, despite tensions on the issue, has maintained that being rooted in one's own spirituality and worldview is an unrelinquishable element in the professional identity. 'Spiritual caregivers have their own authentic spirituality, which they actively maintain and which constitutes the foundation of their work' (VGVZ, 2015, p. 8). Huijzer concludes that the ministry of pastoral-spiritual caregivers, chaplains with an endorsement from their church, is of importance. He states that 'when one can draw on (what he calls-TTvL) an attestative source, only then can one understand the other in his spirituality and existence' (2017, p. 427). That is relevant to this study because it connects to the students' questions as to whether and in what way there is room for the chaplain's own tradition and conviction in professional practice.

Second, in addition to this development, more and more opportunity is being sought to admit spiritual caregivers with a worldview identity other than Christian or humanist. An issue has been the gauging of 'ministerial' or professional identity, expressed in a standardised form of education where possible and the integration of multicultural spiritual care within the care provision. That has led to the current nine sectors of the professional association.¹⁰

The third development that demanded the attention of the professional association is the increasing independence of the profession in relation to the original ecclesiastical or worldview institutions and also from the educational theological

10 The Protestant, Catholic, Orthodox, Humanist, Islamic, Jewish, Hindu, Buddhist sectors and the Sing. Source: VGVZ website (17.09.2023): www.vgvz.nl

institutions affiliated with those worldview institutions. I will deal with that in more detail in the next section.

Developments in the professional field

Terminology

Before going any further, it is good to reflect on the various words used to refer to the profession. In Dutch, a number of terms are common and the terms do not directly correspond to English usage. The term spiritual caregiver is generally used to designate the professional practitioner of the profession. Within that generic term there is great diversity, related to the developments mentioned above. Teams are made up of practitioners of many different religions or worldviews, but for profession as a whole the term ‘spiritual caregiver’ is used. Among them are, as in this study, spiritual caregivers with an endorsement from a church. Those endorsed professionals hold what in Dutch is called an ‘ambt’. There are two words for the word ‘ambt’ in English: the more formal, legitimising term ‘office’ and the more spiritual, archetypal word ‘ministry’. The Dutch word ‘ambt’ combines the two aspects. (Huijzer, 2017, p 487). The spiritual caregivers involved in this study are professionals, employed by the hospital but also endorsed by a Protestant church. They therefore hold this ‘ambt’. I refer to them with the term ‘chaplains’.

As to the work that is actually performed, there is another possible confusion lurking. The first thought is that a spiritual caregiver is the one who provides spiritual care. Since the 1990s, however, spiritual care has become an interdisciplinary approach that originated in the United States but has spread worldwide and seeks to do justice to the spiritual dimension of being human. Consequently, spiritual care is not the sole preserve of professional spiritual caregivers, although it is their explicit domain, but spiritual care is ultimately the care and task of all disciplines working in healthcare. Doctors, nurses, spiritual counsellors, medical and theological researchers and lecturers work together in an interdisciplinary and international manner (Van der Leer, 2020, p. 36).¹¹ The area in

11 Van der Leer mentions the George Washington Institute for Spirituality in Healthcare as catalyst and refers also to the Global Network for Spirituality and Health (2020, p. 36). Attention to interdisciplinary spiritual care is not limited to healthcare institutions. In the Netherlands a number of action research studies are currently taking place that focus on the attention paid to meaning. These studies are also looking at the cooperation between different disciplines, such as spiritual caregivers and general practitioners, or spiritual caregivers and social workers and other care providers, in primary healthcare’. I mention the *PLOEG 1,2,3* studies (palliative research

which professional spiritual caregivers and, in this study, chaplains work lies at the intersection of spiritual care and pastoral care. In English one speaks of chaplaincy care, in German of (Krankenhaus) Seelsorge and in Flemish speaking areas of spiritual care provided by pastors. The European professional association speaks of Health Care Chaplains (Van der Leer, 2020, p. 42)¹²

The sociological developments described, had a direct influence on the work of the chaplain. Once the chaplain was appointed by the hospital organisation, his position changed from being a visitor from outside the organisation into that of an employee of the organisation. That meant that other tasks, at all sorts of levels, also came into the picture. At the micro level of client contact, chaplains became available to the entire hospital population, not just people of their own tradition. Territorial work was introduced. In hospitals with teams of several spiritual caregivers, from different denominations and later religions, the wards were divided and no longer the patients. That raised new challenges, both in contact with patients and in inter-collegial work. In addition, chaplains were required to be available as spiritual caregivers to employees of the hospital.¹³ Therefore, over time, the professionalisation of the profession has had to adapt to different and higher demands than those set out in the initial training courses.

Changes in the religious and worldview climate have also been the subject of international research and reflection. I mention the Society for Intercultural Pastoral Care and Counselling founded in Düsseldorf in 1995 (Weiss, 2015). The addition of intercultural to pastoral care was a novelty at the time; interreligious was not yet considered at all, although it would be soon. In the course of time, intercultural and interreligious care and counselling has also been increasingly described (Schipani, 2007, 2013). In the Netherlands recent research has been done on Interfaith

first-line spiritual care) (<https://projecten.zonmw.nl>, s.v. Ploeg; visited 04.06.24) and *Zinsitief* (Recognising meaning issues among older people living at home) (<https://projecten.zonmw.nl/project/zinsitief-sensitief-voor-zingeving-sociaal-werk>; visited 04.06.24).

12 See: www.enhcc.eu

13 At the meso level in the organisation, contact with other disciplines has become important, as well as participation in multidisciplinary consultations. Multilingualism is an important task in this respect (Vandenhoeck, 2007). The chaplain must be able to communicate with other care providers in language drawn from the humanities and understand their language. Chaplains are asked to contribute to moral deliberations and ethics committees, and often play a part in training in the form of clinical lessons for doctors and nurses on meaning and belief systems. At the macro level of the organisation, spiritual caregivers sometimes play a role in the formulation of policy. That is not always without tension. The sanctuary function and being critical of policy and underpinning values, are two examples of this (Zock, 2019).

Spiritual Care (Liefbroer, 2020). Strategies for bridging and dealing with differences in religious and worldview background have been mapped out (Cadge & Sigalow, 2013) and are reflected upon (Walton, 2021).

1.5 Educational perspectives and differing definitions

Some historical notes

The sociological and professional developments discussed above have also had an impact on training for the profession. Initially, training was entrusted to theological faculties and the University of Humanistics, that had explicit connections with churches or worldview institutions. Chaplaincy was a specialisation in pastoral and spiritual care. That altered in the period under review. Professionalisation of spiritual care made it necessary to no longer think primarily from the point of view of confessions, but more from a general viewpoint in terms of meaning and spirituality. A number of theological faculties sought to broaden their scope. In doing so, they loosened the specific ties with denominations. Simultaneously, educational programs in studies of religions emerged at the academic universities. Those programs do not look at the field of religion and meaning from the perspective of a particular religious background, but take a more phenomenological approach. A third development has been the introduction of theological education at universities of applied sciences. Those programs focus less on theological scholarship and more on the practice of the profession.¹⁴

Student populations also evolved in ways similar to the developments in the profession, as described in the previous section. More and more students were interested in the profession but did not wish to follow a confessional programme or to practise the profession with an endorsement from a church. Sometimes they identified with a particular faith or tradition, without wanting to affiliate with a worldview institution. Others combined elements from different traditions or related to several traditions. Societal trends became visible in the student populations (Zock, 2019).

Curriculum and competences

The professional field and the field of education each have their own responsibilities and tasks. The professional field formulates the professional activities and requirements and compiles them into a professional profile. Based on that, the educational

¹⁴ Both types of universities (academic and of applied sciences) offer both Bachelor's and Master's degrees.

programmes develop a competence profile that covers enough ground for the graduate to perform as a competent beginning professional. The curriculum serves as the learning path along which the competences can be acquired. The formulation of competences, however, is not reserved to the educational institution alone. The professional field also formulates competences and links them to the professional profile. The two competency profiles may therefore differ, as is the case with hermeneutic competence. The competences formulated by the professional association are specifically aimed at the work of spiritual caregivers. The competences of the educational institutions cover a wider area because students are trained for various fields in which theological and worldview professionals are active: church, school, health care and social work. That leads to the question whether the description of the competences of the educational institutions, aimed at a broader work area, correspond to the description of the same competences by the professional association, aimed at a more specific work area.

Differing definitions

One of the occasions for this study is that the definitions of hermeneutic competence differ per theological institution. In addition, they also contrast with the definition used by the professional association. In the table presented below, I map the differences. One of the aims of the research is also to answer the question of how the spiritual caregiver relates to his or her own tradition. I therefore limited myself to those institutions which have a relation to a Protestant denomination. Besides that, they all refer to hermeneutic competence as one of their training goals.¹⁵

I selected two academic universities and three universities of applied sciences and found the following definitions:

15 It should be noted, however, that this inventory took place at the very beginning, in the development phase of this research. During the time span of the research, the descriptions of the competences, both of training courses and of professional associations, were adjusted. In the text below, I will address this in more detail.

Table 1
Definitions of hermeneutic competence by the universities.¹⁶

University	Kind of institution	Definition of hermeneutic competence
Ede Christian University of applied sciences	These three institutions are universities of applied sciences. They all prepare students for several professions within several denominations and (religious) organisations, and are accredited by, a.o., the Protestant Church in the Netherlands as the preparation for doing pastoral work within and/or with an endorsement from that church.	<i>The theological professional has the ability, the competence, to interpret on the one hand the sources of the religious tradition, community and / or organisation that he or she represents, and on the other hand people in their present context, in their meaningful interrelation. (2006)</i>
Northern University of applied sciences Leeuwarden		
Windesheim University of applied sciences		
Protestant Theological University	Protestant Theological University (PThU), academic university affiliated with the Protestant Church in the Netherlands (PKN). It prepares for ministry within the PKN and/or with an endorsement from this church, e.g. as a chaplain.	<i>The ability to read, to interpret, to understand and to perform texts, traditions, stories and practices in their contexts and interaction and, in doing so, also let oneself be read, interpreted, understood and performed. (2012)</i>
Theological University Kampen	Theological University Kampen (ThUK), academic university affiliated with the Reformed Churches in The Netherlands (Liberated). It prepares for ministry within and/or with an endorsement from the Reformed Churches in the Netherlands (Liberated).	<p><i>1a. The ability to understand and explain words of the Holy Scripture in their contemporary contexts (the explanation of the meaning of those words in the time they were written).</i></p> <p><i>1b. The ability to understand the words of the Scripture in the present context, with respect to the tradition of understanding through the centuries.</i></p> <p><i>1c. The ability to understand today's reality under the perspective of the words from Scripture.</i></p> <p><i>2. The ability to reflect on processes of understanding and on the interpreter's own position in those processes.</i></p> <p><i>3. The ability to help people understand words from Scripture in the reality of their time and context and to help them to understand their time and context under the perspective of the words of the Scripture. (2012)</i></p>

The theological departments of the universities of applied sciences included above cooperate together with four other institutions in the national consultation of theological institutions.¹⁷ In 2006 they identified nine domain-specific competences

¹⁶ English translations from the author.

¹⁷ LOO: National Consultation of Theological Institutions of Universities of applied sciences. At the time of the inventory, in addition to the three universities mentioned above, the Roman Catholic University of applied sciences Fontys, the University of applied sciences 'Azusa' related to Pentecostal churches and the university of applied sciences VIAA, affiliated with the Reformed Churches in the Netherlands (Liberated), also worked together in this consultation.

that characterize the work of the professionals they trained. The hermeneutic competence is defined here as ‘the ability to interpret on the one hand the sources of the religious tradition, community and/or organisation which the theological professional represents, and on the other hand people in their present context, in their meaningful interrelation’ (Landelijk Overleg Opleidingen Theologie, 2006).

The universities of Ede and Leeuwarden adopted the same formulation in their training documents. Windesheim university goes one step further in the elaboration of the competences, by not speaking of a separate hermeneutic competence, but of a hermeneutic criterion: ‘The professional has the competence to interpret the Bible and Christian tradition on the one hand and on the other hand people’s experiences and current society, in their mutual meaningful connection. They perform the interpretation with and for the people they are working with’. By using the word criterion, Windesheim indicates that the hermeneutic competence is a prerequisite for all other professional competences of the religious practitioner. A hermeneutic competence is also present in pastoral, liturgical, agogic-educational and missionary activities. In all areas of work, the meaningful connection between life or social reality on the one hand and the sources of the Christian tradition on the other hand is at play. That makes hermeneutics the pre-eminent characteristic of theological profession.

All the definitions of the institutions speak about hermeneutics as the connection or interaction between sources or traditions and the current context in which people live, and about hermeneutic competence as the ability of the professional to realize this connection.

Except for the Protestant Theological University¹⁸ all definitions are clear about whose tradition is meant, namely, that of the professional or of the church or organisation that the professional represents. Windesheim and the Theological University Kampen explicate what tradition is meant: both refer to the Christian tradition. The Theological University Kampen does not speak about tradition, but of holy scripture. The definition remains close to one of the earliest meanings of the word hermeneutics: the understanding of biblical texts, both in their original meaning and in the history of explanation within the tradition. And hermeneutics include applying those texts to the contemporary life and using them as a frame of reference for contemporary experiences. At the other institutions, it is not immediately clear what tradition is intended.

18 One could say that the horizon of this definition, given the content of the other competencies, and the relation between the course and the Protestant Church in the Netherlands, is also the (Protestant) Christian tradition. But at this moment it is not up to the researcher to interpret. The matter received attention when a representative of the university was spoken with (Chapter 2).

Definition of the professional association

All of the definitions described above were formulated in the period 2006 – 2012. At the same time the professional standard of the Dutch association of spiritual caregivers also spoke of hermeneutic competence. The standard from 2002, revised in 2010, combines diagnostical and hermeneutic competence.

Table 2
Definition of hermeneutic competence by the professional organisation

GVVZ	Professional organisation of spiritual caregivers.	<i>The ability to interpret experiences of illness, suffering, disability, dependency and finiteness in the perspective of the meaning system of the patient by making a connection between the contemporary situation of the patient and his meaning giving sources or religious tradition. (GVVZ, 2010)</i>
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The focus on the sources of the patient forms a contrast with the way (at least four of) the educational institutions explicitly speak of the tradition of the caregiver or chaplain, or of his church or organisation.

Subsequent developments

Both within theological institutions and within the professional association, further thought has been given to the articulation of competences for the professional fields. In the National Consultation of Theological Institutions of the universities of applied sciences, a second version was adopted in 2011 after the first report (see above) with its definition of hermeneutic competence, followed by the third version in 2017, accompanied by indicators that further specify the competence (2017).

Table 3
Renewed definitions of hermeneutic competence by the universities of applied sciences, 2017

Definition by	Definition of the competence	Indicators
LOO	The ability to clarify and meaningfully connect the sources of a specific religious community and/or organisation and/or one's own spirituality on the one hand, and persons in their present context on the other, and to act appropriately on that basis.	<ul style="list-style-type: none"> a. Methodically draws connections (theoretical and practical) between a specific religious tradition and the current situation. b. Connects contemporary worldview questions of people with religious and worldview traditions and gives them a worldview interpretation. c. Interprets social and cultural processes in the light of a specific religious tradition. d. Has insight into one's own frames of reference and those of others. e. Reflects on and makes connections (theoretical and practical) between a specific religious tradition and contemporary culture and society.

This definition leaves more room for the question of whose and what sources and tradition are involved in the process of care.

In 2015 the professional organisation also published a new professional standard, in which the hermeneutic or worldview competence was redefined (VGZ, 2015):

Table 4
Renewed definition of hermeneutic competence by the professional organisation

VGZ	Professional organisation of spiritual caregivers.	the ability to clarify questions of meaning, to shed light on beliefs and customs relevant to the context or the situation, and to provide religious and worldview counseling. This competence includes the ability to detect, articulate and interpret meaning as it is contained in texts, images, practices, life narratives, traditions and new forms of spirituality – relating to existential and spiritual questions, sources of beliefs and ethics, modern society, religion and culture. The crucial ability is to detect and articulate emotions, unasked questions, and implicit assumptions.
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The 2010 description establishes a fairly direct relationship between experienced reality and sources of meaning. And like the educational institutions, the 2015 standard also approaches the process of clarifying questions of meaning in a broader repertoire.

Issues arising from this section

The question arises how such definitions are operationalised, both in educational practice and in the professional field. Chapter two describes the views of a number of lecturers on hermeneutic competence in relation to the field of spiritual care and chaplaincy care at the time when the first descriptions of competence were common. That is followed in this study in the empirical part that is about the conversational practice of chaplains. That part contains the report of research into the operationalisation by chaplains themselves and their views and reflections (chapters five and six).

1.6 Research questions and research design

Problem definition

The conversation with students described in the introduction brings the problem definition for this research into focus. There is an uncertainty among students regarding the content and operationalisation of hermeneutic competence, a competence that is considered to be a key to the practice of their future profession, for the sake of hermeneutic communication. The competence is defined differently by various theological institutions and does not correspond to the way in which the

professional field describes the competence. The competence speaks of sources and traditions, words that are ambiguous in the current pluralistic climate. Theories on hermeneutics are extensive; however, the extent to which they apply to pastoral or worldview action is limited.

The previous sections revealed a number of issues that have to be considered. The philosophical and sociological perspectives point in the direction of further investigation into the process of interpretation and understanding with regard to meaningful experiences and existential themes in relation to meaning and worldview. That implies investigating what theoretical concepts can contribute to the understanding of the relationship between attribution of meaning, existential experiences and worldview sources in a pluralistic context. Interpretation and understanding are not, however, only individual processes. They are also influenced by a relational process between chaplain and interlocutor. That brings aspects of communication and dialogue into the picture. On the theme of interpretation and understanding, three questions arise: first of all, what does it mean for a process of interpretation if meaning and worldview are drawn from a multitude of convictions, sources and traditions? Second, to what extent is it possible in a communicative process to actually understand each other? And third, the question that students have also already detected: how does the chaplain's own worldview play a role? Those issues will be explored theoretically.

Section 1.5 above describes differences in the definitions of hermeneutic competence of the educational institutions and the professional association. It raises the question how that competence is operationalised in the educational situation. But the most challenging question is what it is that actually happens in practice. How does hermeneutic communication take shape in practice and how do chaplains operationalise their hermeneutic competence?

Development of the research question

The simplest formulation of the main question of this research is:

How is hermeneutic communication performed in practice?

A number of considerations, mentioned in section 1.1 (existential questions that lie close to the surface; a population that, with respect to worldview, reflects contemporary pluralistic society; the role and function, if any, of the spiritual caregiver's own tradition or worldview identity) lead, for the sake of feasibility, to limit the study to the context of a general hospital. The issue of the role of the tradition and sources of the spiritual caregiver leads to a selection, albeit exemplary, of Protestant Christian

chaplains. Although hermeneutic communication is assumed to be present in many situations in which a chaplain works, I focus in this study on conversations in one-to-one contacts between chaplains and their conversation partners.

Within this research context the following research question comes to the fore:

How, in the practice of chaplaincy care, in a general hospital, in conversations between a client and a Protestant Christian chaplain, is hermeneutic communication performed, in the current plural worldview context, according to process and content?

This question, however, does not yet include the starting point from which the research was initiated: the educational situation within which the question was raised. This study addresses an educational theme, for which an empirical study in the practice of chaplaincy care can generate important building blocks. Therefore, the full research question reads:

How, in the practice of chaplaincy care in a general hospital, in conversations between a client and a Protestant Christian chaplain, is hermeneutic communication performed, in the current plural worldview context, according to process and content and under what conditions in terms of methodology and competence can such communication be conducted?

To answer this question, it is necessary to give attention to the following sub-questions:

1. How are the terms hermeneutic communication and hermeneutic competence, with regard to process and content, viewed and operationalized by lecturers of theological institutions?
2. What theoretical views on hermeneutics and more specifically on interpretation and understanding, and what theoretical views on conversation about meaning can shed light on the presumed hermeneutic communication of chaplains and their interlocutors in a pluralistic worldview context?
3. What are the personal views of chaplains on the content and process of their conversational practice?
4. How is hermeneutic communication operationalized from that view, with special attention to plurality and the role of a chaplain's own tradition?
5. How is hermeneutic communication performed in the conversation practice with attention to process and content? This question is divided into four aspects, two concerning the process and two concerning the content:

- 5a. What is the contribution of conversation techniques and skills in connecting actual experiences and worldview sources and traditions?
- 5b. In what ways are connections made between actual experiences, existential themes and worldview sources and traditions and what are the contributions of both conversation partners and chaplains?
- 5c. What themes are present?
- 5d. What themes are connected with worldview traditions or sources?
6. What are the chaplains' reflections on the presented conversations concerning hermeneutic communication, plurality and one's own tradition.
7. Under what conditions of methodology and competence can hermeneutic communication be performed by chaplains today?

Design

To better understand how chaplains in their practice, in their conversations with their conversation partners shape and give content to hermeneutic competence requires a design that provides a very sharp and close look at practice. That suggests an empirical study. It also points in the direction of a qualitative study. There are several reasons for that. First, qualitative research enables the researcher to use a 'naturalistic approach that seeks to understand phenomena within their own context-specific settings' (Gray, 2014, p. 160). It offers the possibility of studying cases in depth and to demonstrate the complexity of, in this case, communication. A second reason is that I am interested in how chaplains themselves regard that competence, what role it plays in their thought and practice and how they themselves would identify it in their conversations. A third reason is that I want to know if and how their own religious tradition can be traced as a factor in their hermeneutic communication. This study is not only about concrete behavior and acting, but also about the inner moves and motives of the professionals. It is about how they themselves attribute meaning to their work. That aspect is related to the core of qualitative research, that focuses on interpretation and meaning (Gray, 2014, p. 58). Finally, although much has been written about hermeneutics, worldview plurality and meaning, there is little literature that deals with concrete action. The first phase of this study, in which I examine institutional documents and conduct an inquiry among lecturers (see chapter two), shows that there are discrepancies between the definitions of hermeneutic competence. There is no unified concept on which all agree but there is insufficient theoretical material available to set up a quantitative study on the basis of well-defined concepts. A qualitative research may be able to deliver a more differentiated image of practice, that in turn possibly

provides a sharper formulation of what is meant by hermeneutic competence. All that leads to the choice for an empirical qualitative research design.¹⁹

The contours of the research design now come into view:

- An investigation into views and practices of lecturers in various educational programs and their operationalisation of hermeneutic competence (chapter 2).
- A further theoretical exploration of the concepts that will help to examine the practice of chaplains (chapter 3). That will include issues stemming from 1.2, 1.3 and 1.5 in a theoretical deepening of the process of interpretation and its relationship to identity (which will return in 3.1.1), the conditions of plurality, dialogue and conversation (again in 3.1.2 and 3.2), the identification of existential themes (3.3), the role that the chaplain's tradition or worldview identity plays (3.1.3) and pastoral-theological views on hermeneutics (3.4).
- An inquiry into the practice of conversation of chaplains from a hermeneutic point of view with attention to both process and content.

The descriptions of the qualitative research methods employed in the inquiries among lecturers and among chaplains can be found at the beginning of the two corresponding empirical sections. The following chapter (two) is a report of the survey conducted among lecturers from a number of theological institutions.

19 Gray (2014) mentions some advantages of qualitative research that are closely related to the above mentioned reasons:

‘First, qualitative research is highly contextual, being collected in a natural ‘real life’ setting.

Hence, it goes beyond giving a mere snapshot (...) (it) can show how and why things happen – also incorporating people's own motivation, emotions, prejudices and incidents (...).

It can be used for testing hypotheses to see if theoretical propositions can be supported by the evidence (pp. 161,162).’

CHAPTER 2

Educating chaplains – opinions of lecturers on hermeneutic competence

This chapter reports on the results obtained from interviews held with seven lecturers from five different theological institutions, all related to the Protestant Christian tradition, on how they understand (definitions of) hermeneutic competence and the content of communication that is enabled by that competence and how they envision the operationalisation of the competence and the role of the tradition of the chaplain in it (see chapter one, section 1.5). The chapter concludes with a summary of the results of chapters one and two in light of the research question.

2.1 Design of the inquiry and method

Using non-probability and purposive sampling (Gray, 2014, pp. 215-223), I selected institutions with a Protestant identity or institutions that are accredited by a Protestant church and that have an explicit reference in their institutional documents to hermeneutic competence as one of their training goals. The criterion to select the lecturers was that they lecture on hermeneutics or on pastoral or practical theology.

The inquiry included two academic universities (ACU) and three universities of applied sciences (UAS), as indicated in 1.5. Seven lecturers, aged 50 – 64, five male, two female, were interviewed in the period February – July 2014. The interviews were recorded on an audio-device, transcribed and analysed.

I designed an interview scheme that covered four topics: definitions, content of hermeneutic communication, process of hermeneutic communication and place and role of the tradition of the chaplain in hermeneutic communication. For the aspect of definition, the lecturers described their personal understandings of hermeneutic competence and hermeneutic communication. They also commented on the definition of the competence used by their institution. Concerning the aspect of

the content of hermeneutic communication, they mentioned subjects that, in their view, specifically belong to that communication. To gain insight into their view of the process between chaplain and patient, they gave a description of what in their opinion should happen in that contact. I asked them to describe it as if they were eye-witnesses, being present on the ward. At the end of the interviews, they commented on the role and function of the chaplain's tradition in the communication.

Table 5
Table of respondents.

Respondent	Institution	Gender	Age	Education	Expertise
N=7 / Women: 2 / Men: 5 / Mean age: 57.14					
R1	Windesheim UAS	M	57	PhD	Biblical scholarship, lecturer in 'Holy Books' and hermeneutics.
R2	Windesheim UAS	F	55	PhD	Lecturer in pastoral theology, specialised in pastoral conversation, rituals and imagination, working hermeneutically on life-themes.
R3	Ede UAS	M	50	PhD	Professor of spiritual leadership; lecturer in 'Practical hermeneutics'.
R4	Ede UAS	F	55	MA	Lecturer in pastoral theology, pastoral practices, with special attention to spiritual care. Certified supervisor.
R5	Leeuwarden UAS	M	60	PhD	Biblical scholar; lecturer in hermeneutics, church history and practical theology.
R6	Prot. Theol. Univ, ACU	M	64	PhD	Lecturer in pastoral theology. Involved in training future chaplains who will be ministers of the Protestant Church in the Netherlands and work in care settings.
R7	Theol. Univ. Kampen, ACU	M	59	PhD	Lecturer in practical theology with special attention to pastoral and diaconal theology. Involved in training of future ministers of the Reformed Churches in The Netherlands (Liberated).

The interviews were recorded on an audio-device and transcribed.²⁰ The results of the interviews were clustered per respondent according to the topics: definitions, content, process and the chaplain's tradition. After transcription the interview texts were labelled according to the method of open coding (Saldána, 2009). In a following step, the codes were clustered (axial coding) using the topic structure mentioned above.

²⁰ Dutch transcription is available.

2.2 Results

Definitions

The lecturers presented their own interpretation of the definition of their institution and explained their understanding of the terms used in those definitions, like tradition, sources, texts, practices. The interview material can be divided into three positions.

1. Hermeneutic communication as a conversation about inner motives and concerns.

To R1, the hermeneutic activity of the chaplain is primarily aimed at speaking about the inner motives and struggles of the patient and about what the chaplain thinks is of real importance to the patient. In many cases, such a conversation is sufficient for the patient. It is often the only thing possible to do. (R1)

If on the side of the patient there is an openness towards transcendence, then, R1 suggested, a second step is possible, in a mutual disclosure between patient and chaplain in which they share aspects of Christian or other traditions.

2. Hermeneutic communication as the relationship between what is meaningful to the patient and the situation the patient is now experiencing. The goal is to understand life or sources in a better, new, or helpful way.

Lecturers used different words to denote what is meaningful to the patient, like 'sources', 'holy ground', 'ground of being'. Those words indicate what is precious, valuable and unrelinquishable for people. They do not necessarily refer to religious themes. Sources of meaning might include enjoying nature, children, or other relatives as sources of hope. The chaplain tries to make a connection between the sources of meaning and the life that people now face when in the hospital.

The lecturers situated the sources of strength, hope and encouragement of the patient within the story (narrative) the patient tells.

R2: 'This source is within the story people tell.'

R4: (Hermeneutic communication is primarily) 'the reconstruction of the story the patient tells'. (It is) 'to hear what really bothers the other person and follow the patient in the direction he really wants to go. (It is contrary to) 'dropping a message'.'

In their opinion chaplains are to seek for ways to activate those sources and try to provide the patient with a new perspective on one's situation with the help of one's sources:

R5: 'The chaplain also tries to understand what is empowering to this person. What his motivation is. How his traditions and sources have developed. But the core of hermeneutic communication is about re-orientation as a result of bringing together the sources of the past (what was helpful earlier in life) and what is happening right now. So, fear and agitation will lessen and someone's identity will be revealed.'

R6 spoke, not of sources, but of tradition:

R6: 'Hermeneutic communication is about clarifying the tradition in relation to what is concerning the patient. It is a kind of struggle, but in the end both chaplain and patient will understand themselves and their tradition in a better way. With the help of what one has to say, the other will have a better view on things.'

This position was represented by four of the seven lecturers (R2, R4, R5 and R6). Three of them (R2, R4, R5) contradicted the definition of their institution where it spoke about Christian tradition, the tradition of the chaplain, or the tradition of the organisation or church the chaplain represents and not the tradition or sources from the patient. R6 also belonged to this position, but he was more conversant with his institution. The definition of the Protestant Theological University does not explicate a specific tradition.

3. Hermeneutic communication as text clarification in relation to the situation the patient is experiencing.

R3 and R7 shared this position. They stated that hermeneutic communication is about the relationship between Bible texts or the biblical message and the contemporary situation of the patient.

R3: (Hermeneutic communication aims 'in concrete practical situations, multi-religious, or at least, pluralistic situations to communicate the reality of the text to the listener.'

R7: 'We want the life of the other to be connected with or put in the light of the word of God. We do that in a process of understanding the relationship between the Bible and today's society, or today's people.'

One of the lecturers (R7) saw as the ultimate purpose of hermeneutic communication that people's life events are connected to the story of God. The Bible, the biblical message has prime authority. Both lecturers concurred with the definitions of their institutions.

Content

What are the themes of hermeneutic communication? What is the content? The lecturers mentioned a number of aspects. I found five categories: personal (biographical) sources, contemporary experience, existential themes, transcendental experiences and humanity.

1. Personal sources

Five lecturers (R1, R2, R4, R5, R7) considered the content of the hermeneutic communication to be the inner sources that motivate patients. What moves them? What makes them tick? What gives them hope and power?

R2: ‘Hermeneutic communication is about where people find strength; what gives them hope and power.’

R4: ‘The subject is also the sources of the patient. ... the ‘carrying ground’. Often the relatives are the source. It is also about ... what makes life meaningful.’

Talking about sources, or about what was meaningful in the past, serves the goal of seeing whether those sources can be re-activated and helpful in the current situation .

R5: ‘The chaplain also tries to understand what is empowering to this person. What his motivation is. (...) the reorientation as a result from bringing together the sources of the past (what was helpful earlier in life) – and what is actually happening now.’

R2 and R5 also mentioned ‘identity’ as an issue: a persons’s core-identity is mentioned as such a source, sometimes hidden or shattered, but to be revealed again.

R2: ‘Holy ground ... is the point or area from which someone’s life gets its meaning. It is also the place to find one’s core-identity.’

2. Contemporary experience

Definitions of hermeneutic communication speak about the meaningful connection between sources or traditions and contemporary reality. All lecturers mentioned contemporary reality as part of the content of hermeneutic communication. The work of the chaplain is to focus on the inner struggles, the stories of pain and sorrow and of what burdens a patient, fear and agitation, sometimes in relation to religion or worldview.

R1: 'It is talking about inner struggles (at this moment)'

R2: (Hermeneutic communication) '... starts in the actual experiences, in what people are concerned about. What they worry about. What they experience as heavy. What burdens their soul, their heart.'

R4: 'The subject is the story of life the patient tells and especially those aspects of the story that don't fit any longer, where there is brokenness.'

R5: '... chaplain and patient start with a conversation about fear and agitation, in relation to religious aspects or about life questions that rise because of the hospitalization.'

R7: '... about what the meaning is from the things that happen to this patient.'

Other subjects were the social context of the patient, support from family, friends, neighbours but also the meaning of what is going on for these relatives.

3. Existential themes

The term 'existential themes' refers here to words that are described or thematised in professional theological literature and distinguished from the contemporary experiences discussed above, although those experiences are, of course, also existential. Four lecturers (R1, R2, R5, R6) explicitly mentioned existential themes as the content of hermeneutic communication, such as: theodicy-questions, 'life after life' issues, trust, fear, guilt, penalty, meaning of life, the end of life, loss, brokenness, belief and faith, transcendence. They were also called 'slow questions' or 'life questions'.

R1: Chaplain and patient speak 'about theodicy-questions and issues about life-after-life.'

R2: They speak about the 'slow questions'.

R6: (It is about) 'trust, fear, guilt, penalty, meaning of life, the end of life, loss, the fractures in life, belief and faith, transcendence.'

4. Transcendental experiences

Religious or transcendental aspects were mentioned by all of the respondents. Sometimes as explicit content, often more implicitly, as a search for how to speak about such an aspect. The lecturers thought about explicit ways of speaking about elements of transcendence during life, fear and agitation in relation to religious aspects, and images of God.

R1: 'It is talking about ... elements of transcendence during life-time.'

R2: 'It is also about spiritual experiences, related to the holy ground.'

R5: 'If it is the case, he (the chaplain) will notice that faith is important to the patient and will let the other know that he has noticed it.'

R6: 'The chaplain also searches for transcendence.'

More implicit ways they described in the attempt to hear the utterances of the patient as expressions of meaning and eventually offering (theologically reflected) counter-words from the biblical message (R3), and as finding out whether there is a shared belief or a common tradition in which religious words or phrases of this tradition are applicable.

R4: 'If chaplain and patient share the same tradition, religious words or phrases of the tradition can be used.'

Although R7 wants chaplains to exercise restraint in relation to the very different religious backgrounds from the patient, if there is a possibility, they may use 'favourite passages from Scripture.'

5. Humanity

R5 sees general humanity as a theme. If there is no shared tradition or other way to connect, then a conversation about the things human is still possible, what really makes human life human' (R5) or about what religious traditions and worldviews have in common.

Process

What did lecturers say about the operationalization of hermeneutic competence? In other words: in what way is hermeneutic communication performed? What is the contribution of the chaplain?²¹ In the answers, I distinguished two categories: attitude and skills.

21 Looking back on this phase of the study, the double wording: 'in what way is hermeneutic communication performed' and 'the contribution of the chaplain', shows that I saw the chaplain as the actor in hermeneutic communication. I was also not corrected by the lecturers. The survey among the chaplains themselves revealed the contribution of the conversation partner to hermeneutic communication.

1. Attitude

Several aspects that were mentioned can be brought together under the word attitude: being present, boldness, time, focused attention and encouragement and empowerment.

1a. Being present

Four lecturers (R1, R3, R4, R6) described this attitude from the chaplain as a way of being available, prepared to accept patients, ready to hear their story. Another word they used to express the same thought is the offering of hospitality.

R3: 'The chaplain is present and connects himself to the small world of the patient. The patient experiences being seen.'

R4: 'It is hearing what the patient really needs.'

R6: 'It starts with being present and offering hospitality as a space in which the patient is accepted.'

The attitude of 'being present' includes an authentic interest (R1, R4) in the patient, as well as the ability to handle, in a professional way, the rejection of the offering of the chaplain by the patient (R3).

1b. Boldness

One lecturer (R1) spoke of 'boldness, rooted in authentic interest in the patient' that generates questions that the patient 'maybe never have thought about, before.' It is also boldness by which the chaplain asks about 'transcendental experiences' and comes to a disclosure of one's own experiences.

The other lecturer (R6) mentioned boldness regarding one's own identity and tradition and thereby also to the personal opinion of the chaplain:

R6: 'It is possible that the chaplain corrects the vision of the patient, especially when it is about images of God or what, from a Christian point of view, is unacceptable. Here the chaplain will also reveal something of his own identity and tradition.'

Of all respondents, R1 and R6 pleaded most explicitly for a boldness within which an opposite position can also be taken. 'Confrontation' and 'correction' are words they used. They differed in this attitudinal aspect from the other respondents. At the same time, they stressed the necessity of exercising restraint in offering different

opinions. It is a matter of judgment what is possible and appropriate in relation to the patient and to the relation between chaplain and patient.

1c. Time

‘Time’ was spoken of in two ways: having time and being able to delay. According to R2 and R3, a characteristic of the chaplain is ‘to have time’. Among the professionals in a hospital who provide care for many patients, the chaplain has the opportunity to pay longer attention and spend more time with a single person.

Chaplains also have time in the sense that the questions about life that are difficult or impossible to answer require close attention, because of their meaningful aspects. It is necessary, but also possible for the chaplain to ‘delay’, stand still, and stay close to the experiences (R2). In that way, the chaplain ‘connects himself to the small world of the patient’ (R3).

1d. Focused attention

While relating to the patient, the chaplain will listen to people’s stories with special interest to ‘small hints’ that can deepen the conversation or to ‘utterances of faith’ (R5) and aspects of ‘transcendence’ (R6). There is also focused attention on metaphorical language (R2, R3, R4). People express questions on life, their faith, and their situation in symbolic images and language. The chaplain is alert to notice such language and respond to it.

1e. Encouragement and empowerment

R2 mentions an attitude focused on encouragement and empowerment so that the patient might experience that from the chaplain. There is also a focus on what in the biography or social context is encouraging or empowering for the patient.

2. Skills

The respondents mentioned several different techniques by means of which chaplains shape hermeneutic communication. They can be divided into: questioning, diagnostics and assessment, metaphorical and symbolic interventions and reframing.

2a. Questioning

Chaplains use questions in order to develop contact. By means of questions, they show their interest in the patient and assess the possibility or need for a conversation. ‘Simple questions’ (R4) about the concrete situation are useful.

In hermeneutic communication, however, questions are especially used in order to reach the level of worldview. The purpose is to deepen the conversation and to focus on the 'existential ground' or on 'what the patient experiences as a source of strength' (eventually from his past) (R5, R6). Like a 'detective' (R3) the chaplain tries to bring the patient to another level or to thoughts not thought before. To attain that, R1 and R4 stated that the questions must be formulated 'in a Socratic manner'.

2b. Diagnostics and assessment

R3 and R4 stressed the point that chaplains need to quickly assess what is needed by a patient. Most lecturers considered it important to have an idea of the worldview of the patient (R1), what his sources are (R2, R5). R1 suggested that a first assessment is also used to find out 'if it is possible to find a way to connect with each other' and whether it is possible for the chaplain to be of help 'with respect of the other's own spirituality and worldview'.

2c. Metaphorical and symbolic interventions

Listening to metaphorical or symbolic expressions of the patient, which was already mentioned as an aspect of attitude, is also described as a skill. According to R2, R3 and R4, chaplains interpret the 'metaphors, used by the patient', but it is also possible to listen to the story about daily experiences, and in daily language, as containing 'elements of God' and to disclose that to the patient (R7).

Chaplains also intervene, verbally and non-verbally, with metaphorical images or symbolic actions. They use their own associations and imagination in reaction to the story of the patient or in using the words of religious traditions (R4), like biblical stories in an illustrative or in an educational way (R7). That is easier if the chaplain and the patient belong to the same tradition and are acquainted with the specific language, but sometimes it is also possible to explain a symbolic intervention like lighting a candle in terms of what it means in the tradition of the chaplain. The use of poetry and art (R4) or modern media and television series (R6) are similar means of intervention. Almost all respondents point to the use of rituals. Classical rituals, stemming from the religious traditions, but also 'new rituals'.

2d. Reframing

Looking for another perspective on things is an important aspect of hermeneutic communication. All respondents point that out in one way or another. By offering a new perspective, the chaplain helps the patient to find a different, new meaning, or to re-find one's own belief or sources.

R2: ‘The chaplain is always looking for a change of perspective in inviting the patient to tell about his sources.’

R4 described the way this is done:

R4: ‘The chaplain gives things another name, offers other words that at the same time also engender the change of perspective.’

R3 hoped that the chaplain will succeed in offering another way of thinking about what is going on. R5 and R7 wanted to re-activate the patient’s sources or worldview. Is it possible that what was helpful in the past, may help in the actual situation? R3 mentioned that chaplains should use ‘counterwords’ from the biblical tradition and from theology. The chaplain has no answers but offers ‘counterwords’ in ‘a situation of brokenness’.

R1 and R6 thought that another perspective, a reframing of the situation as it is experienced, or a new meaning is reached by the dialogical and circular interaction between the chaplain and the patient. The intention is not to have the patient believe what the chaplain believes, or move the patient to commit himself to the tradition or sources of the chaplain. The intention is that in the exchange of experiences and in the meeting of traditions and sources, the patient will understand oneself and one’s own tradition in a new way (and so will the chaplain). To reach such an exchange it is necessary that the chaplain reveals something of one’s own experiences and come to ‘a certain personal disclosure’, (R1) or that the chaplain is ‘explicitly clear’ about one’s own position and religious or spiritual identity (R6). Confrontation and correction also belong to such circular and dialogical interaction. Those interventions fit in with an attitude of boldness (see above).

R6 also mentioned the ‘failure in feedback’. He meant that in listening to the patient and giving feedback on what one is hearing, the chaplain is never able to mirror exactly what the other has said. The chaplain’s own inner world, receptiveness, will always shape and deform the feedback in certain way. However, such discrepancy in the feedback opens the way for new understandings by the patient.

The self-disclosure is not commonly advocated by the lecturers. ‘Vulnerable patients should not be ‘burdened’ by the tradition or meaning system of the chaplain,’ R2 stated. Most lecturers (R2, R3, R4 and R5) are hesitant at this point.

The tradition of the chaplain

Is there a role for the chaplain’s tradition in hermeneutic communication and, if so, how does it appear? Six appearances emerged: one’s own tradition as inner

motivation, as a suspension, as intervention, as aloofness, as parallel connection and in liturgical expression.

1. Inner motivation

Several lecturers (R1, R2, R4, R5) confirm that the tradition of the chaplain plays a general and pervasive role. It is present as the inner motivation to do the work, to perform the profession and is a source for the chaplains to realize why they are doing this work.

2. Suspension

In relation to another person from a different tradition, or maybe from the same, but in a plural setting, chaplains become aware of the otherness of the other and understand that it is not self-evident that their tradition and sources can be shared. That places the chaplains for a moment 'on hold' before proceeding. In that suspension, the chaplain 'questions himself in what way he could be of significance to the patient'(R7). Another lecturer (R1) said: 'It (the chaplain's own tradition) is there, also as a moment of self-questioning: is there enough to share to attain a meaningful contact?'

3. Intervention

R6 pointed to the fact that at the moment the chaplain presents himself, an intervention has already taken place. Images and prejudices are immediately activated. But at the same time, that phenomenon serves the self-understanding of the patient in a hermeneutic way. Awareness and clarifying of prejudices is a mode of hermeneutic understanding.

During the conversation, the chaplain might use one's own worldview or elements from tradition to intervene in the story and the perception of reality of the patient (R1). Two lecturers thought that it is sometimes necessary to express a clear Christian view, that also has something to offer. One can also 'correct images of God' (R5, R6). Others agreed that use of one's own tradition might be helpful 'in reframing the situation', in offering 'another perspective' (R3, R4, R7). If there is openness on the side of the patient, the chaplain may offer insights from tradition and sometimes may offer a ritual, like prayer.

Most of the lecturers, however, are very hesitant about intervening by means of one's own tradition. The chaplain is allowed to express something of one's own sources and traditions, but only under strict conditions, when it is absolutely clear that it is in the interest of the patient. (R2)

4. Aloofness

Some lecturers present an opposite position to what has just been described. Using one's own Protestant Christian tradition is in general not useful (R2, R7). One lecturer thought the 'patient must not be burdened by the chaplain in this vulnerable situation' (R2) and another (R7) thinks it is better not to express one's own tradition.

5. Parallel connection

In the ways the chaplain's own tradition might function in hermeneutic communication, R5 named the aspect of parallel connection. It may appear 'implicitly or explicitly'. In training the chaplain has reflected extensively on one's position towards the Christian tradition. In that reflection, the chaplain has learned in a process of self-correction to see things differently that were until then self-evident. That process of re-orientation is somewhat similar to what the patient goes through. The parallel in re-orientation on one's own tradition will help the chaplain to understand and subsequently, connect to and help the patient, implicitly or by expressing explicitly this parallel.

6. Liturgical expression

Most respondents recognized the chaplain's own tradition as a treasure chest of texts, images, rituals and symbolic actions that can be used in contact with the patient. Besides that, the tradition of the chaplain will also become public when performing a liturgical role, by celebrating in religious services (R3, R4, R7).

2.3 Conclusions and discussion

Reviewing the material, a few things are noteworthy, each of which raises new questions.

1. Definitions of hermeneutic competence and hermeneutic communication, traditions and sources

The material shows three positions: hermeneutic communication as

- (a) talking about what is going on and about inner motives, struggles, the expression of which is clarifying;
- (b) interaction between what is meaningful to the patient and the situation presently experienced;

(c) (biblical) text clarification in relation to the current reality.

In these three positions, many aspects remain unclear. It appears that it is not always clear whether the lecturer is speaking about hermeneutic communication or about the work of the chaplain in a broader sense, as spiritual care. Is everything a chaplain performs in relation to the patient hermeneutic, or are certain aspects of the work hermeneutic? Even when talking about hermeneutic communication, one of the respondents (R1) compared the conversation with a 'two-stage rocket', with the first stage about general existential themes, the expression of which is clarifying. The second stage is the 'real hermeneutic' communication, about transcendental or religious experiences. R4 speaks of 'lifting the conversation above the material matters with the help of the sources.' In this view, hermeneutic communication is about certain, specified themes and distinguished from talking about material matters. In contrast, another lecturer (R6) assumed that hermeneutic communication is occurring from the moment the chaplain introduces oneself. Images and prejudices will immediately be activated and the patient will understand oneself in relation to those images and prejudices formed by personal history.

Another aspect of definition which remains unclear is the use of the words 'sources' and 'tradition'. One of the lecturers (R1) wants to speak about traditions, instead of tradition. There is no single (Christian) tradition. Traditions are shaped in relation to time and context and people bring together their belief or meaning system from several sources, like a patchwork. Other lecturers replace the word tradition by source or sources and use different words for that. They define it as 'holy ground' (R2), that 'from which people draw their strengths and what appears to them as precious, valuable and unrelinquishable.' 'It is the point or area from which someone's life gets its meaning.' Examples are the experience of nature, the importance of relatives and where to find one's core-identity. To another lecturer (R3) tradition refers to the (biblical) text. R5 defined: 'Sources are the written holy texts of the religions, like the Bible, the Quran or those aspects to which people from non-religious traditions refer. The word 'tradition' also occurs as the values, the things that matter in life. They are inherited from parents, environment, church, but also from the neighbourhoods or part of the city.'

From the interviews it is clear that some of the lecturers felt the need to differentiate in or to differ from the definition of their institution. If the definition mentions one specific tradition, e.g. Christian tradition, most of the lecturers felt the need to broaden the perspective (R1, R2, R4) or they situated tradition in the narrative of the patient, instead of in the chaplain or his church or organisation (R2, R4, R5). If the definition is broad, then the lecturer (R6) feels the need for the chaplain to express one's own tradition, although he sees hermeneutical

communication as a process in which tradition(s), both of the chaplain and of the patient, matter and interact or interfere.

We can conclude that there is little consensus and significant contradiction between the understandings of the lecturers on hermeneutic competence and communication. Key terms are used in different ways. However, certain issues or questions can be identified, even if they are not yet resolved:

- What is hermeneutic communication?
- Is there, from a hermeneutic point of view, a distinction between the conversation about everyday experiences and religious experiences?
- What is meant by tradition and whose tradition is meant?
- What is an appropriate role for disclosure in hermeneutic communication?

2. Content of hermeneutic communication

As soon as an attempt is made to provide definitions of hermeneutic communication, the content of the communication also comes into the picture. Part of the answers given by the respondents to the question of content was already included in the description of definitions. The responses to the question of content provide a differentiated range of themes that the lecturers placed under hermeneutic communication. They can be categorized in five aspects: ‘personal sources’, ‘contemporary experience’, ‘existential themes’, ‘transcendental or religious experiences’ and ‘conversation about humanity’.

3. Process of hermeneutic communication

Of the various attitudes and skills of the chaplain that came to the fore, the following are noted.

Questioning

The skill ‘questioning’ is linked with a purpose of hermeneutic communication: questions are especially used to reach the level of worldview. The purpose is to deepen the conversation and to focus on the ‘existential ground’ or on ‘what the patient experiences as source of strength’.

Diagnostics

Although several lecturers point to the fact that chaplains very quickly need to assess what is needed by a patient and gain an impression of the worldview and the sources of the patient, the art of pastoral diagnostics and spiritual assessment are absent in the material. They are absent despite their advocacy by, among others, Pruyser (1976) and Fitchett (1993) in the United States, in the Netherlands

Bouwer (1998) and Bersee (2018) and in Belgium Vandenhoeck (2007) and despite recent attempts by the services of chaplaincy and spiritual care in several academic hospitals to introduce assessment methods. Some assessment of the worldview of the patient is mentioned, but it is never a guideline for pastoral intervention.

Some of the respondents speak of reconstruction, empowerment, giving hope. That implies a need for a reconstruction, or a lack of power, or a situation of hopelessness, that will guide or shape the response of the chaplain. How do the respondents imagine such needs and in what way does their image drive their actions?

Symbolic language

With regard to both attitude and skills, the lecturers drew attention to symbols and metaphorical language. It is part of the chaplain's attitude to focus on them, as symbols and metaphorical language can be expressions of questions about life. It is also an aspect of proficiency to recognize symbolic and metaphorical language, to develop it, and to use it. The question arises how that takes shape in practice.

Reframing – Reconstruction of the life-story

Under the term 'skills', some respondents used the term 'reconstruction of the life-story', or 'connect the life of the patient to the story of God'. (R2, R4, R7) The narrative aspect, 'a change of perspective, in order to come to a reconstruction' is mentioned, but it is not further operationalised. Metaphorical language can also be a 'tool' in reframing the situation, but when and how is not explained.

Remarkably, all lecturers who give courses in practical or pastoral theology were familiar with recent hermeneutic-narrative theory, as presented by Ganzevoort and Visser (Ganzevoort & Visser, 2007), but do not make any reference to the methodical guidelines mentioned in that handbook. That brings us to the need to investigate further what role the narrative approach plays in hermeneutic communication and how it is operationalised.

Plurality and shared ground

All lecturers were aware of the plural religious situation of contemporary society and the challenges it entails: how to bridge the differences between the religious identity or the worldview of the chaplain and the patient and how words as tradition and sources are diffuse. What then are theoretical concepts that can provide more clarification on religious or worldview plurality in chaplaincy and how do chaplains deal with plurality in hermeneutic communication?

Under ‘content’ the following opinion was found: ‘If there is no shared tradition or way to connect in some common way, there is always the possibility of a conversation about what all religious traditions have in common: humanity, what really makes human life human.’ ‘Speaking about humanity’ is here presented as a ‘when all else fails’ solution. It is a theme that can be introduced to give content to the communication if there is no other shared ground. At the same time, one could also argue that religion or worldview always concerns issues of humanity. It can be seen as the ultimate horizon or dimension of all meaningful speech.

This issue may be related to the transition of the profession from denominationally embedded chaplains to non-affiliated spiritual caregivers and to the shift from being attentive to traditional (Christian) sources to attentiveness to existential themes, no matter what sources or traditions are involved. That leads to the question whether within hermeneutic communication one should look for a common ground that unites patient and chaplain, or whether difference can be dealt with in a different way?

4. The chaplain’s tradition and worldview

From the four aspects of this part of the study: definitions, content, process and chaplain’s own tradition, it is the last aspect on which the lecturers differ most and use the most normative statements. On the one hand, the chaplain is strongly advised not to introduce one’s own tradition (R2). It might be a burden for the patient, and it may not suit the context of a religious neutral hospital. It is better to park one’s own tradition (R7). On the other hand, the chaplain is advised to do the opposite: it is essential for the chaplain to reveal one’s own religious tradition (R6). That is not only a part of hermeneutic communication from the beginning, but also serves mutual disclosure and reframing processes.

The chaplain’s tradition should only be brought in, in the opinion of most of the respondents, if there is an openness from the side of the patient to hear and only if it serves the patient. In all other situations, it is better not to, although some of them (R3, R4 and R7) suppose that it can be of help in reframing the situation, in offering another perspective. This leads to the question in what way and for what purpose the chaplain’s tradition or worldview could play a role in the communication with the patient?

2.4 In summary: follow-up questions

Looking at the results of the survey among lecturers, a number of questions come to mind. First of all, there are the issues of definition. What exactly is hermeneutic communication when it comes to content and to sources and traditions in definitions? Second, in the setting of a plural society with regard to worldview, how do chaplain and interlocutor enter into conversation with each other in such a way that they can understand each other, but also in a way that the (self-)understanding of the interlocutor is furthered or renewed in the light of what is currently going on in their lives and in the light of meaningful sources or traditions? Must there be a common 'ground', or can hermeneutic communication accommodate difference?

A third cluster of questions concerns the content of hermeneutic communication. Does it imply a distinction between everyday issues and spiritual themes, or can they be integrated? Is hermeneutic communication speaking about spiritual issues, or is it about speaking spiritually about issues? If specific themes belong to hermeneutic communication, how are they determined and recognised? Is there a diagnostic tool, an instrument with which chaplains can discern the multitude of what is coming at them, so that they can enter the proper and intended field of action?

A fourth cluster of questions concerns the process of communication, that is, the skills needed to address the themes and to converse effectively in respect of meaning. The lecturers mention the importance of symbolic or metaphorical language. They also view hermeneutic communication as the reconstruction of the (life) story. But what does that look like in practice?

Finally, under the topic 'the tradition of the chaplain', a wide range of answers and possibilities were given. In what way and for what purpose could the chaplain's tradition or own worldview play a role in communication with a patient?

The above survey provides a picture of how lecturers at a number of theological institutions relate to hermeneutic competence. They have offered their views on a number of themes. Those views raise a number of questions that can be further clarified with the help of theory. That will be done in the next chapter. In addition, the question of practice becomes more urgent. There are trainers with viewpoints, there is a theoretical framework, but what does the practice of chaplaincy look like? That will be examined in detail in chapters five and six, following chapter four on the research method.

In this chapter, I explore what theoretical concepts can be helpful in bringing hermeneutic communication into focus. I describe processes of interpretation, understanding and communication and the roles the chaplain takes in these processes from three perspectives: a philosophical-theological perspective (3.1), a psychological-communicative perspective (3.2) followed by a psychological categorisation of existential themes (3.3), and finally a pastoral-theological perspective (3.4).

3.1 Philosophical – theological perspective on interpretation and understanding

The definition of spiritual care of the Dutch professional chaplain's association (see chapter one) speaks of support, guidance and consultancy on meaning and worldview. Guidance is indicated when someone, hospitalised and confronted with existential themes, has to search again for what provides strength and inspiration. In a way, the person revisits one's life, reinterprets one's life story and draws (again) on sources of meaning and significant traditions in relation to what gives life meaning. Hermeneutic communication refers to that aspect of the interaction between a chaplain and another person. It is hermeneutic because it involves (re)understanding oneself, one's circumstances and one's tradition or meaning frameworks.

An experience with unexpected life events may lead to existential questions that require reflection. A person enters into a process of reinterpretation, seeking to understand how life has gone until now, how it is now going and what that means for the future. That also involves understanding oneself and one's identity. Who am I, now that this has happened to me? Am I still the same person or another? How and who will I be tomorrow? In 3.1.1 I will take a closer look at those issues of interpretation and identity.

When someone engages in such a process with a chaplain as companion, what does take place? What goes on when the chaplain, in the definition of the professional association, supports (guides, counsels), helps and advises, in what way does

that take place? In what way can people understand and help each other reinterpret events, experiences and meaningful sources or frameworks? That question is addressed in 3.1.2.

Finally, the chaplain also has one's own horizon of understanding. When it comes to the interpretation of the conversation partner's existence, the question is whether and in what way the chaplain's horizon of understanding can or should play a role in the hermeneutic communicative process? Although the other as conversation partner and the tradition and sources of the other are central in the care encounter, a communicative process is also a dialogical process in which both the conversation partner and the chaplain are involved. The chaplain's worldview identity and sources also play a role. In 3.1.3, under the title self-expression, the relationship of the chaplain's own tradition in relation to the hermeneutic communicative process is addressed. The explorations below follow these three lines of self-understanding, understanding each other and self-expression. I take Ricoeur's theory of hermeneutics as my starting point, with Jansen, Moyaert and Huijzer as my most important guides in his extensive oeuvre (Jansen, 2002; Moyaert, 2011b, 2014; Huijzer, 2017).

3.1.1 Understanding oneself – interpretation and identity

Since the 1980s, attention to narrativity has strongly coloured thinking on meaning and identity. As humans we continuously interpret the reality around us and within ourselves. We do this by placing our experiences in an ordered context: our life story. Without such an ordering, our existence would be a series of disconnected events and sensations, but by ordering them, by narrating them in a specific way, by applying a structure, we establish a connection between the events and the sensations. That connection provides coherence and meaning. The story has, in literary terms, a plot, the application of which is called *emplotment* (Huijzer, 2017; Ganzevoort & Visser, 2007). We may ourselves build the story of our life, but we do not do it on our own. We derive the building blocks for our plot from the culture in which we live, from the stories that have been handed down to us, both the stories about how our society is organised and the great cultural and religious stories from tradition. In addition, family stories, the stories of others around us and the examples we find in, for example, film and literature also play a role. They are handed down to us because they are 'narratively presented to us, or more discursively transferred in education' (Ganzevoort & Visser 2007, p. 106), or in condensed form as the mottoes that apply to the family or group to which we

belong. In dialogue with such 'symbolic networks of signification' (Tromp, 2015, p. 48) we construct our own life story.

However, when life turns out differently than we had imagined, when we are touched by contingent events and experiences that affect us existentially, we are faced with the task of revising the story we have built up. That requires, among other things, that we reinterpret the stories that we have used to build our life stories and thus rewrite our own life stories in order to find meaning and coherence again, as far as possible.

Interpretation

The fact that the meaning of the stories we are provided with is not fixed is also helpful. Ricoeur provides a philosophical framework that shows how reinterpretation is possible. Ricoeur's hermeneutics is first of all text hermeneutics. When it comes to the relation between text (or story) and reality, three elements can be distinguished. Ricoeur refines the Aristotelian concept of 'mimesis'. There is a first awareness of the world that is 'imitated' in the story. That is already an initial interpretation. Although there is no text yet, there are our perceptions of the world. Ricoeur calls that prefiguration. When the observations are ordered in their own time sequence, with their own structure and logic, i.e. provided with a plot, the story is established. Ricoeur speaks here of configuration. But then, independently of the author's intention, a third moment arises. The reader, or the listener, forms his or her own image on the basis of the configuration. The reader empathises and forms one's own reception. The story tells the reader something and the reader appropriates it and is able to occupy a place, a role in the story. Ricoeur calls this world in the reader's head, which is an imaginary variation created by the convergence of text and reader, the refiguration.

Interpretation is, therefore, not about understanding the author's intention. In Ricoeur's view, the text is autonomous and the author also abdicates the text the moment it is completed and made public. It also means that the definitive interpretation of a text does not exist. New meaning emerges again and again as each reader asks one's own questions and develops one's own reception. It is also conceivable that at another moment in time, new meaning will emerge for the same reader, because at another moment in life other questions arise from which the text is approached. In the coming together of the horizon of the configured text and the horizon of the reader, a new refiguration arises each time and with it new meaning and understanding.

For the approach of story and its interpretation, Ricoeur also provides a description in his image of the hermeneutic circle, better called the hermeneutic arc or

spiral. It begins with a first, naive form of understanding. We approach a text from our own horizon of understanding, from what Gadamer (1965) would call prejudice, and thus form a first understanding of the text. We think we recognise something. But then comes a second step of critical distance. All scientific methods are permitted for approaching texts; Ricoeur does not limit himself to one method. Here the text can be thoroughly explored, approached even with a certain suspicion in order to track down possible ideologies. After this phase of ‘distancing’, the final appropriation comes.

In the process of attribution of meaning, interpretation comes into play at two moments. The first moment is when we take note of the stories around us. They are configurations created at some moment. We create our own refiguration from them: the integration into our life story and into the image of who we are. This taking note of and interpreting is a moment of refiguration, but at the same time it is the prefiguration of a new configuration that we express in a logical context and narrative structure: our life story. We present it as: this is who I am, this is my story. But then a second moment follows, for once presented that story is itself a configuration and open, in turn, to reinterpretation.

We express ourselves in a story, but we do not coincide with that story. New events, the changing reality, confront us with new questions. We can sometimes appear strange to ourselves. In our imagination, we search for alternatives. In the critical ‘rereading’ of our own story and in the stories that are handed to us, we sometimes discover new questions, but also possibilities. Were things really like I have always thought? Did the people in my story play the role I always thought they did? And is my own position in or in relation to the story as fixed and given as I always thought, or can I imagine another possibility? From this critical re-examination a different light can fall on ourselves. We perceive ourselves differently, in an imaginary variation. In this way, we ‘try out another version of ourselves’ (Tromp, 2015, p. 48). Appropriation occurs in a new refiguration, a revised life story, an evolving identity. That can be a personal interpretive process, often forced by circumstances, but it can also involve others as they listen to our story and try to understand its meaning and discuss it with us.

Identity

Ricoeur accounts for the fact that identity is, on the one hand, given but on the other, constantly evolving. When we say that we have an identity, we are indicating a continuum in time. There is a certain degree of immutability that makes us recognisable as the same person. At the same time, our identity develops, we change in and through the course of life. Ricoeur holds both concepts together:

unchangeability and changeability, continuity and discontinuity by the two concepts he uses for them: idem (même) – sameness and ipse (soi-même)– selfhood. The former is more about what we are, the latter about who we are. It is the latter that develops over time, as the story attests. Who someone is, is answered by the life story. Identity is therefore largely narrative.

Religious and Worldview Identity

Ricoeur himself did not treat religious identity. In a ‘tentative interpretation’ Moyaert applies Ricoeur’s reflections on identity to religious identity (2011). Religious identity is to a large extent formed by the ‘religious schemes, norms, values, rules and doctrines’ (p. 254). They form the idem aspects of identity. They are the fixed contours, the continuity, the immutability. Thus God, the Other or the Holy, enters the life of the devotee or the believer through practices, the message, and ethics. But at the same time, religious identity does not stop at this idem dimension. Religious identity is also about a dynamic relationship, a devotion to God, the Other or the Holy. In that relationship, faithfulness, dedication, loyalty play a major role. Just as God is not absorbed in, cannot be identified with tradition, so too believers are not absorbed in the schemes and patterns of faith. They develop (ipse). On the one hand, Moyaert says, believers conform to those patterns, but on the other hand and at the same time they allow that same tradition to be broken open by God himself. God’s transcendence cannot be fixed by tradition. In the formation of religious identity, both are present: the unchangeable and the changeable, the continuity and the discontinuity, what has been formed and fixed and what is in motion and comes to renewal. Moyaert calls that the dialectic of ‘sediment and innovation’ (p. 255).

Religious identity is also narrative identity. In the narrative, believers express who they are in relation to the Ultimate, how they have experienced God, and how they bring their devotion to bear on their lives. In that same narrative, they also express their questions and uncertainties, moments of happiness and challenge, and their attempts at understanding. In the retelling and revisiting, people also explore other options. Here too, the space of imagination is at work, imaginary variation. Imagination opens the way to other ways of being. However, not everything is possible. Not everything that can be imagined or thought of can also be appropriated. Loyalty to the familiar plays an important role. The precise reasons why something is imagined but not appropriated are not always known to the individual. They fall under those aspects of identity over which one has no control, according to Moyaert (p. 258). Possibly because ‘religion is an individual’s deepest roots on which a person bases life choices regarding what part of one’s identity a person considers most important and what determines a person’s values’ (Van Dijk – Groeneboer, 2018,

p. 62). Holding on to certain convictions despite everything is not always a rational thing to do. At the same time, in the encounter with what life presents and in the encounter with the other, the question of who we are and whether things can be different, whether we can be different, always arises. That is sometimes a struggle but also a possibility. That points to a vulnerability and fragility of identity. Moyaert therefore speaks of ‘the fragility of identity’ (Moyaert, 2011, p. 258).

3.1.2 The other in the process of interpretation

In the last sentences of the previous section the encounter with another person comes to the fore. That is important because the present study is about the (conversational) relationship between a chaplain and another person. The chaplain provides guidance on meaning and worldview that becomes acute when the conversation partner is confronted with serious events that raise questions about meaning. Those events and experiences force the other to again look for what provides strength and inspiration.

Besides the communicative process of understanding each other (which will be discussed in chapter 3.2), it is also possible to reflect on the process of understanding between persons in a philosophical and theological manner. The starting point is that two persons encounter each other and try to understand each other. In Ricoeur’s view, identity is also relational (Huijzer, 2017, p. 162). In 3.1.1 we noted that, from a narrative perspective, identity is constructed in relation to and in dialogue with pre-existing stories and often intertwined with them. It is not only by reading stories that we enter into dialogue; often living human others provide us with cultural and traditional stories, as well as stories of ‘my parents, my friends, my companions in work and leisure’ (Ricoeur, 1992, p. 161).

Another person therefore contributes to the formation of my identity. In doing so, the other is really an-other to me, and as such, also strange to me.²² There is a meeting of two subjects, each with their own history, view on life, experiences,

22 I consciously use the somewhat delicate term ‘strange’ here. I am aware of the discriminatory nature of talking about a stranger or a person who is strange, in which the connotation of ‘not belonging’, ‘foreign’ or even ‘weird’ comes through. That is explicitly not what is meant here. What is intended is that in the other, there is something that actually makes the other an other, that is, not reducible to ourselves or to our convictions. It is also distinct from ‘different’. It is closer to ‘incomprehensible’ and therefore has a provocative accent. It would be possible to use the word ‘alterity’, but that is too smooth. It is precisely what continues to challenge us to a deeper and further understanding, but not without some kind of struggle.

worldview, in short, their own story. The difference between them, the strangeness of the other, makes it difficult to understand each other and at the same time it also contains an opportunity. The strangeness of another person takes me out of my own world, questions who and what I am and, insofar as I can bear the strangeness, also contributes to my own self-understanding and identity.

The strange other

But what does the encounter with the other look like when people differ from each other in their worldviews and the encounter occurs around existential themes in which worldview plays an important role? In order to provide a theoretical framework for this, I will follow Moyaert's²³ thoughts on interreligious dialogue. I use her views to think through the relationship between the chaplain and the other. I particularly use *Fragile Identities* (2011b) and quote from it, unless otherwise indicated.

In doing so, I am aware of a number of difficulties. For instance, Moyaert is concerned with interreligious dialogue, in which adherents of different religions try to encounter and understand each other in their particularity. In the conversation situation within chaplaincy the encounters are not exclusively religious encounters. They also include non-religious worldviews (see Mulder's flowchart in chapter 1.2, fig. 1). On the other hand, encounters sometimes take place within one and the same worldview tradition. A second point to note is the difference in aim. Whereas the aim of interreligious dialogue is the encounter and the exploration of each other's convictions, the aim of chaplaincy is to offer help with regard to the existential issues of the person being guided in relation to that person's own tradition or sources of meaning. A final point of attention is the difference in roles between both the conversation partners. In interreligious dialogue there is an equality of roles, whereas in chaplaincy both partners are humanly speaking equal to each other, but they are not alike, are not in a like position and do not have the same role. After describing Moyaert's views, I will come back to these points.

Moyaert

In interreligious dialogue, the encounter between people who are 'strangers' to each other takes place in a very concrete way. Two extreme positions can be distinguished

23 Marianne Moyaert has built up and exposed her theory in a number of studies. For my presentation I consulted

Leven te midden van religieuze diversiteit en vreemdheid. Een theologische hermeneutiek van het verhaal van Babel (2008), *Leven in Babelse tijden. De noodzaak van en interreligieuze dialoog* (2011a), *Fragile Identities. Towards a Theology of Interreligious Hospitality* (2011b), *In Response to the Religious Other. Ricoeur and the Fragility of Interreligious Encounters* (2014).

from the viewpoint of interreligious dialogue: the particularistic or cultural-linguistic view and the universalistic or pluralistic view. The first says that there is an unbridgeable gap between religions, which makes it fundamentally impossible to understand each other. The second assumes that different religions offer different ways and forms of expressing faith, but that they are essentially about the same things. The first view makes the differences absolute, the second eliminates them.

Moyaert seeks her own direction in interreligious dialogue in a way that leaves room for difference and for particularity. But it is precisely in the cultural-linguistic model that she finds the starting points that make it possible for adherents of different religions to understand each other to a great degree, while respecting the differences between them. The gap is not unbridgeable, if we are willing to accept that a full understanding, if ever attainable, can only be approached by continuing dialogue.

A number of theological motives play a role in Moyaert's views. Exegetically and hermeneutically she develops an interpretation of the Babel story in such a way that this story can be read not as a curse but as a blessing. In the Babel story, one people, one language is at work at one place. That creates a closedness within which there is no room for strangeness and otherness. The scattering of peoples and languages serves the original purpose of creation in making the entire earth habitable and cultivatable (Genesis 1: 26-28). Another motif of an eschatological nature emerges. The story is an impressive symbol that reveals the difficulty of communication. It underlines that the world of the other is not easily accessible. As a result, a constant challenge arises to seek each other, and God, again and to try to understand each other so that in the end what was intended in creation will occur. It is the difference, what is not yet fully understood, that keeps the dialogue going. That is true not only for understanding between cultures and religions, but equally true within a given culture or religion. Time and again, one has to make an effort to explain to the other (also the other with a shared tradition) what one means and again and again one has to make an effort to understand the other in what the other has to say.²⁴ The story of Babel, so read, presents a challenge, also to

24 Although the hermeneutics of the text are creative and open up new perspectives on the story and its actualisation in the light of interreligious dialogue, I think Moyaert's exegesis not always convincing. The statement e.g. that no dialogue takes place up to Genesis 11 is made on the basis of a specific conception of dialogue and is therefore an interpretative framework that is placed on the text. A recognizable pattern of word and response in the primeval stories can certainly be identified. The remark that before Genesis 11 the word דבר does not occur is correct insofar as the word as such indeed is not found, but a derivative form (Pi'el) is, in Gn 8: 15 אֱלֹהִים אָלֶיֶם וְיִדְבָּר (Lisowsky, 1981).

the Christian tradition not to shut itself up in its own doctrine, but ‘to step outside of itself and to search for traces of God in the whole of creation’ (2011, p. 219).

Moyaert draws a parallel with Ricoeur’s approach to the process of translation and interreligious dialogue in terms of linguistic hospitality (p. 226). There is an analogy between the hermeneutic process of interfaith dialogue and the process of translation that occurs when we communicate with someone in another language or try to transpose a text from a foreign language into our own. ‘The equivalence can only be sought, worked at, supposed’ (Ricoeur quoted by Moyaert, p. 230). The original, it appears, is not reproducible. The strange remains strange and distinct. At the same time, there is joy about what has succeeded. There is, therefore, a fragile space between the familiar and the different. What is possible, however, is what Ricoeur calls ‘linguistic hospitality’, ‘where the pleasure of dwelling in the other’s language is balanced by the pleasure of receiving the foreign word at home, in one’s own welcoming home’ (quoted by Moyaert, p. 231).²⁵

Relation to interreligious dialogue

The similarity between translation and interreligious dialogue helps to see that a correlation is established between the strange and the familiar, while being aware that it is impossible to be completely at home in the religious language or meaning framework of the other. The difference remains, but in a ‘hermeneutic hospitality’ the difference is welcomed. That is dialogue: welcoming the difference. And there is always hope: ‘Hope tells me there is meaning: find the meaning’ (Ricoeur, quoted by Moyaert, p. 234).

Although the imagery of hospitality evokes a certain kindness, the effect of difference should not be underestimated. The strange other also evokes resistance. The actors in dialogue are always tempted, on the one hand, to consider the gap unbridgeable and to give up; or on the other hand, to eliminate the difference by harmonising too quickly and thinking that, in essence, the content is common. But where those ‘temptations’ are taken seriously and resisted, steps are made towards taking the other seriously in one’s otherness.

25 This may be true of the translation process. But the ‘pleasure of dwelling’ is a little too positive for the risky nature of the encounter between two different people and certainly in the area of worldviews that touches on the deepest layers of identity. In dialogue, the encounter with the other is also always a critical questioning of one’s own convictions, and if dialogue is to be truly open, it must also involve the possible letting go of or correcting one’s own conceptions. Only then is there ‘hermeneutic mutuality’, as e.g. Baart states in his theory of presence (Baart, 2001, p. 233).

The way to an optimal understanding of the other follows the hermeneutic arc, as sketched in the previous section. From an initial, naïve understanding via a thorough investigation of what the other person might mean, one can arrive at a certain affirmation, or appropriation. The partners understand a little better what the other person means. Imaginary variation plays an important role in this. Can I hear the other person's story in such a way that I can put myself in the other's shoes and see that it opens a possibility that contributes to my own existence? Can the other person's position also become a question to my own conviction?

A believer will be inclined to ask the question whether God appears in the story that the other person offers. Someone who is not religious will be inclined to ask the question whether an ultimate concern, what can be described as 'meaning determinant primacy' (Brümmer, 1989, pp. 142,144), or as 'holy', appears in the story that the other person offers. In the other person's story, possibilities are offered that can be explored in imaginary variations but that must be examined in order to know whether they are compatible with the commitment and the loyalty to one's own religious or worldview convictions. People who dare to enter into dialogue may come to the limits of their own commitment and not arrive at a final appropriation. Their identity expresses neither self-confidence and standing on one's own position, nor a vagueness in which no position is taken. Their identity expresses vulnerability, a sense of having reached the limit, but not without the hope of finding a way to understand each other, of finding love and ultimate reconciliation (Moyaert, p. 260).

Theology of hermeneutic openness

If we do not want to be locked into our own convictions and visions, the other is a help to us. Hospitality is an image that offers the possibility of representing the process of encounter and to motivate it theologically. Hospitality is an important concept in the biblical stories. In addition to hospitality being an important virtue, motivated by Israel's own foreignness in Egypt, there is another line to draw. In interpretations of the story of Abram's visitors, in Genesis 18, God is present in three visitors. Theologically one could say that God reveals himself in the other, or at least, that in the other person something of God might be given.

Hermeneutic hospitality and chaplaincy

I return now to the difficulties outlined earlier in transferring what has been said about interreligious dialogue to the encounter as it takes place in the context of chaplaincy care. First of all, chaplaincy care does not always involve interreligious

encounter. In chaplaincy, it is about helping with making or finding meaning. Mulder's flowchart (chapter 1.2) showed that meaning can be retraced to worldview, whereby a distinction is made between four forms of worldview: religious and non-religious and institutional and non-institutional. At the same time, it is always about the deepest convictions that give direction to existence, whatever words are used. In that context, Ganzevoort speaks more of the 'Holy' than of God (Ganzevoort, 2007). Smit also uses the word 'holy', although more broadly than 'God', but reserves it for the transcendent (Smit, 2015). The fact that chaplaincy does not always involve encounters in which the partners can be defined as religious, is not in itself an objection to the application of the theory in question. Also, in the case of an encounter in which an equally religious frame of reference is used, the theory can hold.

In the context of a shared tradition, adherents of the same religion are faced with the task of explaining and understanding each other's experience and specific convictions as expressed in their lived faith. Here there is a difference in context and purpose between interreligious dialogue and chaplaincy, but the central notion of hermeneutic hospitality, in which coming to an understanding is central, that is, the encounter between two people who are 'alien' to each other in respect of their worldview, is very useful in chaplaincy.

The second difficulty we encountered above, concerns the difference in context and purpose mentioned. Interreligious dialogue is entered into in freedom and has as its goal a mutual understanding. In chaplaincy, ideally, there is also a free encounter, but the reason that the conversation comes about is often not found in freedom at all. Very often there are intense contrasting experiences that raise huge and inevitable questions about existence. People are, so to say, forced to deal with these experiences. There is an urgency and often a need. Such aspects make people unfree. With that as a starting point, the context in which the encounter takes place is entirely different from interreligious dialogue. It also has another purpose. It is not about mutual understanding; the aim is to help the other person in the search for meaning.

It is precisely in the search for meaning, however, that a review and sometimes a reinterpretation of one's own tradition and worldview offers a possibility to better endure, accept or resist what is happening. The chaplain helps the other by listening in a focused way so that the story of the other can unfold and also by questioning the acquired or handed down views on that story. A different point of view can open up new meaning. The model of hermeneutic hospitality also offers a framework in which the person of the chaplain as a 'strange other' can be important for the conversation partner. In the process of searching together and sharing perplexity

in the face of the huge questions of life, self-disclosure on the part of the chaplain might also offer an option, an invitation to find out whether there are also elements in the self-disclosure that the conversation partner could explore as possible options for one's own understanding.

Confronted with the fragility of life and being at a loss with regard to existential issues, both subjects in a dialogical process share possibilities of imaginary variation. Whether appropriation can also take place is entirely up to the other. In the next section, under the title *Self-expression: interruption and testimony*, I will elaborate on that aspect. Moreover, it is also true that fundamentally, in such an encounter, the view and conviction of the conversation partner is just as much an invitation or a challenge for the chaplain. Such an encounter is a meeting between two subjects, in which the strangeness of the other can contribute to one's own identity and meaning.

A third difficulty in applying the theory of hermeneutic hospitality within inter-religious dialogue to chaplaincy concerns the difference in roles between the two interlocutors. In interreligious dialogue there are equal roles, in chaplaincy both partners are equal to each other at the human level, but they do not have equal and like roles, resulting in asymmetry. The one is a person who requires care; the other is a care provider. For the one, personal life forms the context in which the conversation takes place, while for the other it is the professional context. In the experience of meaning, or in the loss of it, the conversation partner of the chaplain often experiences distress and need and seeks support. Not infrequently, the conversation partner experiences being overwhelmed. The chaplain has expertise in the field of meaning and is trained to handle the intensity of shocking events. The context of care and professional support adds to the asymmetrical relation.

At the same time, the sketch is a caricature in this way. Chaplaincy is also about an encounter between two people concerning existential matters that are acute in one person's life but that in their human and experiential dimensions also affect the other. Along with a rational positioning towards each other, there is also a relational positioning. One person and another person sit together, sharing the question. 'Why?' The dimension of the search for meaning implies dialogue and symmetry (Walton, 2012, 2018). In the face of the major questions of life, both the chaplain and the other are at a loss with regard to such existential questions. It is a shared unknowing that strengthens empathy.

Reciprocity is an important aspect of helping people to find meaning. However, it is necessary that there be an awareness that difference remains and that (in this case:) the professional renounces an assumption of shared human experience. Otherwise the difference between both would be eliminated. An awareness of inequality

must remain present in order to properly deal with subsequent differences in power. Both, chaplain and interlocutor, then remain the subjects of their own stories.

In summary, there remains an important distinction between interreligious dialogue and chaplaincy, but there is, for all the difference, a shared, stammered perplexity from the awareness that neither the one nor the other has a definitive answer to the major questions of life. It is a necessary condition that there is an awareness that difference remains. Any assumption of a shared human experience in which difference is eliminated must be abandoned. It is a necessary condition that there is also an awareness of inequality and that therefore differences in power between the one and the other are properly handled. But when those conditions are present, mutual relationship is an important aspect of helping people to find meaning. Then both the chaplain and the other remain the subject of their own story.

This last difficulty in applying the model of interreligious dialogue to chaplaincy care once again raises the question of the place and possibility of the chaplain's own worldview. This is the subject of the next section.

3.1.3 Self-expression: interruption and testimony

In the context of chaplaincy care, the significance of the worldview identity of the chaplain is acknowledged (VGVZ, 2015, pp. 13,15). The question that arises in this study is what that means for contacts with the interlocutor. In the interviews with the lecturers the significance of the chaplain's worldview identity varies, ranging from inner motivation to an explicit articulation that contributes to the self-understanding of the conversation partner. So far, the exploration has focused on the worldview identity of the chaplain, but it is conceivable that other aspects pertaining to the perception or interpretation of the situation of the interlocutor by the chaplain may also be significant.

Those questions are addressed in this third section. I will discuss in turn: some considerations on Christianity in relation to hermeneutic intersections, some further notes from the model of interreligious dialogue, and, finally, the notions of interruption and testimony, before concluding with a renewed reflection on hospitality as a metaphor for chaplaincy.

Christianity and hermeneutic intersections

In contemporary times there is a multitude of interpretations when it comes to worldview and lifestyles. For the interpretation of what is happening to us in our existence, there is no overarching framework of thought from which to attribute

meaning to existence. One can only speak of multi-correlations: ‘embracing a plurality of world interpretations as meaningful sources’ with ‘hermeneutical inter-sections: moments in conversations about life in which a plurality of interpretations comes to light’ (Mulder, 2020, p. 3).

Embracing plurality presents an important opportunity, as noted in the previous section. The confrontation with the differences of conviction of my conversation partner leads (in the best case scenario) to dialogue, but in that dialogue I also rediscover my own tradition or worldview. In the struggle with existential questions and confronted with a multitude of worldview interpretations, I am brought back to reflect on my own tradition. I am challenged to re-profile myself from a worldview point of view. I also become aware (again) of the radical historicity and contextuality of my own faith and theology.

That position leads first of all to a certain relativity and modesty. That is not relativity with respect to the truth claim itself, but relativity with respect to the use of one’s own tradition as an absolute or dominant paradigm of meaning. In addition, in the context of chaplaincy (but that also applies to other contexts in our society), it is not accepted that one person imposes a conviction on another. To ensure open and free communication, the care relationship and professionalism require professional reflection on positioning and interpreting one’s own worldview. At the same time, the previous section shows that a rediscovery and re-profiling of one’s own worldview tradition or position can be located precisely in the encounter with a strange other, also in the form of interpretations of reality and experiences of existence. In that respect, the chaplain, as a strange other, can make an important contribution to worldview interpretation of the events in the life of the other. In order to further explore that, I return to Moyaert’s model of interreligious dialogue, as described in the previous section.

Interreligious dialogue

When we talk about deepest convictions in a pluralistic context, the concept of testimony is important. For Ricoeur, testimony is a particular category. ‘The term testimony should be applied to words, works, actions, and to lives which attest to an intention, an inspiration, an idea at the heart of experience and history which nonetheless transcend experience and history’ (Ricoeur, 1980, p. 119).

From Ricoeur’s semantics of testimony, Moyaert (2011b, p. 292) derives six characteristics. First of all, testimony is quasi-empirical; it is indeed about what has happened, been experienced or observed in reality, but it is not the experience or event itself. It is what is told about that event. Secondly, testimony always occurs

in a dialogical situation. It is therefore a communicative event in which a listener is also involved. The third aspect concerns the context of a testimony. It is used, at least in a legal sense, in a situation of conflict. Precisely because there is a dispute, there is a need to testify. A witness also tries to convince, for it would be strange if a witness did not believe in the truth of one's own testimony. A testimony is, in the fourth place, also inseparable from a judgment that follows one or more testimonies. The fifth aspect is that testimony involves risk. It may be that someone's testimony is not believed. That is painful for the witness, who is always personally involved in the testimony. The reliability of the witness is therefore also at stake. The personal involvement goes so far that the witness is prepared to give his life for what he believes. That is the sixth characteristic. The double meaning of the Greek word *martyres* comes to light here.

'The religious meaning of testimony arises in this semantic complex' (Ricoeur, 1980). Ricoeur demonstrates that with examples from the Old and New Testament. He even calls it the fourfold 'irruption of meaning'. The witness is someone who has been sent to testify; the testimony comes from elsewhere. Nor is it about an isolated and more or less contingent event, but about 'radical, global meaning of human experience'. The testimony moves in the direction of 'proclamation and divulging', and ultimately a witness stands for it with one's life. The most distinctive difference between religious witnessing and witnessing in 'ordinary language' is that in religious witnessing 'the testimony does not belong to the witness. It proceeds from an absolute initiative as to its origin and its content' (Ricoeur, 1980).

At the same time, all aspects of 'ordinary' testimony remain intact in the religious context. There is a situation of conflict. There are others who do not share the same belief. They may be open to it, but the opposite may also be the case. Testifying means speaking to others with conviction. In interreligious dialogue, all of that is at stake. Testimony receives its power from the personal commitment of a witness to what one testifies about. It refers at the same time to a 'fragile certainty, fragile in the sense that certainty cannot be based on irrefutable evidence and can therefore be constantly called into question. It is fragile because there are no irrefutable criteria by which one can decide that something is the truth, fragile, also, because of the risk of rejection.' Nevertheless, the testimony does not fail because the witness is convinced and certain. The lack of evidence, ground, or basis, is partly compensated by the testimony being brought with certainty and convinced dedication (Moyaert, 2011b, p. 293).

Within a dialogue, within an encounter between two different subjects, in respect of worldview, there is room for authentic testimony from both sides. The semantics of witnessing points to both the trust and the vulnerability with which people enter into dialogue. The witnesses are concerned neither with their own interests nor with pleasing the other; they are involved in something that transcends them and is at the same time obligatory. Of course, there is a desire to reach out to each other and experience recognition, but at the same time, dialogue only succeeds if that desire is ignored. Ultimately, ‘recognition is an act of grace: it is the happiness of what is freely given’ (Ricoeur, quoted by Moyaert, p. 295).

The theme of witnessing is not undisputed when it comes to pastoral and chaplaincy care. In their discussion of the different pastoral theological models from the last century, Ganzevoort and Visser indicate the disadvantages of a model of ‘the pastor as witness’ (Ganzevoort & Visser, 2007). The concrete story of the other person quickly disappears from the picture, overruled by the emphasis on the authority and the ministerial ‘knowing’ of the pastor/chaplain. Where asymmetry is already present in the helping relationship, it is reinforced within a witnessing model. From the perspective of the contemporary situation described above, another objection can be made: the mono-correlational theological approach no longer fits in a society characterised by a multitude of worldview interpretations. It is not surprising that in thinking about spiritual and chaplaincy care, such thinking about ‘witnessing’ is greeted with reserve.

Huijzer’s study (2017) reaffirmed the notion of ‘testimony’ in the context of chaplaincy. ‘Where the chaplain experiences their worldview as testimony (Ricoeur: ‘attestation’), room is created for a form of faith and thus a worldview identity that is not focused on (doctrinal) certainty but on personal experience’ (p. 189). Chaplaincy is about a reciprocal exchange, in which the conversation partner stands central. Here the relationship is important and, in that relationship, the ‘who’ of the chaplain, ‘who should show himself to be a reliable interlocutor and can be called to account for this’ (p. 190).

Interruption and testimony

In postmodern thinking a correlative continuity between modern life and the Christian tradition cannot be maintained without a break. Correlative thinking evades the tension between continuity and discontinuity too much. Boeve introduces the category of ‘interruption’, that both connects and distinguishes continuity and discontinuity. ‘An interruption is not a rupture, but it does indicate that what was, cannot simply continue as if there had been no interruption’ (Boeve, 2004b, p. 246). This means, first of all, that the interruption (the less than seamless connection of tradition

and culture) calls for contextual critical consciousness. In present times the context is one of a multitude of interpretations, each with its own truth claims. That defines the Christian tradition in its own particularity of truth claims and interrupts any pretension that tends towards absolutism or closed-mindedness.

At the same time, it is precisely the category of interruption that helps the Christian tradition to become a narrative of interruption itself. It is precisely in the lack of any self-evidence of correlation that the possibility arises of offering a critical counterpoint to what is going on in the world or in the private lives of people who encounter each other.

To function as such, interruption also needs theological legitimization. That lies precisely in the stories about God as the one who, in the concrete history of people, breaks stories open, including stories about God. (...) 'It is God who prevents the Christian story from closure, and who, when that happens, is the first victim of it. But even when God is eliminated, there is interruption. Resurrection faith is an expression of that. When stories are forcibly closed, to the point of death, God breaks them open' (Boeve, 2004a, pp. 217, 218).

Encounter in mutual hospitality

Where does this bring us in the context of practice? In the image of hospitality, we see one person encountering another. One might say: one is the host, the other the guest. But in the context of chaplaincy it seems to work differently. Who visits whom? Who is a guest of whom? Walton (2018) describes the chaplain as someone who visits and receives, as someone who asks permission to enter and who welcomes others. But what about the conversation partner? That person may not explicitly ask for permission to enter, but does explore the space, examines what is possible with the visitor who may also be a host. There is a reciprocal hospitality. The chaplain is received in the story of the other, but also receives the other's story. It is clear that the chaplain is there for the other, but the other does contribute to hospitality for the chaplain. 'Such a reversal or role reversal may have a performative and empowering effect' (Walton, 2018, p. 34).

In the hospitable encounter, a story about who the other is unfolds on the basis of current experiences, in which existential themes are embedded. Narration itself is a reconstruction of identity, not as a static fact but as the story of development within the fixed facts of that same identity (*ipse* and *idem*). Telling a story is at the same time an interpretation and therefore a hermeneutic event. The chaplain facilitates that process. Listening and questioning may lead another person to renewed interpretation, to self-understanding, to see the connection with one's own sources and traditions of meaning (section 3.1.1).

The chaplain is a strange other, with their own perspective on meaning. In their own view of what is being told, the chaplain constitutes an opportunity for the conversation partner. That may be to understand the interlocutor's tradition better, to receive new light on it, or perhaps precisely, by listening to how the chaplain looks at the story. It may be how the chaplain, simply in expressing another perception of the story of the conversation partner, offers a new view. One sees one's own story differently, in an imaginative variation as a potential possibility (section 3.1.2).

In shared perplexity in the face of the major questions of existence, there may also be a moment of self-disclosure on the part of the chaplain, not as an imperative, but as a testimony, given in true engagement with both the chaplain's own experience and the story of the conversation partner. That offers a critical interruption, only given after critical self-reflection, but nevertheless an option, an offer, a hermeneutic consideration in a hermeneutic intersection, an invitation to renew one's own story.

3.2 Psychological – communicative perspective

The focus of this section is a psychological-communicative perspective. First, I discuss a specific conversation model, that is, Lang and Van der Molen's conversation-stage model. They present their model as a basis for psychological counselling. But chaplaincy focuses mainly on meaning and existential questions. Therefore, I complement that model with Hartmann's layer model (3.2.1). The lecturers of theological institutions pointed out the need to focus on metaphors and symbols. That corresponds with my own observation of practices. That is why I also explore theory in the field of imagination, symbol and metaphor (3.2.2).

3.2.1 Conversation theories

Conversation is an important part of the work of the chaplain, as professional conversation. The professional association's most recent definition of hermeneutic competence states that in being able to clarify questions of meaning and worldview, it is 'crucial that the chaplain has the ability to hear and clarify emotions and unspoken questions and implicit assumptions' (VGVZ, 2015, p. 12). In the development of the professionalism of the contemporary chaplain, contributions from the social disciplines therefore cannot be ignored. Up to the present the conversation practice

of chaplains is largely based on psychological theory. The work of Carl Rogers in the fifties and sixties of the previous century provided an important impetus for the conversation of pastors, chaplains and humanistic counsellors (1957, 1961). In the Netherlands, in the field of pastoral care and chaplaincy, it became known through the work of Faber and Van der Schoot (1962).

In the following I present a theory of conversational practice from Lang and Van der Molen (2020). That theory has been widely applied in education for therapeutic and (social) counselling professions and is also compulsory subject matter in a number of theological education programmes. It remains a psychological theory, which is why I supplement it with another model that focusses on existential issues.

Lang and Van der Molen

Lang and Van der Molen present a three-stage model of conversation, bringing together what for some time existed separately as singular views on conversation and counselling. They sketch those views as successive criticisms of each other: (1) the person (client)-centred approach according to Rogers and followers, (2) an approach based on cognitive psychology that formed an important correction to Rogers' thinking, in particular with regard to the meaning and origin of feelings (Wexler, 1974), as well as (3) the theory of social learning, that as main criticism of the former theories emphasized that in the end the focus should be on behavioural change. Lang and Van der Molen combine these three 'schools' of thought into a model of conversation in three phases, in which each phase is supported by one of the three psychological theories. Moreover, they indicate that in each phase, the counsellor plays a certain prevalent 'role' and that each phase is operationalised by specific conversation skills.

The first phase, in which *problem orientation* occurs, is mainly based on the Rogerian theory. The starting points and skills that belong to the client-centred approach lend themselves pre-eminently to a first phase in which the most important goal is to get in touch with the other and establish a trusting relationship. The role of the counsellor is mainly that of the *confidant*. Above all, the counsellor will express that the client is welcome and accepted and that the counsellor will do their best to understand the other. Selective listening skills such as: asking questions, paraphrasing content, reflecting feelings, concretising and summarising are supportive, as are non-selective listening skills such as: verbal following and small, non-verbal encouragement.

Lang and Van der Molen call the second phase the phase of *problem nuancing*. If there is sufficient trust and the problem is sufficiently explored, the understanding of the problem and of what will help the other person the most can be further

developed. Nuances can be added and the focus sharpened. In this phase, too, the counsellor remains a confidant, and everything remains within the relationship of trust. But there is also a new role. Lang and Van der Molen call this role the *communicative detective*. The counsellor searches and detects but is also communicative in the process. The counsellor lets the other person know how that person's message comes across, what it evokes, and what nuances are noticed in what the other person says and feels. In that way, the counsellor also gives voice and words to what has not (yet) been spoken aloud. Sometimes the counsellor also suggests a possible correction to the viewpoint of the conversation partner and offers interpretations. If the relationship of trust is sufficiently solid, it will also be possible to confront the other person, highlighting and naming aspects of the other person's story to which that person has not paid attention. Sometimes what occurs between the other and the counsellor serves as a mirror for what may also be going on in the other person's environment, in a manner that enables the other person to relate to it. For this phase, Lang and Van der Molen distinguish between skills of 'discovering patterns' with techniques such as interpreting and providing information, and 'nuancing skills' with techniques such as nuancing empathy, confrontation, positive re-labelling, self-disclosure and directness.

At certain points in the therapeutic process, it is sometimes necessary to provide a person with further *information*. Such psychoeducation may help a client to look at one's own problems in a different way. Along with the informative aspect comes a third role, that of a *teacher*. Lang and Van der Molen derive the interventions appropriate to this second phase of their model from a combination of the Rogerian approach with cognitive psychology.

The third stage is that of *problem treatment*. The conversation partner has been given the opportunity to freely express what the concerns are, insight has been gained into how the problems fit together, other viewpoints may have been developed, but in therapy and care the question is also how life can subsequently be changed. How can something be done about the problem? At this stage insights from the theory of social learning play a role, although not exclusively. Can someone learn different behaviour that is more effective and appropriate to the context or the gained insight? Can someone take steps in that direction and what is needed in order to do so?

In this phase, the counsellor again plays the role of teacher, but even more the role of *coach*. Sometimes further information is needed (as in the second, nuancing phase), but the counsellor will mainly assist in taking small, effective steps towards a different handling of the problems at issue. The insights for this phase come mainly from the theory of social learning as expressed by Bandura and Mischel (reference from Lang & Van der Molen, 2020, p. 59).

The phase model of Lang and Van der Molen helps, first of all, in retrospect, to determine how the conversation or contact has developed and what might make it difficult to pursue what was been set in motion. The model helps to develop a notion of how to deal with the other in a following contact. In advance, the model helps to have some idea of what developmental goals and tasks might be for the contact.

As with any model, there are also some disadvantages. The idea that conversations are conducted neatly in this way is an illusion. Phases run into each other and sometimes the entire cycle has to be restarted for each topic of conversation. The model also suggests that a conversation moves on to the next phases, but it comes closer to reality to say that the phases are cumulative. The first phase of orientation and the first role of confidant never ends; accents, tasks and roles are added. Lang and Van der Molen warn against letting the model take over. People's behaviour is too complex and unpredictable for that. In addition, each contact requires individual tailoring (pp. 112-114). The conversation model of Lang and Van der Molen also has other, more general limitations. It is very verbally oriented, requires a certain capacity for reflection and abstraction on the part of the client, and is focused on an individual approach that does not do justice to a systemic context or cultural determinants. The authors are aware of these limitations (pp. 16, 17). Despite these limitations, the model provides the professional with a framework and a set of skills for conversational practice.

Hartmann

In keeping with renewed attention to the value and meaning of symbols in the 1990s, Hartmann presented a model in layers or levels (Hartmann, 1993). He criticised the model of Watzlawick prevalent at the time, that divides human communication into two layers, that of content or actions and that of relationship or feelings (Watzlawick et al., 1979). Not only do we always communicate at both levels at the same time, the two layers fail to identify the whole that lives within us and is involved in communication. What goes on in our fantasies and dreams does not fit into either of the layers, nor do our values and designs of life. Hartmann therefore proposes a model in four layers or levels²⁶:

²⁶ Hartmann speaks of 'Die Ebenen menschlicher Kommunikation' (p. 63)

Figure 4
Hartmann's layers of communication.

English terms	German original	Explanation
Issues and actions	Sachverhalte und Handlungen	Addressing the question whether and how something should be done.
Feelings	Gefühle	Communicating on the experience of facts and actions
Identity	Identität	Addressing the question: Who am I?
Spirituality	Spiritualität	Addressing and deciding what we ultimately rely upon and whether trust is greater than anxiety in the face of the contingency of reality.

Note: adapted from *Lebensdeutung* (p. 64) G. Hartmann, 1993.

Over the years there have been variations of the model. For example, Johan Smit (2006, pp. 31-33) speaks of the layers of 'facts, feelings, worldview and spirituality' and Dijkstra of 'ratio, emotions, existence and self' (2007, p. 35).²⁷

The spatial representation of the authors mentioned is notable. Hartman talks about layers, Johan Smit visualises his model in four concentric circles and Dijkstra pictures the layers lying underneath each other, with the added layers always lying underneath the previous layers. Dijkstra also offers a physical representation of the levels: 'head, abdomen, legs and feet' (p. 35). The layered representations are in themselves imagery. It suggests that pastoral and spiritual care involves a 'coming to the core', or a 'deepening' of the conversation in relation to the traditionally known first two layers.

The model has not been researched for correctness and workability and therefore has a hypothetical character. I present it because, in relation to the model of Lang and Van der Molen, it offers a 'space' to name and distinguish another dimension of the conversation: an existential and/or spiritual dimension. Moreover, although the model itself has not been researched, Walton's study shows that in the perception of spiritual care for psychiatric clients, the latter indicate that the work of the chaplain is 'broader', 'higher' or 'deeper' than that of the other care providers/

²⁷ Dijkstra refers to Heitink who speaks about three levels of meaning (zingeving): the cognitive, the emotional and the experiential level (Heitink, 1998, p. 152). Van der Leer, based on Leget and Weiher, also assumes these layers of meaning and calls them: facts, emotions, identity and existence. This terminology is in line with the 'Whole person care' model of the WHO (2002), known in the Netherlands as the 'BPSS care model' (bio-psycho-social-spiritual). In this model, the layer of facts touches the physical: the embodied meaning; the layer of emotions touches the psychological: the felt meaning; the layer of identity touches the biography: the socio-cultural meaning and the layer of existence touches the existence: the spiritual meaning.

therapists. Here, too, spatial metaphors are used. The clients express that conversations with the chaplain deal with other themes than are generally addressed in therapy (Walton, 2014).

Also remarkable is the difference in terminology used for the third and fourth layers:

Figure 5
Differences in terminology

Level	Hartmann	Johan Smit	Dijkstra	Van der Leer
III	Identity	Worldview	Existence	Identity
IV	Spirituality	Spirituality	Self	Existence

It seems that there is no clear distinction between the definitions of the third and the fourth layers. That has to do with the fact that concepts such as existence, worldview and spirituality are not easily or clearly defined. It seems that the authors, in articulating the third layer, are mainly looking for what worldview in the most literal sense is: a view or perspective on the world and on existence, a consideration of life. When that comes up in the conversation between two persons, it is of course not an abstract contemplation of life, but is related to an understanding of one's own personal life. At that layer, all the major questions of life have a place, sometimes expressed in rational language, sometimes in images, stories, sayings and metaphors.

The fourth layer is about that what transcends existence, that which is greater than oneself and the experience of it. It is also about what can be thought of as a possibility and thus provides grounds for hope. Experiences at this level can sometimes be put into words, be touched upon, but here too, expressions in the form of poetry, stories, images and symbols are at times more appropriate.

Described in that manner, the last two layers can also be linked to two concepts that Job Smit uses in his domain description of meaningfulness: the ultimate and the transcendent. The ultimate is about a life lived and its ultimate boundaries. It is about, among other things, 'the deepest fear, about the deepest ground of our existence, our highest aspiration'. It is unconditionally meaningful and manifests itself in our real existence: 'we find it in our reality'.

The transcendent, as Job Smit emphasizes, is a difficult term to define. It is the thinking, or perhaps better, the imagining of larger and wider connections. We encounter the ultimate as the final boundary, but we ask what is 'beyond the boundary' (Smit, 2015, pp. 71-73). That might be religious, or faith in God, or dependency upon a greater, deeper reality that sustains life. It might be that which

connects a person to others or to this world, beyond the scope of one's own existence. The ultimate is then what in the layered model forms the content of the third layer, the transcendent the content of the fourth layer.

For this study, it is important to have an indicative model that explicitly addresses the existential and spiritual dimensions of our existence. That dimension forms an addition to Lang and Van der Molen's psychological communicative model described earlier. It is the field to which chaplaincy is particularly attentive. I will use it as an empirical search model and see in what way it can shed light on the conversational practice of chaplains. In doing so, Job Smit makes me aware of the indicators of discursive language with regard to existential themes but also of the use of imagery. But the reverse is also possible. Since there are no clear distinctions between or definitions of the third and the fourth layers, it may also be that the study of practice can clarify their relation.

3.2.2 Imagination, symbol and metaphor

In the same chapter in which he speaks of the ultimate and the transcendent, Job Smit introduces the term 'imagination'. He understands symbols and metaphors as 'imaginative constructions of a believed, suspected or assumed reality' (Smit, 2015, p. 73), indications of what presents itself as the ultimate boundary or what transcends that boundary. Whereas rational-empirical language falls short, especially when we reach for what is 'beyond', symbolic expressions and images are more suitable means by which notions of 'beyond the boundary' can be articulated or expressed. In this section, I will discuss the terms imagination, symbol and metaphor in this order, and conclude with a focus on the conversation of chaplains.

Imagination

People create an image of existence. On the basis of that image, they orient themselves in the world, as Job Smit says in keeping with Fowler (Smit, 2015, p. 58). According to Alma, our desire for a meaningful and valuable life is rooted in our earliest physical experiences with the world (Alma, 2020). Before we have words for it, we have sensations that are characterised by lust and displeasure. That is how we distinguish between good and bad. -

In relationships with others who are different from itself, a child discovers the world, larger than itself, and learns to communicate socially. Alma points out the importance of play in that learning process. It is by playing that children learn to see themselves from the perspective of others. Rules within games form a collective

point of view that all players can use to orient themselves. Every society has such collective perspectives. Those perspectives, or 'rules', are not always explicit in society (leaving aside legislation), 'but are embedded in the images, stories, rituals and manners (moral frameworks and moral space) that the members of a group hold: a social imagination' (Alma refers here to C. Taylor, Alma, 2020, pp. 21-24).

In playing a game, another reality arises in the midst of 'ordinary' reality, that is present for the duration of the game. It is an imagined reality. It is possible to live in both realities at the same time. Imagination shows us besides what is, what might also be; it shows us what is possible in life. It gives direction to the organisation of our existence, our goals and ideals. Imagination also makes it possible to look beyond the factuality of people and things and to discover what is valuable in them. I can see the other, not only in the factuality in which another appears to me, but also in the potential one holds. I may even contribute to the realisation of that potential. That is how we gain experiences of meaningfulness, often in everyday events. 'The experience of meaning is an intensification of everyday experience and makes the world appear in a new light' (Alma, 2020, p. 26).

In the process of imagination, Alma distinguishes a number of elements: 'attention, association, experiment, anticipation, expression and reflection' (p. 44). It would go too far to discuss all those steps in depth, but I offer a single remark here. It all begins with attention, an opening to what is happening in the present situation. In the field of chaplaincy care, a contrast experience (the term is from Anbeek (Anbeek & De Jong, 2013; Anbeek, 2016, 2018)) will often be the reason for the request for help, or the offer of help with meaning and worldview. From attention, association arises. With what we carry with us from various sources, we interpret what we observe. Sometimes those sources are condensed into a tradition. In experiment (if sufficiently free), new meanings can be found. In anticipation, newly found images and possibilities can mature into a new vision, or into a concrete idea of what the future may look like. That 'representation' may find explicit expression. It becomes, so to say, a counter-voice to what is at the present moment. Reflection is an indispensable part of the series of steps that Alma proposes. It is a critical position we take towards what we have found in the process of imagination. A check at some distance will guard against derailment (Alma, 2020).

Smit is also well aware of the vulnerability of imagination and points to the difficult task of demarcating it from 'fantasy, speculation, irrational wishful thinking and projections'. Imagination cannot be tested by rational-empirical means. Embedded in a community, however, a certain degree of plausibility can be experienced, partly determined by the connection to human experiences and needs, but also determined by the degree of coherence with previously valued images.

Finally, examining the effect is also a form of testing: ‘Does the imagination reveal something that would otherwise remain hidden from view? Does it bring about something that is enlightening, valuable or useful?’ (Smit, 2015, p. 73).

Exploring the notion of imagination provides an important focus for this research. If chaplaincy and spiritual care are defined as offering help with meaning and worldview, and if imagination is such an important aspect of meaning, then paying attention to imagination in the conversations of chaplains becomes an important focus. What images become manifest when the conversation partner talks about pressing concerns? In what way do those images support the process of giving meaning, or where do they frustrate it? Can the ‘associations’ be made conscious? Is ‘experiment’ necessary and possible? To explore those questions we need to know more about symbols and metaphors as the vehicles of imaginations.

Symbol

In the second half of the last century, various disciplines began to pay more attention to and appreciate symbols and metaphors. This was the case in various psychological currents, in language and linguistic theories and also in mathematical logic.²⁸ The distinction between symbol and metaphor is not always drawn sharply. In the first instance, we think of a symbol as something that has a form, or is a representation of a meaning to which it refers. It is, so to say, the second half of something to which it refers, which can also be an action or a story. In the following, I outline some historical developments in this field.

To understand the importance and functioning of symbols in psychology and psychotherapy, as well as in pastoral and worldview counselling, the work of paediatrician and psychoanalyst Winnicott is important. His work helps to explain ‘how children make the transition from the caring, symbiotic relationship with their parents to a more realistic reality in which the bad sides of the parents also play a role’ (Van Saane, 2010). For pastoral and worldview counselling, his theory is beneficial in gaining insight into the effect of religious and worldviews forms of expression.

Winnicott states that a young child, at the moment it becomes aware that an important caregiver is leaving the room and leaving the child alone, uses the cuddly toy to cope with the anxiety and frustration aroused by this. The cloth, the bear, the tip of the bedcover, the cuddly toy are transitional objects, symbols of the absent father or mother. For the child the object offers real comfort. The object is, in analytical terms, emotionally ‘occupied’. It shows traces of the outside world, but also of the inner world of the child and mediates between the two. Winnicott locates the transitional object,

28 Lorenzer describes this broad movement (1976, pp. 107,108).

as well as the playing, in a kind of in-between space, between the inner and the outer world, an intermediate area (Winnicott, 1971). The intermediate area has become known in literature as the transitional sphere or transitional space.

The religious psychologist Pruyser calls the intermediate space the illusionary world. It is the space in which mystery is given a place, but also the creative imagination (Pruyser, 1992). The analyst Rizzuto wrote in the same period that, in contrast to many of the objects of our childhood, the symbol 'God', the representation that people have of God, should be regarded as a transitional object that continues to exist throughout life, that indeed changes, but is not simply discarded as people's involvement with reality grows (quoted by Heimbrock, 1986, p. 62). It continues to refer to or represent 'God behind God' (Bodisco Massink, 2000).

Lorenzer distinguished between symbol and cliché and thus constituted an important corrective to Freud's work within the psychoanalytic movement (Lorenzer, 1976). To Freud, symbols are veils of the psyche. His aim was to shift communication to the non-symbolic, to direct communication. What is important for this study is that Lorenzer shows that there is an affinity between the symbol and the cliché, but that the cliché is to be seen as a regression in relation to the symbol. So what Freud designated as a symbol was, according to Lorenzer, actually a solidified symbol, a cliché. Symbols have a certain openness: their final interpretation is still open, in that they allow for mobility between the inner and the outer world. The symbol enhances psychological well-being. The cliché, on the other hand, is rigid, solidified into an immobile and always identical interpretation of the symbol.

The pastoral psychologist Scharfenberg sees that (religious) symbols can help people deal with their specific personality structure and can also be a form of holding together contradictions in life (basic ambivalences of time, space and life-reality) to which they must relate (Scharfenberg, 1985). Van der Lans and Bodisco Massink see stories, images and symbols as expressions of deep inner experience, that can also serve as possibilities for intervention in pastoral or worldview counselling or psychotherapeutic process. 'The story (read also: symbol, image – TTvL) has a transcending effect,' says Bodisco Massink, 'it lifts people above the closed circle of their own inner space and brings them into other imaginary spaces, where new psychological experiences can be gained' (Van der Lans & Bodisco Massink, 1987, p. 31). The symbol orders, makes connections between the different layers of consciousness, inner and outer worlds, and finally has a contagious effect, i.e., it orientates, stimulates and corrects.

In Lorenzer's distinction between symbol and cliché, a symbol is characterised by an openness to new interpretation, while the cliché is closed and rigid. I link this to what Alma writes under 'association' in her steps of the imagination process. We are not free in our interpretation of what we perceive, but shaped, determined

and in some ways ‘emotional besetzt’ (‘emotionally occupied’), as Lorenzer calls it, by our life experiences, the knowledge we have acquired, what we have learned from others and how our social environment has shaped us. That also holds for the (worldview) traditions that are condensed within it.

All that forms a framework by which we look at the world and relate to it. But that way of looking at the world always bears the risk of becoming coercive or distorted, of narrowing the perspective to one specific way of looking at things, as a result of which we only see the patterns that are familiar (Alma, 2020). That makes the framework a limited and often individual way of looking at things, although an entire group can also adopt an unambiguous framework, and makes communication more difficult.

Thus, religious representations sometimes become rigid and ultimately form a blockage, preventing people from relating freely to life. If, however, these representations are allowed to be subjected to ‘experiment’, then the clichéd approaches to reality can become fluid and become what they once were: symbols. (It is noteworthy in this respect that Christian theology has always spoken of the confessions of the church as symbols.) The symbols will then once again appear in their ambiguous and fluid meaning and will be of significance in the further formation of our worldview. All this indicates the importance of paying attention to symbols as part of the meaning system and as a specific part of the process of imagination.

Metaphor

Symbol I described as a representation of something else that is meaningful. The symbol takes the form of, for example, an (artistic) representation, a word, an object or an action. The metaphor is a figure of language, more particularly a figure of style, seen in classical antiquity as an instrument to enrich and decorate language. It was considered to primarily have an aesthetic function.

A correction to that can be traced back to the work of Aristotle. In her study of metaphor, Soskice offers a broad working definition: ‘Metaphor is that figure of speech whereby we speak about one thing in terms which are seen to be suggestive of another’ (Soskice, 1985, p. 15). In this definition, one of the important characteristics of metaphor is that it connects two entities in a comparative sense. But that is not enough. If that were all, then the saying could also be literally translated in reverse, but that is not the case. What a metaphor also does is bring new meaning in its use. Aristotle already pointed to the catachrestical function. ‘Catachresis is the supplying of a term where one is lacking in the vocabulary.’ In linguistics, this is called ‘the activity of filling the lexical gap’ (p. 61). It expresses something that in the original domains from which the two items originate, cannot be translated back or explained in any other way, without meaning being lost.

An example is the sentence: 'Her golden hair gleamed'. It is impossible for hair to be golden. It is also not clear from the outset what the 'golden' refers to. It will not be about the precious metal, as if to say: 'Her precious metal hair shone in the sun'. More obvious is the association with the colour of gold, but that too is not entirely certain, for gold could also refer to the value that objects of gold have. 'Golden hair' as a whole is a metaphor. The construction cannot be translated back, without losing the specific meaning it has in the composition of these two words. The specific meaning of the construction is a new meaning. The metaphor provides information that is not available in any other way. That means that new knowledge is created; the metaphor therefore has a cognitive function. Moreover, the construction also evokes an affective component; an emotional value comes along with it.

Another important aspect of metaphor is that precisely because of the impossibility of a specific translation, a multiple interpretation of the metaphor is possible. To stay with the example: the first association is 'colour', the second 'value', but how many other associations are possible? 'It is virtually impossible to sum them all up. In that sense metaphors are open-ended. They have unspecifiable numbers of potentialities for articulation' (Sarot, 1992, p. 145).

For the purposes of this study, it is important to note that metaphors have an irreplaceable cognitive component and thus unlock knowledge, and that they are 'open-ended', i.e. in principle have the potential to continue generating new meanings. In addition, they also evoke a certain affection. Apart from our knowledge, they also influence our attitude, our standing in life. They are the vehicles of a language that is not merely descriptive, but also performative and evocative.

Focus on conversation in chaplaincy care

In the 1980s and 1990s, thinking about stories, symbols and metaphors belonged somewhat to the zeitgeist of the theological climate. Although attention to them has since somewhat diminished, interventions with them have retained a place in pastoral and meaning-giving counselling.

Zuidegeest's small work in this field is a contribution to the concrete focus on conversation and pastoral counselling (Zuidegeest, 1986). In the ongoing professionalisation of pastors, as in follow-up courses in Clinical Pastoral Education, Zuidegeest methodically employed working with what he called 'life images'. He drew upon his work in chaplaincy care in psychiatry. For him, a life symbol or life image is a 'crystallisation point in the internal dialogue' that a conversation partner conducts within oneself and expresses concisely in a metaphor. It is a kind of 'self-image, not in an abstract formula but in a visible representation' (p. 26).

In longer-term guidance, the mobility of the image is sometimes visible. Zuidgeest gives the example of someone who initially, almost casually, talks about himself as a street dog, but whom everyone kicks. But in the course of the contact with the chaplain, while telling his life-story, the image of the street dog changes successively into a shy dog, via an 'everyman's dog', to a stray dog, admittedly without a fixed place, but at the same time happy with its freedom (pp. 23,24).

The image that emerges from the inner dialogue is not only a creation of the subject, but also creative for the subject. By detaching oneself from the image and looking at it with a certain distance, the subject gains new interpretations and points of view on which a person can orient oneself. Zuidgeest points out that it is important to remain attentive to the full richness of the image, also to its paradoxes. In every image a shadow comes along. Sometimes the image seems to show itself only in its positive characteristics, but a longer look also reveals the darker aspects. The reverse is also true, for no image is completely negative. 'To a patient eye, each 'life-image' reveals light and shadow sides' (p. 92).

In the present century, working with imagination, symbols and metaphors is likewise addressed in reflections on chaplaincy care. Dijkstra (2007) devotes the last chapter of his book to working with imagination. He bases his views on the theoretical concepts, described above, but also provides many practical examples on working with imagination, symbols, stories and metaphors. Dijkstra draws attention not only to metaphors in religious stories or images, but also, for example, in fairy tales and art.

Vosselman and Van Hout (2013) present an action model for searching for meaning in conversations. They distinguish four characteristics of meaningfulness: slowness, ambivalence, enigma, and values. Around those four aspects they build an action model. In the context of the enigmatic aspect, they also pay attention to imagination. Imagination helps one to go beyond the limits of rationality. For the counselling in relation to enigma, they offer three 'languages': the language of modern ritual, the language of metaphor and the language of narrative.

The Dutch *Guideline on Meaningfulness and Spirituality in the Palliative Phase* includes a section that deals with recognising questions and needs in the area of meaning and spirituality. The recommendations are (a) to be attentive to 'metaphors and imagery in all communication that may refer to life questions and processes of meaning making' and (b) to pay attention to 'implicit and non-verbal expressions and symbols of meaning in the immediate environment, clothing or appearance' (IKNL Richtlijnwerkgroep, 2018).

Is it a problem in a pluralistic worldview context to draw metaphors from the traditions of a specific religion? I would like to make two observations in this respect. First, it is important to listen to the images and stories the conversation

partner uses. I agree with Zuidgeest's hypothesis that images, expressed by the other are the expression of a crystallisation point in the other person's internal dialogue. It is up to the chaplain to explore those images together with the other person. Underlying, specific religious traditions sometimes become recognisable. The diagram presented earlier by Mulder (chapter 1.3, fig. 3) makes this explicable. Second, if it is true that institutional forms of religion have lost much of their influence, but that there is still a significant interest in and need for spirituality, religion and meaningfulness, then we now also live in a time that the treasures of wisdom contained in centuries-old traditions may once again be of value and offer orientation in the enduring questions of life. Many of the images and symbols from wisdom- and religious traditions have a universal character (water, fire, desert, way, etcetera). Chaplains are pre-eminently the keepers of stories with their images, metaphors and symbols, both those of the conversation partner and those of traditions. What matters is the hermeneutics of both, which is the subject of this study.

3.3 Existential themes as the content of hermeneutic communication

In Chapter 1.2, under the heading 'existential themes', I wrote that meaning is something that people are generally hardly aware of. That changes when events in our lives affect us deeply and interrupt our daily routine. That is when the question arises as to how we relate to those events on the basis of our worldview, faith or other form of meaning. We also give a name to our experiences of those events. That is an initial interpretation, in terms of an existential theme or existential themes. In the past decades, various disciplines have tried to develop some form of systematisation or categorisation of those themes, as in pastoral or worldview diagnostics and spiritual assessment. There is a distinction between models that more closely map the need for support with finding meaning and the degree to which existential themes lead to a crisis of meaning, and those that focus more specifically on the themes themselves. Incidentally, all diagnostics and assessment serve first and foremost to assess a situation of another person with the aim of coming to an understanding. They help to register and interpret the signals that another person sends. Diagnostics is thus a hermeneutic activity. The presumptions, hypotheses and questions that arise form the basis for further and specific actions that are specific to the chaplain's profession.

In chaplaincy the subject of worldview diagnostics and spiritual assessment is controversial. Due to growing emphasis on professionalism, on the need to explain

the work of chaplaincy to other disciplines, especially in a clinical context, and due to the demands of evidence-based care, a lot of work has been done in recent decades on adequate and methodical ways of mapping the contact with a client. But there are also voices that say that diagnosis is not compatible with the role of a pastoral or spiritual counsellor. The underlying question is what the chaplain's specific expertise is and how that expertise takes shape. Even when no formal diagnostics are employed, the registration and interpretation of signals is essential for arriving at the core of the concerns, based on the pastor's own specific expertise (Ganzevoort & Visser, 2007, p. 141). Before I introduce the model I myself am working with in this research, I briefly describe some attempts in recent history.

Categorising existential themes

Around the turn of the millennium, Bouwer inventoried, described and categorised a number of models of diagnostics then prevalent in the United States. He distinguished between models with historical-biographical orientation, medical-clinical orientation, theological orientation, structural-developmental psychological orientation and holistic orientation (Bouwer, 1998, 2000). Bersee has recently supplemented Bouwer with, among others, models of Shields (Spiritual Assessment and Intervention Model), Vandenhoeck (Discipline or Focus model), Hodge, LA Rocca Pitts (Fact model) and the Community Chaplaincy Listening model developed under the auspices of the Scottish NHS (Bersee, 2018). In the broader context of spiritual care in health and social care, Van Leeuwen et al. discuss the HOPE (Hope, Organised, Personal and Effects) model and the FICA (Faith and Belief, Importance, Community and Address) as instruments for the screening of meaning. In addition, the structure of the Diamond Model is key to their book (Van Leeuwen et al., 2020).

From a theological point of view two models are interesting because they present a challenge to speak theological language, also in the assessment of the spiritual concerns and needs of the conversation partner. In the 1970s, the psychologist Pruyser was one of the first to challenge pastors on that point. It was Pruyser's conviction that theology is concerned with the existential themes and tensions that confront people and that the doctrines of religious tradition are the articulation of experiences with life (Pruyser, 1976). For a diagnostic model, Pruyser uses seven concepts closely related to key words from the Christian tradition: awareness of the Holy, providence, faith, grace or gratefulness, repentance, communion, sense of vocation.

Pruyser's use of language is dated, but his categories are useful although they need 'translation' in order to be fruitfully employed. More recently, Anbeek has made a proposal based on terms from Christian systematic theology (Anbeek & De Jong, 2013), not intended as a diagnostic model, but as an overview of existential

concerns on which people can engage in dialogue. She calls it a ‘topography of fundamental questions’ with the themes: God, creation, humankind, reconciliation, pneumatology, ecclesiology and finally eschatology (Anbeek, 2016, pp. 69-73).

Five existential concerns from existential psychology

While I agree that classical theological topics are about ultimate concerns, I choose for my present purposes a different approach. The context of my research question is the contemporary plurality of worldviews. I therefore opt here for a broader, more generic and anthropologically based approach from existential psychology. The reason for that choice lies in the fact that in existential psychology and especially experimental existential psychology, broad research has been done into what is called: existential concerns.

Origins and developments

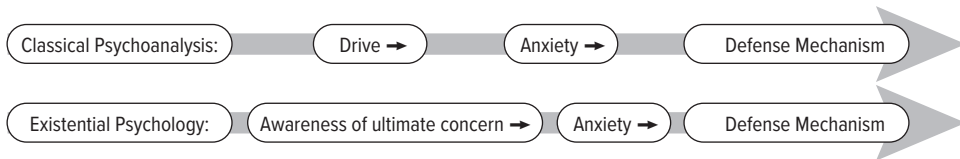
At the beginning of the twentieth century, two movements emerged within psychology. On the one hand the psychoanalytic approach was developed on the basis of introspection and subjective experience. On the other hand, there was a development that focussed more on experiment and analysis of concrete observable behaviour. Existential psychology followed the first line. ‘Existential psychology is a branch of psychology that studies how people come to terms with the basic givens of human existence’ (Koole, 2008, p. 3). Its roots lie in existential philosophy. That philosophy is mainly concerned with the anxiety inherent to existence and with the desire of people to give meaning in what appears to be a meaningless world and to shape freedom of choice based on one’s own authentic desire.

An important pioneer in the movement was Otto Rank, followed by Rollo May in the United States and Viktor Frankl in Europe, among others. A milestone was the work of Irvin Yalom in the 1980’s. He proposed four existential concerns: death, freedom, isolation and meaninglessness (Yalom, 1980).

The roots of existential psychotherapy lie in psychoanalysis and psychodynamics, but Yalom also emphasises other developments (1980). He describes existential psychotherapy as a ‘dynamic approach to therapy which focuses on concerns that are rooted in the individual’s existence’ (p. 5). The word dynamic he uses first of all in a general sense of force or movement, but also, as in classical psychoanalysis, to indicate conflicting forces at work within a person. However, existential psychotherapy differs from classical psychoanalysis on the content of those forces. Existential psychotherapy does not situate the conflict in the suppressed instinctual drives (Freud), nor in the relationship to internalisation of significant others (later object-relational approach), but sees it as ‘a conflict that flows from the individual’s confrontation with the givens of existence’ (p. 8). The term used for those givens

is ‘ultimate concerns’. Thus, existential psychotherapy maintains the structure of the classical Freudian approach:

Figure 6
Cause of anxiety in classical psychoanalysis and existential psychology.



Note: adapted from *Existential Psychotherapy* (p. 9,10) by I. Yalom, 1980, Basic Books.

The change in content also has consequences for the way existential psychotherapy works. Less excavations in the past, early childhood, more attention to existence, here and now. Of course, the past plays a role, because it is part of a person’s contemporary existence, but mainly because it contributes to the way in which someone approaches the present and the ‘ultimate concerns’ that arise in it. The focus in therapy is not on the past, but on what can be or become in future.

Synthesis

At the end of the twentieth century, the two directions in psychology converged again somewhat. From the 1980’s onwards, methods were developed whereby inner motives could be made transparent by means of experiment. That led to the development of experimental existential psychology (XXP) (Koole, 2006, 2008) and the inclusion of ‘identity’ as a fifth existential concern, in addition to the four proposed by Yalom. The five concerns: death, isolation, identity, freedom and meaning have been recognised as core themes in research on existential themes in various parts of the world (Koole et al., 2006).²⁹ They provide a search grid for the content of hermeneutic communication on actual experience. The five themes are considered to possess a certain degree of universality and are described independently of sources and traditions. In the current pluralistic worldview context, the aspect of universality and thus recognisability for a broad population, regardless of faith or tradition, is an advantage.

Although the five themes are presented as singular nouns, their description makes it clear that they are dynamic concepts characterised by a coherent polarity. Concern about ‘death’ lies in the tension between on the one hand the desire to continue living

²⁹ Koole et al. report research in Australia, Germany, Iran, Israel, Japan, the Netherlands, and the United States (Koole et al., 2006).

life to the full and on the other the need to reckon with the finite nature of existence. The theme ‘isolation’ has to do with the fundamental need to be part of a greater whole and to live in a context, in contrast to the fear or experience of being alone, rejected or dismissed. At the same time, however much one may feel connected to others, one’s own unique and subjective experiences can never be fully communicated. The theme of ‘identity’ includes the polarity of having a reasonably clear idea of who one is on the one hand, versus a limited self-understanding and experiences of uncertainty and confusion with regard to who one is on the other. Delineation in relation to others, the ability to draw boundaries, also plays a role in that. The theme ‘freedom’ addresses the question to what extent one is ‘free’ to determine one’s own path and course. That can play a role in interpersonal relationships, but also in experiencing the world and the events that happen to us in life. It is also the theme of responsibility. To what extent are we responsible for what happens in life, our own life or the life of others? That is close to a more moral category like guilt. Finally, the theme ‘meaning’ is about the desire to be able to believe in a meaningful world, to believe that what we do or what happens makes sense in the face of experiences of utter meaninglessness and absurdity. It is the theme within which we relate to the contingency of human existence.

The polar descriptions show that the relationship to the ultimate concerns is not static but dynamic in nature and that time and again in the light of those concerns we have to determine our position, sometimes also to reassume previously found positions. These five existential concerns form a search grid that will be used in the empirical investigation of the content of hermeneutic communication. They are summarized again in diagram form below.

Figure 7
The ‘Big Five’ Existential Concerns.

Concern	Existential problem
Death	Awareness of inevitability of death vs. desire for continued existence
Isolation	Need to feel connected to others vs. experiences of rejection and the realization that one’s subjective experience of reality can never be fully shared
Identity	A clear sense of who one is and how one fits into the world vs. uncertainties because of conflicts between self-aspects, unclear boundaries between self and non-self, or limited self-insight
Freedom	Experience of free will vs. external forces on behavior and the burden of responsibility for one’s choices in response to a complex array of alternatives
Meaning	Desire to believe life is meaningful vs. events and experiences that appear random or inconsistent with one’s bases of meaning

Note: Adapted from *Introducing Science to the Psychology of the Soul* (p. 213) by Koole et al. 2006³⁰

³⁰ The table has a third column named ‘Illustrative paradigms’. Herein, they list by theme the studies that describe the paradigmatic forms from which defense mechanisms are identifiable

Results

It is clear that mapping the diversity of life questions and existential themes is a complex matter. Much has been developed in the past and developments continue. There are 'clinical' approaches that fit a care context that focuses on concrete results and evidence-based work. And there are humanities-oriented, religious or theological approaches with more attention for basic themes of existence, expressed in religious or worldview-related language. In this study I will work with the model of the five ultimate concerns from existential psychology. The reason for that is that they are stated in general, non-religious terms with a degree of research-based universality. They provide a search grid for one side of the hermeneutic movement: actual experience. The other side lies in meaning-giving sources and traditions. The relationship between the two sides and the role of the chaplain as facilitator will be the subject of the next section.

3.4 Pastoral – theological perspective: Back and forth, hermeneutical movements in pastoral and spiritual care

Investigating and describing the developments of pastoral counselling through the ages is beyond the scope of this study. But in order to discuss contemporary and hermeneutical questions on counselling in the context of chaplaincy care, it is at least necessary to have a sketch of the developments since the beginning of the previous century. Others have provided overviews in either a chronological or more categorical way.³¹ In this section I will briefly describe what I call 'hermeneutical movements' on the basis of the historical development of different models. Within the various models, the relative weight of tradition and experience in the characteristic 'back and forth' movement of hermeneutic communication is assigned differently (3.4.1). Consequently, the hermeneutic roles assigned to the chaplain or pastor on the basis of each model also differ (3.4.2). Finally, I elaborate on the hermeneutic-narrative approach (3.4.3). My guides include especially Ganzevoort & Visser (2007) en Patton (2000).

(Koole et al., 2006, p. 213).

31 In the Dutch-speaking world, e.g. Heitink (1998), Smit (2015), Riemsdagh (2011) and Ganzevoort and Visser (2007). In the English language area Patton (2000).

3.4.1 Historical developments

The kerygmatic approach

In the past seventy-five years, pastoral theology has undergone major developments. In Europe Thurneysen's *Die Lehre von der Seelsorge* (Thurneysen, 1946, 1965) is generally seen as the beginning of reflection on pastoral ministry from a proclaiming or kerygmatic point of view. Thurneysen based his concept on the theology of Barth. This kerygmatic approach influenced pastoral theology in the western part of Europe for many decades. Hermeneutically the emphasis is laid upon tradition. What is offered by tradition is revelatory for the understanding of existence. It is tradition that provides people words with which to understand themselves anew.

The therapeutic approach

During the first half of the previous century, a completely different development was going on in the United States of America. Patton situates the origins of pastoral theology in the USA in the thinking of James (*The Gifford Lectures* in 1901 and 1902, published as *The Varieties of Religious Experience*), Boisen and Hiltner (Patton, 2000). Whereas in Europe the theology of Barth played an important role in the development of a pastoral model, in the United States, and especially for Hiltner, it was the thinking of Tillich. Tillich's theology is rooted in the existential questions that confront humans. It is noteworthy that a similar emphasis on existence and basic fears surfaces again in existential psychology, as described above.

Hermeneutically the therapeutic approach emphasises human experience. The fact that human experience is examined and brought to freedom of expression is helpful in understanding existence. A counselling relationship based on Rogers' postulates of unconditional positive regard, congruence and empathy creates the possibility of breaking old taboos and lifting blockages. Thus, a new understanding of existence arises.

Presence approach

Where the kerygmatic approach is rooted in tradition and emphasizes the role of revelation and God, the therapeutic approach emphasizes the role of experience and humankind. Ganzevoort and Visser describe the two approaches as related to broader contexts. The kerygmatic approach relates pastoral care to other forms of ecclesial ministry. The therapeutic approach relates pastoral care to social work and services and with (psychological) counselling. But there is also a relation, evident in pastoral care, to the context of ordinary friendship and interpersonal relationships.

In the Netherlands, that third context was theologically developed by Baart, who took as his starting point pastors who lived and worked in old and disadvantaged neighbourhoods of major cities. In his 'Theory of Presence' he writes: 'They stayed close to residents with attention and love, without great improvement plans' (Baart, 2001, p. 11). Crucial for Baart is not the intervention or knowing what is best for the other (diagnostics), but the encounter in which the other is leading.

Pembroke takes the concept of presence as the starting point for his theory of 'dialogue, shame and pastoral care' (Pembroke, 2002). He introduces two principles into the idea of presence: availability and confirmation. Availability is about being there for others with openness, with fidelity and with a sense of belonging (a form of commitment that shows itself as a gift, given in freedom). Confirmation is rooted in the I-Thou relation as described by Martin Buber (1923, 1958). It is the acknowledgement of the other and the commitment to help in the realisation of inner potential. That includes 'cases when I (the counsellor – addition TTvL) must help him against himself' (Buber in: Anderson & Cissna, 1997, p. 95).³²

Hermeneutically the emphasis in the presence approach is on the interpersonal relationship. The back and forth movement here is not a pendulum between experience and tradition, but an encounter between two worlds. Baart calls this the A and the B world, following what was common at the time of his research in the movement of Urban Mission, where the A world is the domain of, in first instance, the church and the B world is the domain of, in first instance, the neighbourhood. I write 'in first instance', because on closer inspection both domains appear to comprise much more. For example, the A world includes education, status, and wealth, and the B world includes disadvantage, exclusion, and more. Baart considers even this representation too simple and shows that the worlds do not relate directly to each other, but come together in the conceptions, the reality interpretations of the professional at work. The challenge for the professional is to take that into account, especially in exposure training which is characteristic of the approach (Baart, 2001, pp. 227-229).

According to Baart, the relationship between the two worlds A and B that arises in the encounter between the professional and the other can be shaped in six ways, whereby only two actually fit into a presence approach: 'hermeneutic mutuality' and 'autonomous self-presentation'. Both are about an opening up of both 'worlds' to each other and thus touch on what I described earlier as hermeneutic hospitality. In Baart's theory, this involves operationalising the norms, ideas and intentions of one person in the world of the other in a context-related way and vice versa. That

32 Taken from the transcript of the Rogers-Buber dialogue, held in 1957 (Anderson & Cissna, 1997).

leads to better self-understanding, but also allows the other person to be seen and received more in their individuality.

The relationship between experience and tradition also play a role. The 'concepts, ideals and values from religious or worldview tradition, such as solidarity, service, friendship, availability, but also traces of God, the blowing of the Spirit and the revealing of God, acquire an actualised and contextualised meaning in the confrontation with the B-world' (Baart, 2001, p. 233). The concepts acquire new relevance, do not hover above reality, but acquire new meaning in reality. That is a mutual process. The A world is also subject to re-interpretation and actualisation. Thus, a 'back and forth movement' does indeed take place, but it is contextually bound to the concrete encounter between the one and the other. In that encounter, a contextualised theology lights up. For this reason Ganzevoort and Visser speak of an 'inductive use of theology' in this model of pastoral care (2007, p. 211).

The presence approach is often adhered to in care settings, and also in spiritual care. The adherence is often from a principled point of view for the sake of being there for the other. But sometimes it is more a fall-back solution in the face of perplexity and one does not know what to do. What remains then is just being present. But Baart's view goes much further, it is not a fallback but a basic position and difficult enough. Confronted with the 'irreparable' and when it is no longer clear what to do, then presence, 'being there' is still significant (Baart, 1997). The latter touches on what Baart also calls fidelity. At the same time, differentiation in relations, as mentioned above, shows that 'being present' in the presence approach is the result of profound autobiographical reflection in relation to the strange and the different. It requires a great deal to be aware of one's own conceptions and positions of power. It is a challenge to detach oneself from immediate judgement and be able to postpone judgement in order to truly receive the other. It is another step to allow oneself to be corrected by the other in one's own interpretations of reality. Taking this into account, being present is a difficult task. Encounter is more than 'just' listening. An encounter is always a risk. Really being with the other requires courage and perseverance. Some caution with the application of the term presence is, in my opinion, appropriate.

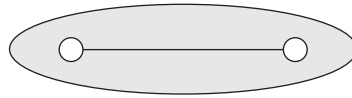
Hermeneutic approach

A renewed awareness of the pendular movement of hermeneutics, was awakened in the 1970s and 1980s. Attempts were made to find a balance between the previous models or positions. The balance concerned two relations, that between tradition and current experience and that between attention to content and attention to relationship. Those attempts are 'often called hermeneutic, referring to the hermeneutic

function of connecting experience and tradition and to the meaning-giving qualities of humankind' (Ganzevoort & Visser, 2007, p. 95).

Heitink conceived of the relation not as a circle with either the story or revelation of God (kerygmatic model) or the story of man (therapeutic model) in the centre, but as an ellipse with two focal points (Heitink, 1979, 1998).

Figure 8
Heitink's Ellipse model with two focal points.



Note: Taken from *Pastoraat als hulpverlening. Inleiding in de pastorale theologie en psychologie* (p. 75) by Heitink, 1979.

Heitink did not stand alone. In the United States, where the use of a psychological frame of reference and psychological methods in pastoral counselling were prevalent, a new search emerged, not only for the original roots of pastoral counselling, but also for a connection between psychological and theological approaches, doing justice to both frames of reference (Gerkin, 1984, pp. 19-21).

Gerkin spoke of 're-visioning pastoral counselling in a hermeneutical mode' (Gerkin, 1984, subtitle). Gerkin and others, e.g. Capps (1984), found important building blocks for their work on hermeneutics in the work of Ricoeur. Gerkin adds a theological starting point with Moltmann's theology of hope. Who someone is can be read not only from the story he or she tells about the life one lives, but also from the story that can be told about life from a theological-eschatological perspective, from what is not visible, but still is, or from what is not yet but still to come. Lived reality and the story of tradition come together in a meaningful tension.

In hermeneutic approaches tradition and experience are brought into a meaningful relationship and are of equal importance. That does not mean that there are no variations in accents, but one aspect does not dominate over the other. Both tradition and experience are involved in a hermeneutic approach. They do not merge into each other, nor do they flow from each other. Tradition is reread and reinterpreted in the light of the actual context of experience. The actual experience is reinterpreted in the light of the tradition, that does not float above the experience as a general truth, but is contextualised and actualised in the experience.³³

³³ As Baart describes in the 5th relationship between A and B world (2001, p. 230).

3.4.2 Hermeneutic roles

Each model discussed above emphasizes different priorities in the relations between tradition and experience and between content and relationship. Each also implies a specific hermeneutical role. In the kerygmatic approach, the emphasis is on tradition and content. The hermeneutic role of the chaplain is that of 'witness'. The chaplain is not so much a witness to Christian tradition, but to the Word of God. According to Ganzevoort and Visser (2007, p. 72), there is a sense of vocation attached to that role. A point of criticism is the possible detriment of the story that people wish to tell about their current experiences.

In the therapeutic approach, the emphasis is on human experience and the care relationship. The chaplain uses communicative skills and facilitates a relationship in which the experience of the other person can stand fully at the centre. In that way, a human being comes to growth and self-development (Clinebell, 1984); the tradition is subordinate to that. The hermeneutic role is described by Ganzevoort and Visser as 'counsellor'. Emphasis is also placed on the professional competences of the chaplain. A point of criticism is that subordination of worldview traditions leads to the possible loss of new perspectives drawn from those traditions.

The presence approach focuses on reciprocal relationships. The conversation partner determines the content of the relationship. Tradition can be inductively re-examined on the basis of what is happening in social reality and between the conversation partners. Here the hermeneutic role of the chaplain is a 'companion'. A criticism of that role is the suggestion of friendly involvement that may not be fulfilled. As a chaplain one is not the friend of others but a care-professional, with all the consequences of asymmetry and power entailed.

The hermeneutical approach seeks to do justice to both tradition and experience, to both relationship and content. Both polarities have their own right and in their mutual meaningful interaction they form the possibility of giving new meaning to existence on the basis of tradition and experience. The hermeneutic role that the chaplain performs is that of 'interpreter and guide' (Gerkin, 1984, p. 53). The chaplain acts as interpreter in the self-understanding of the other. All professional, communicative and relational abilities and competences are needed in order to hear the other person's story properly. At the same time, the chaplain is at home in the language of religious and worldview traditions. The chaplain is thus also a guide with regard to the content of traditions and of life in its spiritual dimensions. Vandenhoeck (2007) also underlines the importance of multilingualism of the chaplain for relating the hermeneutic process to interdisciplinary cooperation in care contexts.

3.4.3 Hermeneutic-narrative approach

A variation on, actually a further development of the hermeneutical approach is the hermeneutical-narrative approach. The way in which people view life and attribute or find meaning in it is related to their worldview and the sources and traditions that ground that worldview. However, the contemporary role of individuality makes it increasingly difficult to build upon collective images and stories about life. People 'write' their own life story. Biography becomes a characteristic of the present time (Ganzevoort & Visser, 2007).

A narrative approach is in keeping with the concerns of the hermeneutical approach. In the process of attributing meaning, the life story (or fragment taken from it) plays an important role. People express their identity through storytelling. Identity is not fixed but constantly evolving. Thus, in different times and under different circumstances, they tell their life story in different manners. This can be related to Ricoeur's work on the concept of identity and its connection with traditions and stories of meaning.

Identity and narrativity play an important role in the work of Van Knippenberg (2005). He presents a model based on an anthropological perspective. Throughout their lives, people go through a process of becoming aware of who they are and what the meaning of their existence is. That occurs in response to what they experience on the way from birth to death, which they report, primarily to themselves, in innumerable narrative fragments that make up the story of life. At birth they are given a name, the trail of their lives shapes them, but profoundly only at the end do they receive their final identity. The path of life is structured by time and space. Something precedes our existence and something after us over which we have no control. Our birth, our genesis is beyond our control and the same is true of our death. 'Birth and death are told outside us and in this sense are transcendent to our story.' So there is also a line in our lives that can be called a transcendence line (p. 21). Using the three dimensions of time, space and transcendence, people search for meaning. On the timeline, we wonder when we are, as a traveller (through time). On the space line, we wonder where we are, as an inhabitant. On the transcendence line, we wonder whence and wherefore we are, as an inheritor.

Another hermeneutic narrative approach is from Ganzevoort and Visser. I will mainly refer to their model in the remainder of this study. In their book *Zorg voor het verhaal (Care for the story)*, Ganzevoort and Visser present their hermeneutic narrative approach (2007, pp. 120-125). They offer a model for analysing the story another person tells. That begins with a theological foundation for a narrative

approach with the structure of a (biblical) parable. The structure of the parable has four moments: recognition, alienation, disclosure and response.³⁴

In *recognition*, the chaplain connects with the conversation partner. The two come to trust each other. The chaplain shares in the life of the other and the other person tells, in the form of a story, what is going on and by doing so expresses (a part of) one's identity. In that story there are repetitions and familiar patterns, that also provide a form of confirmation or grip in the image that the person sketches of oneself for ordering one's life. The stories told sometimes refer to other stories. 'Syntagmatic [they relate] to other stories from the life of this person, about God and to stories of others about God and about this person; paradigmatic there are references to stories that are not told, but could have been told' (123). There is more to life than the other person tells and those 'other stories' are part of the identity of the narrator, too.

Alienation arises, however, when the daily routine of life is interrupted, for better or for worse, at the intersections of life where meaning is threatened and where daily meaning turns into existential questions. It is at such moments that the story no longer makes sense. It is at those moments that people become receptive to what transcends their existence. In alienation there is also an opportunity. When the existing, or the fixed is no longer correct or fixed, there is the possibility of renewed or rediscovered interpretation. Suddenly reality can be seen in a different light; values or sources that were long forgotten or dormant come into view. Sometimes it turns out that the biography already contains another story that can be called 'the retold past story' (Müller, 2000, p. 73).³⁵

Viewpoints and options may present themselves that, although coming from the conversation partner's tradition, do not immediately belong to their way of looking at life. They do not belong to the frame of reference or have been lost from it. The chaplain might point to those. It is also possible that the chaplain intervenes with an element from the chaplain's own sources, offering an option that can also lead

34 They refer to Veltkamp, who, basing himself on Ricoeur, starts from three concepts that characterise 'playing with visions and options' by means of parables: orientation, disorientation and re-orientation (Veltkamp, 1988, p. 184).

35 Müller indicates five movements in the narrative analysis of the interlocutor's story. There is an 'emergency story': the story of what is happening now and is problematic. There is a 'past' story about how this happened. There is a 'darkened future' story that shows what the concept was, what someone was after. But there is also a 'retold past' story, the reinterpretation of the 'past' story, the reframing of it. New elements emerge, which were already included in the story, but have not yet been articulated. On the basis of this, an 'imagined future' story is designed and – or told (Müller, 2000).

to a new perspective, as a form of *disclosure*. Someone can find oneself again within one's tradition, in relation to one's own sources, in relation to what Ganzevoort and Visser call the story of God and humankind, or in relation to the Ultimate. Theologically that is a moment of revelation.

The last phase of the model concerns the *response*. How do people give shape to a new perspective in everyday life? The parable has an evocative power, it evokes possibilities that can also be or become. Whether the other person can appropriate those possibilities is not up to the chaplain. That lies in the other person's relation to their own ultimate source. Theologically it is an issue of freedom and space for the Spirit. Methodically it is the ability to 'let it happen' (Smit, 2015, p. 297).³⁶

Ganzevoort and Visser elaborate on their model in a method for practice. They provide a framework of analysis for the story that a person tells and divide the other person's story into two aspects: the narrative and the telling. Within the narrative they distinguish: structure, perspective, division of roles and tone. The activity of storytelling has two aspects: positioning in relationships (to others, to God, but also to oneself) and the audience (i.e., the responsibility towards real and imagined listeners, including the chaplain).

In the process of narrative hermeneutic care, the chaplain makes oneself available to another person. But the chaplain is also a kind of catalyst in the hermeneutic process. The chaplain's presence itself activates the conversation partner's understanding of the chaplain's role and position. At that moment the chaplain is the concrete audience with whom the interlocutor reckons, selecting elements in the story, accentuating or omitting them. In addition, the chaplain also has own preconceptions, images of how one wants to work, perspectives and convictions on the content of the other person's story. Gerkin rightly points out the importance of personal professional reflection on one's own preconceptions and pre-judgment. The chaplain is able to hear the stories better to the extent one can relate to the preconceptions more freely. The chaplain hears, but also contains the other person's story and enters into a dialogue on it. As a result, the chaplain searches within oneself and one's own images to find an appropriate response to what the other person has told. In that way the care relationship can also be understood as a dialogical hermeneutical process in which a conversation partner and a chaplain connect and cross the boundaries of their language worlds (Gerkin, 1984).

Vandenhoeck emphasises, with Gerkin, that it is important for both parties that a chaplain continues to use one's own 'mother tongue', even if implicitly. Whereas the other recounts events in the language of one's own experience, the chaplain

³⁶ Smit speaks of the sequence 'come close-deepen-let happen-connect-celebrate'.

will translate them into theological language. ‘The pastor will use the religious or theological language within himself while the patient talks indirectly about his spirituality and, where possible or desirable, will also give a religious translation. When and how is a delicate task, which calls upon the artistic and communicative capacities of the pastor’ (Vandenhoeck, 2007; Gerkin, quoted by Vandenhoeck, p. 259, n. 362).

In all this the hermeneutic narrative approach can be seen as a refinement of the hermeneutic approach. Recently Van der Leer has argued that narrative care (along with ethical reflection) is the distinctive feature between chaplaincy care and spiritual care offered by other care providers in an institution. In relation to the basic and integrated narrative care of all care providers, the specific contribution of the chaplain is a hermeneutic one: it is about not only following and supporting the life story, the search of the care seeker in question, but also being able to interpret and weigh it’ (Van der Leer, 2020, p. 85).

3.5 Conclusion

In this chapter, I explored what theoretical concepts could be helpful in bringing hermeneutic communication into focus. I described processes of interpretation, understanding and communication and the roles the chaplain takes in these processes from three perspectives.

From a philosophical-theological point of view, I reflected on the question of how people arrive at interpretation when life’s events call for it. In 3.1.1, I first looked at the process of interpretation. Ricoeur’s theory of prefiguration, configuration and refiguration was helpful here, as was the hermeneutic arc of intuitive approach, critical distance and in the end appropriation. His concept of identity and distinction between ipse and idem helps to understand that people can also effect changes in their interpretations and, within fixed givens of their existence and their identity, develop their identities. The meaning of ‘the other’ was explored in 3.1.2. Moyaert’s theory of interreligious dialogue can be used to describe the essential nature of relationship and encounter, precisely with regard to regaining or renewing meaning in chaplaincy care. The concept of hermeneutic hospitality is a metaphor in which mutuality and dialogue are paramount, but in which it also becomes clear how much the ‘strange’ other is helpful in the process of finding meaning. In 3.1.3, I expanded on this thought and explored the role the chaplain’s own worldview sources and traditions can function in the process of dialogue. In

a multiplicity of interpretations in the midst of which we live, a reliable testimony, by a reliable witness can be an interruption. The interruption offers the other an opportunity to look at one's own life and meaning from the perspective of a different narrative and interpretation of existence. A theology of interruption supports this line of thought.

In 3.2 I then took a different point of view and looked at aspects of helping and psychological communication. Two concepts clarify the ways in which a chaplain can support the conversation partner. Lang and Van der Molen's phase model, with roles and skills distinguished by phase, offers a good tool for psychological counselling. The skills are also useful for chaplains. It is, though, a psychological model and not specifically focused on issues of meaning. Hartman's model with four layers of meaning complements the model of Lang and Van der Molen from the chaplain's own perspective with a focus on meaning and spirituality.

In the discussions two other elements emerged. The first was the role of imagination in the search for meaning. In 3.2.2 I dwelled on theories of imagery, symbol and metaphor. In examining the conversation practice of chaplains, these theories and the aspect of imagery provide search lenses to look at the work of chaplains. A second element was the identification of existential themes in relation to the work of chaplains. In 3.3, after a brief account of worldview diagnostics, I introduced a categorisation of existential themes derived from existential psychology.

In section 3.4 of this chapter, I described hermeneutic movements from a pastoral – theological perspective. Different pastoral approaches assign different weight to tradition and experience, respectively. I arrived at a hermeneutic narrative approach that also characterises the work of the chaplain: the ability to support the conversation partner's search within (fragments of) his life story, precisely through the ability to interpret. Central to this is the connection between actual existential experiences and meaningful sources or traditions. This theoretical exploration has thus provided a number of lenses for taking a closer look at the chaplain's work.

Design and method to study the conversation practice of chaplains

In this chapter I describe the design and method by which the conversation practice of chaplains was explored in terms of shaping hermeneutic communication. The starting point is taken from sub-questions 3 to 6 of the central research question:

3. What are the personal views of chaplains on the content and process of their conversational practice?
4. How is hermeneutic communication operationalized from that view, with special attention to plurality and the role of the chaplain's own tradition?
5. How is hermeneutic communication performed in the conversation practice with attention to process and content? This question is divided into four aspects, two concerning the process and two concerning the content:
 - 5a. What is the contribution of conversation techniques and skills in connecting actual experiences and worldview sources and traditions?
 - 5b. In what ways are connections made between actual experiences, existential themes and worldview sources and traditions and what are the contributions of both conversation partners and chaplains?
 - 5c. What themes are present?
 - 5d. What themes are connected with worldview traditions or sources?
6. What are the chaplains' reflections on the presented conversations concerning hermeneutic communication, plurality and one's own tradition?

In chapter 1.6, the choice for empirical qualitative research was motivated. In this chapter, I will present the specific form of the empirical qualitative research that is used: the embedded multiple case study. I pay attention to the case study as research method (4.1), the sampling (4.2), the data collection (4.3) and the analysis (4.4). I discuss the quality, that is, the validity and reliability (4.5) and the ethical aspects (4.6) of the research. I conclude this chapter by reflecting on my own professional training and theology and its influence on this research (4.7).

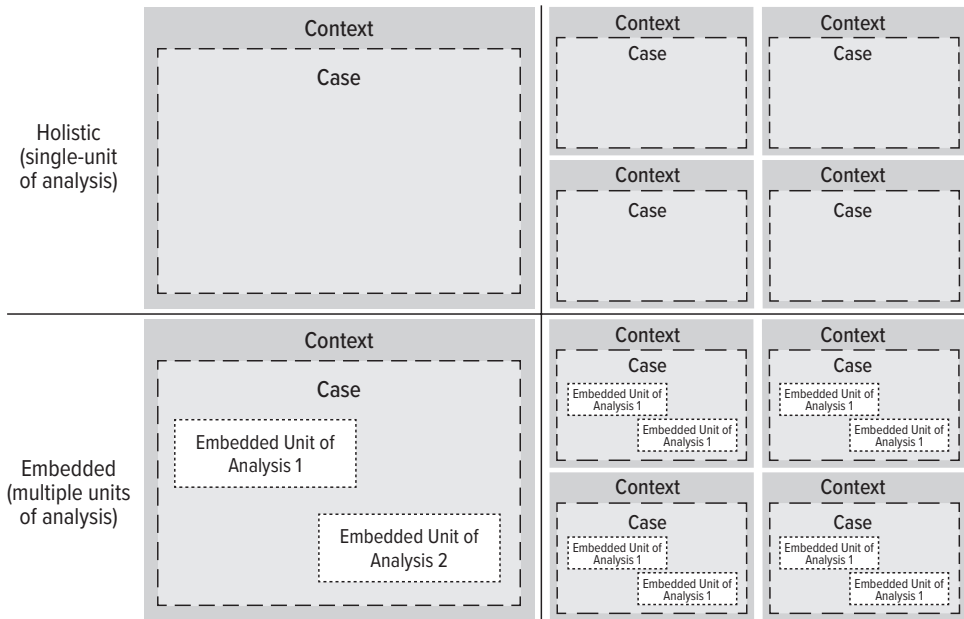
4.1 Case studies

In order to gain insight into the practice of chaplains, I have used the structure of the case study. The case study has a long history in the theological field. It is mainly used in training and professionalisation and goes back to Boisen, who, before verbatim analysis came into vogue in Clinical Pastoral Education, mainly used written out case histories (Patton, 2000). More recently, use is made of described cases in the Dutch educational settings (Menken-Bekius & Schaap-Jonker, 2010; Gärtner, 2019, 2020)). An important impetus to the use of the case study in academic theological research was given by Fitchett, who outlined the importance of the case study to gather more information about the work of chaplains, for the sake of research into the effect of chaplaincy (Fitchett, 2011; Fitchett & Nolan, 2015, 2018). His impulse also led to the start of the Dutch Case Studies Project (Walton & Körver, 2017; Kruizinga et al., 2020; Schaeffer, 2019; Den Toom, 2022).

'A case study is indicated when a research question starts with: 'how' or 'why' and is about a contemporary set of events, over which the investigator has little or no control' (Yin, 2009, p. 13). The case study is a good means for the description of concrete action and behaviour or to discover causal relations. It uses multiple data sources that can be analysed with an inductive approach as well as an deductive approach. Gray stresses the thought that to avoid getting lost in the complex reality which a case study describes, the researcher can benefit from the prior development of a theoretical position. That deductive approach helps to focus (Gray, 2014).

Yin distinguishes four modes of case studies. There are single and multiple case studies, both with holistic and embedded variations. In the single case study with a holistic approach, the complete case is studied within its own context. The embedded single case study is also about one case and one context, but within that case there are various units to analyse. In addition, Yin mentions the multiple case study. A few cases, associated by theme or interest, are studied within their own context. They are analysed standing on their own, resulting in a holistic approach. Finally, Yin mentions an embedded variant: associated, related cases, studied separately within their own context, and within that context with various units to analyse. In a figure:

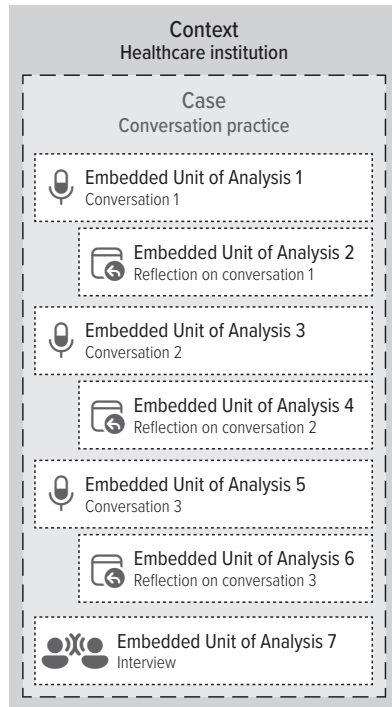
Figure 9
The modes of a case study.



Note: Adapted from COSMOS Corporation in Yin, 2009, p 46.

The form I developed for this research comes closest to what Yin calls the embedded multiple case study. I define a case as that part of the practice of one chaplain, that is concerned with conversations with patients. Other professional activities of the chaplain are not taken into account. The case is situated in the context: the particular healthcare institution where the chaplain is working. Each case (the conversation practice of the chaplain) consists of several units of analysis. The intention was to gain three audio-recorded conversations with conversation partners (patients) from each chaplain, accompanied by three reflections on the conversations, written by the chaplain, directly after the conversations held, and finally an interview with the views of the chaplain on the profession, on hermeneutic communication and on the conversations held as an extended reflection. The whole complex of these seven units to analyse form a mixed methods approach of the case. In figure, the distinct units of analysis are shown in the whole of the case.

Figure 10
One case in the embedded case study hermeneutic communication



The phenomenon to investigate is a specific aspect of the professional communication of the chaplain: hermeneutic communication as it occurs in conversations with patients. The case study opens up the possibility of studying that phenomenon in terms of the various aspects of the research question. How hermeneutic communication can be recognized is established by the indications as found in theory, and in the views of the lecturers in the previous chapters of this study. Included in this phenomenon are also the manners in which chaplain and partner communicate as they encounter each other in a religiously plural society. Chaplain and conversation partner will not necessarily share the same tradition and often will not. What is the influence of belonging to different traditions with different sources of meaning on the (hermeneutic aspects of the) conversation? Finally, the religious tradition to which the Protestant chaplain belongs, is also included in the phenomenon. It is also a subject of research here to examine if and in what way the chaplain's own tradition influences the work practice. The cases in this study, in their diversity, provide rich material from the participants for the sake of exploring the complexity of communication.

4.2 Sampling

4.2.1 Purposive sampling

It is reasonable to base the choice of cases and participants on non-probability, purposive sampling. 'In qualitative research the primary aim is not usually generalization, but the need to select respondents and data that are likely to generate robust, rich and deep levels of understanding' (Gray, 2014, p. 208). Because the cases are rich and detailed, only a limited number of cases can be investigated. That makes care in the choice of respondents all the more important. The following choices were made for the purpose of generating complex, rich cases.

Choice of the context and the respondents

The choice to situate the study in a general hospital is argued in chapter 1.1. Within that context, I looked for professionals who seemed able to highlight practices of good quality and who would have a well-developed capacity of self-reflexivity. Those would be persons with a number of years of experience in the field and well qualified in terms of training, with preferably additional training as well. Some public profile, for example through activities for the professional association, is also an indication of expert involvement in the field (Smit, 2015). I presented these requirements to a number of key figures from the initial educational institutions (a professor of chaplaincy), from post-initial training (two CPE supervisors) and the professional organization (a former chair of the section hospitals) for suggestions.

Purposive sampling based on those recommendations always means exclusion as well. It is not possible to say that I gathered the best practices from the most representative respondents, but I could assume that the participants were able to present rich cases for analysis within the context of this study.

Choice for Protestant chaplaincy

One of the sub questions concerns the way the tradition or spiritual sources of the chaplains themselves play a role in the hermeneutic communication. For that reason I focused on a group of chaplains who all belonged to a more or less identifiable, shared worldview background, in this case chaplains who are formally related to a Protestant church by means of an endorsement, ordination as such, or other formal bind. The choice for the Protestant denomination can be motivated on the basis of the significance attributed to hermeneutics in Protestantism in general (Walton, 2013) and in the Protestant education programs I investigated. In this choice I formally assume protestant affiliation as a starting point. It remains to be seen

whether the results tell something about the content of protestant identity. Another consideration is that the recommendations of the key figures led to chaplains who were affiliated with the Protestant Church in The Netherlands.³⁷

Gender, age, geographical spread and type of hospital

I tried to obtain a proportionate distribution in terms of men and women, ages, regional spreading and types of hospital. In the Netherlands, general hospitals are divided in academic hospitals affiliated with a university, top-clinical hospitals that are non-academic but with research traditions and providing almost all specialisms, and regional hospitals that are generally often smaller with limited specialisms. Beside the general hospitals, there are also specialized hospitals (e.g. specialized in the treatment of cancer, orthopedics, cardiology, or psychiatry).

Advice

Before getting into contact with potential participants I asked two experienced chaplains to reflect on the design of the empirical part of the research. Their comments led to some useful adjustments. My first idea was to send the chaplains the transcript of their conversations and then to ask for a reflection on the transcript. They advised asking for a direct impression by the chaplain right after the conversation in order to get an immediate and authentic reflection. Further elaboration could follow in the interview. They also strongly recommended avoiding the impression that the study was a quality test. It is about a description of practice. I adopted both recommendations.

4.2.2 Participation

Approach

The intended participants first received an email with a brief description of the study ('research concerning the professional communication between chaplains and clients') and the question whether they would like to receive further information and consider participation. All but one recipient responded positively and with

³⁷ That might be explicable from a numerical point of view. The Protestant sector is the largest sector of the professional association (with 420 of the more than 1000 spiritual caregivers in the professional organization (website VGVZ, <https://vgvz.nl>; visited 19.05.2024). Unfortunately, a numerical overview of the spread by denomination was not available. However, it is true that the Protestant Church in the Netherlands is the largest Protestant denomination in the Netherlands.

interest. On the basis of the positive response, all those who responded received a second, more extensive document containing detailed information about the study. In the event of another positive response, the participating chaplains received an introductory visit which also included leaflets for patients, statements of consent and a voice recorder.

The respondents were initially asked in phases. Qualitative research is based on a process-based and cyclical research structure in which hypotheses or methods of analysis are adjusted on the basis of initial results. 'Qualitative research design, then, should be seen less as a linear, sequential pathway, but rather as a series of iterations involving design, data collection, preliminary analysis and re-design' (Gray, 2014, p. 168). When the process of recruiting respondents took too long, several chaplains were asked at the same time. The information provided to the potential participants also changed slightly. It turned out that the demand for recording conversations met resistance. In a later phase of approaching potential participants, the formulation of that demand was slightly adjusted and specific agreements on that were only made during the introductory meeting.

Non response

Between March 2016 and December 2017, I approached a total of 20 chaplains with extensive information, 13 of whom finally did not participate. Two of them did not offer any reasons, one had to withdraw after initial commitment and participation because of the investment of time. The most important reasons for not participating (ultimately) were: the recording of conversations (mentioned six times); the required time investment (three times) and simultaneous participation in another study (three times).

The use of an audio device as a central part of the inquiry proved to be a serious obstacle. Reasons that were given was in one case the rules of the (academic) hospital that prohibited the recording of conversations, and for the rest more personal feelings or concerns, such as: 'Someone is listening in.', 'It forms a kind of judgement.', 'It makes my conversations so 'official''. These responses indicate that this manner of gathering research data is not a common practice and therefore not readily accepted.³⁸

38 That corresponds with the findings of a master thesis research from the University of Humanistic Studies with a comparable method (Vos, 2019). The hesitation about recording conversations is also recognised by Riemslag (2011) but not by Liefbroer (2020).

Response

Finally, seven chaplains three female and four male, participated in the research. Four of them came from top clinical hospitals and three of them from regional hospitals (two of them worked in the same hospital).³⁹ All of them had an academic master degree in theology or religion studies. They also had all completed a master's program to become a pastor or pastor-chaplain. Six of them had taken additional or post-initial training, four of them Clinical Pastoral Education⁴⁰ and two Pastoral Psychological Training⁴¹. One of the CPE trained chaplains was also trained in Contextual Pastoral Care and one was trained, besides in CPE, in Ethical Counseling.

Introduction of the participants

I introduce the participants with fictitious names.

Chaplain Anne (age 46) works in a top clinical hospital. She has an MA in theology and followed additional training in CPE and Contextual Pastoral Care. She is a member of a team that consists of seven spiritual caregivers of several denominations. She handed in one recorded conversation. It was accompanied by a short, written reflection.

Chaplain Ingrid (age 48) also works in a top clinical hospital. She studied religion studies (MA) and followed the professional training of the Protestant Church in the Netherlands. She followed additional training in moral counselling, worldview counselling and care-ethics. Recently she took part in a CPE course. Ingrid is one of five members of a team of spiritual caregivers from several denominations and religions, among whom Hindu and Muslim spiritual caregivers. She handed in five recorded conversations.

Chaplain David (age 62) has worked as a university pastor, parish pastor and for the last ten years as a hospital chaplain. He works in a regional hospital. He studied

39 The intended spread across types of hospitals was not achieved. Chaplains from university hospitals could not be involved. The exception is one of the advisors of this study. However, I did not want to ask for cooperation for this phase in the research as well.

40 Clinical Pastoral Education in The Netherlands was at that time a fulltime three-months course, or a part-time year long training in several episodes.

41 A two year post academic course Pastoral Psychological Training with pastoral supervision at Utrecht University. In Dutch: Pastoraal Psychologische Leergang (PPL).

theology (MA) en followed additional training in CPE. Together with Tineke he forms the team of chaplains. He handed in three recorded conversations.

Chaplain Tineke (53) works in the same regional hospital as David. She studied theology (MA) and added a specialization chaplain in healthcare institutions (MA). She has also worked as a chaplain in psychiatry. She handed in two recorded conversations, together with two written reflections.

Chaplain Marvin (age: 52) works both in a regional general hospital and in a specialized psychiatric hospital. In the general hospital he has one, Roman Catholic colleague; together they form the team of spiritual care givers. He studied theology (MA) and followed as additional training a pastoral psychological training (PPT). He handed in three recorded conversations. He also delivered three written reflections on the conversations.

Chaplain Gerard (age 43) works in a top clinical hospital. He studied theology (MA) and also followed pastoral psychological training (PPT). He is member of a larger team of spiritual caregivers, consisting of several denominations and religions. He handed in one verbatim report (see below).

Finally, Benno (age 47) also works in a top clinical hospital, in a team that consists of six spiritual caregivers. He studied theology (MA), specialized in Ethics and followed a CPE course. He handed in two verbatim reports (see below).

All participating chaplains are ordained ministers of the Protestant Church in the Netherlands. They welcomed the research as relevant and necessary. They particularly responded to the notion of plurality. 'It is important to reflect on how spiritual care is practiced in this plural religious society,' was an opinion that was expressed and shared. They did, however, raise a number of considerations about recording conversations. They had questions and comments about the ethical correctness, whether the freedom of participation was sufficiently guaranteed. They asked whether just any pastoral situation would lend itself for submission. And they insisted that there had to be some kind of established relationship before the question of recording could be put. I will return to those issues in the section about limitations of the research and ethical justification.

Table 6
List of participants and data

Case	G	Age	Hosp	Region	Initial education	Additional training	Submitted recordings	Immediate reflections	Interview
N=7 / Women: 3 / Men: 4 / Mean age: 50,14 /									
Anne (1971)	F	46	TC	NE	Acad. Univ; MA theology	CPE / Context	1	1	Yes
Ingrid (1968)	F	48	TC	W	Acad. Univ; MA Religion Studies	CPE Moral counseling	5	–	Yes
David (1955)	M	62	R	M	Acad. Univ; MA Theology	CPE	3	–	Yes
Tineke (1964)	F	53	R	M	Acad. Univ; MA Theology		2	2	Yes
Marvin (1965)	M	52	R	W	Acad. Univ; MA Theology	PPT	3	3	Yes
Gerard (1974)	M	43	TC	M	Acad. Univ; MA Theology	PPT	– / 1 verbatim	–	Yes
Benno (1970)	M	47	TC	S	Acad. Univ; MA Theology	CPE	– / 2 verbatims	2	Yes

4.3 Data

Case studies make use of multiple forms of data collection (Gray, 2014; Yin, 2009). I used three forms of data: audio recorded and transcribed reports of conversations, written reflections by the chaplain made directly after each conversation, and an interview with the chaplain on views and reflections on practice, of which a transcript was made.

Audio recordings

The audio recordings provide a high degree of proximity to the phenomenon being examined. The method of recording conversations allows a very close look at what is happening in and during conversations. It is not a common form of reporting conversations in the context of chaplaincy care. There are hospital teams of chaplains that use audio recording as a means of peer review, supervision or other manners of professionalisation. Also, in continuing education audio recording of conversations is used. In the early nineties of the previous century Van der Ven experimented with protocol analysis at Nijmegen University (Van der Ven, 1993, 1994a, 1994b). In research on chaplaincy, audio recording and audio-analysis is used sparsely. E.g. Riemslagh used it in her research about ethical correct conversation (Riemslagh,

2011), as did Job Smit in his research on a basic method for spiritual care (Smit, 2015), De Vos in a master thesis research on the conversation practice of humanistic counsellors (Vos, 2019) and Liefbroer in her dissertation on interfaith spiritual care (Liefbroer, 2020).

The advantage of audio recordings, compared to the usual case-descriptions or verbatim reports, is that there is no bias due to perception of the chaplain, and not only the words but also the intonation of both chaplain and conversation partner can be observed. Recording also makes it possible to hear those expressions to which the chaplain did not respond. It is also possible to pay attention to emotions, the mode in which is spoken. It reveals the exact moments of 'taking turns' and other social interactions. It is also possible to pay attention to e.g., the length of silences. Those and other aspects are described in the theory and method of conversation analysis (Ten Have, 2007).

Beside the advantages, there are also constraints. Nonverbal interaction remains invisible. The research setting is a hospital, which can implicate that the recording of the voices of very ill people is poor or hardly audible. I considered working with video recordings or going along as a researcher in a form of participatory observation, structured observation (Gray, 2014) or shadowing (Van der Leer, 2020). Whatever kind of method is used, it is always intrusive and influences the 'natural' situation. The chaplain has to introduce the research, has to (in the case of an observer) introduce the researcher, has to ask for permission, needs to get a statement of consent and has to start the audio or video device. All those actions are even more deviant from the usual practice and influence the relationship accordingly. The audio recording using a small voice recorder seems to have the least influence on the natural process and, for that reason, I limited the gathering of conversational data to recording. Of course, the possibility remains that by using the other means, other aspects would have come to light as well. Nevertheless, with audio recording, the chaplain is aware of the recording and probably the patient is as well. One of the chaplains mentions in the interview one specific conversation on which she commented: 'At that moment I was very aware of the recording of this conversation.'

The request was that the chaplains would each submit three conversations. I proposed to them to record conversations at random and then to choose, afterwards, three of the conversations that they would consider good examples of conversations and in which they were acting in a hermeneutic competent manner. In the introduction I did not explicate that competence, nor did I explicate the term hermeneutic communication. I just referred to the standard of the professional organization.

Although all participants agreed to this, most of them experienced considerable difficulty. With the exception of the chaplains Ingrid and Marvin, all experienced

hesitation when asking for permission to record the conversation. Two of them explicitly said that they were astonished, that they did not expect to find themselves having so much trouble doing that. They reported situations of having contact but hardly verbal, first contacts in which it felt inappropriate to ask for cooperation in a research project. They mentioned hesitation with regard to contacts with very vulnerable or emotional persons. Asking for permission and recording the conversation succeeded best in situations of a further, second or third contact, or with patients with whom they were familiar, because of previous hospitalization.

Because of those hesitations, unfortunately, the criterion of 'good practice' was not used by the chaplains. In practice it turned out to be difficult for a number of chaplains to record conversations. In the end, they were glad that they did come to some sort of result.

Once asked for permission, none of the patients refused cooperation except one: chaplain David got a refusal from the first patient he asked. One other patient (the second conversation of chaplain Tineke) did not mind the recording, gave verbal permission, but made at the start of the conversation immediately clear that he refused to sign the statement of consent. His objection was the storage of the recordings for 15 years. He did not expect himself to live that long.⁴²

Two chaplains (Gerard and Benno) did not manage to record their conversations. They were highly motivated to participate and felt disappointed about that. As an alternative we agreed that they would submit a verbatim report. Immediately after the conversation, they wrote up a report of the conversation as they remembered it, in direct speech, as precisely as possible. Because they were very committed to the research endeavor, I found it useful to read their own reflections on their conversations and used the interview for additional information. However, because of the different character of the verbatim reports in relation to the recorded material I did not analyse the verbatims. I used them, after the analysis of the other cases, to identify similarities and differences with the cases in which conversations had been recorded. See the overview of all data in table 6 in the previous section.

I transcribed most of the conversations myself, but due to time constraints, a specialised agency also provided some transcriptions. These were then checked by myself for exact rendering and time indications. No deletions or summaries were made in the texts.

42 Of course, his wish has been respected; the conversation played a role in the reflections of the chaplain, and therefore in the analysis, but the conversation itself was not archived.

Written reflections and interview

Not every chaplain succeeded in writing the intended short reflection. Benno added a short reflection to both the verbatims he submitted. All seven participants agreed to an interview. Together, the written reflections and the interview served to obtain a better view and understanding of what happened in the communication between chaplain and conversation partner.⁴³ They made it possible to identify and understand the motivations and decisions behind the chaplain's interventions and conversational approach. In addition, the interviews provided a direct source for the professional views of the chaplains, their views on hermeneutic communication, dealing with diversity and the significance of their own religious tradition for and in the work.

As with the audio recordings, I transcribed a number of interviews myself but again, because of the time aspect for some interviews, made use of the same specialised agency. The text of the interviews I also checked for correct reproduction of the audio recording.

4.4 Analysis

In this study, a 'case', as indicated earlier, is the conversation practice of a particular chaplain as is demonstrated in the submitted conversations, the written reflections and the reflections made during the interview, and other remarks by the chaplain on the profession and conversation practice during the interview. Each case bears the pseudonym of the chaplain. Not every case contains the same material. For example, Case Anne consists of one recorded conversation, a brief written reflection and the interview about the profession and conversation practice. Case Ingrid consists of five recorded conversations and the interview about the profession and conversation practice but a written reflection is lacking. Case Benno consists of two verbatim reports, including a small reflection and the interview about the profession and conversation practice. The analysis took place case by case.

With regard to the practice of conversation with a focus on hermeneutic communication, there are four research sub-questions to answer. The case study provides three forms of data, each of which contributes to one or more sub-questions: recordings of the conversations conducted, short reflections written immediately

⁴³ Some theorists on qualitative research might speak of initial and additional data (Evers, 2015). In my opinion all the units of analysis serve the goal to get a clear view of hermeneutic conversation.

after the conversation, and an interview with the particular chaplain. The relationship between the data and the research questions is as follows:

Figure 11
Relationship between the data and the research questions

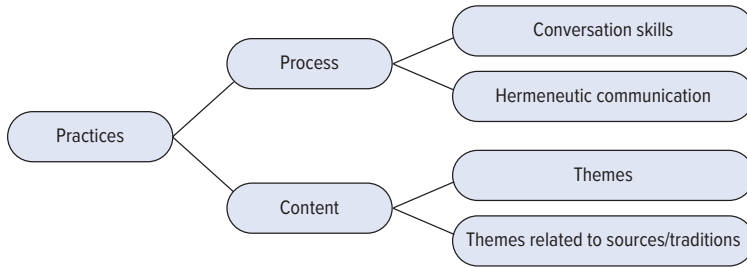
Data:	Contributes to the description of:	Differentiated into:	Forms an answer to research sub-question:
Recorded conversation	Practices	Process – conversation skills. – hermeneutic communication. Content – Themes. – Themes related to sources & traditions.	5. How is hermeneutic communication performed in the conversation practice, with attention to process and content? a. What is the contribution of the conversation techniques and skills in the connection between actual experiences and worldview sources and traditions? b. In which way a connection is made between actual experiences, existential themes and worldview sources and traditions? What are the contributions of both, conversation partners and chaplain? c. What themes are presented? d. Which themes are connected with worldview traditions or sources?
Written reflection afterwards	Reflections	– Hermeneutic communication. – Plurality. – Own tradition.	6. What are the chaplain's reflections on the presented conversations, concerning hermeneutic communication, plurality and own tradition?
Interview	Views and reflections	– View on the profession and reflections and views on the conducted conversations. – Hermeneutic communication.	6. What are the chaplain's reflections on the presented conversations, concerning hermeneutic communication, plurality and own tradition? 3. What are the personal views of chaplains on the content and process of their conversation practice? 4. How is hermeneutic communication operationalized from that view, with special attention to plurality and the role of the chaplain's own tradition?

4.4.1 Analysis of conversation practices

Preparations

Prior to the analysis on the basis of the sub-questions, I formulated four search lenses. I first made a distinction between process and content. Within process I further differentiated between general conversation skills (5a) and hermeneutic communication

(5b) as the modus in which experiences and themes are related to or connected with religious traditions or (other) meaningful sources. The latter included how one deals with plurality and the role the chaplain's own tradition plays. Within content, I differentiated between the various themes that are expressed in the conversations (5c) and the themes that are specifically connected with traditions or sources (5d).



The recorded conversations were fully and literally transcribed. There was no harmonisation into correct Dutch, the length of silences was indicated. All transcripts of the audio recordings were entered into the qualitative data analysis programme *QDA Miner*, versions 4 – 6, and coded within it.

Analysis of the conversations: themes and communication

The analysis of the conversations took place in several steps. The first step was to divide the transcribed text into provisional parts, or 'scenes' more or less indicated by 'natural' shifts, like obvious change of themes, interruptions that took place during the conversation (e.g. due to visitors), etcetera. After I divided up four conversations in this manner, one of the supervisors did the same for the same conversations. We then compared our divisions. As we almost fully agreed, I made the divisions in the remaining conversations myself. Dividing the transcribed texts up in this manner had no other intention than to provide an initial impression for the sake of gaining a grasp on the conversations.

In the second step, content analysis helped to ascertain what I called hermeneutic communication. Thematic coding was employed (Saldaña, 2009) to identify when the conversation revealed experiential issues, what themes came to the surface and what meaningful sources were referred to. This step helped to identify *sections* in which existential themes came to the surface. Those sections did not always coincide with the scene-division in which the conversation initially was structured.⁴⁴ This second step

⁴⁴ Sometimes an existential theme was introduced in a scene, but the elaboration of that theme by chaplain or conversation partner then extended over one, two or even several scenes. I call such

provided an answer to sub research question 5c: ‘What themes are presented?’ In this step I also looked at the way the experiences, themes and sources were expressed, drawing attention to elements from the theory of hermeneutic communication. Thus, in addition to expressions that could be coded as ‘actual experience’, ‘existential themes’, and ‘source, tradition or worldview’, further refinements emerged, such as ‘metaphor/symbolic element (by P / by Ch)’, ‘values’ ‘interpretation’, ‘transcendental experience’, ‘religious expressions’, etcetera (see appendix 2A (step two)).

The third step was a communicative analysis of the same conversations. The lens was formulated in the question: What is happening in terms of communication between the chaplain and the conversation partner? Here I used process coding (Saldaña, 2009) with codes based on the conversation theories of Lang and Van der Molen (2009) and Hartmann (1993) and some aspects from Conversation Analysis (Ten Have, 2007).⁴⁵ This step addressed the sub research question 5a on conversation technique and skills in connecting experiences and themes to traditions and sources. The complete list of codes is to be found in appendix 2B: step three in the analysis procedure.

Figure 12

Example of a part of the coding system in QDA Miner

The image shows a screenshot of the QDA Miner software interface. On the left, there is a list of codes under the heading 'D. COMMUNICATION'. The codes include: BSL Summarizing, BR Focussing, BR Clarifying (conversation) situation, BR Thinking out loud, BR ending the conversation, D Interpreting, D giving information, D using differential empathy, D confronting, D Relabelling, D Reframing, D selfdisclosing, D Being direct, T esgen pogingen client, T targeting, T evaluating actions, T Referring, and D ending professional relationship. In the center, there is a transcript of a conversation with lines numbered C 8 through C 12. On the right, there is a coding scheme with brackets indicating which codes are applied to which lines of the transcript. The codes include: Existential theme, Actual Experience, Existential theme, Levenswijziging ex., TT inspraak (by patient), Levenswijziging in medicijn/symbolic element by P, D Interpreting, and BSL Paraphrasing.

The fourth step was closely related to the previous one. On the basis of the data resulting from steps two and three, it was possible to identify if and how connections

a section in which a theme or experience is introduced and elaborated, a unit.

⁴⁵ The method of Conversation Analysis (Ten Have, 2007) focuses closely on the auditory analysis of the recorded conversation. I did not follow the entire method because I only became familiar with this method during the analysis process. As my study did not focus exclusively on communication, I did not apply a complete analysis according to this method. Instead I included some specific social interactions from CA, such as ‘turn taking’. In CA, codes often have a gerund form. That combines excellently with Saldaña’s process coding.

were made between actual experiences, existential themes and meaningful sources or traditions. It became clear who was initiating existential themes, in what way that was done and if and how the themes were elaborated upon in the conversation. It was possible to see what the facilitating, contributing factors in hermeneutic communication are and what are impeding factors. This fourth step addressed the sub research questions 5b and 5d on how hermeneutic communication is performed, what themes are related to sources, and what the contributions are from both patient and chaplain.

In a fifth step I looked at how religious or worldview differences influenced the conversation and how the chaplains handled their own convictions, beliefs and/or other aspects of their own tradition. That received the code: 'Chaplain's spiritual/existential disclosure'. Within the code group, I found a number of forms that I coded as indicated in the figure below:

Figure 13
What is observable about the Chaplain's own worldview identity?
Taken from the analysis in QDA Miner.

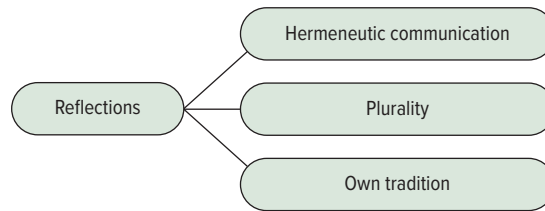
- **intervening with biblical element**
- **attitude**
- **intervening with symbolic/metaphorical element**
- **intervening with own associations**
- **intervention based on value or conviction**
- **being opposite**
- **being supportive**
- **spiritual/existential disclosure by Ch**
- **reciprocal appreciation**

This step served as a preparation for the evaluation of the views and reflections of the chaplains in relation to their conversation practice (sub research questions 3, 4, 6 and 5).

From every case, I discussed one conversation in detail with both supervisors, following the steps above. In a second round, all the conversations of a case were looked at in detail by myself and one of the supervisors. The subsequent conversations were compared to the initial one for each case. Afterwards the results were shared in the complete team, where the discussions added no other views or aspects. The conclusion was that consensus had been reached on the entire conversation analysis.

4.4.2 Analysis of reflections

In the analysis of the reflections I distinguish between reflections on hermeneutic communication, on plurality and on the role of the chaplain's tradition in the submitted conversations.



Preparations

The written reflection was intended to allow the chaplain, immediately after the conversation, to articulate how the conversation had gone and where it might have deviated from a usual pattern in the light, for example, of the research task. Not every chaplain fulfilled the request to write a brief reflection. Three out of five did so. That is taken into account in the analysis. Of the two chaplains who worked with verbatim reports, one also added a short reflection as part of the verbatim. The 'verbatim cases' are dealt with separately in the results chapter (chapter six).

Analysis

As not every chaplain fulfilled the request to write a brief reflection immediately after the conversation, the number of reflections to analyse is small and the notes are brief. Together with the supervisors we read those reflections and commented on them in terms of 'hermeneutic communication', 'plurality' and 'role of the chaplain's tradition' in relation to the submitted conversations. In addition, I included these issues in all of the interviews. I entered a separate category in QDA into the interviews: Perception of recorded conversations, under which a whole number of codes, found by means of open coding could be placed. Afterwards the codes could be clustered in 'families'.

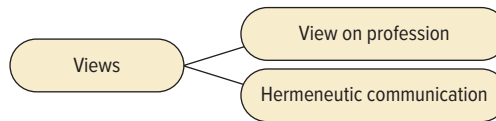
Appendix 3 contains the full list of codes. In that way, it was possible to answer sub-question six: 'What are the chaplain's reflections on the presented conversations, concerning hermeneutic communication, plurality and one's own tradition?'

Table 7
Examples of the perceptions of the recorded conversations
Taken from the analysis in QDA Miner

Category	Open coding	Code families
Perception of recorded conversations	Fiddling Not being able to focus on a theme.	Statements about the quality of the conversation.
	More or less unconscious use of biblical story Catechetical information did not work.	Statements about the intervention with biblical material.
	Self-disclosure Want to give love and acceptance by God.	Statements about the chaplain's view or tradition.
	Realisation afterwards that we talked about God from different religions.	Statements about plurality.

4.4.3 Analysis of views

In the views of the chaplains, I distinguished between views on the profession and views on hermeneutic communication, including views on religious plurality and views on role own tradition.



Preparations and analysis

The interviews were semi-structured, using a pre-prepared interview schedule (Emans, 2002). The knowledge areas and related topics were determined by the sub-questions 3 to 6 of the research question. They included issues of domain definition and content, processes of counselling and communication, plurality and how it is dealt with it, the significance of one's own worldview tradition and reflections on the conversations (Appendix 4A, Interview schedule). All interviews were audio recorded and fully and literally transcribed. The transcription was further prepared by minimal crossing of repeated words. If there was doubt if the repetitions had something to do with the subject discussed, I left them in the text. The interview texts were also put and edited in QDA Miner versions 4 – 6.

The topics as formulated in the interview schedule also became the starting point for the analysis of the interviews. After coding the expressions, I divided them into several families.

Table 8
Examples of the codes according to the interview topics

Interview topic:	Open coding of expressions	Code families
Views on the profession:	Worldview and meaning Being an attentive companion Spirituality What matters now ...	Personal view on the profession
	Patient feels relieved Patient experiences rest Patient is changed ...	Effects

Content of the conversations:	Identity Concerns about future prospects Taking stock Why question Anxiety ...	Themes found
	Cat Grandchildren God A glass of wine ..	Sources
Performance of the profession; respondents' explanation of how they work:	Starting with the question: how are you today? Ask through Patient determines the agenda	Method
...

The complete label overview can be found in appendix 4B.

4.5 Quality aspects

In this section, I outline the steps and measures I employed to ensure that the conclusions of the study were consistent with the question and validly arrived at. There is much debate in the research literature about the concepts of validity, reliability, replication and generalisability, concepts that stem from a positivist view of science, in response to which a constructivist approach has emerged (Evers, 2015). I follow Evers in the sense that I account for how quality actions help research move forward (p. 133). I use the terms used in the research literature. Successively, I discuss validity, external validity, reliability and some other aspects.

4.5.1 Validity, construct validity

Validity means that the study actually investigates what is intended to be studied. In qualitative research, it is often difficult to provide a precise definition of the phenomena to be studied. Hermeneutic communication, as a term, is a construct of which the meaning is not exactly clear. That is precisely the purpose of the present research. I have tried to use several indications based on views of lecturers to describe that particular aspect of chaplains' conversation practice, but those are just indications. It is supported by a theoretical concept. However, the concept is provisional, because the research seeks to reveal what can be understood under hermeneutic communication, or, in other words, how hermeneutic communication is operationalised in conversation practice.

Research literature indicates that, in any case, it is important to approach the phenomenon under investigation from multiple angles (Gray, 2014, p 279). To that end, I use several forms of triangulation mentioned by Evers.⁴⁶ First, methodological triangulation. This entails combining multiple data-collection methods. In this study, I use recorded conversations between chaplains and their conversation partners, reflections written by the respondents and interviews conducted. Closely related to this is the second form of triangulation, which Evers calls data-type triangulation: 'The different types of data are used to understand the research phenomenon in the case in question' (2015, p. 138). The case study already has this methodological and data type triangulation in it, at least, in the embedded variants, as they contain multiple units of analysis.

In addition, I used analysis triangulation: the use of different modes of analysis. First, there is the 'vertical analysis' of each case individually, which meant that the phenomenon to be investigated within one case was approached from different angles, as indicated above. That provided a picture of how hermeneutic communication takes shape within a specific conversation practice. A horizontal or cross-case analysis followed, in which the different cases were juxtaposed and could be described in parts, giving a rich picture of the shape of hermeneutic communication. With these tools, construct validity was adequately ensured.

⁴⁶ She lists six in total, of which I use five in this study: methodological, data type, analysis, data source and researcher triangulation (Evers, 2015, p. 138). Gray takes some together and arrives at four forms (Gray, 2014, pp. 184,185).

4.5.2 External validity

External validity has to do with generalisability. Can a general validity be assumed outside the cases? No, but Yin argues that unlike survey research, which uses *statistical* generalisation, case studies rely on *analytical* generalisation. In analytical generalisation, the researcher aims to generalise a given set of results to a broader theory (Yin, 2009, p. 43). That contributes to the ‘domain’ to which the research belongs. However, the number of cases is very small and I agree with Lieberson’s warning not to accept arguments in favour of generalisation too quickly (cited by Gray, 2014, p. 281).

Often, however, qualitative research is not designed with that purpose in mind. Neither is the present research. The intent is to interpret a phenomenon, or describe it in a broad spectrum in which it reveals itself, with different emphases per situation and context. The focus here is on the contours of hermeneutic communication, in order to deduce what elements are necessary for hermeneutic competence. This means that the findings in this study cannot simply be extended to every conversation practice of every spiritual caregiver. Instead, a palette is collected.

Nevertheless, it is conceivable that within limits the case study as a research method can produce results that are applicable to a broader segment of the profession and professional context than only the cases studied. Gray cites Gomm et al. to indicate how one might improve the empirical generalisability using two factors (Gray, 2014, p. 280). First, the researcher must demonstrate that the key characteristics of the sample ‘fit’ the population from which it was drawn. Apart from the limited age distribution of the research participants, it can be said that a number of key characteristics also apply to a large part of the professional group of spiritual caregivers: membership in the professional association and formal adherence to the professional standard, accreditation by the quality register, substantial and continuous practice of the profession, a defined and maintained spirituality, academic training at a master’s level. The second factor is the systematic selection of cases for research. Cases need to be typical of the population. Of course, the work contexts of spiritual caregivers in general differ, and differences can also be identified within the chaplaincy care sector in hospitals. But the conversation practices in this study can certainly be considered typical of professional practice. That is supported from various studies, also from other countries, that include case descriptions or sections of them (Fitchett & Nolan, 2015, 2018; Liefbroer, 2020; Kruizinga et al., 2020).

4.5.3 Reliability

An important indicator of a study's reliability is its replicability. Can this study be replicated? In principle, no. It is possible to set up the same kind of research, but it is practically impossible to engage the same persons and absolutely impossible to apply exactly the same conditions. In qualitative research, subjectivity is present. However, Yin was not impressed by the criticism that case studies cannot meet the quality criterion of reliability. He argued that in a sense, it is possible to repeat a case study, by doing repeated research on the same phenomenon (Gray, 2014). The multiple case study is in itself a way of enhancing reliability.

This is related to what Evers calls data source triangulation, which is given with the multiple case study and was also applied in this study. Data are collected 'at different points in time, in different places, with a variety of people' and in different contexts (Evers, 2015, p. 138). Through the participation of multiple chaplains who did not know of each other's involvement in this project, through the conversation practice recurring at different times, a kind of iterative pattern occurred even within one case. The number of cases appears small, though in research literature there are no criteria for the number of cases needed. General advice is between four and ten (Gray, 2014). This multiple case study consists of seven cases, or at least five cases that were structured in exactly the same way. There is also a researcher triangulation. The data were analysed according to the same procedures and formats by at least two members of the PhD team each time, and for some units of analysis, one per case, even by all three researchers on the team.

4.5.4 Other aspects concerning validity and reliability

PhD team and international feedback

Evaluation and analysis sessions were held regularly throughout the process (forty in total). Minutes were taken of every meeting of the PhD team and corrected or approved in the following meeting. The design of the research was presented at the empirical research seminar of PhD students of Noster⁴⁷ in 2016⁴⁸, the European Conference of Pastoral Care and Counseling in Järvenpää, Finland in 2017 and in the Dutch Journal of Chaplaincy Care (Van Leeuwen, 2016, 2017). The

⁴⁷ Netherlands School for Advanced Studies in Theology and Religion (NOSTER).

⁴⁸ Van Leeuwen T.T. (2016, 3 February). *Hermeneutic Communication of Protestant Chaplains in General Hospitals* [session].

research was regularly discussed in the Theology and Worldview research group at Windesheim University.

Reflexivity

Gray pays special attention to reflexivity (2014, p. 606). Reflexivity is a concept used to describe the relationship between the researcher and the object of research. Qualitative research implies a major involvement in the research population. There is personal contact, in the introduction period as well as during the research, regarding the material and, of course, in the interview. That influences the research context. Besides that, the researcher's personal values, his opinions on research and on the professionalism being examined, his training, and his history of having worked in the same profession, are of influence in the way the researcher looks at the material. I will return to this aspect in the last section of this chapter.

4.6 Ethics

Non-WMO⁴⁹ review

The research was carried out in six hospitals spread over the country. Research in health care institutions involving residents, clients or patients may fall under the 'Medical Research Involving Human Subjects Act (WMO)' (CCMO, 2022). The guiding principle is the extent to which the research is invasive or burdensome for the group involved. Although this was not expected to be the case for this research, the project was submitted for review to the regional Medical Research Ethics Committee of the University Medical Centre Groningen. On 9 June 2016, the statement of Non-WMO research was received (appendix 1). This means that no further central ethical review was needed to take place.

Local feasibility

The study did need to be submitted to local ethical review committees of the hospitals concerned. The application for so-called 'local feasibility'⁵⁰ was made by the participating chaplain. Permission was obtained from all ethics committees.

49 WMO stands for 'Wet medisch-wetenschappelijk onderzoek met mensen', which means: Medical Research Involving Human Subjects Act.

50 Local feasibility is in Dutch top-clinical hospitals known as the 'lokale uitvoerbaarheid' form.

Informed consent

Cooperation of patients requires informed consent. To that end the chaplain gave the patient an information leaflet and a consent form in accordance with the model e1-e2 available from the CCMO.⁵¹ In it, patients gave their explicit consent to the audio recording of the conversation, its use in the study and the anonymised publication of data, as well as to the retention of the transcripts of the conversations for up to 15 years after the completion of the study.

Data processing and storage

The recordings via data recorder were transferred to the researcher's secure research environment at Windesheim University of Applied Sciences. The data on the audio recorders were properly erased. The recordings were transcribed and the transcripts stored in the same environment. The same applies to the interview recordings and transcripts of the conversations between the chaplains and the researcher. Most of the transcripts of patient conversations and the interviews were prepared by the researcher himself; for a number of conversations and interviews, use was made of an external agency, from which a confidentiality agreement was obtained.

Personal responsibility chaplains

During the introductory meetings, the ethical aspect of asking patients for their cooperation and making audio recordings was discussed at length. The fact that the chaplains themselves addressed the ethics involved in making audio recordings demonstrates the responsibility they felt for the integrity of the relationship between the conversation partner and chaplain. The process was based on a number of basic principles. The freedom of participation was paramount. Patients should not feel any pressure or obligation to participate. All the chaplains wanted to be able to weigh for themselves whether or not to record a patient's participation, in the light of the patient's vulnerability. The other side was also highlighted. Precisely because of the vulnerability and especially the dependency of the conversation partner, asking for cooperation can be a form of empowerment. It can strengthen the conversation partner's sense of self to contribute to academic research. And patients can also say 'no'. There is a delicate line between caring for and infringing on autonomy.

Both formally (by means of the consents obtained from relevant agencies) and in the actual conduct of the research (by means of detailed discussions in the PhD

⁵¹ The categories from the E1-e2 model information letter – updated version, dated 8-11-2012 with amendment section 14 dated 29-5-2015, are used for the information leaflet and consent letter.

team and between researcher and chaplains involved), the utmost care was taken with regard to freedom and privacy.

4.7 The researcher

The research literature refers to the concept of reflexivity. Reflexivity concerns the relationship between the researcher and the object of research, based on the understanding that the researcher is never a neutral observer but fully participates in the construction of knowledge. In this section, I account for the fact that my own history and background involved me in the subject matter of this research in various ways. I was aware of this before and during the research, not only in retrospect. After my studies in theology and, to a limited extent, clinical psychology, I worked as a congregational minister. I became a pastoral supervisor CPE. In recent years I have lectured on pastoral and existential care and counselling. My personal history and professional practice can therefore hardly be separated from the research focus of this study. That background colors my observations and affects my views on hermeneutic communication, conversational practice and tradition. The best I can do is to provide an account of that.

Personal reflexivity

One of the forms of reflexivity concerns ‘personal reflexivity’ (Gray, 2014, p. 606). In personal reflexivity the researcher tries to be aware of all this. One instrument to increase that awareness and the capacities of reflexivity is to write a reflexive journal. The journal contains a description of the logistics of the study, a log of methodological decisions and changes and a personal diary recording reflections with particular reference to one’s values and interests. Through the years of doing research a logbook containing those elements has been kept and stored, together with the minutes of the PhD team. During those years, I was also part of a peer review group of CPE supervisors. Both the PhD team and the fellow CPE supervisors contributed significantly to my personal reflexivity.

I offer two examples. One of the most important things I learned from feedback from the supervisors, but also by reflecting on and writing about my own approach to the conversational material, was that in the initial period of the research, I took a strongly normative, evaluative view. Initially, I mostly saw what was *not* happening (and what I felt needed to be done). Once aware of that, I was able to assume a more appreciative approach and shift to learning to see what was indeed happening.

That shift in focus significantly reduced the influence of the bias that was born out of my own professional development.

The second example concerns my own route of learning as a researcher and qualitative interviewer. In the CPE peer group, the observation was made that a respondent displayed a distinctly compliant attitude in the conversations. Due to the feedback, I realised that as an interviewer I myself similarly took on a compliant attitude in my manner of interviewing. That was a moment of learning, using what is known in supervision literature as the parallel process, that led me to become aware of my attitude and bore fruit for follow-up interviews.

Expectations

Under reflexivity, I also include being aware of expectations. At the start of the study, I had expectations in three areas: hermeneutic communication, plurality and the use of imagery. In my view, chaplaincy is largely concerned with communication on existential concerns, life events that need interpretation. In supervision and CPE, I have seen a lot of conversational material that was accompanied by a learning question that served to deepen the conversation. Usually that meant conducting the conversation in such a way that meaning and faith could be involved. I expected to find such an effort in this study as well. By extension, I was curious about the quality of the conversations. What communicative tools do chaplains have at their disposal? I expected a mastery of basic skills, but I did not have an idea about the skills that could also help deepen the conversation. And finally, also based on the experiences in CPE, I was curious to what extent chaplains manage to be congruent and also direct in their communication, that is, make their own affectedness, sources and resistances communicative?

With regard to plurality and dealing with one's own tradition, I expected a great deal of conversational material displaying worldview plurality. Apart from what emerged from literature on the subject, the chaplains' expectations on this aspect of the study were also high. At the same time, with regard to dealing with one's own tradition and sources in the conversation, I expected restraint to be the starting point.

Regarding the aspect of imagery, I did not have much of an expectation but mainly hoped to find examples that would be helpful for teaching practice. These three expectations or focal points shaped my vantage point in the research. On all these points, I learned some things. I sometimes saw that what I had suspected, did happen, but there were also surprises. I will return to this matter in Chapter 7 when reflecting on the research. The point here is my awareness of these expectations from the beginning and of the way in which they served as hypotheses in the

analysis of the conversational material. That their influence was not overbearing is indicated by the unexpected findings.

Theology

Finally, my theology also plays a role. I emphasize two theological notions that are important to me and relevant in the present research context. The first is what I call the act of 'being addressed'. In a chapter on (fear and) longing, Ganzevoort and Visser (2007) write about the religious longing for God or the divine that is manifest in post-modern times. For pastoral theology, that means that the 'story of God' needs to be retold in such a way that connections are made between that story and life stories. 'But,' they say, 'if religion is merely an expression of human desire, it loses its basis that lies in the given that human beings have been addressed ('spoken to') by God, that a revelation preceded our religious response, that our faith has been awakened by what we have not conceived of ourselves' (p. 394). There are moments in life in which something lights up as though it is coming to or upon us (*extra nos*). Those experiences can be interpreted in line with the notion of being addressed. That there is such a longing for the other that or who transcends our existence, for that other who addresses us, 'can be seen as a response to being addressed and to a want' (p. 394). The notion of address shapes how I look at the role chaplain and conversation partner have in their mutual communication on existential concerns. Humans bear the image of God and as such are addressees. That awakens in them the longing to seek purpose, meaning and destiny in life and to feel part of a greater whole. That is what chaplaincy is about.

A second notion is closely related to that. People also address each other. 'I will make him a helper as his counterpart' (Genesis 2: 18). This quote brings into focus an important feature of a theological anthropology: humans are humans in relationship. The relationship is also qualified in this text: one is the other's helper and counterpart. There is a tension-filled dynamic in this togetherness and difference at the same time. My theology is influenced here by the dialogical thinking of Buber (1923, 1958). The text also depicts the concept of hermeneutic hospitality: it is the 'strange' other, who precisely in that otherness becomes a question to one's existence and can bring about a reconsideration of one's understanding of meaning. This understanding also colors in my view the pastoral theological relation between chaplains and their conversation partners.

There is also a third notion that became more significant in the course of this study as I examined the conversational practices. It is the notion of interruption, as Boeve employs it and as was dealt with in chapter three (Boeve 2004a, 2004b). I will return to that in the last chapter.

With this background and with these views, I embarked upon the present research project, with the awareness that they would influence my conversations with the respondents and color my views of the material that was submitted. My own reflections, the discussions in the PhD team and the feedback of my fellow pastoral supervisors helped me to question my own presuppositions and reexamine any tentative conclusions. That enabled me to conduct this study in a sufficiently reflective manner, so that it provides useful and reliable knowledge for the further elaboration of hermeneutic communication and hermeneutic competence.

With that I conclude the chapter on method. In the next two chapters, I describe the results of the study of chaplains' conversation practices.

Results: exemplary analysis of Case Ingrid

In the previous chapter, I described the design and methodology of the study on chaplains' conversational practices. In the present chapter and in the following, I describe the results. In this chapter, I present an extended analysis of Case Ingrid. In chapter six, I will present the analyses of the other cases in a more summary form.

A case is a cut out from a conversational practice, submitted and reflected upon by a particular chaplain and discussed in an interview. Case Ingrid consists of five audio recorded conversations, reflections on those conversations and the interview on her personal views on her profession, hermeneutic communication, plurality and the role her own tradition plays in her work.

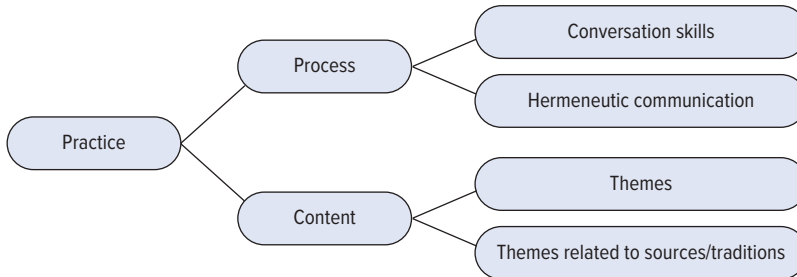
Chaplain Ingrid (age 48) works in a top clinical hospital. She studied religion studies (MA) and followed the professional training to become a minister of the Protestant Church in the Netherlands. She took additional training in moral counselling, worldview counselling, care-ethics and recently a CPE course (see also chapter four).

The data is presented and discussed in the order in which it was collected. First an analysis of the conversation practice is given. One conversation is fully discussed in the context of the research question, followed by a summary of the other conversations. That is followed by an analysis of Ingrid's reflections on the conversations. As Ingrid did not provide any reflections immediately written after the conversations, I use the comments she made on them during the interview. Finally I will present the results from the interview with her views on the profession and on hermeneutic communication.

5.1 Conversation practice Ingrid

The first conversation takes place on the isolation ward of the hospital with a duration of 33 minutes. Ingrid is in conversation with an elderly gentleman who has been in the hospital for some time. She knows him from previous hospitalizations and from previous visits during the present stay. The man has a psychiatric

background. At the moment he is hospitalized because of a bacterium, so he has to be nursed in isolation.



5.1.1 Process: The development of the conversation and conversation technique

I describe and comment on the development of the conversation in six fragments in which existential themes are discussed, or sources are mentioned. At the end, I summarise the findings in terms of processes of hermeneutic communication and what elements of conversation technique play a role.

Section 1 (from scenes 1,2): 1Ch1⁵² – 1IP1 + 1Ch5 – 1Ch13

Ch= chaplain; P= Patient

Ch 1: I have... eh well... I asked you how long you, eh,... we talked again on Friday, of course. And then you told me: the bacterium has returned and how sad that was.

P1: Yes, I am now going to be quarantined again.

Ingrid lays a link with the visit a few days earlier. The patient's opening sentence (P1) is that he is going to be put back into quarantine. There is talk of an upcoming

52 The abbreviations refer to the transcripts of the conversations, the reflections and the interview. With regard to the conversations: first comes the number of the conversation, then the first letter of the chaplain's name, then the indication of who is speaking (chaplain: Ch or patient: P), and finally the number of the quote. 1IP3 thus stands for 1st conversation of Ingrid, Patient speaking, quote number 3. References to the interview are made in the same way: INVI-Ch87 stands for: InterView with Ingrid, Chaplain's quote 87.

transfer to a nursing home. After briefly talking about the nursing home, Ingrid returns to the theme (Ch5) of quarantine.

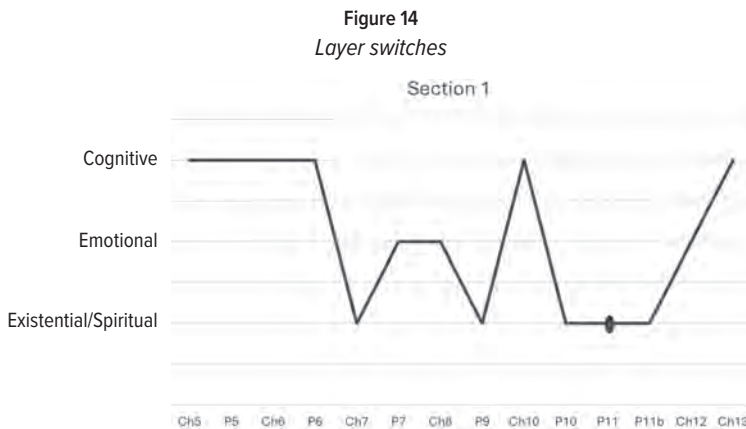
- Ch5: But ... you said: 'I'm going back into quarantine there.'
- P5: Yes, the same regime again.
- Ch6: So, locked up in a room again?
- P6: Locked up in a room again with ... um ... well ... packaging.
- Ch7: Yes, everyone has to come in with gloves and face mask. And how is that for you?
- P7: A disappointment.
- Ch8: A huge disappointment....
Yes... I can imagine that.
- P8: I had hoped to finally be rid of it, but....
- Ch9: mmh
- P9: If one in ten people has it, why the exception for me?
- Ch10: So you ask yourself....
- P10: Because on the street, the doctor himself said,
- Ch11: Yes
- P11: One in ten people on the street, they have the same bacterium in them and they just walk around freely and I am put away like a pariah.
- Ch12: That's what it feels like, being put away like a pariah? Locked up.
- P12: Yes. Yes.
- Ch13 And why? Because did you talk about that with the doctor? Why do I have to...?

Comment on this section

Picking up a theme (Ch5), is a way of *focussing* and a basic regulating skill and brings the conversation back to the theme mentioned by the man. After the *paraphrases* in Ch6,7 that are on a cognitive layer, the chaplain asks an *experiential question*, which leads the conversation to another layer. The man continues on an emotional layer, by expressing his feelings, which Ingrid mirrors in an *amplified emotional reflection* in Ch8. The patient expresses that his hope has been frustrated and is thus already at an existential layer, which continues in the question of why he has been placed in an exceptional position. His tone is aggrieved, sounds angry and certainly P11 is expressive. He uses *imagery*, a metaphor that contains content, emotion and existence: a pariah. Ingrid (Ch12) reflects the emotional aspect in this statement (*emotional reflection*), which is confirmed by the man. In Ch13 she asks about the reason for his treatment and refers to the doctor. In doing so, she leaves the emotional layer and continues on the cognitive layer.

Looking at this fragment, the patient's initiative is striking. He poses the theme (isolation), deepens it towards the existential layer (P8,9,10) and uses a metaphor (P11) to interpret at least his situation, but perhaps even his existence. The chaplain uses professional listening skills to stay connected and guides the expression. In Ch12 she interprets, 'That is how it feels: put away, locked in.' The man confirms that, but the experience may be even stronger. The meaning of the word pariah refers to being excluded, which is slightly different than put away or locked in (which is an adequate reference to the situation of medical isolation) but possibly falls short of the existential connotation.

It is not clear what causes her to leave the existential layer in Ch13 (*layer switch ex*) and take a more cognitive line. It suggests that she heard the why question in P9 as a search for an explanation and not as an existential expression. The conversation therefore continues on an informative-cognitive layer. Switching from one layer of meaning to another can also be graphically visualised:



The phenomenon of layer changing occurs frequently, not only in the case of Ingrid, but also in other cases. I will name this with the words *layer switch ex* when the conversation moves away from the existential or spiritual layer and *layer switch in*, when, on the contrary, it moves towards these layers. I note that both conversation partners can make these moves. The question on which layer to place imagery is complicated to answer. In the theoretical framework, it became clear that Hartmann's third and fourth layers have also been named differently by different authors. I name the layers in line with Smit (2015) as existence and spirituality, also following the respective distinction between the ultimate and the transcendent. The question remains where to place symbolic expressions. Smit indicates that both

the ultimate and the transcendent can be talked about in the form of imagery. I agree and because of its integrative nature, I place the metaphors and symbolic expressions in the area of both the existential and the spiritual layer. In the graphical representation, I indicate this by using one line for both existence and spirituality and mark the imagery with a bold dot in the graph.

Continuation of the conversation

The conversation then turns to practical questions the man has and to whom he can turn with those questions (Ch13-Ch22). Ingrid adopts a supportive position, using *emotional reflection* to describe the man's uncertainty (Ch20). Further, she stays in line with the actual situation.

It is again the patient who starts talking about his feelings (P21,22). After a fairly long silence (8 sec), the chaplain *summarises* the situation and concludes that his prospects are not good. The patient finds the occasion to worry aloud about whether his brother, who visits him regularly, will be able to come to the new location. In this section (P28-P34) there are three long pauses (8, 6, 8 sec).

Then suddenly a strong statement follows from the patient (P35), 'I don't think I am being treated as a human being'. Ingrid shows that she has heard the remark by repeating it almost literally, after which a long silence follows (15 sec). The patient ends the silence (P38) and wonders how follow-up appointments with his doctors will go here in the hospital, once he has arrived at the new location. This is a fairly factual remark, but it can also be heard as an expression of concern for the future, or perhaps as a fear or worry that he will also lose his doctors. Ingrid continues the conversation on the layer of facts and information. How long will he have to stay in isolation? The patient has been told two to three weeks (P42), but, he says, 'I have yet to see'.

Section 2 (from scenes 6,7): 1Ch34 – 1Ch43

- Ch34: Mmh. Because how long do you have to stay in isolation? Do you know? After that?
- P41: I don't know that either.
- Ch35: You don't know that either.
- P42: No, I asked a doctor on the ward. He said: That takes 2 to 3 weeks on average, but I still have to see.
- Ch36: You still have to see, because promises have also been made before that could not be kept in recent weeks.
- P43: Yes....
- P44: ... (silence 8 sec)
- P45: they don't know themselves.
- P46: (silence 11 sec)....
- Ch37: What you were looking forward to two weeks ago, you're not looking forward to that anymore?
- P47: No.
- P48: ... (silence 9 sec) ...
- Ch38: Perhaps it was exemplary then that you called [the care center] Millstone, because that's what it feels like?
- P49: [almost correct name of care center, that sounds similar to millstone]
- Ch39: Yes, because you said ... Now I've added on to it: Millstone. No, I think it's called [name].
- P50: [name, almost correct]
- Ch40: [name], yes, I didn't make it up, you know.
- P51: Oh.
- Ch41: No, I understood Millstone. I added on to it: a millstone around your neck.
- P52: Eh yes ,... yes,... it is eh... tough.
- Ch42: ... I see it on you and I've heard it, too, these past few weeks.
- P53a : Yes. I really don't know how to go on.
- P53b: Then I'll be there two or three weeks and then I'll be back in my house and will I be able to climb the stairs?
- Ch43: Because that also worries you. Can I still climb the stairs of my house. Because obviously you have not been able to practice that here in this room?

Comment on this section

Preceding this fragment, in Ch30, Ingrid had already mentioned the many uncertainties and questions. In Ch36, Ingrid makes a connection with previous unfulfilled promises, but the man's tone in the recording is more emotional. Paraverbally, the

voice sounds burdened, perhaps even desperate. ‘The doctors don’t know either,’ says the man in P45. In any case, Ingrid now connects to an existential layer (Ch37). ‘What was still something to look forward to a fortnight ago has now disappeared.’ Then she comes back to a little misunderstanding from the beginning of the conversation. The patient did not pronounce the name of the nursing home he is going to correctly. Ingrid heard the name as ‘Millstone’. She now makes use of this by interpreting the man’s situation through *imagery* (Ch38,41), a millstone round your neck. That is briefly acknowledged by P52, ‘Yes, it’s hard work.’ Ch42 remains connected here, ‘I see it and heard it’ and thus offers acknowledgement of the man’s perception of the situation. P53a initially stays on the same layer and also presents an existential theme, ‘I don’t know how to go on’. Then he continues with a concretisation, ‘How will things work at home with the stairs?’ Ingrid connects to the factual elements that are expressed. The conversation continues on a cognitive layer. The *layer switch ex* is made, although it is not obvious which of the two, the patient or the chaplain, makes the move.

Looking at this fragment, the existential theme of the future, of perspective, is at stake. There is no one who can offer the man any perspective. The chaplain needs some time to get to this layer as well but connects with her *summary* (a basic listening skill) in Ch37. She intervenes by turning the slip of the tongue into a symbol or metaphor (*imagery*) for the situation, which is recognised but does not lead to further exploration. The chaplain responds to the patient’s brief reaction with an acknowledgement or *validation*. The patient himself seems to make a layer switch *ex* by means of his concretisation in P53b and the chaplain goes along with him. The existential theme is thus temporarily out of the picture.

Continuation of the conversation

The conversation comes to a halt after P56 with a long silence (11 sec). After the silence, the chaplain takes the floor with a kind of interpretative *summary* and mentions that the hospitalisation did not do the man any good. After another long silence (after P60), the man bursts out in anger and curses the doctor (P62). Ingrid *reflects the feelings* here. The patient concludes in anger. ‘It only got worse!’ (P67). Then there is another, now very long silence (34 sec).

In her response, Ingrid brings a slightly different focus (Ch52), ‘And you can’t even tell her. That you are so angry with her. Because you don’t see her.’ With this, she draws the attention more to the relationship and then asks the patient to speak out to the doctor in an imaginary way (Ch 53). In a softer voice, from which the strong emotion has faded, the patient formulates his discomfort, as if the doctor was present.

He then continues to express to the chaplain his dissatisfaction. He points out what he considers to be the absurdity of the isolation measures. Paraverbally the anger is heard. The chaplain now offers an explanation of the usefulness of the isolation measures (Ch57) and concludes that it is perhaps somewhat incomprehensible. The patient sees no chance of explaining it to his family and continues to speak in an aggrieved tone.

Ingrid *interprets* that in the light of previous experiences of the family no longer coming to visit. The patient puts that into perspective; it does not seem to fit in with what he is experiencing now, which is much more about the unreasonableness of the situation. Two more *interpretations* by the chaplain follow, interspersed with long silences and the man saying 'yes, yes' once or twice. Talking about the family does bring P80 to an existential statement, 'I am all on my own'.

Section 3 (from scenes 12-16): 1I(Ch58 –) 1IP80 – P99

Ch58: Because you experienced that, too, didn't you, that your family stopped coming because you were in isolation.

P77: Yes, they are kind of coming back now, but...
(...)

P80: I have no family, I have no children. I'm all on my own.

Ch62: You have to do it alone.

P81: Yes.

Ch63: Yes.... and that's not easy.

P82: No.

P83: ...(silence 22 sec)...

P84: Luckily there are some nice nurses here.

Ch64: Yes? That's fortunate.

P85: [Name] from the cleaning service and she delivers the meals. She's very nice. [Name] is very nice and there's another one who was here last night, who is also very nice. They do sympathize with me. But they are too busy to chat with me. With one of them I was able to talk for a while. But they are also under pressure. And the hospital management has it so um... that they have to prepare and, um, serve the meals now. You also see that with the cleaning lady, um, they have to, um, they have fill in. Yes, that's outrageous.

Ch65: So the people who could make your stay easier by coming and sitting with you for a while, have been given additional tasks so that you lie alone even longer and more often.

P86: Yes.... Yes.... Yes, everything is about money.

Ch66: And what should it be about?

P87: A sense of humanity.

- Ch69: I do think that of everyone who works here and takes care of you, no one is bothered by what you cost. And what I also said before, that everybody here is concerned about you, that you have been here in isolation for six weeks. Nobody says, well sir ... uh
- P90: I get that impression too. They're getting more and more friendly towards me.
- Ch70: Yes (laughs)? So, you mean that you have to lie here for a while. Is that right? Only then do they become friendly? After four weeks, yes ... that's bad! Or have you become more receptive to it? You were so ill in the beginning that you couldn't even notice it. You were so ill and you were also so uncomfortable that maybe it didn't even come across....
- P91: Yes, yes.
- Ch71: Because I think they felt sorry for you in the beginning, you know. I certainly did. Having to lie here in a room like this and everybody coming in all wrapped up.
- P92: Yeah...sometimes...like I'm dirty
- Ch72: So does it feel like you're dirty?
- P93: Yes, you have a bacterium. ... Because cutlery too. When I go to eat I get plastic cutlery, which they then throw away.
- Ch73: I've seen it, yes. It is not dish washed, no, everything is thrown away. If I have to change clothes, around the corner, everything is thrown away, disinfected. So that feels like you are dirty. What does that do to you?
- P94: Well, I um that makes me uncertain.
- Ch74: That makes you uncertain of um, am I dirty or something?
- P95: Yes
- Ch75: Yes, ... I can imagine. Of course it has nothing to do with being dirty, but it does feel that way.
- P96: Yes
- Ch76: We are all a walking source of bacterium or a lying source of bacterium in your case.
- P97: Yes,... yes.... Don't worry because one in ten people carry bacterium. Boy oh boy. What am I getting out of it?
- Ch77: But still you have to be in isolation so you do worry? For so long and for how long still? Yes...
- Ch78: ... (silence 8 sec)
- Ch79: it's dramatic.
- P98: Yes
- P99: ...(silence 18 sec)...

Comment on this section

The initiative in P80 (*turn taking by patient*) outlines the patient's self-perception. It is a *layer switch in* to the actual experience of how he understands his life. The chaplain *paraphrases* (Ch62) and *interprets* (Ch63) that, after which a long silence falls.

Suddenly a completely different element enters the conversation. Until now, it was about isolation, being alone, but it is as if the man during the silence suddenly sees another side. In any case, he is the one who raises the issue that in his solitude and exclusion, there are a few people who break through. He points to the nurses. They sympathise with him. Although nowhere denoted as such, they appear as supporting sources.

The man finds it annoying that in the light of healthcare funding, nurses are being given more tasks, leaving less time for contact with patients. He thinks that by being an expensive patient, he also plays a role in this. Everything is about money. Asked by Ingrid (Ch66) what it should be about then, he mentions a value, 'humanity' (P87).

In Ch69 the chaplain remains on the existential layer but now also shows something of her own conviction. Quite forcefully (her tone is more decided, more firm) she *thinks out loud* and gives a different view of the man's situation (*reframing*), based on her *own value or conviction*. P90 accepts this and says, 'They are becoming friendlier to me'. In Ch70, Ingrid *relabels* this in questioning form, 'Or are you more receptive to it?' And she suggests that he was unable to receive it earlier because he was so ill. She emphasises again that everyone feels sorry for him, at least she does.

It brings P92 to a very existential and also intimate statement. Ingrid mirrors this on the emotional layer with an *emotional reflection* (Ch72). The man says, 'I am,' the chaplain corrects and says, 'That is how it feels, that you are like this.' Technically it is switching to another layer (*layer switch ex*), but in this movement she also makes a distinction between what the man thinks that is the case and his experience of the situation. The effect is that the man starts to explain. He talks about the bacterium and thus arrives at the cognitive layer. Ingrid connects with this in Ch73a, but ends her sentence with an experiential question (Ch73b): 'What does that do to you?' That brings the conversation with the word 'uncertainty' to an emotional layer and to the patient's actual experience. The chaplain connects with that feeling, by repeating it (*parroting*) in Ch74, but then *generalises* (Ch76), 'We all...', whereupon the man becomes angry again, P97 (*expression of anger*). Ch 77 does not connect but asks about his concerns (*layer switch ex*). She passes over the emotion here.

Ch79 is an *interpretation* of the situation (and also a *metaphor/imagery*). It also sounds like the final judgment of the chaplain, which is followed by a long silence (18 sec). She continues with a more formal conclusion, a *summary*, that although the physical condition is somewhat better, the arrival of the bacterium is complicating the situation.

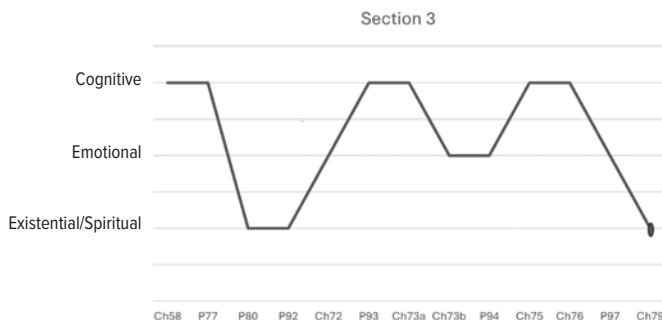
Looking at this fragment again the initiative of the patient is remarkable. In P80 he introduces the existential layer. He is also the one who during the silence finds the

sources of support that help him in his experience of having to depend on himself. The chaplain does not intervene in that silence; she lets it be. Through the previous interventions with basic and differentiating listening skills, she has acknowledged the burden the man feels. In Ch 66 she challenges him to put into words what life is all about. A value follows, 'humanity.'

In Ch 69 she takes a different position. Whereas she has been following so far, she gently opposes him here and offers a different view. When the man (P90) hears that, she goes a step further and relativises the statement about the kindness of the sisters to a more receptive one on his part (*relabelling* or *reframing*). She gently confronts him and makes herself and her viewpoint known. She interrupts his line of thought and enters into dialogue.

Besides the theme of being alone, there is also the intimate statement about being 'dirty'. This is not taken up on the existential layer, but more on the emotional. That could be a *layer switch ex*, which is followed by P93 and thus takes the conversation to a more cognitive layer. It may also be that the patient himself considers this to be more of a factual statement, in which case the chaplain's response is consistent with this. However, given the intensity of the statement, audible on the recording, I suspect that an important existential layer is present in the statement. Although Ch73 initially connects to the cognitive layer, it ends with an experiential question. The man answers on the emotional layer, but then Ch76 generalises the man's situation (*layer switch ex*). Ch77 summarises and ends in Ch79 with an *interpretative* remark that can also be heard as *imagery* (metaphor).

Figure 15
Layer switches



Continuation of the conversation

An intermezzo about the patient's physical condition follows. Then Ingrid takes a new approach, immediately on an existential layer.

Section 4 (from scene 18,19,20): 11Ch84 – 11Ch95

Ch84: (sigh) Yes ... and how, Mr. P, are you going to keep your courage now or how are you going to keep it?

P104: Yes that is difficult. I don't see many positive things.

Ch85: Those positive things from a few weeks ago, they've been dashed again?

P105: Yes, I thought I was rid of that bacterium. ... For weeks I've been treated for it. I've had one course of antibiotics after another. And all they can say about it is, Yes, we can't do anything against that bacterium. So, I am back at square one.

Ch86: You are back to square one. All those weeks.

P106: It made no sense. Just look at how I had abdominal pain. They removed an abscess from my abdomen. That's all right. That's that drain. But who's to say it won't come back once I'm back home?

Ch87: You don't dare to believe in it anymore?

P107: No, what should I do then?

Ch88: So you have a lot of questions and uncertainties?

P108: Yes.

Ch89: And yet, hey, to still end with something positive; not that it always has to be only positive, but when I spoke to you weeks ago you said I really just don't want to be around anymore. If I don't wake up anymore, then um, well, I don't care. I don't need this life anymore.

P109: Well, I still think that way, you know.

Ch90: Is that how you still think about it, because you don't mention it now in every sentence? But you still think what am I doing it for?

P110: Yes, what am I still living for?

Ch91: There thinking..., what am I still living for?

P111: Yes. I don't have no perspective at all.

Ch92: In that sense, you are still in the same circle of ... I have diseases that I can't get rid of and my future prospects, well, I don't see that for a while.

P112: No

P113: No ...(silence 10 sec)

Ch93: And you didn't ask for very much, did you? You just wanted your life back, you said, with an occasional drink, a cigarette, playing bridge and being able to take a walk?

P114: Yes ... Yes I don't have very high demands for my life.

Ch94: No ... are you going to tell that to the nursing home doctor too, because I, ...

P115: I don't know. I, I, I, um don't remember it all.

Ch95: You don't remember it all. You are living in the moment now.

Comment on this section

Ch 84. 'Are you going to keep up your courage, or how are you going to keep it?' That is a *turn taking* by the chaplain. As if she steps back for a moment, away from the medical details and surveys the whole of what has been said. Then she introduces the question of courage. Psychologically it is a question about coping, philosophically and theologically it is a question about sources, about where one finds courage?

I consider it a '*domain-question*.' It asks for information about inspiration, motivation, source of power, all kinds of elements that belong to the domain of existentiality and meaning and are therefore inherent to chaplaincy care. How can the man find courage and keep it? The man does not know, sees little positive points (P104), whereupon Ingrid asks him if the positive outlook of a few weeks ago has now disappeared. The man has the idea of being back to where he started and he expresses it by imagery: 'square one'.

Then, in Ch89, the chaplain offers a counterpoint for a moment. She uses her own perception, which is different from how the patient sees himself and his situation. She mildly confronts him with his own speech, which is different from a few weeks ago. Although he holds on to the sad perspective, it suddenly sounds less rigid. The statement of a few weeks ago, 'I don't want to be around anymore', is now formulated in a questioning way (P110), 'What am I still living for?'

Immediately the theme of meaning is raised here. Ingrid does not continue with confrontation but connects to how he now looks at it. She does bring him back to what has always been important in his life (Ch93), 'a drink, a cigarette, a walk.' The patient confirms that (P114), 'I don't have very high demands for my life.' To point out what made him happy is to point to his everyday experiences of meaning. It seems to be an attempt to connect the current situation with that everyday meaning. However, it is not elaborated on. Ingrid asks if he is also going to tell this to the doctor?

From a technical point of view, Ch94 is a '*referring*', she may hope to offer him a channel through which some perspective can be gained, or perhaps to awaken the desire, but she does let go of the existential layer at which the conversation is situated and it is a *layer switch ex*. It now seems to be too much for the patient, too much to remember.

Looking at this fragment, the intervention from the chaplain's own perception and the fact that she again stands somewhat perpendicular to the flow in which the patient thinks and speaks, is notable. Here, too, she takes up a dialogical position, that she continues when she introduces his everyday meaning to him.

Continuation of the conversation

The patient indicates that it is too much to remember and then starts a new topic, which is about the practical aspects of the transfer. It ends after P118 with a long silence (11 sec).

Section 5 (from scene 22, 23): 1Ch98 – 1P128

Ch98: Gosh, Mr. P, I would have been so happy that if you were going to leave the hospital here now that it would also mean that you were really somewhat better. Physically, a few things have improved but ...

Ch99: ...(silence 23 sec)....

P120: Mmh 't is quite clear that I am not in a hurrah mood.

Ch100: No.

P121: Neither would anyone else be.

Ch101: No.

Ch102: (silence 25 sec).....

P122: Do you often experience this?

Ch103: So long in isolation? I haven't experienced that before. Of course, there are lots of people in isolation but usually shorter.

P123: Shorter... And then that's because it is resolved?

Ch104: Yes.

P124: So I'm one of those persons being full of bad luck for whom it can't be solved?

Ch105: I'm afraid so, yes.

P125: Exactly.

Ch106: And well that people still have that bacterium, but that indeed they just go home afterwards and find themselves surrounded by other healthy people, so that um, well, you're not going to ask your roommates to be as wrapped up in it as I am.

P126: I don't even have roommates.

Ch107: No you don't have roommates. That, too.

Ch108: (silence 27 sec)

P127: And I don't hear from that doctor anymore either. I hear everything through a nurse.

Ch109: The doctor comes once a day...

P128: Well, not anymore

Comment on this section

After the silence, Ingrid takes the floor (*turn taking*). She shows something of herself in relation to the patient. She expresses that she had so hoped that the man had become a little better in all these weeks. And although she sees physical improvements, she does not encourage him, but acknowledges his difficulties. After a long silence (23 sec) the patient (P120) continues with a little more distance from his own mood and is able to face matters.

The question (P122) as to whether the chaplain experiences that more often is heard by her on a cognitive layer and she, therefore, replies factually about people in the isolation ward. It could also be that the patient is less interested in the actual number of people, but means it more existentially. Then it is a question about being allowed to be there, to count in his despair. When it is clear that most people get off better than he did, he calls himself a person being full of bad luck.⁵³ The image is not elaborated on, but confirmed by the chaplain.

When Ingrid continues with her informative explanation (Ch106) and mentions the word housemates, the patient immediately sends the conversation back to the existential layer (or keeps it there, if he was already there with his image of the person being full of bad luck. 'Housemates? I don't even have any' (P126). He is again in the middle of the theme of being alone, being excluded. And adds (P127), entirely in the same line, that he does not hear anything from the doctor either.

Looking at this fragment, the chaplain's self-disclosure about her involvement with the man is striking. She becomes visible and, without confronting him or encouraging him, she acknowledges his difficulties. The patient becomes more discerning about his own position.

Again, the patient uses *imagery*. It could be or become a metaphor, but it is not elaborated on. It is the patient who seeks the existential layer where the spiritual counsellor follows a more cognitive line.

Continuation of the conversation

After a short intermezzo on the frequency of visits to the doctor, Ch111b returns to the loneliness with a reflection of feelings. It offers space for the expression of being abandoned again (P131). Then Ingrid prepares for the end of the conversation.

⁵³ The word P uses in Dutch is 'pechvogel', literally 'unlucky bird'. It is imagery and difficult to find an expression in English that evokes the same meaning. 'Lame duck' comes close but still is just beyond the meaning of the Dutch word. 'Being full of bad luck' is also imagery and is the expression that most closely matches the original.

Section 6 (from scene 24): 1Ch113 – 1Ch121

Ch113: And is there anything else I can do for you or any way to be of help for you to get through this day?

P133: Light a candle for me.

Ch114(a): (Laughs) I will light a candle for you. That's the most symbolic thing.

Ch114(b): What I said ... I thought of you last Sunday, by the way, when I made the sermon about those men who didn't belong, those leprous men. Do you remember that, Friday?

P134: Yes.

Ch115: Yes, so um I didn't, I didn't mention your name of course but I did mention how patients in isolation feel.

P135: Yes, yes.

Ch116: How lonely and (how) we don't belong and dirty and all those things. And how... um and how terrible that is for people to not belong because everybody wants to belong somewhere and wants contact with other people.

P136: Yes. I actually feel like a loner.

Ch117: Yes.

Ch118: ... (silence 8 sec)

Ch119: So I made a plea to everybody. Put on those gloves and that protective jacket and that face mask and open that door and go spend some time with somebody who's in isolation. That's all (laughs) I can do. It is that you are leaving tomorrow, because otherwise I would just come again on my next working day as well. To sit with you for a while.

P137: Yes Yes Yes, I do appreciate that you took the time to talk to me.

Ch120: You're welcome... And I really appreciate you, um letting me have a look into your heart like that, saying what's on your mind and, um I'll keep it very confidential. Thank you very much.

P138: You're welcome.

Ch121: I can only wish you all the best. Anyway, yes, whatever that 'best' may be. May those three weeks in [Institution] be over soon. And should you be hospitalized again, I would be happy to visit you again, if that is all right with you.

Comment on this section

The chaplain asks very openly and informatively if there is anything else she can do? She keeps it small in what can help to get through, not to the next time, but just this day? The patient answers on a symbolic layer (P133), 'Please light a candle for me'. Here it is the patient who (again) initiates a symbolic layer. In the section, the chaplain first acknowledges the symbolic layer ('that is the most symbolic...') and

goes on to tell about the sermon she preached about the ‘men who didn’t belong, those leprous men’ (Ch114). She draws a parallel with how patients in isolation feel. In her language, she connects to the ongoing conversation about how lonely it is, how they feel dirty and how terrible it is not to belong. This is an intervention with the help of a Bible story in which she uses her language to make a connection between the actual experiences and existential themes of the patient and a story from her *religious tradition*. It is not clear whether the man also stands in this tradition and to what extent he is familiar with it. In any case, the patient here recognises himself in the words of the chaplain and describes his experience again in *imagery*, ‘I actually feel like a loner.’ (P136). The chaplain confers and commits herself and her listeners to spending time with those who are cared for in isolation. The conversation ends with mutual thanks and acknowledgement.

Looking at this fragment it is noticeable that suddenly the symbolic indications tumble over each other. Once again, it is the patient who makes the first move by asking her, rather unexpectedly, to light a candle. In the course of the conversation, the chaplain had already become more and more visible with regard to what was going on inside her. Here her religious sources also emerge. She recalls her sermon, a story from her own tradition, and uses the story as a hermeneutic connection with the existential theme of the man (which she had already identified). It is interesting how she actualises the biblical story with the help of the language used by the patient in the course of the conversation. That enhances identification. In any case, it evokes recognition, as shown by the last image that the patient brings in, the loner. For a moment he seems to be able to place himself within the story. The chaplain expresses her commitment to him, thus creating a tension with the image of the loner that he uses. She also receives recognition for this from the patient in P137.

The meaning of the candle is not explored. In view of her intervention, the chaplain does identify it as having a religious dimension. She does link it to her sermon and the Bible story. It remains a question how lighting a candle relates to helping people get through the day (Ch113).

5.1.2 Content: Themes and connections between experiences, themes and sources

The dominant theme that runs through the conversation from beginning to end is isolation. It presents itself in various forms. It concerns the concrete isolation of

being nursed in quarantine. It is the first matter that P raises, 'Yes, I am being put in quarantine again' (P1) and, 'If one in ten people have it, why the exception for me?' (P9). But it also has other dimensions. A follow-up admission to a nursing home raises the question of whether the only family member who visits him, his brother, will continue to do so. 'We'll have to see if he can come' (P27). That also touches on his self-perception, '(...) as if I were dirty' (P92). Earlier, he already expressed that in an existential image, 'I am put away as a pariah' (P11). It also becomes the mirror of his existence. His exclusion as a pariah is far-reaching, but concretely it also means that the transfer nurse and the doctor do not visit him (P63), that he has no family and no children, but is left to his own devices (P80) and that he is a loner (P136).

The second theme is concern for the future. That is most powerfully expressed in P53, 'Yes. I really don't know how to go on'. But it occurs in several places. The man has lost faith in the future, 'No, I asked a ward physician. He said that it takes two to three weeks on average, but I have yet to see that' (P42). A third theme is the question of meaning. 'What am I still living for? I have no perspective' (P110,111).

The themes of 'isolation' and 'meaning' are explicitly linked to significant sources. The theme of 'isolation' is first of all linked to nurses, who are sources of support for him. The man himself makes this connection after complaining that nobody cares about him and that he is placed in a position of exclusion, 'Fortunately, there are a few nice nurses here' (P84). The chaplain confirms that and reinforces it by pointing out his own receptivity to it. The second moment is at the very end of the conversation, when the chaplain finally connects the man's situation with a Bible story. What story is not clear exactly, but it is one of the stories about Jesus' dealings with lepers, 'What I said... I thought of you on Sunday, didn't I, when I made the sermon about those men who didn't belong, those leprous men' (Ch114b).

The chaplain connects the theme of 'meaning' to the small expectations that the man has of life and that apparently give him satisfaction. She reminds him of his sources of daily meaning, 'And you didn't ask for much, did you? You just wanted your life back, you said, with a drink now and then, a cigarette, playing bridge and having a walk?' 'Yes, I don't make such high demands on my life' (P114).

In summary, three existential themes are addressed: isolation, future and meaning. The theme of isolation is linked to contemporary sources of support: the nurses, the spiritual counsellor herself, possibly the brother of the patient, and to a religious source from the tradition of at least the chaplain, the story of the lepers. The theme of meaning is connected to sources of everyday meaning such as a drink, a cigarette, etc. The theme of the future is discussed, but not linked to sources of meaning.

This concludes the description of the first conversation and the consideration of the conversation-technical interventions, the existential experiences and themes addressed, and the sources with which those themes are connected. Case Ingrid includes a number of other units of analysis, including four more conversations that have likewise been described and analysed in the manner indicated in chapter 4. In what follows I will mention the most striking passages.

5.1.3 Other conversations: process and themes

Second conversation

In the second conversation Ingrid encounters a patient who is also in the isolation ward of the hospital. Here, too, I look at professional conversation technique, existential experiences and themes, and sources/traditions.

Conversation technique, existential experiences

2ICh61-2IP63

- Ch61: And where do you get inspiration from to get back on top, if you, um...?
 P60: Well, I also have 2 little kids and that's a major driving force behind.
 Ch62: Your children?
 P61: Yes .
 Ch63: I don't see any pictures. Have they been here, in the isolation?
 P62: No, they weren't allowed to.
 Ch64: Oh, they weren't allowed. They weren't even allowed to come in with a face mask on?
 P63: No, because of the risk. They're still small you know. They're 3 and 6.

Ch61 asks about inspiration. In form it is an *informative question*, but in content it asks for specific information on the existential layer and is therefore a 'domain-question.' The patient mentions his children, who inspire him. But instead of remaining on that existential layer, the chaplain asks about the possibility of the children coming due to the situation of isolation and protective measures. The meaning of the children, the way they inspire the patient, is not explored. She leaves the existential layer (*layer switch ex*) and asks for further information.

Another fragment also combines several aspects. In the seventies there were a few illegal radio stations that provided the Netherlands with popular music. The

broadcastings took place from ships on the North Sea, just beyond Dutch territorial waters. The ships were called radio pirates. The patient used to be a radio amateur himself and he tells about an important moment in his life when he was able to pay a visit to such a broadcasting ship.

2ICh93-2IP96

Ch93: And why was or is, why was making radio programs and listening to the radio so, um, um fun for you to do or so inspiring?

P92: Well, it's more out of the fact of, well when I was young you only had public radio 1, 2 and 3 (...) I was very dissenting then and then I came across illegal radio and um, listening to sea stations.

Ch94: Okay.

P93: Well, a boat like that had sort of its own existence, something of its own. That to me was a something tangible, tangible radio. I also went to that boat once and there it is, ... [emphasis added] there it is then what you listen to. You get to the boat and yes, the mast on it, the whole....

Ch95: It started as rebellion and it became a kind of existential thing. Hey, that's me.

P94: Yes, that, um, yes and also of, also, I was also against the public system of broadcasting then (...) something like, yes, radio, that's why.

Ch96: A real pirate!

P95: Well, not really a pirate.

Ch97: Yes, but rebellious. At least a little bit against the establishment.

P96: That, yeah ...yeah, a rebel.

The chaplain (Ch93) asks why the thing with the radio is so inspiring (again, a *domain-question*). After the patient's explanation, Ch95 *summarizes*, but also offers an *interpretation*. She has heard the strong identification (P93) and gives words to that identification, 'It started as rebellion but it became something existential. Hey, that's me' (*interpretation*). She switches from the event of the visit to meaning and identity (*layer switch in*). In Ch96 she connects the ship and the patient's identity by means of *imagery*, close to both, 'A real pirate!' P95 hesitates and corrects, 'Well, not really a pirate...'. The chaplain accepts the correction and *differentiates* within the imagery, 'But rebellious!' That is something the patient recognizes, 'Yes, rebellious.' The interpretation is accepted.

Themes, connections with sources/traditions

The central theme of the conversation is freedom (P4,8,21,71,77). There is a concrete limitation in being isolated and protected, but the patient mentions it also in relation to his limited functioning in society because of brain injury after a traffic accident (P47). Freedom is symbolized in the image of the pirate and the characterization as 'rebellious'. He maintains hope of getting a job in the future. Asked about his meaningful sources, he first mentions his children. Another source is listening to music, which could be described as a form of everyday meaning, but when he also expresses it in a *metaphor*, 'sitting at home on a Sunday afternoon and then drowning myself in music' (P117), it seems to have an existential quality.

Third conversation

The third conversation of Ingrid is with a young woman who attempted suicide. Ingrid is familiar with her because of earlier hospitalizations.

Conversation technique, existential experiences

Two fragments, directly connect to religious experiences. The woman says that in spite of the overdose of medication, she just woke up the next morning.

3IP19-3ICb32

P19: (...) the next morning I just woke up to say it in a casual way

Ch21: The children were not with you?

P20: No.... No, during night I had a very bad dream that I could also remember in the morning. I saw my own funeral and those children reacting to it. And then I got up in the morning and then I thanked God for letting me stay alive (emotionally).

Ch22: Ah.

P21: (choked voice) It should never have happened. (crying) I don't even remember why I did it ...

Ch23: You must have felt really lonely.

P26: ... Yes, that day when I got up in the morning ... that's when I decided that things have to be different. Things can't go on that way.

Ch28: It has to be different

P27: I have to embrace life and not and eh that there's no point at all to committing suicide or whatever. That won't solve anything

Ch29: That's what you thought that morning

P28: Yes ...

- Ch30: But something has to be done, you say. I have to embrace life, that sounds ...
 P29: I have to, from myself.
 Ch31: You have to, from yourself.
 P30: Yes.
 Ch32: But that seems hard? If you decide the day before....

P20 initiates the religious dimension that comes forth from the dream. She is grateful to God for letting her live. Ch23 *reflects the emotion*. The patient (P27) relates the dream to a commitment she has to make, 'I need to embrace life'. Ingrid focuses on the weight of that decision by will. The reference to the transcendental experience (seeing her own funeral and the grief of her children, along with the gratefulness to God) is not further explored at that moment. The patient uses *imagery*, 'to embrace life'. The dream itself also has a *symbolic character*. At a later moment in the conversation the chaplain refers to this story about the dream.

3ICh53-3IP55

- Ch53: But back to what you, to what you did in December, when you took those pills, you said, I woke up, then I, then I prayed to God ... glad I was still there.
 P51: Yes Because I had had such a horrible dream. About, about the children, how they were at my, how sad that they were at my funeral, so to speak.
 Ch54: And you don't want to do that to them.
 P52: No. ... no.
 Ch55: Neither did God want to do that to them.
 P53: No, I think that, too. That's why I'm still here, so to speak. 'I have a complete hole in my memory. That I didn't remember what I had done, that evening. And there was nobody around me to tell me later what I had done.'
 Ch56: Because that's how smart you were. The children were with A.
 P54: Yes.
 Ch57: And are they also with you sometimes?
 P55: Yes. Half the time.

Ch53 returns to the dream and *interprets* in Ch54, 'You do not want to do this to your children.' And then (Ch55), 'Neither did God.' 'Then,' P53 concludes, 'That is why I am still here.' She finds meaning in being alive, and taking care of her children. The theme is not further explored. It is the chaplain who leaves the existential layer (*layer switch ex*) by asking about the whereabouts of the children (the woman is recently divorced).

The second fragment is at the end of the conversation when the patient expresses her desire to be baptized. At first the chaplain does not explore the meaning of that desire. She immediately concludes that it is about belonging (Ch63, *Interpretation*).

3IP59-3ICh64

- P59: And um, well then I thought back how long I have actually been thinking about that. (...) um, I would like um, in [place name] where I live, to be baptized in the church.
- Ch62: (soft) How beautiful.
- P60: Yes.
- Ch63: A sense of belonging.
- P61: Yes (soft)
- Ch64: And have you already made contact?

There is no further exploration, the conversation continues about how to arrange it and whether the chaplain can be of help (*layer switch ex*) by mediating a contact. But then, after a few moments, the chaplain returns to the theme of baptism and its meaning (*Regulating skill*).

3ICh76 – 3ICh82

- Ch76: And you, um, what do you hope to find there, in that community, so that you don't go there with high expectations and think, oh, this is not it.
- P73: No. ... Yes. I really don't expect anything to begin with, so to speak, and then it can only be better than expected. I mean um, if the community is very strict on each other and things like that, then, yeah, but I don't think it is at all, because I'm a bit familiar with it already.
- Ch77: No, so in that sense now, you're not thinking, if I belong to that church community, then my problems will be solved or then I'll always have something where I feel at home so, um, because, no, I just want to save you from that. (laughs) Because they're just ordinary people.
- P74: Yes (laughing together). They are people, yes. No, I just very much want to make, um, a new beginning, so to speak. And, I kind of read up on what it means, that you then, yes, sort of declare that Jesus has already been punished for sins, if I have it quite right
- Ch78: (laughs) Yes, I don't know exactly what Protestant church district that is. Because you have, yes you can believe in a lot of different ways, but um, there are indeed also Christians who believe that Jesus died and took on himself the sins of the world. But you can look at that in a lot of different ways, also a little more liberal.

- P75: Yes, I did read that on the internet. Yes, it's all more modern nowadays of course, that young people in particular look at it differently. Yes, I will have to find my own way in that. I don't have to ...
- Ch79: Yes, but you can be inspired by that book, the Bible, which contains all those stories. At least people have the same questions, huh; the answers given are sometimes very difficult and incomprehensible because, of course, it was written in a very different time, in a different culture and, um, people were different then.
- P76: Which also makes sense.
- Ch80: Which also makes sense, well, and we put our own spin on that, and that, um, that too is a quest, an exciting quest, but also courageous!
- P77: Yes
- Ch81: Anyway, courage can't be denied to you, can it?
- P78: No, no.
- Ch82: And last year you also volunteered. Are you still doing that?

Ch77 reveals a concern. The chaplain tempers the expectations about the congregation. In P74 the woman tells that she has read some things about the content of faith and expresses a classical view on the meaning of cross and reconciliation. Ch78 responds to that by offering a broader interpretation. That is one way to look at the meaning of the death of Jesus at the cross, but there are also more liberal ways. In a way, the chaplain is taking on the role of the 'teacher' here.⁵⁴ P75 says that she has read about that and that she has to find her own way at this point. In Ch79 Ingrid, again, *offers another way of looking* at the biblical stories as inspiring stories concerning life questions that people ask. They are about universal questions. She ends with complimenting the woman about her courage and then leaves that existential layer by asking about her volunteer activities (*informative question; layer switch ex*).

There is a real concern of the chaplain, because of the psychological vulnerability of that woman. But the exchange also reveals something of the spiritual differences. Here a more directive approach of the chaplain becomes visible. She enters into dialogue on the basis of her concern and her own views. Neither the concern, nor the view is immediately accepted by the patient in P75, 'I have to find my own way.'

Themes, connections with sources/traditions

This third conversation is about the commitment and the will to live. There is also the theme of belonging. In both themes religious elements play an important role.

⁵⁴ One of the four roles described by Lang and Van der Molen (Lang & Van der Molen, 2020). In the context of psychological counselling it would be psycho-education. In a religious context it is catechetical.

God appears as a motivating source in the will to live and the woman hopes that baptism will connect her to what she is longing for. The patient herself makes these connections.

Fourth and fifth conversation

In the fourth and fifth conversation Ingrid meets a man with whom she is already familiar, from previous hospital stays. The man had suffered from a brain tumor and more recently a cerebrovascular accident. The man apparently belongs to the Christian tradition. He is retired, used to be yoga teacher and was recently asked to give yoga lessons in a rehabilitation center as volunteer. I will quote from conversation four. The man is talking about his longing for rest and quiet. His wife is very active, but he cannot endure too many stimulants. He speaks about the importance of being able to withdraw for a while in his own room.

Conversation technique, existential experiences

4ICh54-4ICh55

- Ch54: So withdrawing to your room from time to time.
 P54: Taking some rest and feeling the purpose might be.
 Ch55: Does God still play a role in that, in how you take rest?

Ch55 is a *domain question*. It is also a *layer switch in*, with this question the conversation deepens to the existential layer.

4IP55- 4ICh61

- P55: Well, on the one hand I have seen God because it was asked so suddenly [the voluntary yoga lessons – TTVL]. And with that second one, I feel that He is here. (...)
 Ch56: Beautiful!
 P56: That's beautiful. But how to proceed, that's still the point. I do feel that God is helping me with this. I even, if I take the whole period from the beginning of the CVA to now, that, I've been helped in all kinds of ways and that's a thing to be thankful for.
 Ch57: Grateful that God was present, in those difficult moments and in those happy moments, yes, that's kind of beautiful, in that sense, that God is always with you.

- P57: Also, we have a Taizé service here in town on Friday night. I always go there (...)
- P58: (...) And I also often say thank you. Thank you that this or that happened, when new little things again came.
- Ch59: Praying is not only asking, but also giving thanks.
- P59: Also giving thanks. I often think thanking is even more important than praying. Because asking God, make sure I'm better tomorrow, that doesn't work.
- Ch60: That doesn't work, but becoming aware of what you do have.
- P60: And what you don't have.
- Ch61: And what you don't have. Beautiful [elongated]. Shall we do the same? Would it be good to pray together?

The question is answered by a disclosure about how the patient experiences God. Ingrid follows by *paraphrasing* the patient's expressions. She is confirming and appreciative in her responses. At the end she proposes a prayer. But the patient has another subject he wants to talk about, the problematic relationship with his mother. He has little or no contact with her and he is hesitant whether he should pay her a visit or not. He asks for advice. Ingrid responds to his question mainly by *paraphrases*. Then the patient shifts to the existential or spiritual layer by referring to God and his spirituality (*layer switch in*).

4IP74-4ICh76

- P74: And so I try to ask God. But no answer. But you still hear sometimes that people who are near the end still want to say something. And then you give your mother ...
- Ch75: You would want to give your mother that opportunity.
- P75: Yes.
- Ch76: That's very nice, (but) says the cynic in me, also very romantic. If you were to ask me, right to the face, I would say, [Name], surely this is a decision that you have to make yourself. And you can submit it to God, huh, in terms of give me the strength and give me the wisdom. But whoever you let prompt you, you also know that everything plays a role. If you ask your wife you will hear something different than if you ask your brother or ask your cousin. You will have to weigh things yourself.

In Ch76 Ingrid confirms but also offers another opinion. In this *confrontation* she challenges the patient's autonomy. The man accepts Ingrid's intervention.

4IP76 – 4ICh80

- P76: This is something another person can't help you with.
 Ch77: That's what makes it so difficult, isn't it?
 (...)
 P79: Yes, but I think, then you can ask God. Do you know what we should do? You know; that's the point. And then you have to feel yourself whether it's good or whether it's not good. (...)
 Ch80: I hear that in all our conversations from you. Peace and freedom. That is what your mother does not grant you. And now I still hear that guilt feeling of should I give my mother the chance to make up for it.

The chaplain has also heard another theme, guilt or feelings of guilt. (*Koole: Freedom*)

4ICh81 – 4IP80

- Ch81: Yes, I talk (about it) to so many people (...) Not everyone leaves life with no loose ends.
 Ch82: But, if you are a religious person, though, you may lay it down before God, huh. Consciously and unconsciously every person makes mistakes. Um, you know you get to start over and also, yes, that sometimes there is no other way. I also think that's what you can do now, put it before God.
 P80: Yes. Yes.

In Ch82 the chaplain is *comforting* in terms of the patient's spirituality. There is a kerygmatic element in her comfort. She connects that theme to his tradition, but she also shares in that tradition.

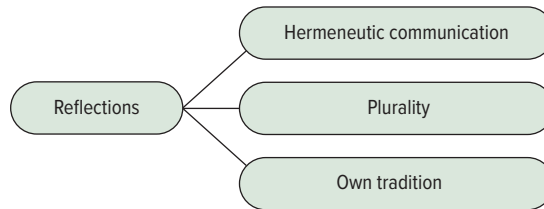
Themes, connections with sources/traditions

The main theme of both conversations is loneliness. It is an existential loneliness that roots in a very poor relationship between the patient and his mother. Another theme related to this, is guilt or feelings of guilt. This touches on the existential theme of 'Freedom', which, in the definition of existential psychology, is about whether things are fixed and have to be that way, or whether there is freedom and therefore also personal responsibility.⁵⁵ How the patient relates to the themes and make decisions is connected with his religious tradition. He mentions his views on God, prayer, and Taizé services. He himself makes the connections. In a few

⁵⁵ Freedom: Experience of free will versus external forces on behavior and the burden of responsibility for one's choices in response to a complex array of alternatives (Koole et al., 2006).

passages the chaplain offers another view, but she mainly supports and comforts him. With this, I have described chaplain Ingrid's conversation practice by process and content. In the next section I describe Ingrid's own reflections on the conversations she has held.

5.2 Reflections of the chaplain on the conversations



As Ingrid did not provide a reflection written immediately after the conversation, her reflections must be drawn from the interview text. Ingrid is most enthusiastic about the first conversation, which has been fully developed and presented above. Her enthusiasm is due less to the conversation itself, than to her involvement with the man.

‘The conversation with the first gentleman, I visited him very faithfully during his long stay in isolation. I really saw that as my task as a chaplain to be there, to let him be human for a while, not to let him be a patient, because he is someone who is so lonely and feels that way, not just now, but also in his life that he is on the sidelines. In that sense I could call that a kind of assignment, not even naming, yes, you belong, too. That kind of people, that man touches me very much’ (INVI-Ch71).

His theme is ‘loneliness’ and she finds loneliness very distressing (INVI-Ch72).

Hermeneutic communication and the role of tradition

The story of the lepers is introduced in the first conversation. She is ambivalent about that intervention, for which she has a number of considerations. First there is a sense of shame.

‘Oh! The minister! I immediately think. And then I’m also glad I don’t do that very often’ (INVI-Ch81).

At the same time, she is very much herself in this.

‘But here it was authentic. I think, well, I am a minister as well (INVI-Ch81).

She expresses what the concern of her hesitation is.

‘I also realise that that can affect people, that it can also, what do you name it, affect you in your uniqueness’ (INVI-Ch81).

By that she means that there is a chance that the chaplain will ‘annex’ the other person’s story. She also sees that it is the patient who has prepared the way.

‘(...) But I don’t know if I would have said it if he hadn’t said that about that candle. (...) I would have given that sermon, but then I wouldn’t have shared it with him’ (INVI-Ch84,85).

Her involvement with the man in conversation one and particularly his issues stand out, as well as the use of the biblical image at the very end. She herself does not make the connection with the ‘pariah’ used earlier by the man, although she recognises it immediately when I tell her that, in my opinion, by using the biblical image she is very much in line with what the man says about himself. In the reflection, she becomes aware that it may have evoked her, precisely because of the symbolic layer that the patient entered into with his request to light a candle.

In conversation two Ingrid notices her self-disclosure.

‘Yes. Me. It struck me in this conversation, it’s a man I didn’t know before this conversation, that I was expressing a lot from myself in return. I thought, Oh, I tell quite a lot about um, yeah (laughs)’ (INVI-Ch69).

‘I don’t know, that radio man, (...) Well, I don’t think it’s so unusual that when I speak to someone more often, I also show something of myself, of my own shortcomings, desires or dreams and without putting them there very big, but as a kind of landmark. But I do realise that it can also be a pitfall’ (INVI-Ch94).

In the third conversation, she has a mission.

‘So, I don’t always say I just want to polish everything away, but this woman is so severe on herself, I just want to give a lot of love and say, You are good the way you are and God thinks so too’ (INVI-Ch90).

Plurality

In her conversations Ingrid sees no inducement to dwell on differences in worldviews.

Reflection on the whole of the conversations held

Ingrid considers the conversations she provided to be exemplary for the way she searches for meaning with patients.

‘I think in these conversations, and they do exemplify most of the conversations I have, as far as I am concerned, that I am really searching for meaning with people. Reaching out to them, offering them suggestions, ‘opposite’ (word provided by the researcher) at times, offering a different perspective, trying to support them’ (INVI-Ch92).

That is her understanding of hermeneutic competence. She also recognises in her style of conversation the way she follows or, moves with the others, but also how she circles in the conversations.

‘And I do think in certain conversations it could be sharper at certain points. What I do really see is that I move with patients, sometimes keep circling’ (INVI-Ch93).

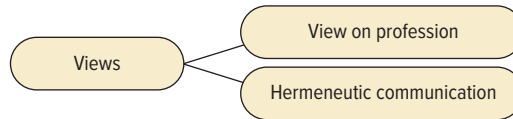
Furthermore, she looks back at the way she shows something of herself (self-disclosure) to her interlocutors.

‘What I notice a lot is, I really do bring myself in. More than I would have thought. I also think a lot about whether I’m okay with that or not. I believe I’ve done it appropriately enough, so I um, yeah, I (am) there as a human being too, and I also admit when I don’t know, or whatever. I think I do that appropriately enough as well’ (INVI-Ch93).

In the following section, I place the practice of conversation in the broader context of the chaplain’s work.

5.3 Views on profession and hermeneutic communication.

In the interview, the emphasis lies on the personal views of the chaplain on the profession and subsequently on views regarding hermeneutic communication, the role of one's own tradition and worldview sources and of plurality.



5.3.1 Personal views on her profession

Ingrid understands her profession as a searching together with others for the meaning of their existence. What are their sources for living? What is the meaning of life for them when in the hospital?

‘The essence of my profession (...) is that I try to search with people for the meaning of their existence. (...) Where do I find meaning or what meaning does my life still have now, that is the core of my work and I also try to focus on the now. A starting question of mine is often: what concerns you now. (...) I work with what is going on at that moment.

(...) That’s something I do look for with people. (...) What is your source? Without giving that name to it, that is something I do look for with people, if they don’t come up with it themselves’ (INVI-Ch1,4).

Ingrid looks for what provides a patient strength, what helps someone to endure, what makes someone happy and what provides inspiration (INVI-Ch4). She looks for what is important and why it is important to the person (INVI-Ch10). It is all about questions of meaning (INVI-Ch39). She speaks about enduring things together, that it is comforting that someone else is just present (INVI-Ch8). Her intention is to help people think about themselves. That does not need to lead to a conclusion or solution. Setting people in motion is enough (INVI-Ch11). She is open to non-conforming viewpoints and responses. People should not feel obliged to fit in with the conventional answers of religion or the framework of the chaplain (INVI-Ch16). An answer will only be beneficial if it is one’s own answer, when another is convinced that something is meaningful, or meaningless (INVI-Ch25).

Ingrid tries to hear the story behind the story, e.g., a mother who is worrying about her daughter, home alone during her school exams. Does the mother find it difficult to let go, or does she have a sense of guilt about not being there as a mother? What is the underlying story (INVI-Ch34)?

Ingrid experiences professional happiness, when she thinks she has done justice to the other, e.g., when a patient is able to express what really matters, maybe without even knowing in advance that the issue would show up and be of importance (INVI-Ch11). What makes her grateful is when people entrust to her things of importance. (INVI-Ch11).

Regarding the content of conversations she has, Ingrid mentions the following themes: taking stock of life, suffering, love, God or religion in a broad sense, meaning and meaninglessness, identity, fear, grieve, loneliness. There is also the ‘why’ question, but in her experience with Muslims that is a taboo-question.

5.3.2 Hermeneutic communication in her personal view on the profession

Ingrid consciously looks for what offers people strength in their current situation. She looks for their (re)sources and for what might be the meaning of their existence. When asked what is hermeneutic in her practice, she replies,

‘That I really am looking for meaning, together with people. That I can offer them assistance, suggestions, (...) another perspective, that I can try to support them’ (INVI-Ch92).

The sources she mentions, are mainly related to daily meaning, such as grandchildren, the cat, knitwear, but also taking a walk. One time she mentions God. The hermeneutic communicative process starts with what is of concern to the patient. In that way she opens the conversation.

‘I very much would like to meet you.’ That is often followed by some general conventions, but then I ask, ‘What is your concern, here and now?’ (INVI-Ch32).

With regard to her style of working she mentions some conversational techniques, such as mirroring, acknowledging, encouragement, sometimes giving directions, making summaries, and persisting in questions. Ingrid has little interest in facts (INVI-Ch29). She prefers to try to set people in motion. She tries to listen to what not is said. It is at that point that Ingrid states that she is directive.

‘This morning I said to a man, ‘I feel like we are circling around. That our conversation repeats itself. Does that mean we are finished?’ At that point I am in charge. Is it done or do we perhaps need to discuss something else. In that way, you are also a director.

Or by summarizing after which I can ask, ‘Is this the core issue? Did I understand well?’ Or to say, ‘I notice that you do not pick up that issue. Are you aware of that?’ (INVI-Ch36).

Ingrid does not use a formal diagnostic model. She enters into a contact mostly intuitively. She follows the religious tradition of the other person (INVI-Ch60). If it is suitable for the other person, she asks about biblical images (INVI-Ch41) and performs religious rituals, like prayer, or, e.g. the exorcism of a jinn (INVI-Ch62).

5.3.3. Plurality

Ingrid brings forward two significant differences between others and herself that are sometimes an obstruction. First, there is what she calls the taboo-question. She especially encounters that issue in contacts with Muslims, but also with orthodox Christians.

‘Speaking with Muslims, I often hear, ‘This is the will of God.’... So, that Why-question, maybe people do ask that question, but it is such a taboo, that being a faithful Muslim, you do not utter it overtly.’ (INVI-Ch15).

Ingrid thinks people should not feel like they have to give the answer that you want to hear, that fits with religion. You are a good chaplain if people feel free to give non-conforming answers. If they are able to say, ‘God? God is meaningless to me in this situation.’ Or, ‘I do not believe in God anymore’ (INVI-Ch16).

Another issue is a completely different form of spirituality, e.g. African, or evangelical spirituality. When encountering persons, who think and believe in a very different manner, she tries to connect by using their speech-art and listening to them from the perspective of their tradition. As long as she has the required expertise and she is recognized by the other person, she can manage. In other cases, she needs to refer.

‘I have to be competent enough to go along with the other, or to say: well, this is so far away from me, you are better off with a spiritual caregiver with a shared background’ (INVI-Ch17).

Often she knows how to bridge the gap. She gives the example of an African woman. Her child was placed in foster care, due to an advice of the Dutch Board for Child Protection. The woman experienced that as God testing her. Simultaneously she kept trusting God.

I find it really extraordinary that, while being completely different, I discover something that binds us together. Our image of God is completely different, but she calls upon me being a faithful woman and I call upon her. The only thing you can do is be there together and pray together’ (INVI-Ch59).

5.3.4 Own Tradition

With regard to the role of her own tradition in communication about meaning, Ingrid is reticent. Sometimes she notices that Roman-Catholic people have some difficulty with her as a non-Catholic. If the patient asks about, or appeals to Ingrid’s tradition or faith, she expresses herself openly.

‘Because the other is talking about it. But when I read the transcripts of the recorded conversations, I thought, Oh! In some conversations God is explicitly discussed. And then I am not shy’ (INVI-Ch45).

‘Many Christians I meet, have Surinam or African roots. They remind me of my duties as a minister. They expect me to end the conversation with prayer or to read a Bible text. (...) God is talked about enough and I pray enough’ (INVI-Ch41).

But while she does not avoid her own background, it is not her starting point and, as noted, she is reticent.

‘Being with native, white Christians, I am more reticent to speak about God’ (INVI-Ch41).

One of her recent discoveries, following additional CPE training was that her own religious sources are not so fixed (INVI-CH41). She was challenged on that point. Still, she does not feel comfortable about introducing her own faith. Although she sees that using her own religious resources has a positive effect on the conversation partner, she is still not comfortable with it.

‘It feels like an ‘instrument’, not like something that belongs to me. The moments I had been doing that, last year, I also thought it was special. It does work with those people. I selected them for it, of course. (In the CPE training I also) got a lot of comments on that because I used it very instrumentally. I thought, yes, you are right in that. It was instrumental. It doesn’t suit me much’ (INVI-CH42).

But she is aware of her religious identity.

‘My cradle was in a protestant family. And I appear to be more protestant than I thought I was’ (INVI-Ch64).

‘I am a protestant chaplain by full conviction, but I do not believe in a personal God. I believe in the power of tradition. In the power of the Christian tradition’ (INVI-Ch42).

Still she remains somewhat ambivalent. When the other appeals to her background, she expresses herself. She discovers that, although it does not fit her completely, intervening with biblical stories or images does work well for people. One of her hesitations is the fear of overruling people.

‘In the moment that in a one-to-one situation I am praying together with someone, I realise that that other person may have a completely different worldview than mine’ (INVI-Ch42).

The other hand of the ambivalence is the felt obligation, while being a minister, to do more, express more of her own tradition. This concludes Ingrid’s views on profession and hermeneutic communication. In the next section, I comment on the case as a whole and draw initial, provisional conclusions.

5.4 Researcher's observations and provisional conclusions

In this section, I bring together the analyses of the different parts of Case Ingrid and relate those outcomes to the research questions. What does the material say about the way hermeneutic communication takes shape and what does it require in terms of hermeneutic competence? According to the theory, hermeneutic communication and competence deal with attributing meaning to existential experiences and connecting them to meaningful sources and traditions. First, I look at the conversation practice, then at the chaplain's reflections, and subsequently at the chaplain's view on the profession and on hermeneutic communication.

5.4.1 Conversation practice

Sub-question 5 of this study is about hermeneutic communication in conversational practice, both the process and the content. Questions were formulated regarding the techniques and skills involved, the themes that present themselves, and the connections made to worldview sources and tradition. On the basis of the five steps of analysis (see 4.4.1.), I look more closely below at the contribution of professional listening skills, the connection between actual experience and meaningful sources, the contribution of the conversation partner, themes and connections, plurality and the chaplain's tradition. I will conclude by indicating some possible opportunities.

The contribution of professional listening skills in connecting actual experiences with meaningful sources or worldview traditions.

Basic listening skills

To address the conversation partner's experiences, it is first of all important that their story becomes the central focus. Using basic listening skills, the chaplain can help the conversation partner further unfold what they have to say or want.

– *Non-selective skills.*

Of the basic listening skills, Chaplain Ingrid exploits non-selective listening skills as small encouragements. Possibly, there are also non-verbal expressions of support, but those can not be traced on the audio recordings. However, it is audible that Ingrid gives small verbal support, sometimes by repeating a single word (verbal following).

– *Selective skills*

Ingrid also uses selective listening skills. In all conversations, she asks questions, paraphrases content, reflects feelings, summarises and concretises. Not all interventions are adequate, but that does not hinder the progress of the conversation. It does, however, sometimes have the consequence that the existential layer is not further developed, where it might have been possible to do so.

– *Regulatory skills*

Another important basic skill is the regulatory skill of linking back to initial goals. The very term ‘initial goals’ is somewhat therapeutic in nature perhaps, but also in the conversational context of chaplaincy, whenever digressions occur, Ingrid knows how to bend the conversation back to previous themes or goals (though she does not always do so).

Nuancing skills

Basic listening skills are mainly designed to establish a trusting relationship. For the continuation of the conversation and its focus on the particularity of the issue at hand, nuancing skills are important. With these, the chaplain not only reflects what she hears the other person say, but also indicates to a greater or lesser extent what her reception of the conversation partner’s story is. In Case Ingrid, this takes on several forms.

– *Interpretation*

Interpretation involves clarifying, making clear or ‘understanding data, facts and feelings’ (Lang & Van der Molen, 2020, p. 187). In 11Ch12 Ingrid interprets, ‘That is how it feels: put away, locked in.’ It is the chaplain’s perception of what the conversation partner has said, immediately making connections between different facts and feelings.

– *Self-disclosure / thinking out loud*

Sometimes Ingrid thinks out loud, in a form of self-disclosure. She expresses her own thoughts. Sometimes that is supportive and falls under basic listening skills, but at other times she presents her own views or associations on the theme presented. In doing so, she challenges the conversation partner to look at his own situation in a different way (11Ch98), assume his own power (41Ch76) or invites her to put a view of faith into perspective (31Ch77-80).

– *Confrontation*

That is also the case in confrontation, where a greater difference in frames of reference between chaplain and conversation partner becomes apparent. The chaplain then finds herself in a more oppositional position (1ICh90).

– *Relabelling / Reframing*

By interpreting and naming experiences differently, a different meaning also emerges. That is visible in the first conversation, where the chaplain converts the patient's thought that the nurses had become friendlier into the idea that the patient himself may be more receptive to their friendliness (1ICh70).

These nuancing interventions all have the effect of enabling the conversation partner to relate to a broader frame of reference than that which they themselves possess. The chaplain's view and interventions reveal other possibilities of attributing meaning to the experiences in question. The story that the conversation partner tells about oneself is interrupted, as it were, by the chaplain. Besides the technical skills mentioned, that also requires a different positioning in relation to the conversation partner, a different attitude and role. The chaplain becomes more of a counterpoint and acts on the basis of her own subjectivity. That can be supportive, comforting, but also challenging. In their conversational theory, Lang and Van der Molen denote this by the role of 'communicative detective.' In the theory of hermeneutic hospitality, this is understood as an encounter between two conversation partners, each with one's own horizon of understanding and one's own individuality, in what Moyaert calls their 'fragile identities' (Moyaert, 2011b). This particularity is helpful in the process of understanding. Nuancing skills and response from one's own subjectivity are examples of hermeneutically competent action and contribute to hermeneutic communication.

Connections between actual experience and meaningful sources or traditions.

In analysing the conversation practice, I also looked at how connections between existential experiences and meaningful sources or traditions are established. I noticed the following.

– *Dealing with silence*

In the first conversation (but also in the others), there are many and, as the conversation progresses, relatively long silences. It is difficult to interpret these. In any case, the chaplain does not avoid them. At times the silence seems to encourage

the patient's self-reflection. It helps the conversation partner to focus on existential themes.

In conversation 1, in a passage about the upcoming transfer to a nursing home, the concern is the many uncertainties and questions, which the conversation partner has. These mainly relate to the possibilities of family visits, check-ups with doctors. Then a silence of eight seconds falls, after which the conversation partner resumes and suddenly seems to be on another aspect of his existence:

11Ch30-11Ch35

Ch30: So it just added questions and uncertainties?

P33: Yes(silence 8 sec)...

Ch35: I don't think I am treated as a human being that way.

A little later in the conversation, he stresses that treatment should be about humanity, and in doing so arrives at a value that is important to him.

– *Asking specific questions: provocative, experiential and domain-related*

Three types of questions stand out that influence the process of attribution of meaning and connecting to relevant sources. In the first conversation, there is one instance of a provocative question (11Ch66). That elicits a value that is important to the man. In addition, several times there is an experiential question, a question not so much about a feeling, but more about 'being'. How is that for you? What does that do to you? (11Ch73b). It is a question that leads into an existential layer. From that layer, it is possible to seek further connection. A third kind of question we find in the first (11Ch84), third and fourth conversation. I name it the domain-question. It directly asks about inspiration, motivation, sources of power, or God. I call it 'domain' because it is related to the field (domain) of meaning and worldview.

– *Staying on the existential layer*

When a connection is sought between actual, existential experiences and meaningful sources, it is important to conduct the conversation in the existential layer (in Hartmann's terminology) and keep it there. Conversation practice shows that this sometimes succeeds, but often does not. If the conversation moves towards the existential layer, I call it layer switch in. If it moves away from it, I call it layer switch ex. It is remarkable that both chaplain and conversation partner make both movements. I will come back to this below under the heading 'Opportunities'

– *Using imagery*

At different times, Ingrid uses imagery: images, metaphors, and symbolism. The exchange on the ‘millstone’ (1ICh38-41) is an image-based intervention. It happened quickly. The patient did not quite understand how the chaplain came up with it and that may be why the image could not be responded to right away. It was also not appropriated immediately, but the patient understood the meaning and agreed with it. The second image used by the chaplain in that conversation was the intervention at the very end with a Bible story. She attempts to connect the man’s actual self-understanding with material from a meaningful source. It is a hermeneutic intervention that fits the main characteristic of the most common definitions used in education and professional association.

– *Adapting images and differentiating within the imagery*

In the first conversation, the chaplain re-tells the biblical image, using words from the story of the conversation partner. That makes identification and appropriation easier. Differentiating within the imagery helps to sharpen the meaning (2ICh95-97).

– *Connecting to everyday meaning*

Sources of meaning are not always linked to major worldview traditions. The chaplain links the locked-in situation in the hospital to the longing for daily sources of meaning found in life at home: a walk, shopping, and a good glass of wine (1ICh93).

The contribution of the conversation partner

It is striking how often initiatives come from the side of the conversation partner. That is evident in the following areas in the first conversation.

– *Setting the existential theme*

It is the patient who sets the theme, in this case right at the beginning of the conversation, in the first statement (1IP1). Although still a factual statement, it introduces the central theme of the man’s life.

– *Entering the existential layer*

It is the patient who very often enters the existential layer (first). Examples can be found in 1IP9, 1IP80, 1IP92 and 1IP133.

– *Using imagery*

The patient uses symbolism and metaphor to refer to the existential layer and to outline his self-understanding. Three images emerge in that conversation: the pariah (1IP11), being full of bad luck (1IP124) and the loner (1IP136). The first image can rightly be called a symbol or metaphor as it connects several layers: the cognitive, the emotional, and the existential. The second and third images are less elaborated in the conversation, but they seem to be condensations of the existential experience. In addition, the patient asks the chaplain to light a candle (1IP133).

We see similar things in the other conversations. In conversation 2, also at the very beginning, a man who had been nursed in isolation says, ‘Those two doors were closed and that was actually my living environment’ (2IP4). The room with the closed doors is an image of restricted freedom. In conversation 3, the patient talks about the task ‘to have to embrace life’ (3IP27).

Sometimes images of patient and chaplain match. In conversation 1, following the request to light a candle, the chaplain responds with the story of lepers in their isolation, to which the conversation partner responds with a metaphor, ‘I am a ‘loner’’ (1IP136).

– *Finding sources*

Although the chaplain can reach out with a resource (1ICh93), it is often the patient who finds or introduces one’s own resources. In 1ICh58 – 1ICh63 Ingrid summarizes P’s situation. Then she respects the silence, in which the search for sources of support apparently takes place. The patient himself mentions them in 1IP84: ‘Fortunately, there are some nice nurses here.’

Themes, sources and connections

When it comes to the content of hermeneutic communication, a number of existential themes come into picture: belonging or becoming alone (Conv 1,3,4,5); death and life and the will to live (conv 3); the tension between being able to determine one’s own life or not, and freedom in that respect (conv 2); individuality and being different (conv 2); and taking responsibility (conv 3,4,5). Not all themes are also fully linked to meaningful sources or traditions, but quite a few are. Sources of meaning are found or named in the conversations in the form of significant others in the conversation partner’s current life such as relatives, the chaplain, nurses (Conv 1, 2). In addition, a connection is made with Christian tradition, the Bible or a church (Conv 1, 3, 4 and 5). An important role in Conv 2 is played by music, a form of everyday meaning, but which in that conversation also has a relationship to the existential theme of individuality and, consequently, identity.

All the themes discussed can be classified with the categories of the existential psychology model: death, freedom, isolation, meaning and identity (Koole et al., 2006). One theme, which I encountered, very existential for those involved, does not easily fit into one of these categories. It is the theme of the near future. How will things continue? In all five conversations of Case Ingrid, this question arose to a greater or lesser extent. In this theme, as in the other themes from existential psychology, an underlying polarity can be observed. I describe the theme provisionally as *(Near) Future* and the polarity as: *the confidence to be hopeful about the (near) future with regard to life or the expectation that despair will be the final outcome. Can life recover, renew itself, with limitation if necessary, or will there (again) be the succession of setbacks and disappointment, of becoming more limited and more circumscribed?*

Plurality and chaplain's tradition

The fifth aspect to be explored concerns communication within a plural religious context and the chaplain's own tradition. It is noticeable that where the worldview differs, the chaplain also comes to the fore in standing in her own tradition and conviction. In conversation 4 there is something of this in the conversation about what questions can be put to God (4ICh76). But there is also a difference in spirituality in conversation 3. In that conversation, from her concern about the vulnerability of the patient, the chaplain intervenes by expressing her own (theological) view. That is slightly corrective. The response of the patient possibly expresses that she experiences care from the side of the chaplain. She frees herself by stating that she has to find her own way (3IP75).

When Ingrid intervenes with thoughts or images from her own tradition, she does so almost exclusively on the basis of elements of her tradition that the conversation partners themselves bring up. There is a shared tradition, but differences of viewpoints within it, about which chaplain and conversation partner enter into dialogue. There is too little information available on this matter in conversation one, the conversation partner does not indicate that he has an explicit relationship with a Christian tradition, unless in the request to light a candle. It is notable that at this point Ingrid introduces a Bible story from her own perspective.

Opportunities

A connection with the conversation partner is often made well, though not always, and sometimes not continued. One way in which this occurs is moving away from the existential theme. Where this happens repeatedly, there is very often a change in the layer of meaning (Hartmann's theory, see Chapter 3.2). In the comments on the conversations conducted, I named this layer switch ex or in. In conversation

one, there are several instances of *layer switch ex*, after which a further exploration of the existential theme no longer takes place. It is noticeable in e.g. 11Ch13, 11Ch36, but also in 11P53b, which is immediately followed by 11Ch43. It is striking that both conversation partner and chaplain apply these changes. The *layer switch in* thus offers an opportunity or a possibility to deepen the conversation, but a *switch ex* can also, spatially expressed, make the conversation more superficial. At times, this will not only be unavoidable, but also just the way things go, because it also involves a great deal of intensity and the conversation simply has several layers. The question it raises, however, is to what extent the chaplain is aware of these conversational mechanisms.

Another situation in which there might have been other opportunities is when the private and personal nature of what the conversation partner tells is abandoned and transformed into a general statement (11Ch76). It forms an intimate, very personal moment when the man talks about what being isolated does to him.

11P92 – 11Ch76

P92: Yes ... sometimes ... like being dirty

Ch72: That's what it feels like: like being dirty?

P93: Yes you carry a bacterium with you. ... Because cutlery too. When I go to eat I get plastic cutlery which they then throw away.

Ch74: That makes you insecure of, um, am I dirty or something?

P95: yes

Ch75: yes, ... I can imagine. Of course it has nothing to do with dirty but it feels like that.

P96: yes

Ch76: We are all a walking source of bacterium or a lying source of bacterium in your case.

11Ch76 generalises the patient's expression and moves away from that very personal and existential moment. The man then returns to his initial anger.

In summary, chaplain Ingrid shows herself to be a chaplain who knows how to evoke or respond to the existential themes of her patients. Sometimes she seems to have difficulty remaining on the existential layer. She frequently asks for further information at the cost of further exploring the existential layer.

5.4.2 The chaplain's reflections on the conversations with patients

Sub-question 6 of this study is concerned with the chaplain's reflections on the presented conversations, concerning hermeneutic communication, plurality and own tradition.

Hermeneutic communication, own tradition and personal commitment

Reflections on the conversations conducted by the chaplain were drawn from the interview with Ingrid. It shows that she considers the five conversations she submitted to be representative of her way of working. There is a passage in the interview where she is most articulate about this and also offers her reflections on what is hermeneutically competent:

‘I think that in these conversations, (which) as far as I am concerned, (are) exemplary of most conversations I have, I am really searching for meaning with people. Reaching out to them, giving them suggestions, at times as a ‘counterpoint’. I try to offer them a different perspective, try to support them’ (INVI-Ch92).

To Ingrid, this is the interpretation of the hermeneutic competence. The way she shapes this is characterized by a number of aspects that, on the one hand, have to do with hermeneutics as connecting experiences and traditions and, on the other, have to do with personal ambivalences as well as personal commitment.

In conversation one, she intervenes with a Bible story, based on what the conversation partner has evoked in her. The conversation itself gives no indication of the man's religious background. About the intervention, she is ambivalent. She recognises herself in it as a pastor, criticises that somewhat, but at the same time she also sees that this is what she is and that she is authentic in it. She is genuinely concerned that she might annex or short-change the other person's story and therefore wants to be very restrained. But she also sees, using the elaborated conversation protocols, that in several conversations she still has a kind of boldness to intervene from her own tradition and spirituality. Where she may have done that out of too much concern for the other (Conv 3), the conversation partner appears to cope well with that and maintain her own subjectivity.

Ingrid also wonders about her openness and disclosure of personal details. In Conv 2, she talks about her own younger years and involvement in the world of broadcasting. Her own frame of reference is fully present in the conversations, and she also connects with the other person through that. She thinks that from the viewpoint of reciprocity, that is a good thing.

‘What I very much notice is, I really bring myself in. More than I thought I would. I also very much think about whether I’m okay with that or not. I think I’ve done it appropriately enough, so I um, yeah, I (am) there as a human being too, and I also admit when I don’t know, or whatever. I think I do that appropriately enough as well’ (INVI-Ch93).

Certain themes of content affect her very much and also create a stronger commitment, such as the loneliness of the man in Conv 1 and the severity of the woman for herself in Conv 3.

Plurality

The conversations give Ingrid no reason to dwell on differences in worldviews.

5.4.3 Views on the profession, hermeneutic communication and its operationalisation

Sub-question 3 concerns the personal views of chaplains on the content and process of their conversation practice. The focus of sub-question 4 focuses on how hermeneutic communication is operationalized in that view, especially in regard to plurality and the role of the chaplain’s own tradition?

Personal views on the profession, professional happiness and hermeneutic communication

In her views on the profession, Ingrid places a strong emphasis on meaning, as in the questions, ‘What is important to you now, at this moment?’ and ‘What gives you strength?’ That is a very domain-specific approach. She also really works with meaning, trying to set people in motion and guide them towards a different perspective that is more beneficial. That is how she talks about her work and that corresponds with her own reflections on how she feels she has worked in the conversations she presented for study. Her aim for the profession also corresponds with the moment in which she experiences professional happiness, that is, the moment when she has done justice to the other person. That happens when she is ‘hearing the story behind the story’ and when the conversation partner has been given the opportunity to express what really matters and, in doing so, trusts her. Coming to understanding, or coming to a renewed understanding, is the core of her activity, an approach that is hermeneutic in the fullest sense.

The operationalisation of this objective involves in her view a number of specific interventions. The hermeneutic-communicative process begins by asking what is of current interest to the conversation partner (INVI-Ch32). She further mentions as techniques making summaries and persisting in questions. Sometimes she is directive, oppositional, especially when she thinks more can be said than is being said. She says she is less interested in facts (INVI-Ch29) and prefers to get people moving. In doing so, Chaplain Ingrid has an eye for a wide spectrum of resources, ranging from knitting, pets, family, and hiking to God.

I note that, albeit in other words, many of the conversational skills are present in the conversations. Only on the last point, she mentions, of having little interest in facts, do I differ. The material shows on the contrary that she often continues the conversation at a factual or cognitive layer. She says of herself, as a critical reflection, that she often goes around in circles and could use a bit more focus. That coincides with the point at which she herself leaves the existential layer, or follows the conversation partner in leaving the existential layer.

Plurality

In the actual practice of her work, she copes well with the worldview differences she encounters. She finds it complicated when people give desirable answers in accordance with their tradition or worldview or when critical questions cannot or should not be asked. She also finds it difficult when there is a major difference in spirituality or ideological beliefs. In practice, a solution can usually be found within the team of chaplains. And sometimes, despite all the differences in language, culture and convictions, it is possible to find a common ground of faith.

Own tradition

In her guiding practice, Ingrid connects to the worldview of the conversation partner. She is quite reticent about bringing up what she herself believes or considers important from a worldview point of view. Only if it suits the patient, can there be a space for biblical images and religious rituals. What strikes her from reading her conversation reports, however, is that she is actually much more active in intervening at this point than she imagined herself. In the interview, she expresses ambivalence about that. She almost expresses embarrassment about her speaking boldly about God, bringing God to the fore, working with a Bible story, while on the other hand she recognises her own authenticity. In the conversations presented, those interventions support the theme and story of the conversation partner. Her own fear of taking the conversation partner's story over and thereby shortchanging the conversation partner's position as subject, is unfounded. A good example of this

is Conv 3. There, the interventions take on a somewhat guiding character. That is motivated by concern for the other and prompted by Ingrid's own worldview and theological convictions. It does not, as far as perceivable, harm the other person and where it might still evoke something of constraint, the conversation partner retains her own autonomy (3IP75).

5.4.4 Provisional conclusion

In the conversational practice that has now been described and reflected upon, how does hermeneutic communication take on shape and content, and what aspects of competence are important? Ingrid herself puts it concisely in her reflection on the conversations conducted.

'I think that in these conversations, (which) as far as I am concerned, (are) exemplary of most conversations I have, I am really searching for meaning with people. Reaching out to them, giving them suggestions, at times as a counterpoint. I try to offer them a different perspective, try to support them' (INVI-Ch92).

Her reflections on the conversations and her views on her profession are consistent. The analysis of Case Ingrid's conversation practice is also largely consistent with this. The guiding thread running through her conversations is the question of what is meaningful now, in the concrete and current situation. She connects to the concrete and current situation, asks about it and dwells on it.

When it comes to the content of hermeneutic communication, the experiences mentioned by her conversation partners reveal elements that can be linked to a conceptual framework regarding existential themes. In this study, I have used a categorisation from existential psychology. It is adequate except for the theme of the near future.

In terms of process, what I see in Ingrid's approach to existential experiences is mainly that she provides a space for conversation about them and that sometimes a change of perspective comes up. I see her connecting existential experiences with sources of everyday meaning, occasionally helping the other person reflect on essential values and sometimes connecting the themes with sources of existential meaning, such as the Christian tradition. The latter is usually in line with what the other person has already indicated about it (conv 3,4 and 5). Occasionally, the conversation partner's religious framework is not explicitly addressed, but she

herself intervenes with a biblical image (conv 1). Incidentally, it is not always the case that the chaplain provides the change of perspective. In the conversations, it is repeatedly visible that the conversation partner identifies or names his or her own sources or renewed interpretation. Sometimes silence in the conversation precedes this, during which self-reflection can be presumed. At other times, such a renewed interpretation follows an intervention by Ingrid, that usually takes the form of reframing, an interpretation, a self-disclosure or a confrontation based on the chaplain's own perception.

Looking at these types of interventions, it is striking that they all come from the range of nuancing skills. The basic listening skills are especially helpful in establishing a trusting relationship and helping the conversation partner's story unfold. The nuancing skills help to differentiate meaning and arrive at reinterpretation. That requires the chaplain to play an active role, making herself known in the conversation in her own subjectivity. That gives this phase an eminently dialogical character.

In terms of process, it is observable that the conversation switches between layers. That was described using Hartmann's layer model and distinguishing conversation movements as 'layer switch ex' and 'layer switch in'. It seems that the chaplain is not explicitly aware of this distinction during the conversation. It is conceivable that a conversation switches naturally between these layers, but it could possibly be helpful, once on the existential layer, to remain there until the theme is sufficiently developed. Ingrid herself describes in her reflection the discovery that she sometimes keeps going around in circles. In the presented casuistry, I see her herself switching from existential to more cognitive or informational layer from time to time.

The frequent use of imagery is notable. Symbolic expressions, metaphors and sayings form visual material that provide access to, or are expressions of, the existential layer. It is also striking that in this respect the conversation partner has an important share in the hermeneutic communication. Besides the use of visual expressions, a second form of frequent contribution by the conversation partner is to indicate early in the conversation itself what existential theme is at stake. It is also often the conversation partner who returns to the existential layer. It seems that at such moments, the conversation partner invites the chaplain to meet each other (again) precisely at that layer.

The aspect of plural worldview context was an explicit element in the design of this study and was welcomed as highly relevant by all respondents, including Ingrid. I remark that (as will be further shown) little conversational material on that point was provided. Case Ingrid does show differences in spiritual identity between the

chaplain and conversation partners, but nowhere does this become a theme or is it problematic in the conversational material presented.

Finally, although Ingrid is reticent and at least ambivalent about making her own spiritual identity, tradition or beliefs explicit or intervening from them, where she does so it is supportive rather than obstructive. There are moments that she does not hesitate to act correctively from the viewpoint of her own convictions (conv 3 and conv 4, 5). Although she is afraid at such moments of taking over and annexing the other person's story, the conversations actually show how these interventions involve care and professional support for meaning.

So far for the description and analysis of Case Ingrid. A summarising description of the other cases follows in the next chapter.

The previous chapter contained a comprehensive analysis of Case Ingrid. This chapter highlights the remaining cases. It involves four cases from as many chaplains with nine recorded conversations. One of the reasons for conducting qualitative research lies in the possibility of investigating the research object in detail and in depth for each participant. Differentiation and distinction are paramount. All cases have, therefore, been analysed in the same way as described in chapter five. For the sake of legibility, however, I present these cases in a more condensed manner.

This chapter begins with brief portraits of the chaplains as they appear in their cases (6.1). Each case is discussed separately but always in the same way: a brief account of the conversations conducted, reflections made by the chaplain on the conversations and a description of the interview with the chaplain in question. I then conclude with a profile that characterizes the work of the chaplain. Following their separate treatment, I then discuss the conversational practices of the chaplains (6.2), their reflections on their conversations (6.3), and, finally, their views on the profession and on hermeneutic communication from the interviews (6.4).

Of the two chaplains who submitted verbatims, I do not present an analysis. The material is too disparate. However, I do include the views they expressed in the interviews and I indicate where their verbatims complement the cases (6.5). I conclude this chapter with a provisional conclusion (6.6).

6.1 Portraits

6.1.1 Case Tineke: In the driver's seat

Tineke (age of 53) works in a regional hospital. She submitted two recorded conversations with reflections.

Practice

Outline of the conversations

Chaplain Tineke visits a sixty-year-old woman, single, one daughter. They meet each other a week after a major surgery due to lung cancer. In response to initial question from the chaplain, the woman answers with an extended biographical story. It begins in the recent past, with the surgery and with her daughter who has just moved abroad. It continues by going back further in time, with her employment record and her youth. She introduces herself as someone with a traumatic past, due to emotional neglect in childhood. She paints a picture of the problematic relationship with her relatives. At a certain point in the conversation, the woman says she knows her classics and wants to count her blessings. She quotes some words from Psalm 23 and the chaplain helps her by completing the missing text. Then the woman gives her own explanation of the psalm. It is noteworthy that Chaplain Tineke does not address the meaning of this psalm or the significance of the fact that this woman quotes a psalm, this psalm, in this context, in which there is a text that reads, 'Thou art with me'. One of her existential concerns is precisely the question of to whom she actually belongs in life (1TP52-1TCh55).⁵⁶

Illness and treatment make the question of how to continue life urgent. She attaches an image to the surgery and its outcome: 'death or gladioli' (death or glory).⁵⁷ For her, a bad prognosis means the end of her life within a short period of time. However, if the outcome is favourable (gladioli), then that will require a commitment to life and filling in the question of how to go on living. As it is, the results have turned out to be favourable. The conversation reveals the woman's difficulty in yielding to the outcome. There is a constant tendency to fall back into uncertainty. The chaplain displays patience in these back-and-forth movements, following the conversation partner and providing space for uncertainty, but is quite decisive in having her face the positive outcome of the surgery. In the end, the conversation

56 The abbreviations I use refer to the transcript of the corresponding conversation. First comes the number of the conversation, then the first letter of the chaplain's name, then the indication of who is speaking (chaplain: Ch or patient: P), and finally the number of the quote. 2TP5 thus stands for: 2nd conversation of Tineke, Patient speaking, quote number 5. 2TCh84,85 stands for: 2nd conversation of Tineke, Chaplain speaking, quote numbers 84 and 85. REFT refers to a reflection, written afterwards, followed by the first letter of the chaplain's name, in this case: REflection Tineke. Finally, the abbreviation INVT refers to an interview with again an initial added, followed by the number of the quote. INVT-Ch87 means: INterView with Tineke, quote Chaplain, number 87.

57 It is an established expression in Dutch: de dood of de gladiolen.

partner comes to a point where she expresses her will to look forward. Her tone then sounds more vital than in the part of the conversation where she searchingly speaks about the difficulties in her history.

During the conversation two central themes, related to neglect in her childhood and her position in the family ask for attention. The first one is: 'May I exist?' (in terms of existential psychology: identity). The second is 'With whom do I have a connection?' (that touches upon the existential theme of isolation and is about being connected versus experiences of rejection).

The second conversation is with a man, suddenly admitted with CVA recurrence. The conversation is about his anger, especially about the government agencies and the fact that his bank card has been blocked. The chaplain has been called in for consultation by the doctor but the man shows an attitude of not being sure if a visit would be useful, but it does not hurt trying. He acts light-heartedly, but in the meantime he reveals that he does have existential questions (2TP5). After a while, the man introduces his hobby (2TP13). It is the boat that he bought when it was clear that he would be unable to do regular work for the rest of his life. That boat appears to play a vital and meaningful role in his life. The man is very wordy and inserts a lot of anecdotes. At such moments, the chaplain still always manages to bring the man back to his own storyline. The conversation partner is aware of his crude and mocking attitude. In his own experience, that attitude evokes resistance, but the chaplain, in her response, indicates that she sees another side of the conversation partner, that is connected to 'showing his heart' (2TCh84,85). The conversation ends with a reflection on how they have spoken together. The man expresses his emotional state of the last three days ('I've been crying all day.' 2TP99) and his hope ('Things will be better in the rehabilitation centre.' 2TP102). He receives confirmation from the chaplain ('You keep on hoping', 2TCh95). In the end, the man expresses his gratitude for the conversation and shows his appreciation. In the conversation the themes 'death' and 'near future'⁵⁸ appear. Will the man be able to recover and to continue life? Sources of support are explored, relatives and friends. The boat seems to function as a symbol for recovery and continuation of life.

58 The theme 'Death' from existential psychology refers to the tension between the awareness of inevitability of death and the desire for continued existence. The theme of the near future emerged in Case Ingrid. This theme also appears with some regularity in the cases described in chapter six. It is not among the existential concerns identified and formulated within existential psychology. I tentatively use that theme and I tentatively articulate hope and despair as the underlying polarity.

Reflections

Immediately after the recordings, Tineke made some notes. She notices that she employed only a few interventions. The conversation partners spoke freely and she did not consider it necessary to intervene. About the woman from the first conversation, she wrote, 'It was like pressing a button and off she went.' Tineke is somewhat uncertain if she has asked enough. She noticed the relief of the patients after the conversation (REFT).

Views

Profession

Tineke wants to let people to talk about what is important to them at the moment, being in the hospital. Her objective is the well-being of the conversation partner (INVT-Ch5,98). She gets the most satisfaction ('professional happiness') from conversations 'that matter', that go 'deep' and in which she herself is also moved (INVT-Ch17). The examples she gives are about intervening with Bible texts (INVT-Ch17,18) and about moments in which she uses a daring intervention, like a confronting question or a question that may be perceived as inappropriate or inconvenient.

Hermeneutic communication

To achieve hermeneutic communication, Tineke focusses on feelings, meaning and sources of strength. If appropriate, she asks about former sources and previous moments in the lives of patients. In that way she tries to construct a broader text than the patient initially offers. There is no specific diagnostic model she uses, but she is familiar with theories from palliative care. More important to her is to rely on her intuition, her own life-experiences and especially, her senses.

Plurality

Tineke experiences no difference between approaching people from, for example, Turkish or Moroccan origin and native Dutch people. Making contact is usually successful. To 'go further' is sometimes more difficult. She experiences her own limits when the conversation gets into extreme opinions.

Chaplain's tradition

Tineke is aware of her own Protestant tradition, although she does not know exactly what makes her Protestant in her work. With or without an endorsement from a church, she would be available for all persons (INVT-Ch87). With people from a shared background she can refer to the tradition and perform rituals. She herself is especially moved when using Bible texts that fit the story people tell, but mainly because of the experience to have chosen the right word at the right moment. Very incidentally she uses a biblical example in contacts with people who are not familiar with Christianity, but mostly the use of biblical material is restricted to people who share that tradition or linguistic field.

Profile

Chaplain Tineke presents herself as a chaplain who is in the driver's seat. She quickly notices how to connect with another person and what they need. She does not let herself get off track and makes adjustments when necessary. The domain question is addressed in asking about (former) sources and previous life moments, which also serve to broaden the telling of the patient.

In conversation one, the effect is observable. De conversation partner responds with an extended biographical reconstruction (1TCh33 – 1TP36). Two other types of interventions are particularly supportive of hermeneutic communication. Those are the 'feedforwarding question' and a 'regulatory skill' to stay on or to re-enter the existential level. I will demonstrate both interventions below. In her perception, the way she works in the conversations presented has the desired effect: well-being (INVT-Ch5,98). In light of what she herself names as an element of satisfaction, being able to work with biblical texts, it is noteworthy that she does not at one point respond substantively to the explicit reference by her conversation partner to Psalm 23 (1TP52-1TCh55).

6.1.2 Case Marvin: Theological expertise

Marvin (age of 52) works both in a regional general hospital and in a specialized psychiatric hospital. He submitted three recorded conversations, two from (general) hospital visits and one from a home visit. He also provided three written reflections.

Practice

Outlines

The three conversations all involve people the chaplain already knows from previous contact. The first conversation concerns a quite elderly woman. She has expressed to her doctor that she hopes that she does not die too soon, which was reason for the doctor to call the chaplain for consultation. In the conversation the woman unfolds some of the story of her life. In doing so, she expresses her spirituality and values and speaks about her children who are of great importance to her. It is for them that she wants to live. The chaplain connects the various aspects of the way she has lived her life and her values and her belief in God with the current situation in the hospital. In a prayer, the chaplain brings those aspects together. The chaplain prays informally, choosing words the woman has used.

The second conversation is with a 60-year-old woman, suffering from cancer, during a home visit as the woman is expecting to die soon. The third conversation is with someone recovering from an amputation. The conversation partner is someone with an Islamic identity and the only explicitly interfaith conversation submitted in this study. Due to their somewhat different character, I will offer examples from both conversations.

At the beginning of the second conversation two themes are already out on the table: the drawing near of the 'end of life' and of loss (death, in terms of existential psychology) and, somewhat further on, the theme why this all is happening to her (freedom, in terms of existential psychology). The themes emerge when the woman tells an anecdote about her visit to the dentist. The latter had told her a story about someone who had miraculously recovered from cancer and had wanted to make a new appointment for a year from now. The woman understands the story as an attempt to comfort her, but she is outraged by it. She is also upset about the appointment. 'A year? I might not be here anymore in a few months' (2MP12). The chaplain asks what really comforts her then. 'Genuine interest is comforting, supporting,' the woman answers (2MP14,20). But there is also something she wants to discuss with the chaplain. From their last conversation, she remembered the chaplain saying that she was very much occupied by her anxiety. She asks him what exactly he meant by that remark. The chaplain offers (again) some psychological information about dealing with fears (2MCh30,31). The conversation continues. The woman tells about her husband, who is suffering from dementia and lives in a nursing home. They speak about that relationship and the problematic nature of the communication. When she speaks about the burden of the situation, she compares herself with the biblical figure of Job and asks whether she deserves all

of this. Marvin offers a long explanation of the biblical story. At the end of the conversation they conclude that more and more ‘roads are closed’ (2MCh119). But they also laugh together because of the sounds of children playing outside. ‘The future is theirs,’ the woman concludes (2MP120).

The third conversation is a conversation with a man recovering from the amputation of a finger. The chaplain asks how the operation went, to which the man answers that he can handle it. It is the stepping stone to a biographical story that is mainly about his relationship with his father. The man comes from one of the overseas territories. His father is an example for him, along with other powerful people in his life. He took care of his father for a long time, until he had to be admitted to a nursing home, after which the man departed for the Netherlands. As a result, he was not present at his father’s death and funeral. That issue returns later in the conversation. The man himself is happy to return home and the chaplain recalls the previous conversation, in which the man also expressed some concerns about the period after the operation.

At that point the chaplain directly asks a question about God and enters the religious realm (domain question). The man then talks about his faith, how it provides him strength and how he views what happens to him in life. On the one hand, the man has trust in God, since He placed him in this situation, but on the other hand, he also has his own responsibility. The chaplain (3MCh25) connects both positions, God’s responsibility and, based on the encouraging examples from his life, the patient’s responsibility not to give up. The *domain question*, asking explicitly about the role of God, facilitates that connection. As the man becomes moved, the chaplain asks about the emotions. The man uses his emotions as a kind of purification (3MP35-3MCh37). Briefly the chaplain also shows something of himself, in a moment of *self-disclosure* (3MCh38). In doing so, chaplain Marvin seems to validate the man’s experiences. The man then continues by telling about an aunt who encourages him with the Quran. At that point in the conversation the chaplain realizes that he is dealing with a Muslim.

The main theme in this conversation lies in the area of disposition and responsibility (in terms of existential psychology: freedom). Guilt may also play a role because of leaving his father. Important sources are God, faith in God, significant others in life and the (religious) support of the aunt.

Reflections

At the first conversation, Marvin indicates that in the context of meaning and understanding, he tries to create a space for the woman to talk about her relationships, history, faith and current experiences in the hospital. 'In the prayer at the end of the conversation, the domain of experiences in the here and now is connected with the domain of the spiritual experience of the woman and with the divine domain. Prayer thus becomes a 'hermeneutic node' (REFM). In the second conversation, Marvin sees it as his job to show the woman, 'who no longer has a transcendental framework, that the Bible story can give meaning to her situation without immediately making God the theme.' Incidentally, he does not think he succeeded. In the final conversation, he looks for how the man deals with his difficulty, what his coping is. Again, a hermeneutic connection is made. The difficulty of the experiences in the here and now are connected to the stories of the family tradition (father, other significant others) and the faith tradition. In addition, Marvin is surprised by the discovery that the man is a Muslim only after the conversation is two-thirds done (REFM).

Views

Profession

According to Marvin, the nature of his profession lies in talking about how people view life, how they experience their situation and whether they see relationships between past and present. He also looks for what inspires people in terms of meaning and spirituality (INVM-Ch4). In psychological terms he expresses that that involves 'creating space for rest, for emotions and the soul' (INVM-Ch15). He finds particular satisfaction in two moments: when he is needed in the team of caregivers (INVM-Ch19) and when the conversation partner really opens up (INVM-Ch22).

Hermeneutic communication

According to Marvin, hermeneutic communication lies in the connection between past and present and between the present and sources of inspiration. When people see those connections, they come to a new self-understanding (INVM-Ch6). He always asks about faith, or the experience of faith, 'because no one else is asking that question' (INVM-Ch26,27). Sometimes, as a chaplain, one can frame the conversation partner's story differently. That is then a 'hermeneutic narrative'

intervention (INVM-Ch33). He uses the Bible in this process only when there is a shared tradition.

Plurality

The greatest difficulty Marvin experiences as a chaplain is when he cannot access the experience of orthodox-oriented Christians, when they tell their story but will not tolerate questions about it. It is the patient, who determines the limits, Marvin says. That is something to respect, 'although sometimes I push a little bit, I test the limits' (INVM-Ch37). This poses an obvious difficulty for Marvin, but at other times, as in the third conversation, an effortless connection emerges.

'It's about God. I knew that a bit earlier, of course, but in the conversation, it was so funny. The whole time it's about God, God and God again. And only towards the end, when that aunt comes, then suddenly I think, yes damn, he's Muslim huh. To him it is okay. It is unproblematic. 'Hi Reverend,' he says, 'it's good to have you back' (INVM-Ch29,30).

Chaplain's tradition

For Marvin his Protestant tradition plays an important role, first of all for himself, personally, in his spirituality (INVM-Ch40), but also in his relationship to the endorsing church (INVM-Ch43). The tradition becomes public in ritual moments, like Sunday services and the celebration of Communion, which he considers an act of ministry (INVM-Ch41,44). In individual contacts with patients, when he offers prayer, his personal spirituality resonates (INVM-Ch22). Sometimes he uses the authority of his ministry to offer an opinion about questions or issues, but he is careful in doing so, especially in the context of a general hospital (INVM-Ch50).

Profile

Marvin emerges in this case as a rather directive chaplain. He is quick, direct, interrupts, asks questions. He does not hesitate to give advice and moves easily in related fields such as psychology. The latter becomes clear in the second conversation, where he gives a detailed explanation on how to deal with anxiety. In all three conversations, he manages to make connections between what happens with or concerns people in the here and now and sources or (worldview) traditions important to them (family stories and traditions; other stories, and faith traditions). In his conversation practice, it is notable that his questions are mostly cognitive and informative oriented. He asks about the how and what of events, less about experience or existence. He goes along with what the conversation partner says,

initially not delving into the existential dimension, even if already present, but he then comes back to it a little later. That he always asks about faith, 'because no one else does,' is also evident in the conversations.

Specific contributions to hermeneutic communication are his position in inter-faith conversation and his extensive catechesis regarding the biblical figure Job. The significance of home visitation is also important. To these aspects I return below. All in all, Marvin's role can be characterised as teacher and expert.

6.1.3 Case David: Sweet and waiting

David (age of 62) works in a regional hospital. He submitted three recorded conversations, two from hospital visits and one from a home visit.

Practice

Outlines

The first conversation takes place at the conversation partner's home. The chaplain knows the man from previous encounters at the hospital over a period of at least a year. It is a fairly long conversation (more than an hour). The patient's partner is present and participates occasionally. For more than two years the man has been waiting for a heart transplant. He sees his physical condition deteriorating. The chaplain follows what the patient tells about the long period of waiting, limited options, and many other topics. The patient is a smooth, wide-eyed conversationalist who enjoys talking. There is a certain agitation in his voice, probably caused by shortness of breath, but that does not stop him from talking at length. Chaplain David does not guide but follows, offering plenty of space. There is no clear objective for the conversation. The chaplain shows a form of attention by momentarily inserting himself into the man's living through this 'waiting time'. The underlying theme is 'death'. The man harbours a deep desire, even if not quite like before, to keep living and be able to do some things of 'normal' life. At the same time, there is also the piercing realisation that his heart could stop any day. That presents the theme of the 'near future'. How will things continue? The focus is all on a redeeming telephone call that could come from the hospital, but so far every phone call has been a disappointment. Somewhat bizarrely, the phone rings during the conversation, again with no good tidings, but with the news that an acquaintance has died. Another theme that plays a role is 'identity'. 'Who am I, who am I now?' the

man asks. He expresses that at moments of limitation and his anger about that, he feels alienated from himself. 'I despise myself (1DP43).' A third theme is that many friends have also disappeared over time. That touches on the theme of 'isolation'.

A second conversation is with a man David has already known for some time. It is not clear what the acute situation is, but he seems seriously ill. In spite of that, the man still has the energy to conduct a conversation of more than an hour, in which he does a lot of the talking. The man has been transferred from a ward to a single room, where the chaplain meets him. The central theme of the conversation, the tension between awareness of the end of life, probably soon and the desire to continue life (in existential psychology terms 'death'), comes to the surface in several ways, while a number of other existential issues are also mentioned but sparsely elaborated on.

A third, short conversation is with an elderly woman in a double room. She has an acquaintance who will soon receive a royal insignia. Although she is now hospitalized, she hopes to be at the occasion. She wants to live for her children. The tone of the conversation is light and humour-filled. The chaplain affirms the woman's significance to her children and desire to witness the event with her acquaintance. The subject of the conversation is mainly about the near future.

Reflections

Chaplain David is not entirely satisfied with the first conversation. He does think he got to the heart of the man's life. The man spoke openly, including about his darker sides. The chaplain would have liked to offer him a new perspective as well, but that did not come easily to him. 'Many times,' David says, 'I thought, what am I doing here? It was hard to maintain interest.' In his own words, he somewhat takes the place here of the pastor loci, who in the conversation partner's experience is failing. Then David adds: 'Yes, what was I doing there? I became part of his waiting for the duration of the conversation. I was waiting with him, as it were.' About the second conversation, when he handed in the recording, he said: 'That man needs a stage. I offered him that.'⁵⁹

⁵⁹ The comment was not made in the interview, but was noted by researcher in his own log, as an observation.

Views

Profession

Chaplaincy is about existential problems, or questions about meaning. David sets no prior goal. The goal arises during the conversation and is first of all the goal of the conversation partner. (INVD-Ch5). It is also always the patient who initiates the aspect of worldview or meaning, including the religious dimension. David himself never asks about faith or religious conviction, but ‘one way or another, patients always are aware that such an issue can be discussed with me’ (INVD-Ch6). He experiences professional happiness when both conversation partners become aware of the ‘other’ dimension, the mystery of life. That happiness is also found when someone experiences being truly seen. Incidentally, he also indicates being more purposeful at times, in a theology-based alternative interpretation of the situation.

Hermeneutic communication

Although there is no goal in advance and David never asks about faith, it is up to the chaplain to pick up on expressions in that direction. In such situations, David may use rituals such as prayer, lighting a candle, reading from the Book of Psalms (INVD-Ch56), but he takes care that people share that linguistic field (INVD-Ch58). The Sunday celebration is also a form of hermeneutic communication (INVD-Ch149).

The starting point for hermeneutic communication is always the question of the patient, what has happened, for example, that I now find myself in a hospital? David describes his way of working as mainly following the patient, but sometimes offering another perspective on the situation by asking about contrasting experiences and deeper longings. When appropriate he offers an alternative explanation or theological position, based on his own theology and spirituality. There always needs to be enough space for the patient to reject that viewpoint (INVD-Ch106, 112, 146, 147). These interventions, that David calls interpretations, come from intuition (INVD-Ch112).

Plurality

David mentions three aspects that sometimes cause difficulties with regard to plurality. First, it is difficult to interact with people from another ethnic or cultural background (INVD-Ch134), although he reports few exceptions and ‘very interesting’ conversations. Language is often a problem in meeting older Muslim patients. Second, with some people it is difficult to converse because they do not want to talk about existential matters. The conversation remains on ‘the surface’

(INVD-Ch130). And at last, sometimes religion itself forms an obstacle, when people use religious clichés or have a way of coping which is difficult to accept. The closer the patient is to David's own spirituality or religious convictions, the harder it becomes (INVD-Ch139). When people talk about the God of the Bible as a revenging or punishing God, or when their spirituality causes a kind of submission or resignation, David finds it hard to communicate with unconditional positive regard. 'In such cases I would like to preach the gospel,' he says (INVD-Ch130).

The chaplain's tradition

David's own tradition and spirituality influences the way he looks at the people he encounters in his work.

'I look at people as living *Coram Deo*. I see them as people of God, even if they themselves are not aware of it' (INVD-Ch51,52).

If the conversation gives rise to it, he will make use of biblical images as intervention. 'I often carry with me the Book of Psalms,' he says, but he only wants to use it when it is appropriate for the other person (INVD-Ch56). In the Sunday service his own tradition becomes publicly manifest (INVD-Ch149). The preparation of the sermon is an important, integrative aspect of his work.

Profile

'I think you are a sweet man,' someone once said to me,' David says, and he is proud of that (INVD-Ch40). Indeed, that attribute characterises the way he emerges in conversations: friendly, engaged, genuinely interested, and also waiting and following. A sweet and waiting chaplain with the intention of seeing who the other is and thus embodying something of the grace of God, making it present in the encounter. That has a power of its own. That becomes visible in the home visit he pays and in offering space to the conversation partner who 'needs a stage'. At the same time, it is that following character that also causes the conversations to tarry somewhat. They last quite a while. From the observers' position, it is therefore not surprising that he is confronted with his own impatience, as became clear in the reflection above. He may not sufficiently fulfil the role of a counterpart, that is, of countering, with as a result that the conversation partner keeps meandering around in his own story. The conversation partner does not then encounter the 'alternative explanations or theological counter position' that chaplain David would like to offer. Using basic non-selective listening skills too long and almost exclusively also contributes to that process.

It is noteworthy that he says that the initiative to introduce the existential or religious dimension lies with the conversation partner and that it is up to the chaplain to hear the expressions in that direction and do something with them. In the conversations presented, it can indeed be seen that the partners take the initiative, but that the chaplain still does not quite manage to enter the existential layer himself or, once present, hold on to it. Very often there is a *level switch ex* towards a cognitive, informational layer. The existential themes are touched upon, but not further developed. Where the chaplain does respond, from his own perception or experience (as he indicates in his view of hermeneutic communication), a moment of deeper self-understanding occurs with the conversation partner. I will discuss that further below (section 6.2).

6.1.4 Case Anne: Affirmative, imaginative and playful

Chaplain Anne (age of 46) works in a top clinical hospital. She submitted one conversation, accompanied by a short, written reflection.

Practice

Outline

Anne meets a male patient, in his upper seventies. The recorded conversation concerns the sixth meeting in the man's single room. The tone of the conversation is informal, amicable, playful. The day before the meeting a small surgical procedure took place. When Anne asks the patient how he is doing, he says that his weight is increasing (it seems like a factual statement, but para verbally his tone is despondent) and that there was that surgery the day before. Today, however, in the early morning, he had a spell of acute anxiety (1AP23). He is familiar with such moments. That morning he received support from a particular nurse. Talking about the special meaning of that nurse, the conversation partner shows the chaplain a little sculpture of an angel he got from his brother and sister-in-law. He calls it a Reiki angel (1AP28). I will discuss that passage below (in section 6.2).

There is some retrospection but the patient shifts to his actual concern, which is that he does not know how to go on (1AP59). There are decisions to make how will he do things when he is at home. After a humorous passage about his knowledge of the English language, the chaplain shifts the conversation to the perspective of the future and how it will be to go home again (1ACh93). The patient tells about his marriage.

Then follows an interlude of some sort. The conversation partner expresses his gratitude about getting to know the chaplain and together they evaluate their contact. The nature of the conversation in that passage is one of mutuality. The patient speaks about the value of the contact, and the chaplain expresses what she has received from him and offers in that manner a self-disclosure.

Then the original subject is picked up again by the chaplain (1ACh118) and the conversation partner reveals his ambivalence about going home. The issue involved in being at home or being in the hospital is where he can experience the most freedom? That passage I will also discuss below. The man tells more about his marriage. The conversation here is very intimate. After that, the chaplain ends the conversation.

The central theme is 'the near future' in several dimensions. The conversation partner is worried about whether his recovery will continue ('weight is increasing'). In case of being dismissed from hospital, how will he do at home? What is to be expected ('I don't know how to go on'). The man is also longing for home ('Good to be at home again'). It is conceivable that the theme of death also plays a role, but that is not explicit in the conversation. Noteworthy, as the chaplain indicates, is that the man died a week after the conversation.

At the beginning of the conversation, talking about the angel, the specific nurse and a brief, unexamined statement that 'God is merciful', something of a basic sense of security, or to put it in a classical theological term, providence is at play. In terms of existential psychology, the theme would be 'freedom'. Other themes include identity (recognizable through the values) and isolation (being and staying on one's own versus his marriage, being at home, being together with his wife).

Reflections

In her brief reflection chaplain Anne first writes that she was affected by the fact that the man had died a week after the conversation. The extended duration made the contact all the more special. It does not often happen that a series of conversations with the same patient can be held. The patient was able to reflect on the contact and to express the value it had for him. Anne considers the conversation successful on several points: the connection made by the man with the Reiki angel on his bedside-table, references to earlier conversations, and reflections on their relationship and the mutuality of the contact. Then there is also a connection with the story of his life, his work ethic, freedom and his values, 'Do good and good will come upon you.' New in the contact was the disclosure about the intimacy in his marriage.

Views

Profession

Chaplaincy is about listening to the aspect of meaning in the patient's story. Why is this happening to me? How do I experience what is happening? How can I deal with it and how can I go on? (INVA-Ch30). Anne seeks to create a non-judgmental space (INVA-Ch3) in which conversation partners experience that they are being heard, seen and accepted (INVA-Ch8) and come to self-understanding (INVA-Ch3). It is not her goal to help or to cheer up, but just to be with people. She experiences professional happiness when the heart of the conversation partner opens up and they feel free to talk, but also when she herself is moved and experiences that 'things come together' (INVA-Ch15).

Hermeneutic communication

Anne qualifies her listening as hermeneutic when it is about making a connection between what is happening now, the story that is told here and now in the hospital and the other topics in someone's life (INVA-Ch104). It has a spiritual dimension, although perhaps somewhat flat, to see coherence in someone's life, when someone is able to see one's story as an integrated whole (INVA-Ch30).

The way she pursues hermeneutic communication is by offering a space in which she can be together with the patient, sometimes just in silence. It enables conversation partners to connect themselves with who they were before, with (re) sources that helped them earlier in life, hoping that those sources will also provide support in the current situation (INVA-Ch11). Sometimes, the conversation offers the possibility to transcend the concrete context of the hospital. Suddenly someone is at home, or in his hobby, at his car, opening the hood to check the engine (INVA-Ch104). Hermeneutic communication also has to do with language.

'I notice myself adopting the patient's language in dialect, when possible, in vocabulary, but also in style. When the patient is humorous, I can be humorous, too.' (INVA-Ch62).

She often uses imagination and imagery and tries to discover the imagery in the story of the patient. 'Talking about their activities, they often express something that refers to their identity' (INVA-Ch38,57).

Plurality

Chaplain Anne tries to connect to the worldview of the conversation partner (INVA-Ch88), but she does not explicate how and to what extent. She is able to perform rituals from another tradition, like Roman-Catholic, but would prefer to refer those patients to a priest (INVA-Ch84). Sometimes contacts become easier when she shares the same tradition with a conversation partner, but that is not to be taken for granted.

‘Sometimes it is easier conversing with a liberal Roman-Catholic than with an orthodox Protestant.’ (INVA-Ch83).

She can also be together with e.g. ‘an Islamic woman and we talk about the merciful God. Then I can share from my own background, how I view things’ (INVA-Ch88).

The chaplain’s tradition

Her own Protestant tradition and her endorsement by the church are important to her, especially as a personal, spiritual drive in her profession (INVA-Ch84). Before entering the ward, in her imagination, she puts on her robe (INVA-Ch85). It helps her in difficult situations she encounters.

‘Sometimes I get involved in such difficult situations that I wonder, how, for God’s sake is it humanly possible to do what I have to do? I cannot do this. No one can. But there I am and I am doing it. Standing before the door in my imagination I put on my robe. As if it upholds me. Something like that. Maybe not specifically Protestant, but it plays an important role for me’ (INVA-Ch85).

With patients, she intervenes sometimes with biblical references or stories (INVA-Ch66), but carefully and only if it fits with the conversation partners and they are open to it. ‘Even if our worldviews do not match, I can juxtapose my own view’ (INVA-Ch87,88). But also, when she is preparing a sermon and thinking about a certain biblical story, she will use those thoughts in her contacts, without explicitly referring to them as biblical stories. Towards the organization she maintains a prophetic attitude, which she sees as a particular form of loyalty (INVA-Ch85).

Profile

In the conversation, the chaplain shows concern for the man and, in a moment of self-disclosure, also indicates what the conversations have meant to her. In the

interview, she indicates that it is a moment of special satisfaction when the conversation partner feels free to talk from the heart, but also when the exchange moves her as well. In that respect, the conversation, her reflections on it and what she considers important in her profession are all on the same line.

The particular strength of this chaplain is her ability to find the right conversational tone, which connects with the other person and, in this case, is also full of humour. Looking at the medical facilities, hoses and wiring, she can cheerfully say that he looks like a Christmas tree. The conversation partner replies wittily that she can then switch on the lights. There is a nice moment when the man shows that he has a good command of English, whereupon the conversation continues in English for a while. One downside of this somewhat amicable approach is that it is difficult to stay on existential layers. The *level switch ex* occurs frequently and both, conversation partner and chaplain, make moves away from the existential layer as well as both entering that layer again.

The use of images is striking. The conversation partner and the chaplain each use their own images. I discuss the imagery in this case in section 6.2. It is noteworthy, however, that in the sensitivity to images (which is for her a characteristic of the way she works), she does not pick up on the two specifically religious references in the conversation in the utterances, ‘Will it come from above?’ and ‘God is merciful’.

This concludes the presentation of the individual cases, in which I have tried to represent the respondents in their individuality. In the various descriptions, I emphasised phenomena characteristic of each chaplain as well as interventions or patterns that particularly contribute to hermeneutic communication. Those I will discuss in the next section.

6.2 Practice

The previous section contained, vertically, individual inventories and analyses of the cases. I now look horizontally at examples of hermeneutic communication in the conversation practices across the cases. In part, the four additional cases show aspects similar to those discussed in case Ingrid. They also reveal new elements and offer examples that demonstrate new things. Again, I first look at the contribution of professional listening skills (6.2.1), and then more specifically at ways of connecting experiences and sources (6.2.2). The next steps are to reflect on the conversation partner’s contribution to hermeneutic communication (6.2.3), to take stock of

the themes raised (6.2.4) and to conclude with the question how plurality and the chaplain's tradition play a role (6.2.5). Finally I look at opportunities (6.2.6).

6.2.1 Contribution of professional listening skills

To classify the various interventions, I used the terms from Lang and Van der Molen's model, supplemented by a number of interventions that I came across during the initial inductive reading and the analysis and that could not be properly categorised in the model used (Lang & Van der Molen, 2020). It is those latter interventions that relate to the existential layer in the conversation. They concern the domain question, the feedforward or provocative question and the experiential question. I refer to Chapter 4 and the appendices for a further description of all interventions.

Basic listening skills

In all of the cases, the chaplains use basic listening skills. Of the non-selective listening skills, non-verbal support interventions are not observable, but the chaplains do utter small verbal encouragements such as 'yes', 'no', 'oh', 'so', and so on, and they contribute to the progress of the other person's story by repeating, for example, the subject or last word in the sentence (verbal following). Basic selective listening skills (asking questions, paraphrasing content, emotional reflection, concretising what has been said and summarising what has been said) are also applied. And when that could have been done more adequately, the conversation partner often corrects the reflection or response, without detracting from the conversation.

However important for establishing a relationship of trust, basic skills sometimes become an obstacle if they are used too long. Then the conversation partner does not really advance in the telling of their story. Case David in particular gives examples of this. The chaplain asked the conversation partner, who is waiting for a heart transplant, how the latter is spending the day.

1DP32 – 1DCh34

- P32: (...) We have to walk through and then we will see ...
 Ch29: Yes
 P33: I, eh, ...
 Ch30: Walk through ...

- P34: Yes, yes, one just waits
 Ch31: Yes.
 P35: You know, I cannot just give up. That does not help me either.
 Ch32: No.
 P36: No.
 Ch33: No.
 P37: I, eh, well, it is just a fact. So, we have to see how it proceeds.
 Ch34: Yes.

The man who is barely able to walk uses an image of walking to indicate how he gets through his days, in the years of waiting for a transplant while his condition worsens and he becomes more limited. The chaplain hears the image, asks about it, but leaves it at that and continues to respond with non-selective skills. No progression is made in the conversation.

Regulatory skills

In case Tineke, the chaplain emerges as one who sits on the driver's seat. When in the second conversation the conversation partner gets a bit wordy, she bends the conversation firmly and decidedly back to the original theme or to the person himself. The man expresses his grievances about society, gives examples and then gets to the car fires in his hometown:

2TP59-2TCh51

- P59: (...) then I think, gee, how crooked can it all be? Just start with those bums burning those cars over there in [hometown] again. People work very hard for a car. Last night they set another six on fire, I just read.
 Ch51: Yes, but yes, now back to yourself. And um, the pondering at night and the brooding. Yes, that's also about these things?

The chaplain brings him back to the initial things he has told about and to what concerns him here and now. At the same time, she keeps open the possibility that in the digression, after all, there might be something implied in his lying awake at night.

Nuancing skills

The nuancing skills of interpretation, giving information, nuancing empathy, confrontation, relabelling/reframing, self-disclosure and directness are also reflected in

the conversations. In the nuancing skills, more than in the basic listening skills, the chaplains work explicitly from their own perception, associations and frame of reference. The cases show the following:

– *Relabelling or reframing*

In chaplain Tineke's first conversation, the conversation partner talks about her family of origin and her mother's favouring of her sister. The chaplain frames the situation in another way:

1TCh45: Both, you and your sister, had to survive in that situation.

That creates an invitation to look from another perspective at that part of her story.

– *Interpretation*

In the second conversation of Case David, the man describes a situation in which an old friendship that ended more or less in conflict. An angry letter was announced. When the letter came, he did not open it. A few days later the friend called to say he regretted writing the letter. The man replied that regret was not necessary, because he had not yet opened the letter. He then returned the unopened letter to the author.

2DP64-2DP67

P 64: Yes. I never did know what he had written. And so, the love and respect remained.

Ch 66: How beautiful!

P 65: Yes. That's also possible sometimes, a hunch like that. You don't have to know, just let it be.

Ch 67: Yes. Really a kind of forgiveness, but in the sense of covering.

P 67: Unbelievable, isn't it? Surely I have always, [name chaplain], received miracles from our Father. That He protects and shelters me. And now, now I also feel (...)

The chaplain (2DCh67) interprets the act of sending back the letter as an act of forgiveness. He uses further the word 'covering' that is the core of the Hebrew word for reconciliation. In doing so, he also connects the described act with the religious and spiritual dimension. The conversation partner adopts that dimension and applies it to the current situation.

The interventions that now follow are not or only partly drawn from Lang and Van der Molen's psychological communicative framework. They emerged from an initial inductive approach to the conversational material. Within the category of confrontation, or countering, these are the feedforward question or the provocative

question, and the intervention using association or imagery, on the part of the chaplain. In addition, the experiential question functions as a question about experience and perception, but at the service of interpretation and finding meaning. Because these interventions serve the differentiation of meaning, I classify them under nuancing skills.

– *Confrontation, countering*

Inherent in the nuancing skills and in the chaplain's speaking more explicitly from their own observation or association, is that a more countering position is also taken. This need not always be from a critical position. It can also be particularly affirming and comforting if the chaplain can articulate something milder than the conversation partner himself is inclined to do. Two forms of 'being a counterpart' in the sense of countering can be detected in the cases.

– *Feedforwarding / being provocative*

In the first conversation of Case Tineke the woman introduces imagery to show how she views her situation. She points to the outcome of the treatment as an indication for the future. 'Death or glory,' she says.⁶⁰ 'If the operation is successful then I will live and carry on. If it does not succeed then that means eventual death.' Despite the good outcome and prognosis, however, the woman constantly lapses into uncertainty. The chaplain is very firm in insisting on the positive outcome. Using a feed-forward question, she holds the conversation partner to her own meaning-making.

1TCh16: But the outcome of the treatment is positive. So, life will smile upon you, won't it?

Hermeneutically, this intervention has a supporting function in the appropriation of meaning. A variant of the feedforward question is the provocative question. In the same conversation, the conversation partner is hesitating whether she will invest in the relationships with her cousins, with whom she does not really feel a sense of belonging. The chaplain asks: 'Do you want to (1TCh43)?'

– *Countering, based on own perception, interpretation, association or imagery*

There are a few passages in Case Anne where Anne is intervening in such a way that it leads to a new understanding of the patient's situation. I will demonstrate that with two examples. At some point in the conversation, the countering position helps the patient to re-evaluate the results of his being in the hospital (passage

⁶⁰ See also note 57.

1ACh72 – 1ACh 133). In advance, the patient is pessimistic about the effect of the hospitalization. ‘I am leaving the hospital in the same way I entered it’ (1AP76). 1ACh75 paraphrases the patient’s thought but in 1ACh76 she counters them by offering another look from her point of view. ‘Beforehand, you were very ill.’ In the mirror of the paraphrase, the patient concludes that he needs to differentiate. ‘What I am now saying is not quite true’ (1AP78). And confronted by the chaplain with the seriousness of his illness, he seems to acknowledge that (1AP79) and comes to a religious expression (1AP80), ‘Mercy. God is merciful.’ His perspective on his situation changes. The meaning of the religious expression is not further explored.

Further on in the conversation, the chaplain uses several interventions that support the new understanding. The conversation is about going home and the conversation partner expresses some ambivalence. On the one hand it will good to be home again, although the concerns about health remain. On the other hand, strangely enough, going home also means being less free. He gives the example that if he wakes up at night in the hospital, he can calmly wash his face, but at home he is with his wife and feels less free to do so. The chaplain interprets, ‘You will have lost some of your freedom (1ACh121).’ That is acknowledged by the patient (1AP125). Then, the chaplain isolates the word ‘freedom’ from the actual experience and refers to it in terms of an important personal value for the patient (1ACh122). The patient agrees and makes it concrete. Even the drip line attached to his hand is something that makes him angry. He feels fixated and cannot stand it. He then uses an image.

1AP129: I would not be fit to live in an aquarium.

They laugh together about the image, but then Anne continues.

1ACh127 – 1ACh133

Ch127: But you are eh, at least I have gotten to know you as someone who does need that freedom.

If not physically for a while, then at least in your mind....

P131: Yes

Ch128: And where you lose that freedom, those panic attacks come, I think.

P132: Yes....(sounds thoughtful) I think you’re right about that.

Ch129: Yes, um, because then, um, then the young dog has been put in the doghouse and it doesn’t want to sit there.

P133: No. Right.

Ch130: Both as a result of, eh, physical things and of fears and restlessness you can be in a pen.....

P134: Mental things.

Ch131: Yes, exactly. Mental things. People shouldn't do that to you, I believe.

P135: No. I think that's a very good one you got there. I think that's a very good one you got there.

Ch132: Yes. That is a kind of inner freedom. And that can also make it possible that when you do have to be on all kinds of straps, infusions and things, you can still feel free.

P136: Yes...

Ch133: That will still take a bit of exercise, I think.

In this passage the chaplain becomes visible in her interpretation, association and imagery. She interrupts the imagery of the aquarium. The aquarium is in a way one dimensional. It only means being captured. But the image of the dog in a doghouse offers a possibility of internal freedom. She uses the paradox of both being chained and free. She powerfully intervenes with this interpretation. There is no other passage in which she speaks so much. She offers him her perception of his personality, as she has gotten to know him. The interpretation of being fixated as the cause of the anxiety opens a new understanding of the phenomenon of the acute anxiety, but together with the imagery it also opens up a new understanding of the patient's personality. In a thoughtful way, the patient weighs that interpretation and thinks she might be right (1AP132). The patient's hesitating 'Yes...' in 1AP136 is accepted by 1ACh133: 'That will still take a bit of exercise, I think,' Anne says, validating the hesitation.

– *Experiential question*

The experiential question is, as case Ingrid also showed, a gateway to experience and existence. At the beginning of the conversation, the question can be understood by the conversation partner at the layer of existence. In the first conversation, Tineke opens with the question:

1TCh2-1TP2

Ch2: Yes, how are you doing?

P2: Well, it's fluctuating a lot because, um, I've had an operation. I, myself, I am a smoker. So, um, my whole life from the age of 14 I've been smoking (...).

The question is used by the conversation partner as the starting point for a biographical narrative, from the immediate moment ('fluctuating' after the operation)

to an overview of her biography. As she narrates, she attributes meaning to what has happened in her life. In conversation 2 of Case Marvin, the chaplain asks at the end, ‘But when you look back at the balance sheet, how do you experience the life you have lived so far?’ The woman answers, ‘I think pretty good. I’ve had a really good life, too. And I’ve done my best and I can’t say otherwise’ (2MCh114/P115). The question challenges her to interpret the sum of her life history.

6.2.2 Connecting experiences and sources

In this section, I will give examples of how chaplains offer support in connecting current existential experiences and sources or traditions of meaning.

Interpretation with a religious or worldview connotation.

In Case David an intervention by the chaplain occurs that interprets what the conversation partner describes concerning an unopened letter.

2DP64 – 2DP68

P64: Yes. I never did know what she had written. And so, the love and respect remained. (...)

Ch67: Yes. Really a kind of forgiveness, but in the sense of covering.

P67: Unbelievable, isn’t it? Surely, David, I have always received miracles from our Father. That he protects and shelters me. And now I also have the feeling, because I talk to my heavenly Father a lot, because now the contact is a bit less. That I am a bit more problematic with myself without consulting Him.

Ch69: Mmh.

P68: That’s nothing for me, but, it’s like I don’t want to accept what his will is going to be. The way I was yesterday, I would have been overjoyed if a doctor had come by and given me an injection because it was unbearable. (...) But now I think: (...) we are going to try anyway. (...) But again, I put it in my Father’s hand. Because He determines it.

The chaplain connects the narrated experience to the faith tradition, using his theological expertise (2DCh67). He relabels the act of the conversation partner in terms of the religious tradition and thus moves the conversation to an existential-religious layer. An intimate disclosure follows about prayer and surrendering to the will of God.

Interruption from the chaplain's perception

Chaplain David is often and for long periods receptive in the conversation. But at a certain point, he becomes more actively present. The conversation partner (1DP77) describes a special experience that seems to be prepared by an intervention from the chaplain at the very moment he becomes more active. David intervenes with his own association and perception of the patient (1DCh57):

1DCh57 – 1DP83

Ch57: (...) You have a robust nature. I have gotten to know you as someone who has a lot of natural energy. It is a strong contrast with the way you have to live now.

P61: Yes, yes, yes, yes.

Ch58: And to then, to then have to live such a life as you have now, I think it's really quite special, that you can handle that.

(...)

P63: In the beginning I found it very difficult.

Ch60: Yes.

P64: I couldn't accept it, could I?

Ch61: No.

P65: Because you just so incredibly get into the, the work rhythm, every day, and all of a sudden from one day to the next you're, or, yes, you're not ... (you're) lying in the hospital. (...) And yes, then you just feel... Yes, what can I say? Worthless. That you don't belong in society anymore.

Ch62: Then you want to protest, then you want to resist, but you can't.

P66: Yes, I certainly did, yes (...) (and tells about learning to accept this).

Ch65: Yes, but you managed to do that, so you do look back.

(P tells about a tree to be uprooted in his garden.)

P70: Yes. And then I had it another time here, with a little tree then. That had to be taken out. They complained about it and then I said I would do it myself. But after three hours, I still hadn't got the tree out. (...)

P71: I was, got angry. And I ran to the shed and I got a small chopper. Got down on my knees next to it, I hit and sat there cursing, you don't want to know, really cursing, venting off. And I couldn't take it any more. Yes, a moment later the ambulance was there, right? Hup, gone.

Ch68: Yes, yes, yes. And that tree?

P72: Well, that um, that (someone else) had knocked it off the next day.

WP*16: It never came back. Yes, later we could laugh about it, but not at that moment.

Ch69: Oh, but at that moment you also think now he's going to die.

WP17: Yes. Really.

Ch70: Yes.

P73: Yes.

Ch71: Because of a stupid little tree, right? (...)

P76: Yes, yes, those moments, then you have to release your aggression.

Ch74: Yes, yes, yes.

P77: Then at one point my wife was doing some shopping. I was sitting here on the couch and I was sitting on my own dicking around, say, you know, acting a bit weird, or talking weird. Kind of thinking, I was changing completely.

Ch75: Yes. You were talking to yourself?

P78: Yes. You can't go on like this anymore, because you're not alone in the world. So just flip that switch. Well, from then on.

WP19: Yes.

Ch76: (to P's wife) So you came back from shopping and then another [Name P] was sitting here?

WP20: Yes. Yes, then he said, then he also told me this story, so I think well, then you are doing good.

P80: No, another person can't help me. Really not. You just have to do it yourself (...)

P91: But yes, I just have a huge willpower, a very strong willpower.

Ch78: Yes, but also a willpower to, to turn against, against that- against that anger.

P82: Yes, yes, look, look. You're not alone in the world, are you?

Ch: Yes.

P83: Look, you, your wife and your children. Your, your friends, the people around, that you deal with a little, so to speak.

*WP = the patient's wife

It is an impressive moment, when the patient talks about a kind of transcending experience, an intense moment of self-reflection, that really changes him. It is also about an important value, that of being responsible for and to others. He expresses it in 1DP78 and repeats it in 1DP83. It also reveals something of the man's view on life, including his sources of meaning.

In a way the intervention in 1DCh57 prepares that self-disclosure. It is one of the rare moments that David responds to the story from his own point of view. He explicitly shares his perception of the patient: 'You have a robust nature. I have gotten to know you as someone who has a lot of natural energy. It is a strong contrast with the way you have to live now.' The motive of power, aggression forms the connecting thread. The patient had to learn to deal with his new situation. The story of cutting the tree demonstrates his power as well as his vulnerability. That occurrence and the sudden hospitalization that follows prepares the way for the self-reflection described in 1DP77. It is a transcending experience with an ethical dimension. The chaplain in 1DCh76 interprets it in the response to the patient's

wife: ‘You found a different man at home.’ Finally David relabels the aggressive energy as a source of power against destructivity (1DCh78).

Catechesis

One of the nuancing skills described by Lang and Van der Molen’s theory is providing information (Lang & Van der Molen, 2020, pp. 193-195). In the psychological domain, that is referred to as psychoeducation. In the theological-religious or philosophical domain, I use the word that traditionally denotes religious or faith education, catechesis.

In the first conversation of Case Marvin both occur. In response to a question by the conversation partner, the chaplain offers (again) an explanation on the subject of ‘anxiety’ (2MP27 – 2MCh31). But there is also a long passage about the interpretation of the biblical story of Job. It is the conversation partner who introduces that theme, telling about her fate, having cancer, her husband, suffering from dementia, and living in a nursing home. She introduces Job as a metaphor to her situation and questions.

2MP98 – 2MCh111

P98: There were times in the beginning when I said I felt like Job. Hadn’t done anything wrong, but he was put to the test.

Ch98: Thoroughly put to the test. Do you remember that story, how it went?

Ch99: And, and where do you think, okay, there, that’s where I recognise myself in it. (...) To what extent does the...

P100: Well, I think that’s a Christian upbringing. I think of that.

Ch100: That story now comes from somewhere out of the deep suitcases, let’s say, of your upbringing. Precisely this story.

P101: Well, well, it’s sort of like that, of course. Because everything is gradually taken away from you. It gets to be more and more. I don’t have much left to turn in.

(...)

Ch102: And how did it go with Job in the end then?

P103: With him everything turned out fine.

Ch103: With Job, everything came right again?

P104: Yes. And with me it will not.

Ch104: Exactly. How is that?

P105: Well, so that’s actually the question. What did I do all wrong?

Ch105: And what is the answer Job got to that?

P106: I wouldn't know.

Ch106: No. Well, that's still, I think that's rather special, because I mean, with that faith, you say, that's finished for me. I have nothing more to do with it. But this story comes up now. It's a classic story and that's why you remember it. It's like, why do things happen the way they do and how does that relate to what you've done and what you get in life? And what does that have to do with God? So, Job in the end, it's a kind of example story, and the friends of Job, he has three, then after that a fourth one joins in and they all say Job, check it out, somewhere you've done something wrong. (...) And Job says, I have not been such a bad person that this misery should happen to me.

At one point, God comes on the scene. And God, in the old translation, 'You are miserable comforters.' It is a very nice passage. They are set aside. Job is vindicated. God says, 'Job has spoken about me in a good way.' So, he has not set me aside. At the same time, Job gets the question of, 'Can you see through reality?' Who made the crocodile, huh, and so on? Some big things follow. Can you see where some things matter or don't matter? So, the secret of life is set up real big and, 'Can you make sense of it?' And Job lacks an answer, because he can't see through it. Like nobody can.

P107: Yes, but who is asking him?

Ch107: So that's God ..., who asks him that. So God becomes ...

P108: And how do you know that?

Ch108: Well, It's an exemplary story. So the whole of that Job story is a kind of wisdom story of as you put it, 'Why do things happen like that?' That was a question then and it's a question now. Because all of us in turn sometimes get more to bear than what we can manage. And then you ask yourself. Within the framework of faith then, God plays a role, the devil plays a role, and so on, bla bla bla. But in that story, in the end eh, the sequence is broken that as long as you live good, you receive good or if you live bad, you receive bad. And the venom is in the reversal of it, namely, that if you meet something nasty, you have done bad. See, the first thought is, he who does good, meets good. And he who does evil, he gets evil. The venom lies in the inversion of that, namely, if you meet evil, you have certainly done evil. And that line of reasoning is broken in Job. What you recognise now is the feeling of:

I am being wronged. That is just too much. I can't bear all this. And then the question why is more, not so much a question of, give me insight into the sum of my actions, but more of, this is just far too much. I just can't handle this. And so that's also what I hear you saying or what I see happening when we talk about this. It's just too overwhelming for you.

(Silence)

P109: (broken voice) Often yes, often yes. Does my voice slip off again. (then powerfully) Often yes.

Ch109: Often yes.

P110: I don't always think of it that way but when I'm lying down and brooding, I do.

Ch110: Yes. And also, the way we are talking now where you are telling what is happening with your husband, what is in store for you. That's too much. That's really too much for one person alone.

P111: Yes, but what should you do? There's nothing you can do about that. It overcomes you.

Ch111: It happens to you. And then any explanation really falls short.

It is not clear what exactly the impact is of this long catechetical explanation. But the woman initiates the metaphor and connects her situation and especially her existential questions (Why does this happen to me? What did I do wrong?) with that biblical image from her past. Although she introduces it with the theme of being tested, the real connection is about losing so much, almost everything. She has little left to lose (2MP101). The explanation moves the conversation to a cognitive level, but in the end (2MCh108) the chaplain summarizes and turns the question, 'Why this and why me?' into an expression of powerlessness, 'It is too much.' Then the woman enters an emotional level, followed by the existential level, where she finds a re-interpretation of the story and her questions. It is no longer the question, 'Why does this happen to me. What did I do wrong?' She can say, 'It happens to me.' (2MP111).

Receptiveness for metaphor and imagery

Whereas in Case Marvin the catechetical information concerns the biblical book of Job, in Case Anne there is a very different image at stake. The chaplain shows herself to be receptive for the symbolic content of a small figurine. It takes place at the beginning of the conversation.

1AP23 – 1AP39

P23: I had another anxiety attack at 6 o'clock this morning. That, uuh, I completely lost track of where I was, who I am.

Ch24: Everything overwhelmed you again, completely?

P25: Completely.

Ch25 (softly): Ooh

P26: I asked nurse R if he would talk to me. And yes, as long as he talks to me then I just feel that....that it's good. And then it's just fine

Ch26: Yes, and where does that come from?

P27: I don't know. Is it sent from above, I can't imagine that.
Did I show you that figurine?

- Ch27: I don't know, no (P seems to grab something)
- P28: It is a Reiki angel
- Ch28: A Reiki angel?
- P29: Yes, you may hold it. Don't drop it or it will break.
- Ch29: Purple, yes, what kind of stone is it?
- P30: Ame..., ame..., amethyst.
- Ch30: Amethyst.
- P31: Do you like it?
- Ch31: Who gave it to you?
- P32: My sister-in-law and my brother-in-law
- Ch32: And it accompanies you, ... that angel?
- P33: I should hope so.
- Ch33: It watches over you or something
- P34: I, I, I don't know, I know that a form of Reiki
um... yes... from my sister-in-law I got that balloon.... From my brother-in-law I got a gift
certificate (...) I was happy about that, too. I get spoiled.
- Ch34: You are getting very spoiled, say. A balloon, a voucher and a Reiki angel
- P35: Yes, but here in the hospital I never get spoiled too much.
- Ch35: No
- P36: (...) Then I say, 'Guys, stop it, I mean ... I'm very honest about that.
- Ch36: And do you have a thing about angels? Or your sister-in-law?
- P37: I do believe in them, I believe in the angel Gabriel and things like that. Why that has to be
a Reiki angel? No.
- Ch37: What is Reiki about it, I don't really know.
- P38: I don't either. My friend knows what Reiki is. She also practices Reiki. I can ask what a Reiki
angel is.
- Ch38: yes. But in any case, the angel is in your bedside table.
- P39: Yes, and if it doesn't help, it certainly won't hurt.

The passage opens with the patient telling about the acute anxiety of that morning and the support he receives from a specific nurse. In the question of the chaplain, 'Where does it come from?', it is not clear whether she is asking about the anxiety or the support, for neither is clear from the patient's answer. But the answer is on a symbolic level: 'Could it be sent from above?' Immediately after that sentence he shows the angel figurine. He calls it a Reiki angel. Chaplain and conversation partner alternate very quickly in meaning layer (which I already called layer switches,

see chapter 5.1.1) but ultimately the chaplain assumes that the angel is something or someone accompanying the conversation partner.

For a moment patient and chaplain interact on that existential and symbolic layer (1ACh33 could be a citation or paraphrase of psalm 121), but then in 1AP34, the patient leaves that layer. 1ACh34 seems to try both to acknowledge the gifts, but also tries to return to the angel, but the patient (1AP35) is not willing to go along, unless he is telling something about the support he receives from the nurse, his relatives and their gifts, and the angel, which is perhaps the symbolic expression of that support.

1ACh36 is another attempt. In a direct way the chaplain asks the patient if he can relate to angels. In 1AP37 he responds that he believes in angels, in the angel Gabriel. But in the second part he is again on the cognitive layer. He has a friend that can tell him more about Reiki. The chaplain rounds off this part of the exchange by stressing that the angel is near him, on his bedside table. That is acknowledged by the patient: 'Yes, it is with me. If it doesn't help me already, at least it won't harm me (1AP39).' Although she does not remain on the existential or spiritual layer all the time, the chaplain's receptiveness for imagery and symbol offers the opportunity to speak about the sources of support and his longing for support in his fearful situation.

The chaplain as a meaningful source

In the connection between experiences and meaningful sources, Case Marvin offers an interesting intervention in visiting the patient at home.⁶¹ At the beginning of the first conversation, the conversation partner recounts the miracle story meant as consolation, told to her by her dentist, which angered her. After some time, the chaplain returns to the theme of comfort.

1MCh13 – 1MP25

Ch13: Because, yes, what does comfort you? (...)

P14: Um, interest, empathy, not those implausible things. Interest I like very much (...).

Ch15: That it's really about you?

P16: Yes.

⁶¹ It is noteworthy that three of the seven chaplains submitted conversations that took place in the home situation. Something I did not expect. Here it is Case Marvin, further Case David and the verbatim Case from Gerard.

- Ch16: Because how is that? (...) Until now you always came to [name of hospital], but now I am coming here for the first time. What is that like?
(...)
- P18: Um. Still more that, that it comes to me instead of me having to go to something else.
- P20: So that the interest is more towards my side.
(...)
- Ch23: It changes things. The surroundings are different. It's... Now I'm a guest at your place and it's your surroundings, your living room, your things around you, your living space.
- P24: Yes. It's just a small world, but it is my world.
- Ch24: It is your world. And well, what I, what I know from the conversations we have had, is that this world of yours, however small it is, as you say, um, is very dear to you.
- P25: Sure. I wouldn't want to leave here. Or there must be no other way, but now you're here. Soon you'll be at my bedside.

The visit is located at the patient's home. 'Home' has a special meaning for the woman. It is a small world, she says, but it is her world. It feels familiar. It is the place where, when the time comes, she wants to die. Marvin acknowledges the specialness of the location by calling himself her 'guest'. Besides that, to her a visit at home from the chaplain is a sign of genuine interest. By visiting her he embodies one of her sources of comfort.

The use of the domain question

The explicit question what provides someone support or strength occurs in several cases. In form it is an informative question and could fit into the basic listening skills. However, since the question ties in with giving meaning, I call it a domain question, linked to the domain of meaning and worldview. Asking about meaning also belongs to the nuancing phases of a conversation.

6.2.3 Contribution of the conversation partners

As in Case Ingrid, it is striking as well in the other cases how often it is the conversation partner who contributes to hermeneutic communication by introducing an existential theme, or by being the first to enter into the existential layer. That can occur at the very beginning of a conversation, but also when the conversation has been going on for some time. In addition, there is a notable use of imagery in many forms. Furthermore, a number of conversation partners are their own

interpreters. In the following I distinguish several modes that are to be found in the conversations.

Setting the theme or entering the existential layer

When asked how she is doing, the conversation partner from Tineke's first conversation opens almost immediately with an extended narrative. It consists of several existential themes. From all presented cases, this one is the most illustrative example of the theory that people give meaning by telling their stories.

1TCh2-1TCh5

Ch2: (...), how are you doing?

P2: Well, it's fluctuating because um, I've had an operation. I, myself, I am a smoker. So, um, my whole life from the age of 14 I've smoked. And um, I have, yes, um, single-handedly raised my daughter and she is now an adult. And who is, um, on her own she lives. And I've had a very poor employment history for the last 10, 15 years anyway, you know with temporary jobs and being on unemployment. I mean, fine it's all there, but just psychologically pretty tough. And then now I'm also 61 and I also have to find a job anyway. And ehm, last year I was on sickness benefit within the UWV then for the most part, due to Burn out. Following, also, the eye operations here, which all went well. And ehm, yes empty nest syndrome, because she went to (name of city abroad).

Ch3: Well, that's really a long way off.

P3: Yes, also it's not so bad, is it? It could be worse. But anyway, it was very bad, yes. And um, then um, in December I decided um, I wanted to stop smoking, of course. But it's terribly difficult. It really is the most annoying addiction there is and that cigarette which has always been my most faithful companion. Never lets you down. I'm a single mother, huh.

Ch4: Uhum, yes, you mentioned that.

P4: Okay, so um, I said yesterday, my daughter is the dearest thing I have and smoking is the dearest thing I did.

Ch5: So.

The woman from Marvin's home visit also, through recounting the dentist's experience sets her themes, the finiteness of life and the question of comfort. She is also the one who introduces the biblical metaphor of Job.

In Case David the man expresses his fear for the near future (Will the transplant come in time?) using a charged image. He will repeat that image somewhat later.

1DP11-1DP34

- P11: (...) It is just..., you know, actually I am...
- Ch8: You're about to...
- P12: Yes, I want, that heart, you know, one is walking backwards...
(..)
- P32: (...) I was told that it would be a burdensome time and that has become true. It is a rough time. But okay. We have to walk through and then we will see...
- Ch30: Walk through...
- P34: Yes, yes, one just waits.

Especially the image of 'walking backwards' is not just a description.

In the second conversation of case David, the conversation partner enters the existential and also the religious level. The conversation begins with some remarks between chaplain and conversation partner about finding each other there in a single room. The man was brought there just the same day. He praises the warmth of the nursing staff. And then:

2DP7 – 2DCh12

- P7: Yes, they are all super (...) And they want to help to make improvements to make life still worth living, or even better. Whether I stand a chance, David, I'll leave that for now. God will determine that.
- Ch8: Well ...
- P8: But I'm not at ease about it.
- Ch9: No, you're not? Last weekend you had...
- P9: Not at ease about it, but I'm not negative about it either.
- Ch10: No.
- P10: If I have to, if it's the time, then I will go, and I also think it's the right time. As I am now, I have little chance of survival.
- Ch11: Yes.
- P11: I, um, I feel from my own body that it can't bear it anymore.
- Ch12: You get too short of breath too often?

Here, it is the chaplain who does not address this existential-religious layer. It is striking that the theme of death continuously plays through the conversation but is not explicitly discussed. This is also true of other themes in this conversation, in which neither the conversation partner nor the chaplain becomes concrete. For

example, the conversation partner talks about Paul's thorn in the flesh, in whom he recognises himself, but he does not say exactly what it is that he recognises in himself, nor does the chaplain ask him about it. He talks about the grave he once bought, about the funeral of an aunt, about the sudden death of a sportsmate, it all seems to circle around the finiteness of existence, without specifically addressing the man's current situation in relation to his own death, in the soon to be here and now.

Imagery

In a sense, what is addressed in the above description can also be seen as a form of imagery. In the anecdotes and images an existential reality is illuminated. The excerpt above from Case David, the second conversation, has a sequence.

2DP14 – 2DCh17

- P14: Too tiring, because then I'll have lost that little bit of energy that I'm building up now. And I also need that bit of energy to get some rest.
 Ch15: Well.
 P15: That also takes energy. I feel cold. Deprived me.
 Ch16: Yes.
 P16: I am out of my wits. I am out of balance. The harmony is gone from my body.
 Ch17: Yes, exactly.

The conversation partner uses no less than five imaginative, metaphorical expressions: 'I feel cold; I feel deprived; I am out of my wits; I am out of balance; harmony is gone from my body.' I already mentioned from case Tineke the expression 'Death or gladioli' from conversation one and from Case Anne the Reiki Angel, and also the 'not fit to live in an aquarium.'

– Personification

The first conversation partner from Chaplain David uses a special form of imagery in talking about his organs and his illness in a personified way. He speaks of them as if those elements have a human nature and can behave like actors.

1DP53 – 1DP55

(...talking about people who are visiting him and stay too long, which is exhausting to him, although he likes talking:)

- P53: Yeah. Yeah. I enjoy that too, for sure. Because I mean, I like to talk. But I mean, not like that. Because then I just can't take it anymore. And then that (the body, the heart – TvL) starts to protest.
- Ch50: Do you feel that? Yes, yes.
- P54: Then it's, um, you, you don't want to listen. I'm going to get you. Yes.
- Ch51: Yeah, yeah.
- P55: It's just that he's all used up, isn't he? That, that's becoming – it's just finished with him. The heart just really needs to be replaced.

And when the conversation is about the sudden hospitalization:

'Because you're just so incredibly into the, the work rhythm, every day, and all of a sudden from one day to the next you're, or, yes, you're not-Lying in the hospital. And then you're caught off guard. Because you can't work anymore, you're not allowed to work anymore and, and, and, you know, then you're shut away in a corner. And yes, then you just feel- Yes, what can I say? Worthless. Then you no longer belong in society'(1DP65).

– *Biblical images*

Finally, some of the conversation partners use biblical images or characters to identify with. In case Tineke the woman mentions 'Psalm 23' ('I know my classics' (1TP52)). In case Marvin from the first conversation 'Job', in case David from the second conversation, the apostle 'Paul' and 'the thorn in the flesh', in Case Anne some expressions that refer to religious dimensions such as 'It comes from above', 'God is merciful', 'angel.'

It is surprising to see how often the conversation partner uses imagery. Besides entering the existential layer or stating the theme at the beginning of the conversation, the conversation partner also uses imagery in different forms during the conversation. Different manifestations emerged: existing sayings and expressions, comparisons (aquarium), objects (Reiki angel), personification of the body or of illness, religious expressions and biblical texts. In a condensed form, a worldview, existential theme or spirituality is represented.

The conversation partner as interpreter

While people tell their stories, which is in itself a form of attributing meaning, they sharpen that meaning by also commenting on their own story while telling

it. They thus become their own interpreter and make a hermeneutic contribution to the conversation.

In Case Tineke, first conversation:

1TCh35 – 1TP35; 1TP52 – 1TP53

Ch35: (...) And how is that? To acknowledge that?

P35: Well, particularly, because I, because you feel like you didn't have to be there. But you are there. (So) you go and prove that you are allowed to be there. So, you do that, you do your best. At school, in your job and with that, you cross your own boundaries regularly to belong somewhere. (To) feel that you belong somewhere, but there's also something in someone like me that also alienates people again. You know, it's also the disbelief in, that someone really loves me and cares about me. (...)that also causes distance again at some point. (...)

The same woman also gives her own interpretation of the quoted psalm:

P52: (...) So then I count, I also know my classics, huh, I count my blessings and I have often thought in these last weeks, ehm, how is it, even though I am going through a valley of deep darkness I fear no evil for thou art with me. Thy rod

Ch53: thy rod and thy staff ...

P53: Thy rod and thy staff comfort me. But then, for me, thou is above all the people. And the, and also, yes I am also quite pleased with the nurses. So it's, it's what my mother had, she was right about that too. Faith is something horizontal you know. You have to do it here. And I think myself, when I think of heaven I think of just peace. That's what awaits us. Rest. Well, that's what people, I long for sometimes.

In the woman's hermeneutic approach to the 23rd Psalm, 'thy' and 'thou' stand for other people, just like 'heaven' stands for rest.

6.2.4 Themes, sources and connections

Themes

I now look more closely at the existential themes that are addressed.

– *Death*

In the first conversation of Case Marvin, 'Death' is an important theme. The conversation partner lives in the polarity of 'the awareness of the inevitability of death and her desire for continued existence' (Koole et al., 2006). That is almost

literally the question she asks her doctor ('I hope not to die soon'), upon which the doctor calls the chaplain for consultation. In Case Marvin, the woman from the second conversation faces impending death. A number of sub-themes are linked to that theme such as loss of life and loss of loved ones, that touch on a current loss, her husband suffering from dementia. In Case David, this theme appears in both the first and second conversations (the man waiting for the heart transplant and the man, seriously ill, with the theme always implicit in all anecdotes). The man from Case Tineke, 2nd conversation, is also concerned with the tension between the desire to continue life and the threat to it in the recurring *cva*.

– *Isolation*

A number of conversations focus on connectedness with others or the lack of it. In the first conversation of Case Tineke, this theme comes forward from a deeply existential and biographical layer. In the first conversation of Case David, there is the loss of relationships, friendships. In Case Anne, the man talks about the desire to be home again, together with his wife that forms a tension with his desire to be on his own. All these concrete gestures of connection or lack of it, affect the theme isolation, 'the need to feel connected to others versus experiences of rejection and the realisation that one's subjective experience of reality can never be fully shared (Koole et al, 2006, p. 213).

– *Identity*

In the first conversation of Case Tineke, the question, Who am I, now it seems that I will recover?, is important. It is addressed by the woman recovering from lung surgery, in relation to her biography, but also in relation to her healing process and the future that is opening itself. In the first conversation of Case David, the man faces the ever-increasing limitations of his illness. He no longer recognises himself. He even expresses alienation from himself, 'I despise myself' (1DP43). In Case Anne, the conversation partner shows a clear sense of identity in naming fundamental values in his life. According to him, humanity must also be an issue in the care context. All of these subjects affect the theme Identity. In existential psychology the polarity under that theme is described as: 'A clear sense of who one is and how one fits into the world versus uncertainties because of conflicts between self-aspects, unclear boundaries between self and non-self, or limited self-insight' (Koole et al, 2006, p. 213).

– *Freedom*

The woman from the second conversation of Case Marvin struggles with aspects of the question why things are happening to her. What did I do to deserve it? In

conversation three of Case Marvin there is an underlying theme of disposition, responsibility and guilt. The man struggles with the limited care he was able to give to his father and his absence at his death. In Case Anne the man wonders where it comes from, his anxiety, or the help he gets. Will it come from 'above'. The question that lights up in all these issues is: 'to what extent is a person free to act and how does that relate to the external forces acting on life; what is the relationship between fate and responsibility?' This is the underlying polarity from the theme Freedom (Koole et al, 2006, p. 213).

Meaning

In conversation one of Case Tineke, when the outcome of her surgery is favourable, the woman faces the task of discovering and designing a new, meaningful future for herself. 'I still need to find a new passion, a new sense of meaning' (1TP59). She looks forward to that hesitantly but also longingly. It touches also on the theme of identity: 'Who will I be, beyond fear?' That is also tied to near future (see the next item). But in all of that sounds the desire to believe life is meaningful versus events and experiences that appear random or inconsistent with one's bases of meaning. As such, in the terms of existential psychology, 'meaning' as existential concern is at stake here (Koole et al, 2006, p. 213).

Thus, almost all existential themes that appeared in the conversations can be categorised under one of the five existential concerns as defined within existential psychology. Yet there is one theme that frequently occurred in the cases that did not lend itself so well to one of these five. It involves the theme of the near future, always with the content: How will I get on after my hospitalisation? It is easy to imagine that this is a theme specifically evoked by the healthcare context. But it is existential in nature, as the conversations illustrate. I make a tentative attempt to describe the theme:

– *Future*

Chaplain Tineke's first conversation with the woman, operated on for lung cancer, deals with meaning, identity and isolation, but also slowly pushes the question of how she will shape life herself, now that the prognosis is favourable. With that, the near future is at stake. Can she trust herself to it and hope for a new meaning, or will fear and inability to trust reappear? In conversation two of Case Tineke, the man is clearly dealing with this question. This is not the first time his life has been set still. How will things continue? Will he recover completely after recurrence of *cva*? Will he be able to attend to his boat again? The theme is also present in the first conversation of Case David. The health of the man waiting

for a heart transplant is rapidly deteriorating. What will his future look like? The theme of death is equally at play, but the man's main concern is whether there will be anything left of his life once the operation has taken place. It is the patient's hope that after the transplant he will again be able to enjoy life and doing things together with his wife. David's third conversation is with the woman who hopes she will recover sufficiently to once again experience the joyous moments with her children and with her friend, who will be royally decorated. The theme 'future' is also a central theme in the first conversation of Case Anne. The patient is worried about his recovery and how it will continue now that his 'weight is increasing again'. When will he be dismissed from the hospital? How will things go for him at home? What can be expected ('I don't know how to go on'). There is also longing ('Good to be at home again').

For the cases I examined, I propose a sixth category of existential concern: '(near) future' with an underlying polarity of the confidence to be hopeful about the (near) future with regard to life versus the expectation that despair will be the final outcome. Can life recover, renew itself, with limitation if necessary, or will there (again) be the succession of setbacks and disappointment, of becoming more limited and more circumscribed?

Sources

What are sources of strength and support, of everyday and existential meaning that are connected to during the conversations? The following sources are mentioned and connected to the themes discussed above.

Personal attributes

For the woman from conversation one in Case Tineke, her resources are mainly her personal attributes.

Important others, relatives, friends

Specifically mentioned are an only daughter (1T), children ((1M, 3D), friends (1T, 2T, 1M), a professional from the past (1T) or from the present (the chaplain himself in case 1M), a deceased father (3M), and a father-in-law (1D). In conversation one of Case Marvin, the woman notes that for her 'genuine interest' is a source of comfort. The chaplain visiting her at home, in her own world, embodies that genuine interest. In the first conversation of Case David daily or holiday activities and friendships come forward as meaningful sources that help the conversation partner to transcend the current situation.

Religious tradition

In conversation two of Case David, the Christian religious tradition is of importance to the conversation partner. The chaplain ends the conversation with a prayer that includes quotes from the conversation partner. In the second conversation of Case Marvin, the catechesis on the biblical character of Job seems to confirm the woman in her new understanding that the suffering happens to her and is independent of whether she deserved it. In the first conversation of Case Marvin, God and prayer also emerge as important sources. The chaplain connects to that and also ritually shapes it by saying a prayer. For the Muslim from the third interview, God is an important source, guiding and directing his life (placing him in the current situation) but also requiring him to take responsibility (3M).

Sometimes it remains unclear what the meaning or significance of a religious tradition is. In conversation one of Case Tineke Psalm 23 is quoted. It comes from the parental home, but is somehow still of significance to the conversation partner. The content of the Psalm, 'Thou art with me; thy staff and thy crook are my comfort,' might have a connection to the theme, 'To whom I am connected' (isolation). Case Anne has some references to special guiding such as a specific nurse supporting the conversation partner in his anxiety ('sent from above'), the figurine of the Reiki angel, and, as the chaplain mirrors the significance of his relative recovery, the expression 'God is merciful.'

Material objects

For the man in conversation two in Case Tineke, his boat appears to be an important source, but the coming period in the rehabilitation centre is also a source of hope to regain life. The meaning remains somewhat unclear, but the gift of the figurine of the Reiki angel in Case Anne, seems to be a symbol of special support.

6.2.5 Plurality and the chaplain's tradition

One of the reasons for initiating this research are the rapid changes in society with regard to worldview. How do chaplains interact in the face of an increasingly pluralistic and plural worldview society? The importance and relevance of this question was strongly acknowledged by all respondents. It is, therefore, remarkable that none of the submitted conversations immediately or clearly reflects religious or worldview diversity. Of course, pluriform worldview and plurality do come into play, since no two people are the same. And even when people belong to the same worldview tradition, there are still sufficient differences to be discovered between

them. In the interviews there is some discussion of this, but religious diversity is only explicitly discussed, or actually discovered, in one conversation. In chaplain Marvin's conversation with the man after an amputation an interfaith dimension is present. The manner in which that is the case but discovered late in the conversation is left unnamed, but is also special. Chaplain and conversation partner talk together about God without difficulty. But it is only when the conversation partner tells an anecdote about his aunt and casually mentions the Quran that the chaplain realises he is conversing with a Muslim. Until then, he automatically assumed that the man's talk about God stood in a Christian frame of reference. Two aspects stand out. First is the presupposition of the chaplain to that point in the conversation. The second is the effortless ease with which both understood and concurred with each other. The conversation partner was, by the way, well aware of the fact that he was speaking to a Christian pastor.

Differences in spirituality are, however, noticeable in several cases through the chaplains' interventions. In the previous chapter, that became visible in Case Ingrid. In the remaining casuistry, Case Marvin provides the clearest example. In his first conversation, his explanation of the book of Job reveals a clear worldview, theological view, that differed at points from the view of the conversation partner. It does help her to be more aware of the why question and her own answer to it from her own point of view. The chaplain's intervention is helpful in this regard. In Case Anne, the chaplain tries to understand the meaning of the symbol her conversation partner brings up, how the Reiki-angel provides support for the man and in what way it does so. She does not immediately succeed in bringing the worldview aspects more to the fore. She asks him about his belief in angels, but despite the man's affirmative answer, the conversation moves away from that. Further on, around a more profane images of the aquarium and the leashed dog in the doghouse, she shows she does not shy away from dialogue.

Some explicit expressions of worldview or religious tradition expressed by the conversation partners are not picked up by the chaplains. That can be seen in conversation one of Case Tineke, where the woman quotes Psalm 23. The chaplain adds to the text but does not elaborate on it further. Similarly in Case Anne, where the conversation partner seems to refer once to heavenly help ('Will it come from above?') or makes an explicit exclamation ('God is merciful!'), the chaplain does not respond to those statements. In conversation one of Case David, when asked about day time activities, the conversation partner mentions the Bible, from which he reads. Again, the chaplain does not address that. In their views on the profession and on hermeneutic communication regarding bringing together experiences and sources, all chaplains are reticent and cautious about working with their own

religious tradition or sources. They all stress that it is the other person for whom that should be relevant and appropriate. But it is remarkable that when the other person expresses such a thing, it is regularly passed over. Where, on the other hand, there is input from a chaplain drawn from the Christian tradition, that works out well in all situations. The prayers uttered (2D, 1M) or texts mentioned (2M) fit well and are affirming for the conversation partner.

6.2.6 Opportunities

The set of submitted conversations is a rich collection of practices in the field of hermeneutic communication and chaplaincy. In this study, my first task has been to highlight that richness and provide direct insight into those practices for the sake of further clarification and development of hermeneutic competence. When in the following I also mention opportunities and possibilities that become visible in the conversations, that is in direct line with the last aspect of this objective. There is no intention to criticise the quality of the conversations conducted. Speaking of opportunities simply means identifying some salient aspects, that could serve to further clarify and develop the hermeneutic competence. The focus is on opportunities and not on missed opportunities.

Elaboration of narratives

Autobiographical narrative appears in several cases. Conversation partners tell about (parts of) their lives. In it, they ascribe certain roles to themselves and others. They narrate from a certain perspective and also narrate according to scenarios. These (and other) perspectives from narrative theory can be helpful in analysing and supporting the meaning embedded in the life stories. Examples of narratives that are not or are minimally analysed can be found in the first conversations of Case Tineke and Case Marvin.

Specific religious terminology

At certain points, conversation partners use explicitly religious terminology that is not further explored. In conversation one of Case Tineke, the conversation partner quotes Psalm 23. The man from conversation one of Case David says that part of his daily activities is reading from the Bible. In the conversation in Case Anne, there is an explanation to which the chaplain does not respond.

1AP79 – 1ACh79

P79: Then I was really very ill and I'm not anymore.
 Ch77: No.
 P80: (hard to understand) Merciful. God be merciful.
 Ch78: Yes.
 P81: I mean ...
 Ch79: But yes, your initial situation was obviously already not... splendid.

Being attentive to imagery

Engaging with profane imagery can provide a starting point for exploring and elaborating on existential themes. In the second conversation of Case Tineke, the man's boat functions as an image of life.

Communicating on the existential layer

Several times already I have pointed to the *layer switch*. To put it exactly, a layer switch is not an intervention in itself, but an effect of an intervention. Although Hartmann uses the word layer switch, he does not elaborate on this aspect and I have not come across it in the literature.

Keeping the focus on the existential layer poses a considerable task for chaplains, given the many moves away from that layer. There is sometimes no other way. The conversation partner also plays a significant part in this. Still, the question is whether chaplains realise that in the moments of boredom (Case David), spinning in circles (Case Ingrid) or the 'rehashing' (Case Anne), they themselves possibly have a part in that and what it is that makes it happen. I point to a number of possible appearances.

– *Need for information*

One of the most common impulses for moving away from the existential layer or not going there, is the felt need to obtain information. For extended periods, chaplains stay on the cognitive layer or return to it. Case David contains in conversation one a moving passage about the relationship between the conversation partner and his deceased father-in-law. The conversation partner introduces that topic, when talking about having worked hard in life. It is then that he mentions his father-in-law. After his own work, the conversation partner helped his father-in-law in the vegetable garden. The chaplain connects in 1DCh125 on an affective / emotional layer.

1DCh125-1Ch126

Ch125: Yes, yes. You loved him very much, didn't you? You once told me so.

P142: Yes, but there he stands, you see? He doesn't go away, does he? If that goes away, then I will go away to.

Ch126: Yes, exactly. Did he also live in (name of the village), or...?

The intervention of the chaplain is followed by an existential expression in P142. But instead of exploring that expression, David 'level switches ex' in Ch126 by asking about the place of living. It is followed by a very long exchange (more than 8 minutes) of thoughts about places, villages, cultural spots in the region. It ends with a map of the region that the patient hands to the chaplain as a spontaneous present.

There is also conversation about the patient's involvement in a church. He expresses his disappointment that he receives few visits from the church and the local minister. The chaplain then asks about the church council and whether the conversation partner has actually joined the church council. The conversation shifts from that existential theme (the desire for contact and connection tied to the existential theme of isolation) to the activities of the church.

– *Style*

In Case Anne, especially in the first part of the conversation many themes arise, are 'touched' on but not elaborated. The chaplain often changes from layer and asks for information, responding on a cognitive layer. The somewhat amicable style, with humour, makes the conversation relaxed but also fosters a manner of conversation that prevents concentration on one issue.

In Case David layer switches are not uncommon, but they do not seem to interrupt the flow of the conversation. In conversation one, that was cited earlier, an example can be found.

1DP71a – 1Ch69

P71a: I was, got angry. And I ran to the shed and I got a little chopper. Got down on my knees next to it, I hit and sat there cursing, you don't want to know, really cursing, venting off.

P71b: And I couldn't take any more. Yes, a moment later the ambulance was there, right? Hup, gone.

Ch68: Yes, yes, yes. And that tree?

P72: Well, that um, someone else had knocked it off the next day.

WP*16: It never came back. Yes, later we could laugh about it, but not at that moment.

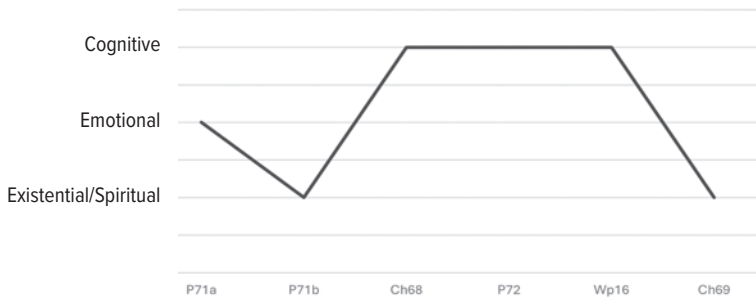
Ch69: Oh, but at that moment you also think, now he's going to die.

WP17: Yes. Really.

*WP = Patient's wife

There is a *layer switch ex* by the chaplain in 1DCh68, immediately followed by a *level switch in* in 1DCh69. In 1DCh71 (-ex) and 1DCh72 (-in) that pattern is repeated. Both *level switches in* keep the conversation on the existential level. The pattern can be visualised:

Figure 16
Layer switches
1DP71a – 1Ch69



– *Conflicting 'roles'*

What does a chaplain do at what point? In Lang and Van der Molen's model of conversation, two different roles are named in the nuancing phase: the communicative detective, who searches with and counters the conversation partner to achieve differentiation and clarification, and the teacher, who uses information to create clarification (2020, pp. 97,101). When in conversation two Chaplain Marvin offers a long psychoeducational exposé on anxiety in a teacher role, he concludes with a metaphor in the detective role. 'Anxiety hinders like a stone. But is it a stumbling block on the road, or a pebble in a shoe?' The image is apt, but does not really make a connect. It could be that the cognitive explanation of the anxiety phenomenon prevents the connection at the existential layer through the metaphor.

– *Choice of 'instrument'*

An example of a questionable choice of instrument is the informative question instead of an experiential question in Case Anne (1ACh17; 72,73). Anne often uses informative questions, sometimes closed. Even when emotions are to be expected:

1ACh17: Was it a tense situation yesterday?

1ACh72,73: Do you now have the idea (...) that you come out of it better than you went in?

1ACh17 is a cognitive question for emotions. To both questions the patient responds with medical information. Experiential questions might have given a more existential answer.

– *Enigmatic situation*

Sometimes it can be quite difficult to stay on the existential layer. It can still be too perplexing or enigmatic (which is a characteristic of existential experiences), too vulnerable. In Case Anne, both, chaplain and patient leave the existential layer frequently. Examples are in the passage cited earlier on the Reiki angel (1AP23-P39).

1AP27-1AP34

P27: I don't know. Is it sent from above, I can't imagine that. Did I show you that figurine?

Ch27: I don't know, no (P seems to grab something)

P28: It is a Reiki angel

Ch28: A Reiki angel?

P29: Yes, you may hold it. Don't drop it or it will break.

Ch29: Purple, yes, what kind of stone is it?

P30: Ame..., ame..., amethyst.

Ch30: Amethyst.

P31: Do you like it?

Ch31: Who gave it to you?

P32: My sister-in-law and my brother-in-law

Ch32: And it accompanies you, ... that angel?

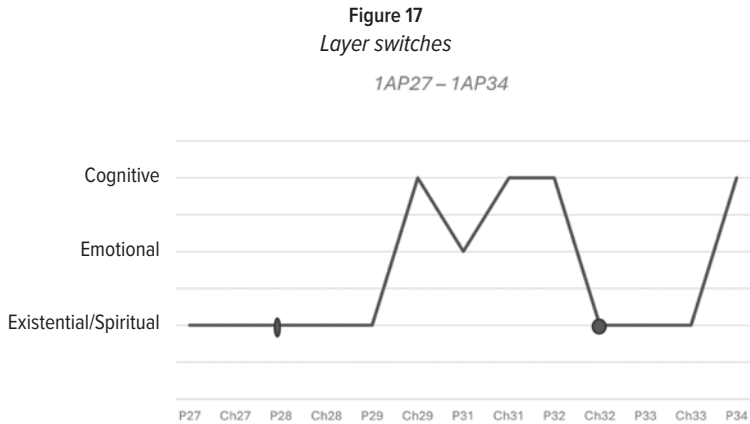
P33: I should hope so.

Ch33: It watches over you or something

P34: I, I, I don't know, I know that a form of Reiki, um... yes... from my sister-in-law I got that balloon....

They are still talking about the support P received from a nurse. Then the man moves on to the figurine. The image of the angel connects with the comment, 'Is it sent from above?' in P 27. In 1ACh29 the chaplain leaves the existential and spiritual layers with their symbolic expressions and asks for information (*layer*

switch ex). The patient, in 1AP31 tries to continue on a more affective layer: ‘Do you like it?’ which is a layer switch *in*, but Anne, again switches out (*layer switch ex*) by asking from whom he has received it. But immediately after the cognitive, informative answer, she *switches in*, to the spiritual layer by supposing in an imagery way that the angel provides accompaniment (1ACh32). Both continue on that level, until the switch *ex* at P34. The conversation pattern visualised:



In conversation two of Case David the theme of death is constantly touched upon, but neither the conversation partner nor the chaplain actually name, or are able to name the theme as an existential issue for the man.

– *Not noticed*

It can occur that despite all good intentions and focus, the existential dimension is not heard. This seems to be the case in Case Anne at 1AP59:

1AP59-1ACh59

P59 Yes, because I don't know how to go on.

Ch58 You don't know how to go on.

P60 By that I mean to say, I don't know what decision I have to face. At least a ct scan.

Ch59 Yes. ... and then?

P59 is very existential. Ch58 repeats the sentence (*parroting*). In P60 there is a *level switch ex* made by the patient. The chaplain follows. Returning to the existential level might have invited the patient to tell more about not knowing how to continue.

This concludes the discussion of the results based on the analysis of conversation practice according to the process, content and distinguished roles of chaplain and conversation partner.

6.3 Reflections

The question respondents were given for reflection immediately after a conversation was: What makes you consider this conversation a good example of successful communication in the light of hermeneutic competence? When beginning this part of the study, my first thought was to select best practices from multiple conversations. In practice, the chaplains did not choose their submission from multiple conversations, but instead submitted what they had available. In addition, not every chaplain wrote the reflection immediately following the conversation. With a few, the conversations were looked back on in the interview, but there was a considerable time gap between the moment of the conversation and the interview. Those who wrote a reflection immediately after the conversations were Tineke, Marvin and Anne. It is noticeable that all respondents chose their own perspectives for their reflections. For this study, I was interested in how they looked back on the conversations from the point of view of hermeneutic communication, plurality and their own tradition. In section 6.1, for each case, an inventory was made of the views of each chaplain separately, insofar as the reflection providing information about that. After this 'vertical analysis' of the cases one for one, including that of Ingrid in chapter 5, I now look horizontally at similarities and differences.

Hermeneutic communication

Four of the five chaplains connect hermeneutic communication with their conception of chaplaincy task. For Ingrid, it involves searching for meaning. Marvin, too, searches for meaning but in the encounter with the terminally ill woman, at home, he focuses on the supporting role that, he hopes, the biblical story can play in providing meaning. With the Islamic conversation partner, Marvin is mainly exploring how the man's coping functions and whether it is supportive to him, but he also writes, 'I'm also witnessing the stories he is telling and how he uses them to find strength.' Marvin refers here to the family stories of the father and others as 'strong' identifiers, but also to the story the man tells about his life in relation to the medical procedure (current experience) and the meaning of God in all that. For David, helping people to look in a different way at what is going on, is an important

objective in his professional understanding and also in his conversations. With the man waiting for the heart transplant, that is not easy for him. Nevertheless, he says, important themes in the man's life did come up and sources of meaning did get named. Anne is particularly focused on making connections. Specifically, that is done through the actual experience and image of the Reiki angel, through the conversation about the hospital situation in relation to the man's values (freedom), but also through the connection between chaplain and conversation partner in their significance for each other.

When it comes to technical conversational skills, not all of the chaplains are satisfied with themselves. Four out of five raise critical questions or comments on the conversations conducted. 'It's going around in circles' (Case Ingrid), 'I'm not getting anywhere and wonder what I'm actually doing here' (Case David), 'Am I asking enough' (Case Tineke), and 'What a hassle!' (Case Anne), are their comments. Their comments pertain to the whole of their conversational practice. They are not specifically related to the hermeneutical aspect.

Plurality

The chaplains reflect little on the issue of plurality. Only Marvin says he always wants to know what someone 'believes'. He therefore always asks about it and that is visible in the conversations he submitted. He is surprised when, in a conversation with a man, it turns out that the God they are talking about is actually called Allah.

Chaplain's tradition

Ingrid and David reflect on their conversations from the perspective of their own traditions. Ingrid is ambivalent. The biblical story about the lepers, in a way, 'escapes' from her, because she does not want to frame the other's story in such a way as to risk dispossessing it. At the same time, she recognises that her intervention is authentic. It forms the mirror to reflect the man's isolation, and exemplifies her personal commitment that isolated people should not be abandoned. That personal commitment also applies to her fifth conversation with the woman who wants to be baptised and join a church. Her concern is activated and she suddenly nuances conceptions of faith.

When David looks back on the conversation he conducted, with which he is unsatisfied (the man waiting for the transplant), he does come up with two aspects that he considers important. First, he is, in a sense, substituting for the local pastor and thus also representing the local church. The second thing he discovers is that in light of the duration of the conversation and lack of real progress, he becomes a participant in waiting. It would have been interesting to explore further whether and how this 'presence in waiting' is related to David's spiritual identity.

6.4 Professional views

I now make a similar horizontal movement through the different professional views. For the individual views of the chaplains, I refer to the individual profiles in 6.1. In this section, I include the views of the two chaplains, Gerard and Benno, who did not submit audio recordings but one or two verbatims, respectively. The verbatims have not been included in the analysis above, but I return to them in section 6.5 and in the concluding paragraph of this chapter. The two chaplains did participate in the interview series (INVG and INVB). Their professional views, views on hermeneutic communication, plurality and own tradition were discussed with them.

Views on the profession

Searching for meaning and finding sources of support is a common thread running through the understandings of all of their professional task. It is noteworthy that meaning is related to the here and now, for example, explicitly expressed in a question like, ‘What is important to you now?’ The chaplains place different emphases. Ingrid mainly looks for what can help someone to persevere, obtain happiness and find inspiration. Tineke labels her task support in ‘well-being’. Marvin and Anne try to make connections between the present and earlier periods of life. David explicitly mentions meaning-making from the religious domain (‘People know we come from there.’) and Marvin looks for it (‘I always ask about faith.’). Creating a space for self-reflection is also mentioned (Ingrid, Marvin). For Gerard and Benno, the focus is on, ‘What is at stake?’ Chaplains want to be present and provide space for what is important, with Gerard passionately noting that it is about a qualified, professional presence, far more than ‘just being there.’

Along with their perspectives on the profession, I also asked the chaplains when they feel satisfied in doing their job. I used the term ‘professional happiness’. A sense of togetherness and an experience of being touched play an important role. ‘When people open up and what is important is entrusted to you,’ says Ingrid. ‘When the conversation goes deep and also touches me, too,’ say Tineke and Anne. ‘When together you become aware of the other dimension, the mystery of life,’ David mentions. ‘When I am needed in the care team,’ was also the response of Marvin and Benno. Tineke indicates that professional happiness arises when she can make daring interventions on the cutting edge, a not-so-obvious question or a question that can feel inappropriate, or using Bible texts that match the conversation partner’s life.

Views on hermeneutic communication

The search for sources of strength, support and inspiration is mentioned several times as a characteristic of hermeneutic communication (Ingrid, Tineke, Gerard, Benno, Anne, Marvin). Marvin and David emphasise the actual occasion of the encounter in terms of what happened and why? For Anne, hermeneutic communication is about connection between what is happening now and other moments in the person's life. Connection also occurs with others in 'sharing the story in relation to current experiences and to that which provides inspiration,' according to Marvin.

To understand what the need is, only Gerard explicitly uses a diagnostic model. The others use no model or only an internalised framework based on previous study and experience. The word intuition is mentioned and a kind of sensorial approach (Tineke). Sometimes the chaplains ask about the other person's religious sources (domain question). Ingrid mentions that, and Marvin always asks the question explicitly because no one else asks. In contrast, Dick never asks the question on his own initiative, but seeks to pick up signals that point in that direction.

The chaplains also point to the power of imagination (Anne), ritual design and specific 'imaginative tools'. The latter include individual rites like prayer and anointing, but also collective activities like Sunday celebrations, looking together at art, listening to literature, and reading poetry. 'Art and Imagination are sources of meaning,' says Gerard (INVG-Ch10). In all that, a perspective resonates that through connection and specific design, a renewed interpretation of what is going on in life emerges. 'A broader text,' says Tineke; 'self-understanding and new insights,' says Marvin; and a 'different perspective,' says David.

Plurality

In the context of plurality, it is notable that many of the chaplains (Ingrid, Marvin, David, Anne, Gerard) have difficulty connecting with people with a spirituality that makes conversation difficult. 'As if I am only there to agree,' Gerard says, thus varying what others also say when it comes to confrontation with what they perceive to be a faith with a massive character. One of the expressions of that is, 'This is how God wants it.' The chaplains have the experience that it is sometimes easier to talk to someone who is from a different religious background than from a background that in name is the same but with such a 'massive' image of God.

When it comes to people from a different ethnic background, language is often the main problem. Making contact succeeds, but moving forward is difficult. There are varying experiences with people with an Islamic identity. Some encounter the same difficulty, described above, concerning a massive image of God. But several

of the chaplains also report that they often unexpectedly experience a sense of connectedness and togetherness.

Gerard lists quite a few categories where diversity and plurality play a role and where he experiences difficulty. Besides the aspects already mentioned, he mentions people who refuse conversation in advance and gender diversity (where, in the case of female patients, their condition or their story touches on intimacy).

The chaplain's tradition

The vast majority of chaplains cite their own tradition or spirituality as an important source in doing their work. From and through that source, they are motivated and find their strength. 'I don't do it alone,' says Benno. 'It is too big to do this by myself,' says Anne. For Marvin, the connection with the endorsing church is important.

In relation to the conversation partner, all chaplains are cautious at this point. Only if it suits the other person are elements of their own tradition and conviction brought into the contact. When this happens, Gerard says, it is out of strategic consideration, if the authority of the ministry is helpful to get or deepen the contact. Marvin also uses this as an argument. In rituals, it is mostly public.

At the same time, the conversational material but also the interviews show that at least some chaplains experience ambivalence in this respect. Despite her reticence, Ingrid shows a number of conversations in which she is boldly present with her own tradition. She uses the biblical story of the lepers, offers her views on the function and scope of prayer and, out of concern for the other, also offers an alternative theological view to what is taught in some churches. Tineke is very reticent, but does say that her deepest satisfaction in her profession comes from the conversations in which Bible texts are at times included and that deeply touch the other person and herself. Not because of the biblical stories themselves, but because of the amazement that a simultaneity can occur between the story the other person has to tell about life and the story of the Bible passage. Marvin, too, expresses reticence, but in his conversation he provides a comprehensive Bible exposition of which his own view and theology are a part and in which his own spiritual outlook on life can also be observed.

In contrast, there are also passages in the various conversations in which conversation partners reveal something of their religious beliefs, but where those signals are not taken up or elaborated upon by the chaplains (Case Tineke, Case Anne, Case David).

6.5 Contributions from the verbatim cases

The verbatim cases were not included in the analysis of conversational practice. A verbatim is a written-out conversational record in direct speech, as preserved in the chaplain's memory, intended for learning from it. Years of experience in CPE and, more recently, in initial training have demonstrated that the use of verbatims is a good learning tool to capture conversational dynamics, basic conversational interventions and conversational attitudes. Learning efficiency is enhanced in a training group. For representing the exact course of events during the conversation, however, verbatims are insufficient (Riemslogh, 2011). The distorting function of memory makes them unsuitable for this study.

After analysing the conversation protocols from the previous five cases, I did take a look at the verbatims. Although written down from memory, some elements can be discerned that support the earlier findings from the previous cases. I highlight some aspects from one of the verbatims of Case Gerard.

Initiation of existential theme and imagery by the conversation partner

In the conversation of chaplain Gerard, the conversation partner introduces through an image the existential line immediately after the chaplain enters. The setting is a visit to the home and the man is terminally ill and extremely limited, living in the living room with a mobile bathroom in the garden, which with help he can reach through the garden doors. In the chaplain's recollection, he refers to that as 'his world now.' It contrasts with his life story in which he flew all over the world as a pilot and the airport was his second home.

The conversation partner calls for the religious domain

A somewhat ironic passage occurs. At the beginning, the chaplain clarifies that he has been asked by the hospital to visit the man. He explains to the man what his work as a chaplain entails. The man concludes that he is somewhat of a priest. The chaplain hastens to deny that and emphasises that he is available for all people. His point is to secure the space of his profession and, he later says, the neutrality and availability required by the healthcare institution, for all people without any compulsion to convert. After some time, the man says he has something on his mind and that, as a Roman Catholic by birth, he has for some time been considering going to confession. The chaplain then spends a considerable amount of time trying to regain the territory he too quickly conceded. 'A clear identity, expressed with a non-anxious presence, might have been more helpful here,' Gerard concludes in the interview.

Countering

There is an impressive moment when the man talks about his ever-deteriorating situation, about which he does not speak to his daughter or others, because he does not want to cause them grief. He wants to be strong. This is also how he wants to be remembered. Then the chaplain gives his own impression of the man and appeals to his need to connect and share the finiteness of existence. The confrontational message is, 'You can remain invulnerable, but then you have no contact with your daughter. Perhaps accepting vulnerability and giving connection a chance is an option.' In the chaplain's memory, the man then falls silent for a while (for the first time in the conversation). He appears to be afraid of his daughter's grief, but he then asks if the chaplain will come again to help him prepare such a conversation with his daughter. He needed the countering of the chaplain to face the other side of himself and shape his desire.

6.6 Provisional conclusion

In this last section I summarise the findings from the four cases with audio recordings discussed in this chapter. The cases are broadly in line with Case Ingrid from chapter five. With regard to the content of hermeneutic communication, the grid of existential concerns and their polarities from existential psychology, supplemented by the theme of the (near) future, proves again adequate for the arrangement of themes. Where the chaplains indicate that they are looking for the meaning of what is going on here and now in the life of the conversation partner, these themes provide good articulations. It is notable, however, that such 'diagnostics' are seldom made by the chaplains. They move directly with what they think is important for the conversation partner. They do so intuitively, or based on tacit knowledge, rather than explicitly applying a model of diagnostics.

In process terms, the conversational practice again shows a whole range of conversation skills. The basic listening skills are used in a variety of ways by almost everyone, with Tineke using a lot of 'verbal following' and Marvin, David and Anne asking a lot of informative questions. Here, too, level switches regularly occur. Sometimes the switches are very quick and hardly detract from the line of conversation, but more often it can be seen that following an informative question the conversation moves away from the existential layer.

Three of the four chaplains explicitly say that, where possible, they want to provide a different perspective or a broader context for the narration. Only Anne

does not mention this, but she does do so in her conversation. Notably, where that happens, it is always related to an intervention that fits within the nuancing phase according to the psychological communication theory I used. That was also the case with case Ingrid. It is those moments when the chaplains enter the picture themselves with their own views or perceptions of what has been told. It is the interruption of the story with another image or interpretation.

The existential experiences are connected by the chaplains, or by the conversation partners, to everyday meaning or existential sources or traditions. In the interpretation of what is told or in the representation of experiences, imagery plays a major role. Both conversation partners and chaplains make use of it. Again, it is striking in these four cases how often the conversation partner takes the initiative and actively contributes to hermeneutic communication.

That opportunities and possibilities also remain is described in section 6.2.6. Most salient is the opportunity to maintain focus on the existential layer. Informative questions can be distracting in this regard and are often irrelevant to the existential theme. A prolonged mirroring and following conversation attitude prevents the conversation partner from encountering the chaplain with a resultant loss of opportunity to gain insights from a broadened frame of reference.

This concludes the presentation of the results of the different cases. In the next chapter, I will answer the basic question of this study and draw conclusions from the whole. In addition, I will discuss those conclusions, reflect on the research and make recommendations for professional and training practice.

Conclusions and recommendations

In this final chapter, I draw conclusions from this study on hermeneutic communication in the context of contemporary Protestant chaplaincy in a general hospital. I answer the main question of the study (7.1) and bring the research topics together in a synthesis and discussion (7.2). I reflect on the conducted research and make some recommendations for further research (7.3). Finally, I make some recommendations for educating future professionals in the field of chaplaincy and pastoral care, concerning hermeneutic communication (7.4).

7.1 Answering the main research question and conclusion

Research question

The main question of this research is:

How, in the practice of chaplaincy care in a general hospital, in conversations between a client and a Protestant Christian chaplain, is hermeneutic communication performed, in the current plural worldview context, according to process and content and under what conditions in terms of methodology and competence can such communication be conducted?

There are three parts to the question. The first part asks about the description of hermeneutic communication with regard to content and process, the second part asks about hermeneutic communication in the context of today's plural worldview society, and the third part asks about the methodology and competence required and underlying hermeneutic communication. I address each question separately.

How is hermeneutic communication performed according to process and content?

On the basis of the literary and empirical research of this study, I can answer this first part of the question as follows.

Hermeneutic communication takes shape with regard to process in a dialogical relationship between chaplain and conversation partner through specific conversation skills. Hermeneutic communication takes place with regard to content at an existential layer of the conversation on the conversation partner's concrete experiences and sources of support with a view to seeking and finding meaning.

Three terms of this answer require further explanation: dialogical, existential layer and content.

Dialogical

By 'dialogical' I mean, first of all, the interactive involvement from which both chaplain and conversation partner contribute to a process of understanding and finding meaning, each from one's own subjectivity, but partly in similar ways. The chaplain contributes by being available and creating a space in which the conversation partner can come to reflection and self-understanding. Conversation skills of various kinds, drawn from various theoretical approaches, play an important role. In order to create space for reflection and self-understanding, 'basic listening skills' are important. Basic listening skills also serve to help establish a confidential relationship. For the specific process of understanding and finding meaning, 'nuancing skills' are particularly important. Based on the empirical research, I have added several skills specific to chaplaincy care. These include:

- asking specific questions that focus on the domain of meaning and worldview and on existential experience;
- asking questions about processing new experiences towards the future;
- providing information that in the context of meaning, belief and worldview takes the form of clarifying worldview texts or sources; and
- being able to discern and work with imagery.

The conversation partner also looks for the existential layer, sometimes by naming the existential theme immediately, by telling (parts of) life stories, but also in the form of imagery. The conversation partner's experiences are usually triggered or evoked by the hospital stay. Both, conversation partner and chaplain are active in connecting those experiences with sources of meaning, both everyday and

existential, or with important values of the conversation partner. Shaping hermeneutic communication as a search for meaning and making sense of things is not an activity of the chaplain alone. Both, conversation partner and chaplain establish hermeneutic communication together and in interaction with each other.

With their interpretations, chaplains try to offer a new or renewing perspective on what the other person says. That new perspective can be confirming or confronting, comforting or challenging. In all cases, it means that the chaplain as subject also becomes present in the conversation and thus offers a counterpoint, or becomes a counterpart for the conversation partner.

Next, I also understand 'dialogical' to mean an encounter between two subjects, equal in their humanity (though not equal in their roles), each with one's own background, life history and (worldview) traditions. In hermeneutic communication similarities can be shared. At the same time differences between the two conversation partners are utilised. 'Fragile identities' offer each other 'hermeneutic hospitality' (Moyaert). The 'otherness' of the other offers new perspectives. A necessary condition is that both are present in the conversation from the standpoint of their own individuality and perception. In that dialogical process, as the present research also shows, chaplains are aware of their professional responsibility. They employ methodologically sound interventions and guard a free space in which the other is not turned into an object. At the same time, interventions by the chaplains from their own observations or own worldview sources, in which the chaplains function as a counterpart, contribute to the self-understanding or meaning of the conversation partner.

Existential

With the phrase 'takes place on the existential layer of the conversation', I refer to Hartmann's theoretical concept (3.2). The research shows that it is not self-evident and automatic that the conversation takes place on this layer. Rather, it shows a practice of regularly switching between layers. In the discussion of the results, I have called that a layer switch. A distinction can be made between a conversational movement away from the existential layer (layer switch ex) and a conversational movement right towards the existential layer (layer switch in). Both conversation partner and chaplain make both kinds of moves. For hermeneutic communication, a conscious and sustained focus on the existential layer by the chaplain is important.

Content: themes, sources and traditions

With regard to the content of hermeneutic communication, the study shows that talk is triggered by the conversation partner's experiences prior to and during

hospitalisation. Those experiences may be directly related to the reason for which the conversation partner was admitted, but it may also be that the hospital stay reawakens previous or other experiences in life of an existential nature. The individual and the individual's unique experiences can be adequately interpreted using a conceptual framework, which I derived for this study from existential psychology. To the five existential concerns with their underlying polarities, from the literature on existential psychology, I tentatively add a sixth category based on the research results, that is, the (near) future. 'How will I go on?' is the question many conversation partners ask. I have named the underlying polarity of this theme as hope or despair.

Sources of meaning can be found in what gives daily life its significance, as well as in personal attributes, significant others, and material objects. Religious tradition or worldview contributes to existential meaning. The focus is on the sources of meaning from the conversation partner, but in hermeneutic communication, the perception and worldview identity of the chaplain are also important.

How is hermeneutic communication performed in the context of contemporary plural worldview society?

In the first chapter, I outlined contemporary developments in Dutch society, in which plurality in worldview plays a prominent role. In designing the study, I assumed that plurality also comes to light in the context of a general hospital. That raises questions about the place of worldview traditions, both of the chaplain and the conversation partner in the hermeneutic process.

First of all, I note that respondents contributed almost no conversation material in which there was a clearly distinct religious or worldview plurality. Only one conversation qualifies as an interfaith conversation in the sense of an encounter between chaplain and conversation partner in which each adheres to a different religion. When asked, chaplains do talk about their experiences with diversity and difference. When it comes to contact with interlocutors of a different ethnicity or nationality, language is often a barrier. Contact is made, but it is difficult or impossible to get to the bottom of things. In the case of other worldview convictions, chaplains are generally only hindered when certain topics or experiences are taboo within the conviction in question. That obstacle also presents itself in contacts with persons of the same worldview tradition, but with a more orthodox signature. Where language is not a barrier and existential themes can be discussed on

the basis of experience, recognition and connection also arise. In the one interfaith conversation submitted, communication proceeds without difficulty, so much so that it is not until two-thirds of the way through the conversation that it dawns on the chaplain that he is talking to someone who adheres to a different religion than he himself.

As far as dealing with their own worldview identity is concerned, the chaplains indicate in their views on the profession that it is an important source of support and inspiration for their own motivation in this profession. However, they are ambivalent or indicate reluctance on expressing their own views to the conversation partner. Notably, quite a few of them do so much more than they are aware of in their views. The occasions generally lies in a personal involvement that is felt in relation to another person's issues or themes. That involvement activates the chaplain and the chaplain's worldview tradition. Nowhere in the material has that appeared to be a hindrance, rather an indication that it is beneficial. In some situations, the conversation partner also seems to invite a more personal response from the chaplain, but repeatedly chaplains do not do so.

Under what conditions of methodology and competence can hermeneutic communication be performed?

From the above, I define hermeneutic communication as those parts of the encounter between chaplain and conversation partner in which they talk together about the conversation partner's existential experiences and their worldview or everyday sources of meaning with a view to seeking and finding meaning. Establishing communication requires hermeneutic competence, as theory, professional association and training also indicate in various descriptions. The important yield of this research is that it focuses on the 'how' of that communication and on the operationalisation of that competence. In any case, what emerges from this study is that hermeneutic competence includes the ability of the chaplain to distinguish the existential layer in the conversation and to identify questions of meaning or value-related statements. In addition, it includes the ability to keep the focus on the existential layer during the conversation and thus to deepen it within the goals of the profession.

The conversation partners also have their own share in establishing hermeneutic communication. For hermeneutic competence, this means that the chaplain focuses on how the conversation partners themselves introduce the existential layer. Signalling the use of imagery is an important aspect of that for the chaplain. That

implies also that there is competence to address and handle forms of imagery, such as symbol, metaphor, and objects. And besides professionally bringing in one's own perceptions, experiences and/or tradition as a renewing factor of the conversation partner's perspective on meaning, the dialogical character also implies the possibility of the chaplain coming to renewed insights.

An important output of this study is the further concretisation in the form of skills to shape hermeneutic competence. In the chapters with results of the empirical study of conversational practices (five and six), the various skills that support the elements of the competence mentioned here have been comprehensively portrayed and explained. In summary, they are nuancing conversational skills, supplemented by domain-specific interventions. In the final section of this chapter, I will elaborate on the significance of these findings for educational practice.

Conclusion

Having laid out the question and based on the research conducted and described before, I answer the main question of the research as follows:

Hermeneutic communication takes shape with regard to process in a dialogical relationship between chaplain and conversation partner, through specific conversation skills. It takes place with regard to content at an existential layer of the conversation on the conversation partner's concrete experiences and their sources of support, with a view to seeking and finding meaning.

Hermeneutic communication takes place under the condition of hermeneutic competence. Important elements of that competence are:

- *The ability to discern the existential layer in a conversation and, related to that, the ability to identify questions of meaning and value-related statements.*
- *The ability to notice how the interlocutor raises existential themes.*
- *The ability to keep the focus of the conversation on the existential layer.*
- *The ability to address questions of meaning and value-related statements using appropriate conversational interventions.*
- *The ability to present dialogically one's own perceptions, experiences and/or meaningful sources and traditions for the benefit of the other.*
- *The ability to recognise, to receive and to use forms of imagery.*

7.2 Bringing together the research topics: synthesis and discussion

7.2.1 Conclusions in relation to the views of lecturers

Sub-question 1 reads: How are the terms hermeneutic communication and hermeneutic competence, according to process and content, viewed and operationalised by lecturers of theological institutions? In chapter two, I reported on a survey of hermeneutic communication among teachers at theological institutions, that explicitly mention hermeneutic competence in their course documentation. Questions arose from that research that I juxtapose with the results of the practical research among chaplains in this discussion. The questions concerned issues around definition of hermeneutic communication, its content and process, traditions and sources and the chaplain's own worldview orientation.

Definition

Three positions could be distinguished among the lecturers. Hermeneutic communication as the conversation about what moves people inwardly and what they care about, secondly as the relationship between what is happening now and that which is meaningful in life, and in the third place, the clarification of biblical texts in relation to life. In addition, I encountered the idea that there is a distinction between general hermeneutic communication and specifically religious hermeneutic communication.

In the practices of the chaplains, especially the first two positions are recognisable, often in conjunction. The common thread in all cases is the search for meaning in relation to what concerns and matters to the conversation partner in the here and now, during hospitalisation. Such is the case both in the views of the chaplains and in the conversational practice shown. Bible stories are occasionally used as an application to the conversation partner's life or as a mirror, illustration, or identification with it.

For the idea that hermeneutic communication can be distinguished into a general form and a specifically religious form, I find no ground in the study. Whether and in what form the religious dimension is part of hermeneutic communication is largely determined by the conversation partner. Searching for or finding meaning may contain a specifically religious component, but even without such a component, a relationship is established between what someone experiences and what are important, supportive sources. It is true that the arrival of the chaplain evokes all kinds of images, including religious ones, or activates previous experiences.

Process and content

Together the lecturers indicated four skills that play a role in hermeneutic communication: asking the right questions to get to an existential or 'deeper' level; being able to assess in a short time what the interlocutor needs (assessment); being attentive to symbolic or metaphorical language; and, finally, being able to work on a reframing or 'change of perspective, in order to come to a reconstruction' of the life story, possibly in connection with the story of God and people. Those skills of hermeneutic communication, can be found in the case studies, operationalised to varying degrees. By linking the skills to a communicative theory, it is possible to name and categorise interventions and also differentiate between them.

Views on interventions that can be employed are limited among the lecturers surveyed. None of them discussed differentiation within the different conversation techniques. However, the conversational material does give rise to that and differentiation could also receive attention within education. A distinction can be made between interventions that belong to aiding communication in general with the aim of establishing a trusting relationship, and interventions that are domain-specific, as I have called them. Lecturers do talk about asking the right questions to get to an existential level. The concept of different layers helps to visualise that and also to keep the focus on the existential layer or make it conscious when departing from it. The questions focused on the existential theme and its processing, I distinguished in domain questions, experiential questions and provocative or feedforward questions. In addition, the research shows some more skills and many examples of concrete interventions at or fostering the existential layer. Especially those interventions that can be categorised in the nuancing phase, or that emerge from the material as domain-specific interventions, contribute to the conversation partner's search for meaning. The rich variety of intervention possibilities deserves a place in education and training programmes.

The lecturers call attention to metaphorical language. In the case study, the use of imagery occurs frequently. That is not always discerned by the chaplain as statements indicative of underlying meaning themes or expression of existential questions. Recent theory on the power of imagination makes clear that there is still much work to be done in this area in education and training (See chapter 3.2.2; Alma, 2020, 2024). This study underlines that. The chaplains' imagery-based interventions are also noteworthy. Working with images in response to images introduced by the conversation partner plays a role in reinterpreting current circumstances and experiences. They may be images from everyday reality or images or texts from important traditions of the conversation partner, or of the chaplain. Biblical images also have a place here, as the research shows.

The reframing and reconstruction of the life-story is a theoretically formulated starting point. The case study shows that there is much more talk of fragments of a life-story and that in small parts there is a focus on a different perspective on the stories. Apart from the fact that the lecturers make no reference to hermeneutic narrative theory, as in Ganzevoort and Visser's (2007) handbook, or Van Knippenberg's theory (2005) the participating chaplains show no evidence of working with that theory either. Although (parts of) life stories occur in the conversation material, chaplains find no reason in their reflections and views to consider whether such narrative theory might also help them further in counselling on meaning. Although the telling itself is already a reconstruction, it would be worthwhile to analyse the narrative using the dimensions of the (life) story from theory (Ganzevoort & Visser, 2007, pp. 160-182).

When it comes to assessing what existential needs or concerns are at stake, the lecturers do not point to specific theories or models. Of the chaplains, some refer to models that facilitate assessment. However, most diagnostics take place intuitively. I think it is better here to speak of a stored internalised and integrated knowledge, based on experience and theory. Den Toom speaks of 'embodied knowledge' (2022, p. 232).

With regard to content, I distinguished five categories that the lecturers mentioned: 'personal sources, contemporary experience, existential themes, transcendental or religious experiences, and conversation about humanity' (chapter 2.2). It is important to note that these are disparate categories. Contemporary experiences are something different from transcendent or religious experiences, although overlap is conceivable. Experiences are something different from themes, and the last topic was specified as a subject of conversation introduced when all other categories cannot be discussed. From the vantage point of the differentiation in the lecturers' responses, it is easily understandable that students arrive at the question: What exactly is hermeneutic communication about? The research shows that the five existential concerns drawn from experimental existential psychology and one additional concern based on this study, with their underlying polarities, are quite useful and for the (limited number of) cases in this study also sufficient. Within each concern, many topics can emerge, but the categories provide an indication that there is an existential theme at stake, and the underlying polarities provide directions as to how conversations about them might develop. Moreover, these themes, which have been researched empirically on an international scale, are rooted in philosophical and theological traditions, without being linked to any specific stature of worldview.

Plurality

The survey among lecturers shows some uncertainty in the face of the rapid changes in society with regard to worldview. For them, the question was how to bridge the distance between different worldviews. Should common ground be sought? The field research among chaplains revealed little tension on this point. From the observations of practice and from the literature on the concept of hermeneutic hospitality, I see no immediate need to emphasise the search for a common ground with regard to differing worldviews. In the process of searching for meaning in relation to existential experiences, it is precisely the difference that is particularly fruitful for reinterpreting one's own life story, the beliefs contained therein and current experiences. Recognition on the basis of existential experience, to which some chaplains attest, creates a sense of connectedness with the conversation partner. Differences in outlook and spirituality, including the moments that the chaplain disclose something of their own views, nowhere hinders the progression of the conversation, but instead offers an alternative viewpoint for the conversation partner. It is remarkable that chaplains find it more difficult to deal with people from the same worldview background, but with more extreme or rigid views, than with people from other worldview traditions.

The chaplain's tradition

On the theme of the place of the chaplain's own tradition, the lecturers differed the most and also made the most normative statements. The prevailing idea was to be cautious about one's own religious orientation in contact with a conversation partner. At the least, one's own conviction does constitute an important motive and source for the work. That view is confirmed by the chaplains in the interviews, but it is striking that where some chaplains emphasise restraint, yet in the practice of their conversations they deploy it much more than they are aware of themselves in that moment. In the cases of some chaplains, the element of input from one's tradition is also present in the actual conversation. This leads to a number of considerations for training practice, to which I will return in the last section of this chapter.

7.2.2 Conclusions in relation to theory

Sub-question two reads: What theoretical views on hermeneutics and more specifically on interpretation and understanding, and what theoretical views on conversation about meaning can shed light on the presumed hermeneutic communication of chaplains and their interlocutors in a pluralistic worldview context?

In chapter three, I outlined a theoretical framework with the help of which I could examine and interpret the practices of chaplains. I used three perspectives for this purpose: a philosophical-theological perspective, a psychological-communicative perspective and a pastoral-theological perspective. A summary can be found in chapter 3.5. When I now look at conversational practice in the case studies, the contours of the different theories are recognisable in the work of chaplains. From the philosophical-theological discourse, the concept of hermeneutic hospitality for hermeneutic communication within chaplaincy care is a useful one. Central is the notion that two subjects meet in a dialogue. Both their similarity and their difference have an evocative effect. Where recognition occurs, that leads to (re)affirmation of one's own story and identity and possibly to an experience of solidarity or connectedness. The 'otherness' of the other and then in the sense of 'strange', 'not one's own' has a different effect. The 'strangeness' can make people restless, but at the same time also curious and awaken suspicions and new possibilities. Precisely the difference helps the conversation partners to reconsider their own identity and worldview orientation. That does require of the relationship that both reveal something of themselves, including their experiences of meaning, sources and traditions. Within the context of chaplaincy care, that occurs in the awareness of professional responsibility for the relationship and with regard to dealing with power.

Within a Christian theological perspective, a theology of interruption is an important foundational motif. In a post-modern age, I do not understand that as a classic missionary motive aimed at changing the other's mind or faith, accompanied by an absolute truth claim, but as a testimony regarding what has been found in one of the great wisdom traditions and could possibly be of value for the conversation partner in the search for meaning. It is thus an offer, an invitation, or an underlining to look at life and the search for meaning along other views as well.

From the psychological-communicative perspective, Lang and Van der Molen's practical theory of aiding conversation and Hartmann's layer model offer useful concepts. Many of the skills from helping conversations are or could be used by chaplains to do justice to the conversation partner's story and establish a trusting relationship. Part of that theory, about the nuancing phase, is especially useful to support hermeneutic communication. The practice of chaplains demonstrated a number of additional interventions. The idea that the messages people offer each other consist of multiple layers or dimensions of meaning is also supportive in chaplaincy. Hartmann's model proved helpful in seeing to what extent chaplains maintain focus on the existential layer and when that layer is abandoned by the chaplain or conversation partner.

In the 'layer model', the third and fourth layers are named differently by different authors. The core issue of the difference is how to indicate that existential meaning can be found within existence (the fixed facts of existence, the biography) or can be found in a conviction that transcend existence (spirituality). Both discursive language and language in the form of imagery are used for both layers. It would require more research to become more precise at this point than can be done at this moment. It is important to note, however, that it is not easy to communicate on these two layers. Both interlocutors frequently leave the existential layer. A gain of this study is that it brings this mechanism into focus and enables awareness of it. It is essential for offering conversational support in matters of meaning.

In the field of pastoral theology, I have drawn upon the hermeneutic (narrative) theory of Ganzevoort and Visser (2007). Their approach seeks to do justice both to people's concrete experience in the here and now and to story of God and people, what theologically can be named revelation. Ganzevoort and Visser also have a phase model, with four distinct elements. In the last section of this chapter, I juxtapose the different phase models into a training model.

Finally, another element of importance that was mentioned in the theoretical explorations concerns the power of imagery. With the term imagery I refer to various modes of expressions such as images, symbols and metaphors. People express themselves in images, but images also 'speak' to them, and in that convergence new meanings emerge. Images are condensed representations of what takes place at the different layers of meaning: cognition, emotion, and existence. Imagination is thus a fully anthropological category. At the same time and because of that, religions and worldviews use imagination. In Christian tradition, one speaks of confessions as the symbols of the Church. But stories and imagery also play an important role in the source stories of faith traditions. In the theoretical framework, I described the topic of imagery from a psychological-communicative perspective, although certain elements were already visible in the philosophical-theological explorations. Ultimately, I consider working with imagery to fall under the pastoral-theological perspective, though not exclusively, for imagination and imagery are also used in psychological approaches and counselling. However, in the context of worldview and pastoral counselling, working with images has its own and appropriate place: symbols and imagery express something that transcends existence and generates a view of what is or becomes possible.

7.2.3 Conclusions in relation to the professional standard

The professional standard of the professional association of chaplains in the Netherlands describes the work of chaplains as ‘professional support, guidance and consultancy regarding meaning and worldviews’ (VGVZ, 2015, p. 9). Four dimensions can be distinguished within meaning and worldview: an existential dimension, focusing on the contingency of existence; the spiritual dimension, dealing with experiences of transcendence; an ethical dimension, within which value orientations have a place and, finally, the aesthetic dimension, about the formative experiences of beauty in culture and nature. To provide guidance, four content-oriented competences are mentioned: the hermeneutic, the therapeutic, the spiritual and the ethical competence (2015, p. 12).

Hermeneutic competence involves ‘being able to clarify questions of meaning, to shed light on beliefs and customs relevant to the context or situation’. In doing so, the chaplain is able to offer worldview counselling. The latter means the ability to ‘detect, articulate and interpret meaning as it is contained texts, images, practices, life narratives, traditions and new forms of spirituality – relating to existential and spiritual questions, sources of beliefs and ethics, modern society, religion and culture. The crucial ability is to detect and articulate emotions and unasked questions and implicit assumptions’ (2015, p. 12). Therapeutic competence is about being ‘mindfully present with others, to listen to them, to systematically clarify and analyse their life questions and crises’. Through spiritual competence, the chaplain is able to help ‘people discover and renew sources of spirituality and belief.’ The chaplain is also able to ‘adapt and present (those resources) where necessary in rituals and symbolic ways of expression.’ Ethical competence is important in contact with the direct interlocutor for the orientation on values and moral dilemmas. (2015, p. 12).

In my research into conversational practice, I found much of what is contained in the professional standard and in these listed competences. Examples were given in the area of existential themes, connection with what can be identified as a meaningful source in the other person’s life, references to values and what is unrelinquishable for the interlocutor. The term meaningful sources refer sometimes to what gives meaning to everyday life and sometimes to worldview or religious traditions and beliefs.

It is important to recognize that hermeneutic competence is not available in isolation. It is one of the elements in being able to support people with meaning and worldview. The competence becomes visible at certain moments in the interaction and is about the connection between actual existential experiences and sources of

meaning. Not everything in conversation is hermeneutic. Not everything in conversation is focused on existential questions or themes. The chaplains themselves do, however, explain hermeneutic competence as relating to almost everything they do. For them, as the interviews demonstrated, the terms ‘hermeneutic communication’ and ‘chaplancy care’ almost coincide.

Conversation about what is important in the moment, what is significant in the here and now, is at the heart of what quite a few of the chaplains describe as professional practice. In that respect, one could speak of a pervasive competence. In light of the professional definition, the orientation towards meaning is the guiding focus. Or is, perhaps better put, the framework for giving the chaplain a ‘right of presence’, as I would call it, in the life of the conversation partner’s. When, for example, chaplains lose the focus or framework and become too guided by the need for information, they lose ground and become disconnected from the purpose of the profession. In the study, this was signalled as getting away from the existential layer (layer switches ex).

The ability to hear and understand ‘emotions and unasked questions and implicit assumptions’ requires well developed communicative skills. Of the process-oriented competences from the professional standard for working with life questions in relation to a single conversation partner, the agogic⁶² and communicative competences are important. Those skills are regularly evident in the conversations conducted. Yet there are also times when the conversation partner’s signals in this area are missed by the chaplain. In the area of communication there is room for improvement. Basic conversational skills are not always applied adequately.

Spiritual competence is about the ability to reframe and present sources in ritual acts and symbolic modes of expression. The spiritual dimension of meaning involves experiences of transcendence. The frequent occurrence of imagery in the cases shows that the spiritual competence is highly topical. From a hermeneutical point of view, it is interesting to see that the interlocutor also and especially makes frequent use of imagery. The content of the imagery is derived from everyday life or sayings in culture. In worldview traditions and religious denominations people have always found images to express their meaning, and those traditions are themselves expressions of that. In a post-modern age a shift can be observed towards ‘smaller’

62 Agogic is a difficult word to translate. It comes from the Greek word *αγω* (to lead) and is used in social sciences to name theories about guiding processes of change. The English translation of the professional standard from the professional organisation of chaplains defines the agogic competence as: ‘the ability to assist individuals as well as groups in processes of change and growth, aiming at development, change, and growth in humanity and spirituality’ (VGVZ, 2015, p. 12).

images and forms of expression, that is, more derived from everyday life. Making sense of things through images and stories continues, but in a different way. That situation requires both a special focus and an ability of chaplains to hear and recognize the new 'language' and use it to further clarify and support the process of searching or finding meaning. In a renewed professional standard, the professional organization would do well to emphasise the focus on imagination more strongly, precisely because the spiritual dimension of meaning involves experiences of transcendence. In imagery it is possible to transcend the existent, the here and now, and to see oneself as part of a greater whole and of that which is not yet, but that may come and that therefore can lend ground to hope. The hermeneutic competence as it is now articulated in the professional standard certainly includes attention to images as expressions of meaning. In spiritual competence, however, the emphasis is on the chaplain's ability to adapt and (re)present sources of spirituality and belief in rituals and symbolic expressions. I would say it is also about the ability to recognise and acknowledge the way the interlocutor symbolically presents meaning. Shaping the hermeneutics of everyday meaning and small images may require a heuristic competence: a searching focus on exactly how the other is using imagery. Whereas the professional standard does not mention the input of the conversation partner in this regard, this study shows that there is every reason to do so. It is very often the conversation partner who takes the initiative in the hermeneutic communicative process.

Besides content-oriented and process-oriented competences, the professional standard also includes person-oriented competences. The latter include dialogical and existential competences. The dialogical competence is about being able to recognise one's own presuppositions and prejudices in interactions, peer review and supervision. It also entails respecting the identity and views of the other. Existential competence is about taking a position on existential, spiritual and ethical themes. In my research, I have identified and underlined the importance of dialogue as the coming together of two subjects, who offer each other hermeneutic hospitality. It is therefore important that dialogical competence is not only be understood as the ability to recognise one's own presuppositions in a personal or professional, inter-collegial reflection process (supervision, peer review), but also about being able to manage them in relation to a conversation partner. I therefore underline the phrase 'in interactions.' That also applies with regard to existential, spiritual and ethical dimensions.

Den Toom argues that a 'primary challenge is to combine their (= chaplains – TTvL) particular worldview identity with an availability to clients with various worldviews (2022, p. 246). Where themes related to these dimensions come up in

the encounter with the conversation partner, they will undoubtedly touch precisely on the chaplain's own worldview positioning in relation to those themes and also influence their actions. When both interlocutor and chaplain, although in different roles and responsibilities, come together to face the major or 'slow' questions of life, it is important that the chaplain knows oneself and one's own spirituality well at this point and can also express it (within a professional awareness). That enables a responsible exchange and perhaps renewed meaning. The study shows that self-disclosure on the part of the chaplain in no way hinders and can even make a difference. There is an evocative potential hidden in being different and in otherness of which chaplains can make use.

7.2.4 Conclusions in relation to definitions of hermeneutic competence

One of the reasons for beginning this study was that there were differences in definitions of hermeneutic competence. When the research started, the differences were extensive and in some ways fundamental. Does hermeneutic competence pertain to Christian sources and traditions, to the sources of the organisation, church or association of which the professional is a representative, or to the sources of the interlocutor? Several revisions have taken place over the years, both in the educational field (2017), and within the professional association (2015). The most recent formulations are:

Table 9a

Definition of hermeneutic competence from theological institutions

Definition by	Definition of the competence	Indicators
LOO (Theological Institutions)	The ability to clarify and connect in meaningful relation, the sources of a specific religious community and/or organisation and/or one's own spirituality on the one hand, and persons in their present context on the other, and to act appropriately on that basis.	<ul style="list-style-type: none"> f. Methodically draws connections (theoretical and practical) between a specific religious tradition and the current situation. g. Connects contemporary worldview questions of people with religious and worldview traditions and provides them with a worldview interpretation. h. Interprets social and cultural processes in the light of a specific religious tradition. i. Has insight into one's own frames of reference and those of others. j. Reflects on and makes connections (theoretical and practical) between a specific religious tradition and contemporary culture and society.

Note: taken from Landelijk overleg Theologie-opleidingen p. 13 (2017).

Figure 9b

Definition of hermeneutic competence from the professional organisation

VGZ	Professional organisation of spiritual caregivers.	'the ability to clarify questions of meaning and of worldview beliefs and habits in relation to the context or situation, and the ability to provide worldview counselling. That includes the ability to understand and interpret meaning in texts and images, practices and life stories, traditions and new forms of meaning from worldview traditions. That occurs in relation to and in exchange with existential and spiritual questions, worldview and ethical sources, contemporary society, faith and culture. Crucial is the ability to hear and clarify emotions and unspoken questions and implicit assumptions' (VGZ, 2015).
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Note: according to the professional standard, p. 12 (VGZ, 2015).

Over the years, the gap between definitions from educational and training institutions and those of the professional association has narrowed. The determination of whose sources are involved and what they are has become less firm. What has remained intact is the ability to make meaningful connections between actual experience and meaningful sources. The definition from education includes sources of an organisation or community as it has a broader field of work in mind than the professional association. The educational programs also train for other fields of work in which hermeneutic competence is equally important. Furthermore, the educational profile and the professional profile contain several competences that also support hermeneutic communication, such as the communicative, agogic and personal or reflective competences.

The competence descriptions mainly indicate an intention and what it serves for, but still say little about the how. My research can be read as a practice-signed operationalisation of this competence that indicates how it can be done. When answering the main question in 7.1, I described six elements that I think should be part of the competence description or an explanation of it.

Above, I used the word pervasive. Hermeneutic competence permeates all dimensions of the work of chaplains, including all aspects of their conversational practice, as evidenced by their comments that their work is about what matters in the here and now and what is meaningful. It is seldom an intervention at one particular moment, and more often a series of moments. They can be moments in which insight is gained through fragments of the conversation partner's story and a (new) perspective on meaning and value is attained. They can also be moments in which insight fails to materialise, and both conversation partner and chaplain fall silent in the face of some unfathomable reality, but still derive some meaning from the togetherness and fidelity. And sometimes the process of understanding extends beyond the boundaries of the encounter and eludes the observation of the chaplain. That does not mean that hermeneutic communication then ceases. The

conversation with each other can continue, and in the experience of the conversation partner it may go on a long time after the concrete encounter.

7.2.5 Conclusions in relation to literature

Ganzevoort and Visser, Care for the story (Zorg voor het verhaal)

In chapter 3.4, I discussed Ganzevoort and Visser's hermeneutic narrative model. I highlight two parts of it in relation to my research. First, Ganzevoort and Visser provide a model for pastoral action based on the structure of the parable, as found in many biblical stories. The structure is characterised by four moments or phases: recognition, alienation, disclosure and response. The structure is recognisable in biblical or other stories, in the life stories of people, and also in the process of guidance (Ganzevoort & Visser, 2007, pp. 120-125). Ganzevoort and Visser do not understand the structure as a sequence in a linear way, but in a circular and repetitive manner, creating a kind of spiral. Things do not always follow the same sequence to be found, nor does guidance in meaning always proceed through exactly those four steps. This parallels Lang and Van der Molen's communicative model in which there can be steps forward and backward, not all steps are taken, and steps often repeat themselves. That is well reflected in the case studies. The conversations have a thread that develops, but there are numerous paths and side roads. There is not one huge breakthrough, one disclosing moment. Instead, moments of alienation and disclosure reveal themselves in small fragments and in an ongoing but sometimes meandering process.⁶³

Ganzevoort and Visser also note 'that there is a space between disclosure and response that cannot be bridged merely methodically. Here we touch on the mystery of what takes place in relationships with the other/Other and in one's own responsibility and freedom of choice' (p. 124). In his 'Basic methodology of spiritual caregiving' using the image of the ritual bath, Job Smit calls that the step of the 'letting it happen' (Smit, 2015, pp. 297-301). Theologically, Ganzevoort and Visser connect that with the 'space of the Spirit' (2007, p. 124). It can be seen in those moments in a case study when, following an interpretation or use of an image by the chaplain, the conversation partner falls more or less silent and is moved to reflection or self-reflection. Whether there comes a 'response' and appropriation

⁶³ Den Toom (2022) speaks in terms of 'labyrinthic purposiveness'. Although there is a certain sense of purpose or focus within the encounter, there is no direct path to it. 'Chaplains allow themselves to be redirected by their clients, taking a detour...' (p. 225, 226).

takes place, does not always become clear. Thus, the space of ‘letting it happen’, the space between disclosure and response can also transcend the boundaries of the conversational encounter.

The parable model is a useful one. Van der Leer calls it a ‘fertile ground to think through the connecting role of the spiritual caregiver in detecting meaning’ (2020, p. 278). Personally, I think the model provides a good structure that can be operationalised using concepts from psychological-communicative theory. That means that important preconditions for hermeneutic communication are not only indicated, but also learnable. I will return to that in the concluding section.

A second component I mention is the way Ganzevoort and Visser also give direction to the analysis of narratives, both to the content of narration and the process of telling. In the case study, narratives come forward in different ways. Sometimes there is a more or less coherent biography. The conversation partner arranges the story with inner coherence and provides one’s own interpretation of meaning. In this situation, the chaplain can offer support based on the categories of analysis (structure, perspective, role definition, tone, positioning in relationships and audience) provided in Ganzevoort and Visser’s theory (2007, pp. 160-182).

More often, however, the stories in the case studies are fragmented. They are experiences in the here-and-now of hospitalisation, connected to portions of the life story. It then becomes more difficult to apply the model of analysis. But still also if the narrative consists of fragments, a fragmented use of analytical categories may correspond to this. This is also observable in the case studies. An example is the way in which chaplains propose corrections to roles persons take or perspectives they describe in their narration. Another example is the chaplains’ awareness that in the process of narration they have a place as an audience. That requires being well-versed in the methodology of narrative analysis. Narrative analysis helps to understand how the other person attributes meaning to what happens or has happened in life. And equally, it can reveal how one or more analytical elements can be obstructive in the progress of the process of seeking and finding meaning. It is therefore surprising that neither the lecturers nor the participating chaplains (except one) refer to a narrative hermeneutic model.

Vosselman and Van Hout, Conversations regarding meaning (Zingevende gespreksvoering)

In 2013 Vosselman and Van Hout published a methodical approach to conversations regarding meaning from a humanistic orientation (Vosselman & Van Hout, 2013). They call it a model for practice and assume four aspects of questions regarding meaning: slowness, ambivalence, enigma and values. Slowness is about

accepting that there are no quick solutions. This is a task for both the conversation partner and the chaplain. Ambivalence is about accepting that there are underlying contradictions in the process of finding meaning, which are thus immediately helpful for the awareness of the ambiguity of the meaning question. Enigma entails acceptance of uncertainty. Some experiences cannot be comprehended by reason or in the mere representation of facts. Finally, values concerns the connection between questions of meaning and a person's deeper value orientation. For each of the four aspects, they provide a methodical approach, a discussion of pitfalls, a specific way of working, a focus and underlying theoretical models.

Much of what I have come across in my study I see reflected in their practice model. For example, Vosselman and Van Hout point to emotional reflections and silence as being helpful in regard to the slowness aspect and rituals, metaphors and stories as forms of non-rational language in regard to the enigma aspect. In their methodological approach, they point to the ability to be enduring in the face of the insoluble as a skill of the counsellor and to be able to move towards pain, which might have a connection with the level switch in. In addition, a detachment from fixed thoughts and feelings is also a mode for which exercises are available (cognitive defusion). That has an affinity with cognitive restructuring and the skills named in this study as relabelling and reframing. In the aspect of enigma, they mention a methodical approach with imagination as its hallmark. They, too, outline the importance of the counsellor's reflection on self, one's own fears and values orientation. They also mention a number of other methodical approaches and associated techniques that I have encountered less or not at all in my research, such as focusing (by which Vosselman and Van Hout, following Gendlin, mean focusing on the physical sensation of emotions) and mindfulness. For the aspect of ambivalence, they suggest dialogue as a methodical approach, mainly concerning the conversation partner's inner dialogue, which can be made visible using I positions. For the values aspect, they start from the stimulation of self-reflection, which was also mentioned in the views of the chaplains in this study as an important objective.

While I greatly appreciate the model, a number of issues remain complicated. The first is the intertwining of these aspects with each other. Vosselman and Van Hout themselves write that the different aspects are interrelated, but nevertheless outline a different methodological approach for each aspect with corresponding operationalisations in the form of very different techniques. In longer-term contacts, that might be accommodated, but in brief encounters around meaning in the context of chaplaincy care, it seems to me rather difficult to apply. A second point is that my research shows that conversation practice is complex and layered and that the question of meaning is raised in fragments. The chaplain is faced with

the task of both responding integrally to what the conversation partner has to say and responding to the specific existential themes embedded in it and not presented separately. That requires more interventions than Vosselman and Van Hout outline. A third point relates to the attention paid to the counsellor's self-reflection on the 'pain' themes at hand and on one's own value orientation and beliefs. Vosselman and Van Hout do not address what that means for the concrete interaction in conversations. Awareness is one aspect. But the question remains how that is handled within a dialogue with the conversation partner.

7.2.6 Contributions of this study to theory, practice and training

The main contribution of this study lies in the field of a practical theory of conversations regarding questions or themes of meaning and worldview. Therefore, in addition to describing the layering of conversation practice, this study can be read as a recommendation for practice with suggestions for training and education in conversational practice in questions of meaning. I conclude by summarising the main contributions.

- The study highlights the importance of the dialogical aspect. That means, first of all, having an ear for the interlocutor's contribution to the process of searching for meaning. That also means having an eye for how the chaplain comes to be present in the hermeneutic communication. The process of searching for meaning and offering support with regard to meaning and worldview benefits from reciprocal exchange.
- Closely related to this is the ability (but maybe also the boldness) to interrupt the other person's story. Both in an affirmative sense and also in a confrontational sense. It is such moments of interruption that open up the view for known or renewed perspectives.
- The research also brings out the importance of imagination and imagery. Whereas chaplains are traditionally bearers of imagery and symbols, the study shows that interlocutors also make use of them in their searches for meaning. Their images are often derived from sayings and everyday life.
- The research shows detailed operationalisations of psychological and hermeneutic communicative action. The main findings here are the focus on the existential layer with movements away from it or towards it (layer switches ex or in), the use of conversational nuancing skills, offering clarification of texts from worldview traditions and domain-specific interventions that are focused on meaning.

7.3 Reflections and further research

In this section, I look back on this study and make some comments on the research design and execution and on the method of research in the form of the multiple embedded case study. I offer some considerations on the analysis and the results. I also make some recommendations for further research.

Research design and implementation

The choice for Protestant chaplaincy

The main motive for initiating the study lay in the hesitancy of students with regard to the operationalisation of hermeneutic competence. That included their question whether and to what extent they could also reveal something of their own worldview orientation to the conversation partner. In translating those questions into a research design, it seemed advisable to start the investigation of practice with chaplains with a (more or less) defined worldview orientation. For the reasons mentioned in chapter one, I settled upon Protestant chaplains. Now that this initial study has been completed, the question can be asked if more differentiation in the worldview background of chaplains might offer a different or complementary picture of hermeneutic communication within conversational practice. That would be interesting to explore further.

Duration of the study

The time span involved in conducting the survey requires reflection. The survey of lecturers took place in 2014. It provided a good picture of the philosophical and theological climate in which formulations of hermeneutic competence developed. In that sense, it is an interesting review in historical terms. The question is how educators would today answer the questions put forward ten years ago. Updates of competence profiles from theological institutions and the professional association have been included in this study as far as possible. A new competence profile of the professional organisation is under construction. And developments in education and training have continued.

That the research took a long time to complete is due, besides to some personal factors, partly to the approach I chose. The study was driven by a desire to conduct the research qualitatively and also iteratively, so that results from a first round of research could sharpen the questions in a subsequent phase. I therefore spent a long time collecting cases one by one. In addition, extra time was required by the

extensive ethical procedures and the difficulties of chaplains in recording conversations. That became visible in the long period of time between the first recording and the interview in some instances. I noticed that it was then difficult for the chaplains involved to recall the conversations and dwell on the details at interview. At the same time, the iterative process had a positive influence on my growing into the role of researcher.

Doing qualitative research

I discovered that I was not trained as a researcher, but that this study became my training. Before, during and now afterwards, I reflected on the different roles of professional pastor, lecturer, supervisor and researcher (see also chapter 4.7). Especially in the analysis, the roles sometimes threatened to intertwine. I think that in the critical consultation within the supervision team, sufficient care was taken to avoid persistent role interference. The consistently sustained appreciative approach contributed considerably to that.

In chapter 4.7, I mentioned a number of expectations with which I began the study. These concerned hermeneutic communication, the aspect of plurality and own tradition and the use of imagery. These themes have all been revisited above. On the one hand, the analysis of the cases confirmed much of what I suspected based on previous experience in training and teaching. One was the effort of chaplains at times to 'deepen' the conversation, to explore the existential layer and also to intervene on that layer. Another was bringing in their own affectedness, their own sources and their resistances in a congruent manner. But there were also surprises. The power of being an opposite or counterpart was demonstrated by several cases. Those interventions involved both the congruent deployment of one's own perceptions and the introduction of elements of one's own worldview tradition. What was remarkable was the restraint with regard to the latter, which I had expected and which was confirmed in the interviews, but which at the same time turned out to be much less absolute than I or the chaplain in question had assumed. They said they did not, but they did. Usually that was done on the basis of a personal touch. Something occurred that apparently activated the chaplain's own (re)sources.

Regarding the plural worldview context, I had expected more interfaith encounters. Surprisingly, where that occurred or was talked about, it was more or less unproblematic. The difficulty with people who shared the same tradition but were more orthodox in orientation proved to be a larger obstacle. Finally, I hoped to see how chaplains employ imagery. The material provided good examples. What surprised me was the great extent to which the conversation partners themselves introduced and used imagery.

Research type: multiple embedded case study using audio-recording***Good choice***

The methodology seems to have been well chosen. The intention was to describe in detail what the practice of hermeneutic communication looks like. For that, qualitative empirical research approach is appropriate and a multiple embedded case study specifically helpful. At the heart of the case is, of course, the audio-recorded conversational material. The reflections written after the conversation, some of them immediately, reveal the primary responses by the chaplains, without the influence of interview questions. In that respect, more of those reflections would probably have been helpful. The combination of (1) recorded and transcribed conversations, (2) the written reflections and (3) the interviews (as a form of meta reflection) proved to be a good form to portray conversation practice. In their interrelationship and tension the three elements also constituted a form of source triangulation.

The case study does not provide representative and quantitatively supported results but does provide important insight into the layered and multiform approaches of chaplains. At the same time, it is striking how certain patterns of communication run through all the case studies. That is not evidence of representation or generality, but is an indication of it. The audio recordings provide a detailed insight into the practice. That distinguishes this from the general research practice generally using self-reporting materials (verbatim and case descriptions).

In the years during which the study ran, research on actual practice has received increasing attention within the field of spiritual and chaplaincy care. The Dutch Case Study Project is an example (Kruizinga et al., 2020; Den Toom, 2022; Körver et al., 2023). When my study began, that was much less prevalent. Perhaps that situation made it difficult to find participants for this study. The request to make audio recordings of conversations played an important role. Whereas in many other relationship-oriented professions it is quite common to reflect on one's own interactions by means of audio recordings, video recordings or observations, with or without the use of a one-way screen, in research and supervision in chaplaincy care the use of such means is limited. To my knowledge, this is the fifth study in the Dutch language area to use this medium.⁶⁴

Also striking is the difficulty that although they participated whole-heartedly, the chaplains found it difficult to actually ask permission and initiate an audio recording. That difficulty rarely lay on the side of the conversation partner (only

⁶⁴ Riemsdijk (2011), Smit (2015), De Vos (2019) and Liefbroer (2020) preceded me.

once). Two of the seven chaplains saw no objection and also came up with results fairly quickly. The other five had thoughts and hesitations about it, but nevertheless set off in good spirits. Unfortunately, however, they encountered themselves at this point and ran into limits. They discovered that not all conversational situations lent themselves to audio recording. As despite their good intentions, two of them provided no recordings.

Where recording did succeed, there are still limitations. Although a literal reproduction of the conversation is possible, it always concerns only part of the communication. Non-verbal communication is not visible. And making a recording intrudes in a sense the conversation, which might have taken place different without the recording device. Video recordings or observation by a third party, on the other hand, might have been able to bring more aspects into focus, literally, but the intrusion on the conversation situation would be even greater.

I am aware that the casuistry in this research includes only one part of the chaplain's scope of work. This was foreseen and largely a consequence of the research question that focused from the outset on chaplaincy care in the form of conversation. At the same time, that raises the question whether the results might not contribute heuristically with respect to understanding and analysing other aspects of spiritual care, chaplaincy care and pastoral care. How do the results of this study relate to hermeneutic communication in a less verbal form such as, for example, in a ritual? That could be a topic for further research.

For continuing research in the field of conversational communication, the case study is a good tool and making conversation recordings is recommended in this regard. It would be interesting to continue research on hermeneutic communication in other contexts of care, for which an appropriate set of research instruments might have to be adapted. Another aspect worth further exploration is the use of imagery. The frequent occurrence of forms of imagery in this study raises the question how imagery can be methodically addressed and deployed in counselling people in the search for meaning.

Considerations on analysis and results

On two points, a different approach could be taken in a follow-up. The first concerns the role of conversation partners. The audio recording gives a good picture of interventions and actions by the conversation partners. They themselves have an important share in the design and content of the hermeneutic communication. Regularly they are at the forefront of the process. With the chaplains, I reflected

on the conversations. It would be worthwhile to know more about the reception of conversational care and the perceptions of the conversation partners regarding the conversations.

The second point has to do with the fact that, although at various times I presented texts and materials to the participating chaplains, ultimately the analysis and interpretation of the conversational processes were mainly my work, together with the supervisors. As I am committed to hermeneutic communication as a dialogical process, it would have been more congruent if the participating chaplains had been more explicitly involved in the analysis. During the second half of the term of this study, I conducted a pilot in an educational setting in the form of a small-scale action research project with students. Three students did research on their own conversational practice, connecting some preliminary results of my research with their own research questions. It became clear how important and also fruitful it was to explore together the conversational practices they were developing. Although time-intensive (using transcribed, recorded conversations as in this study), the collaborative endeavour not only yielded detailed information, but also triggered a great deal of creativity, especially in analysing the recorded material. In addition, students learned to adopt a professionally oriented research attitude and enhanced their professional skills. The project resulted in three bachelor's theses (Terpstra, 2019; Boot, 2020; Van Katwijk, 2020).

7.4 What layer are we on? Recommendations

What recommendations can be made for educating chaplains, pastors and students in hermeneutic communication, so that they can effectively communicate on existential issues in relation to meaningful sources and traditions? I base my answer in theological frameworks in which words and images derived from Christian theology and faith tradition form a second language for interpreting the experiences and actions in the pastoral and worldview work area.⁶⁵

⁶⁵ The point is not to use Scripture as a manual for pastoral conversation techniques. Schipani asks in what way, then, biblical texts can still be 'foundational' for pastoral and existential care. As a practical theologian, he uses the word 'foundational' deliberately and precisely. I concur with his view. He says that the Bible is foundational at least in four interrelated ways: a. It informs the normative framework and perspective for practice and reflection, especially regarding wisdom; b. it offers key content disclosed in the teachings, narratives, and other materials, that express the written Word in ways that illumine and address our human condition; c. it calls for engagement

Being addressed and addressing each other

In chapter 4.7, I pointed out two fundamental premises. Longing for God is a response to something that has awakened that longing. It is a response to ‘what no eye has seen, what no ear has heard, and what no human mind has conceived’.⁶⁶ Revelation proceeds the response. People are addressed. And people also address each other. People are human beings in relationship. The text from Genesis 2: 18 ascribes a certain quality to the relationship: ‘helper and counterpart’.⁶⁷

Interruption and witnessing

Boeve’s theory, a theology of interruption, points in a direction of how such an encounter of ‘helper and counterpart’ can take shape in our postmodern society, not as a form of infringement on the other, not as a rupture, but as an interruption. In the context of a multitude of worldview interpretations and with an awareness of the radical historicity and contextuality of one’s own faith and theology, that cannot but lead to an attitude of modesty. Boeve points out that Christian tradition itself is a narrative of interruption that resists any form of closed-mindedness. At the same time the very act of addressing each other, as helper and counterpart, in mutuality, is always open to interruption.

The concept of witnessing, as offered by Ricoeur and described in chapter three, offers a space to interrupt the other’s story at the service of the other and draw together from the treasures of wisdom of centuries. That requires a boldness in our time, without even any persuasion or conversion intention, to interrupt each other’s story with a personal (but also professional) disclosure, that might form an offer to take another look at one’s own story. It also requires awareness of the fragility of our identity. In an authentic encounter, within professional boundaries and responsibility, two subjects can be counterparts to each other and enrich each other’s search for meaning and help each other to find meaning as vulnerable witnesses to each other.

Coming alongside

Chaplains come and go. Between these two moments they try to arrive at a meaningful encounter with the conversation partner. The chaplain finds the conversation

in an interpretive process for the sake of discernment and wise living; and d. it grounds spirituality in the different roles to play (like: being a believer, a ministering person, a theological educator, a theologian) (Schipani & Dawn Bueckert, 2009, p. 52).

⁶⁶ I Corinthians 2: 9,10 (NIV)

⁶⁷ Hebrew: עֵזֶר כְּנֶגְדּוֹ

partner somewhere along the latter's life path. For a short period of time, the chaplain comes alongside. In the encounter between Philip and the Ethiopian official, in Acts 8: 26-39, a movement becomes visible that takes place in coming closer and being together. There is an existential encounter concluded with a ritual, after which both conversation partners let go of each other again. At the heart of this movement is the question of meaning, expressed in the interruption by Philip: 'Do you understand what you are reading?' It is the question par excellence within hermeneutics. One of them (Philip, in this case) becomes the other's interpreter and guide. The tradition in which they both most likely stand is redefined and that leads to a fundamental change in the life of the Ethiopian official. The change is made visible and marked by the ritual of baptism.

Luke sketches the encounter as crafted by the Spirit. An 'angelos de kuriou' tells Philip to go out; the 'pneuma' tells him to join the Ethiopian man; and the 'pneuma' detaches him again from the encounter and takes him elsewhere. That puts the encounter in a pneumatological perspective.⁶⁸ Similarly, Ganzevoort and Visser point out that within their model of the parable, the phase of disclosure can also be interpreted theologically as the working of the Spirit (2007).

Tradition forms a second language in which encounters between chaplains and conversation partners can be read. This language points to a dynamic in the encounter that refers to that which is not visible or measurable, but goes beyond the mere craft of orienting, nuancing and releasing.

Recommendations

At the university of applied sciences where I work, we have long worked from a hermeneutic narrative approach, supported by the psychological communicative model used in this study. However, students' demand to better understand not only the what, but especially the how of hermeneutic communication, continued to provoke. This study provides insight into how things work in practice. Looking at the models underpinning our educational practice in the light of this study, I discover a number of connections and enrichments that can make the instruction of pastoral and worldview counselling more lively and concrete. I outline these from

68 In doing so, I align myself with a positioning of pastoral counselling within a pneumatological perspective, as already described in the 1980s by J.J. Rebel (1981). Within pastoral theology, another encounter of equal structure is also mentioned, namely the encounter on the road to Emmaus (Luke 24: 13-33) (Veltkamp, 1988; Van der Meulen, 2004). However, that places the story in a more Christological perspective, which I think for pastoral care asks too much for the role of the pastor/chaplain.

philosophical, pastoral theological and psychological communicative perspectives, each with its own categories.

From a philosophical perspective, I borrow the idea that hermeneutics as a process of interpretation and understanding moves from an intuitive approach through critical distance and enquiry to appropriation. Interpreting one's own existence requires that movement. 'Reading' the other as a text also requires that movement. To help the other in meaning and worldview, in understanding oneself and the meaning of experiences, the chaplain approaches the conversation partner, or the conversation partner invites the chaplain to be present. They come together to hear, but also to meet. They offer each other hermeneutic hospitality. And where the major existential concerns of life come into play, there is also an encounter of 'fragile identities'. Chaplain and the other are not equal in their roles, but they are equal in the stammering together at the major questions of life, looking for what sources might be of support and what traditions and stories can offer a helpful perspective. The chaplain might act as a vulnerable witness.

From a pastoral theological and narrative perspective, the movement of approach, critical distance and appropriation involves recognition, alienation, disclosure and response. Story and imagination play an important role here. Sometimes changing circumstances in the life of the conversation partner will trigger alienation. Sometimes, too, it is the chaplain who, through interruption in the form of alternative interpretation, confrontation, self-disclosure or imagination, initiates the moment of alienation. In disclosure, new possibilities can open themselves. Or what had previously been found meaningful can be reaffirmed. Between disclosure and response is a space that methodically eludes perception, and also action. Theologically it is the space for the Spirit. That space is also the inner integrity and at times secrecy of the other person, who reflects on what has been found or offered, makes one's own assessment and formulates one's own response. Sometimes the chaplain has the opportunity to witness the response, to reflect upon it with the other, to accompany it further, possibly to celebrate it, and then to let it go.

From a psychological-communicative perspective, this movement can be described in terms as orientation, nuance and 'treatment'.⁶⁹ There is room for finding and establishing trust, for differentiating and integrating feelings and cognitions, and for learning to deal differently with what causes concern or trouble. In the scheme below the three perspectives and the characterization of the phases:

⁶⁹ In the theoretical framework I indicated that of the characteristic terms of the three phases, the term 'treatment' is the least suitable for integration in a model of chaplaincy action.

Figure 18a
Perspectives and phases

Perspective	Phases		
Philosophical (hermeneutic)	Intuitive approach	Critical distance	Appropriation
Pastoral theological (hermeneutic narrative)	Recognition	Alienation / Disclosure	Response
Psychological (communicative)	Orientation	Nuancing	Treatment

Connecting the three perspectives leads to an action model for hermeneutic communication. Each phase is associated with an attitude with a specific focus. This first phase is philosophically about rapprochement, pastoral theologically about recognition (connection, empathy) and in a psychological communicative sense about orientation. I call this first phase the empathic phase. It requires of the chaplain an empathic attitude, characterised by a thorough focus on the conversation partner.

The second phase is critical distance, alienation/disclosure and nuance, respectively, in short, the dialogical attitude. The focus is still on the other person, but the chaplain is necessarily present as a ‘strange other’ with one’s own perception and identity. I call the focus of this attitude ‘the other and me.’

The third phase combines appropriation from the philosophical perspective, response from the pastoral theological perspective and ‘treatment’ from the psychological communicative perspective in what leads to an attitude of looking ahead. It is prognostic. And the focus is again fully on the other person, how that person can continue one’s journey.

Figure 18b
Attitude, focus and Phase

Aspect	Phase		
Attitude	Empathic	Dialogical	Prognostic
Focus	The other	The other and the chaplain	The other

The psychological communicative perspective offers concrete opportunities for action in the form of skills. At the same time, it offers too little to support the domain specificity of chaplaincy care. The philosophical perspective points to existentiality, the pastoral theological perspective to worldview beliefs and values. Having an eye for the existential layer, on which existential concerns are related to worldview and spirituality, along with cognitions and emotions is the chaplain’s actual field of activity. Communicating at that layer requires the ability to

distinguish the different layers and be aware when the chaplain or conversation partner switches layers.

Figure 18c
Attitude, skills and phases

	Phase		
Attitude	Empathic	Dialogical	Prognostic
Skills from the psychological discourse	Basic listening and regulation skills E.g.: non-selective skills; selective skills: questioning, paraphrasing, reflecting emotions, concretizing, summarizing; regulating skills	Nuancing skills E.g.: interpreting, informing, advanced empathy, relabelling and reframing, self-disclosure, directness	Coaching skills E.g.: coaching, referral, concluding care
Domain-specific skills from the philosophical en pastoral-theological discourse	Domain questions Being attentive to imagery and to the introduction of an existential layer.	Domain questions Working with imagery Experiential questions Theological and worldview information; catechesis.	Feedforward questions Provocative questions Rituals

The listening skills, both of a psychologically communicative and domain-specific nature, can be used in many contexts and therefore deserve an important place in curriculums for education and training. Hermeneutic competence is not just about those skills. It also involves knowledge and attitude. The knowledge pertains to worldview, worldview themes and existential concerns. A key element is the shift from classical narrative traditions, images and symbols, to more everyday images and new symbolism. It requires knowledge of how imagination works and can be helpful in the process of searching for meaning and requires training in operationalising theories of imagination and meaning.

With regard to attitudinal aspects, the results of this study suggest a focus on a dialogic conversational attitude, in which chaplains develop a boldness to be a counterpart in communicating their observations on the conversation partner's views or behaviour. That requires chaplains to reflect on their own spiritual orientation in order to respectfully care for others. However, how to adequately reveal something of oneself in the communication is a major challenge that is not easy to learn. And where it is learned, it is also not easy to retain what has been learned and apply it in professional practice (Kievit & Struijs, 2018; Van Leeuwen, 2018).

Initial training offers only limited opportunities to practice that in a focused way. Traditionally, Clinical Pastoral Education has offered a place to do that, for example in free group communication. This study points to the need for further

development of education and training models that include the empathic, dialogical and prognostic skills and attitudes delineated here. That requires a setting in which students and professionals can encounter each other in uniqueness and diversity and methodically engage in and practice dialogue with each other. That can enable a professional practice in which deploying those attitudes and skills in the process of searching for and finding meaning can make a difference. Future professionals will be able to perform hermeneutic communication, knowing on what layer they are.

Summary in Dutch

Aanleiding, onderzoeksfocus en -vraag

Dit onderzoek richt zich op hoe geestelijk verzorgers in ziekenhuizen het gesprek voeren als zij 'begeleiding, hulp of advisering bieden bij zingeving en levensbeschouwing' (VGVZ, 2015). Om dat te kunnen, is volgens de beroepsstandaard en opleidingsprofielen onder andere een hermeneutische competentie van belang.

De directe aanleiding voor het doen van dit onderzoek is gelegen in de onderwijspraktijk. Het woord 'hermeneutiek' is een kernbegrip binnen theologische en geesteswetenschappelijke studies. Het gaat daarin om de leer van interpretatie en verstaan. In het begrip 'hermeneutische competentie' wordt het verbonden met de beroepspraktijk. Deze competentie stelt in staat met gesprekspartners een hermeneutische communicatie gestalte te geven. 'Maar,' zo vragen studenten, zelfs na vier jaar grondige studie, 'wat 'is' dat dan precies en 'hoe' doe je het?'

Definities van hermeneutische competentie spreken van het kunnen verbinden van actuele ervaringen met zingevende bronnen en tradities. Daarbij wordt geen antwoord gegeven op de vraag hoe deze communicatie gestalte krijgt in de praktijk. Daarbij valt op dat in de formuleringen van opleidingen en werkveld, de definities van elkaar verschillen. Die verschillen zijn eveneens aanleiding tot dit onderzoek.

In de termen 'bronnen' en 'tradities' ligt nog een aanleiding. De huidige (Nederlandse, West-Europese) samenleving kent een veelheid aan tradities, bronnen en levensbeschouwingen. Over welke bronnen en over wiens bronnen gaat het? Van de theologische professional, van de organisatie of de institutie die de professional vertegenwoordigt, of van de gesprekspartner?

Naast verschillen is er ook overeenkomst. Alle definities hebben iets van enerzijds bronnen en tradities, anderzijds van actuele ervaringen. Die actuele ervaringen gaan over wat het leven zin geeft of ontnemt op momenten dat ingrijpende ervaringen zich aandienen. Momenten van intense blijdschap of grote schrik vormen aanleidingen om opnieuw over het leven na te denken.

Om richting te hebben gebruikte ik aan het begin van het onderzoek een werkdefinitie: hermeneutische competentie is het vermogen om communicatie aan te gaan over betekenisvolle ervaringen in het licht van zingevende bronnen en

tradities. Ik noem die communicatie hermeneutisch omdat daarin gezocht wordt naar de interpretatie en het verstaan van die ervaringen en die bronnen.

Het eerste hoofdstuk bevat een aantal perspectieven op het onderzoeksthema. In het wijsgerig perspectief schets ik de ontwikkeling van het begrip hermeneutiek van tekstinterpretatie naar het verstaan van het bestaan zelf. Binnen ditzelfde perspectief beschrijf ik de relatie tussen zingeving en levensbeschouwing. Een sociologisch perspectief belicht de veranderingen in de West-Europese samenleving, zoals pluralisering, de-institutionalisering en individualisering, die het levensbeschouwelijke landschap beïnvloeden. Traditionele en geïstitutionaliseerde vormen van geloof en levensbeschouwing zijn afgenomen en in plaats daarvan is een veelkleurig palet aan zingeving en meer individueel gerichte spiritualiteit opgekomen. Daarnaast weten mensen zich soms aan meerdere religies verwant. De andere perspectieven, het professionele en het educatieve, laten zien hoe beroepsveld en opleidingen met deze veranderingen in de samenleving zijn omgegaan.

Hoewel de hermeneutische competentie vanuit opleidingen is geschreven met het oog op een brede beroepspraktijk (zorg, kerk, school, buurt) beperk ik mij tot het beroepsveld van geestelijke verzorging. Ik koos daarbij voor geestelijk verzorgers in algemene ziekenhuizen. Naast dat het in ziekenhuizen vaak gaat om intense ervaringen, is daar ook een dwarsdoorsnede van de samenleving te vinden en komt daarmee ook de pluraal levensbeschouwelijk samengestelde bevolking in beeld. Verder betrek ik de eigen traditie van de geestelijk verzorger in het onderzoek en heb daarom voor een specifieke groep geestelijk verzorgers gekozen: protestants christelijke geestelijk verzorgers met een kerkelijke zending of opdracht. De centrale onderzoeksvraag is vervolgens geformuleerd:

Hoe krijgt, in de praktijk van geestelijke verzorging, in een algemeen ziekenhuis, in de huidige pluraal levensbeschouwelijke context, in gesprekken tussen een patiënt en een protestants christelijke geestelijk verzorger, naar proces en inhoud, hermeneutische communicatie gestalte en welke voorwaarden van methodologie en competentie zijn daarvoor nodig?

Oriënterend onderzoek en theoretisch kader

Oriënterend onderzoek

Het onderzoek startte met een verkennende inventarisatie onder zeven docenten van vijf, aan de protestants-christelijke traditie gerelateerde theologische opleidingen, die werden geïnterviewd over hun opvattingen over hermeneutische competentie en de praktijk van geestelijke verzorging. De interviews onthulden een divers beeld. Opvallend was dat bij een opleidingsdefinitie die zich beperkt tot één specifieke, bijvoorbeeld de christelijke, levensbeschouwing, de docenten dat verruimden en waar de definitie breed is, juist het omgekeerde gebeurde en de docent meer de eigen traditie van de geestelijk verzorger benadrukte. Verder spraken zij over hun visie op het werk van de geestelijk verzorger en de wijze waarop in de praktijk van geestelijke verzorging hermeneutische communicatie gestalte krijgt en gingen zij in op de vraag naar de rol van de eigen levensbeschouwelijke oriëntatie van de geestelijk verzorger.

Deze oriëntatie brengt vijf velden scherper in beeld. Deze velden vormen zoeklenzen voor literatuur en beroepspraktijk. Het gaat, gezien de verschillen, om het scherper krijgen van de definitie van de hermeneutische competentie. Het gaat om de vraag naar de mogelijkheden en grenzen van het elkaar verstaan. Een derde veld is de inhoud van hermeneutische communicatie, om welke thema's gaat het? Docenten geven ook diverse suggesties bij de vraag naar het hoe, waaronder de aandacht voor metaforische taal. Ten slotte varieerden hun opvattingen over de rol van de eigen traditie van de geestelijk verzorger van 'ongepast' tot 'essentieel'.

Theoretisch kader

In hoofdstuk drie van het onderzoek worden theoretische concepten onderzocht die hermeneutische communicatie kunnen verhelderen, vanuit drie invalshoeken: een wijsgerig-theologische invalshoek, een psychologisch-communicatieve invalshoek en na een excurs over de inhoud van de hermeneutische communicatie, tot slot een pastoraal-theologische invalshoek.

Wijsgerig-theologische invalshoek

In dit deel staat de vraag centraal hoe mensen tot interpretatie, verstaan en zingeving komen bij ingrijpende gebeurtenissen. Ik sluit aan bij een aantal kenners van het werk van Ricoeur (Jansen, 2002; Moyaert, 2011b, 2014; Huijzer, 2017).

Ricoeurs theorie van prefiguratie, configuratie en refiguratie was hierbij behulpzaam, evenals de hermeneutische boog van intuïtieve benadering, kritische distantie en uiteindelijk toe-eigening. Zijn concept van identiteit en het onderscheid tussen *ipse* en *idem* helpt te begrijpen dat mensen ook veranderingen in hun interpretaties kunnen bewerkstelligen en, binnen de vaste gegevens van hun identiteit, deze identiteit ook kunnen ontwikkelen.

In de praktijk van geestelijke verzorging zijn er situaties waarbij mensen in dit proces van het zoeken of vinden van zin vastlopen. De geestelijk verzorger is dan de ander die hulp biedt. Moyaerts theorie van de interreligieuze dialoog is hier behulpzaam (2011b). Hoewel religies (en levensbeschouwingen) ten diepste fundamenteel verschillen, kunnen mensen in een ontmoeting elkaar wel optimaal naderen. Het verschil dat tussen hen blijft is de drijfveer naar het verder zoeken naar betekenis. De ontmoeting met de ‘vreemde’ ander is openend voor het eigen zelfverstaan.⁷⁰ Moyaert noemt dit het bieden van hermeneutische gastvrijheid. Een metafoer waarin wederkerigheid en dialoog voorop staan, maar waarin ook duidelijk wordt hoezeer de ‘vreemde’ ander behulpzaam is in het proces van betekenisgeving.

Deze gastvrijheid beschouwt zij ook theologisch. In de Bijbelse verhalen is gastvrijheid gegrond in Israëls eigen vreemdheid in Egypte. Daarnaast is er de notie dat in de ‘vreemde gast’ ook iets zichtbaar wordt van God (Genesis 18).

Binnen deze hermeneutische gastvrijheid komt de vraag naar de zelfonthulling en de rol van de eigen traditie van de geestelijk verzorger aan de orde. In onze (postmoderne) tijd met haar veelheid aan werkelijkheidsinterpretaties, bestaat een terechte terughoudendheid ten aanzien van deze zelfonthulling (Boeve, 2004a,b). Ricoeur’s uitwerking van het begrip ‘getuigenis’ (Ricoeur, 1980) en Moyaerts verwerking daarvan (Moyaert, 2011b) bieden, naast Boeve daarin een weg. Samen stamelend bij de grote vragen van het bestaan vormt een moment van zelfonthulling van de kant van de geestelijk verzorger een getuigenis, een kritische onderbreking, pas gegeven na kritische zelfreflectie, maar niettemin een optie, een aanbod, op een hermeneutisch kruispunt, een uitnodiging om het eigen verhaal te vernieuwen.

Psychologisch-communicatieve invalshoek

In dit deel gaat het over welke psychologisch – communicatieve theorieën verhelderend of ondersteunend kunnen zijn bij hermeneutische communicatie. Het hulpverleningsmodel van Lang en Van der Molen (2020) is een gespreksmodel in drie fasen: probleemoriëntatie, -nuancering en -behandeling. De eerste fase betreft

⁷⁰ En dan ‘vreemd’ niet in de zin van raar, maar van volstrekt anders, niet herleidbaar tot iets van mijzelf. Zie ook Hoofdstuk 3, noot 22.

het vestigen van een vertrouwensrelatie, waarbij de hulpverlener de rol aanneemt van vertrouwenspersoon. In de tweede fase wordt geprobeerd de gepresenteerde thematiek duidelijker te krijgen. De rol die daarbij hoort is die van de mededeelzame detective. Hier komt de hulpverlener ook zelf expliciet in beeld met waarnemingen en gedachten of duidingen. Een tweede rol die bij deze fase hoort is die van de docent, de therapeut die psycho-educatie geeft. In de derde fase staat verandering (van gedrag) centraal. De bijpassende rol is die van coach. Bij elke fase zijn specifieke vaardigheden omschreven.

In dit model ontbreekt echter de aandacht voor zingeving en levensbeschouwing. Het model van Hartmann (1993) biedt daarvoor een mogelijkheid. Hij onderscheidt in de communicatie een viertal lagen: feiten, gevoelens, identiteit en spiritualiteit. Deze laatste twee lagen vullen het model van Lang en Van der Molen aan met een focus op zingeving en spiritualiteit. Onder het psychologisch communicatieve gezichtspunt stel ik ook het aspect van verbeelding aan de orde, als een weg naar zingeving (Alma, 2020, 2024). Ik ga in op de eigen zeggingskracht van symbool en metafoor.

Existentiële thema's

In hoofdstuk 3.3 gaat het over de inhoud van hermeneutische communicatie en in het bijzonder de existentiële ervaringen. Na een weergave van verschillende pogingen tot categorisering van levensvragen of existentiële thema's, kies ik voor de vijf existentiële thema's van Yalom en de experimentele existentiële psychologie (Koole, 2006, 2008; Yalom, 1980), vanwege hun algemene, niet-religieuze en op onderzoek gebaseerde universele toepasbaarheid. Deze thema's kennen alle een onderliggende polariteit die gebruikt kan worden om te zien op welke wijze de gesprekspartner zich verhoudt tot het betreffende thema. De thema's zelf: Dood, Isolatie, Identiteit; Vrijheid en Betekenis.

Pastoraal-theologische invalshoek

Het laatste deel van het theoretisch kader is van pastoraal-theologische aard. Verschillende pastorale modellen komen aan de orde. Zij verschillen in het gewicht dat zij toekennen aan respectievelijk traditie en ervaring. Uiteindelijk kom ik uit bij een hermeneutisch narratieve benadering die ook het werk van de geestelijk verzorger kenmerkt: het vermogen om de zoektocht van de gesprekspartner binnen (fragmenten van) zijn levensverhaal te ondersteunen, juist door het vermogen om te interpreteren. Centraal daarbij staat de verbinding tussen actuele existentiële ervaringen en betekenisvolle bronnen of tradities. Ganzevoort en Visser (2007) introduceren een model dat ontleend is aan de structuur van een (Bijbelse)

gelijkenis. De vier momenten in een gelijkenis staan model voor de momenten in een begeleidingscontact rondom geloof en zingeving. Deze momenten zijn: herkenning, vervreemding, ontsluiting en antwoord.

Methode en resultaten

Om de praktijk van gespreksvoering van geestelijk verzorgers te onderzoeken kies ik een empirisch kwalitatieve benadering (Gray, 2014) in de vorm van een meervoudige geïntegreerde casestudy (Yin, 2009). Een aantal geestelijk verzorgers is gevraagd gesprekken uit hun praktijk op geluidsdrager op te nemen, daarop schriftelijk te reflecteren en een interview te geven over deze gesprekken, hun visie op hun professie, het omgaan met levensbeschouwelijke diversiteit, de rol van hun eigen levensbeschouwelijke identiteit en de hermeneutische competentie. Gesprekken, reflectie(s) en interview zijn afzonderlijke analyse eenheden, die, geïntegreerd, de gesprekspraktijk (de case) van een geestelijke verzorger in beeld brengen. Het eigen ziekenhuis van iedere geestelijk verzorger afzonderlijk vormt de context voor de case.

Zeven geestelijk verzorgers uit zes over het land verspreide ziekenhuizen namen deel, wat leidde tot veertien opgenomen gesprekken, drie verbatims (opgetekend uit herinnering), zes reflecties en zeven interviews. De gesprekken en interviews zijn op verschillende wijzen gecodeerd en geanalyseerd met QDA Miner software (vs. 4-6).

Resultaten gesprekspraktijk

De gesprekspraktijk werd op vijf onderdelen geanalyseerd: gesprekstechnische vaardigheden, bijdrage van de gesprekspartner, existentiële thema's en de verbinding met zingevende bronnen, pluraliteit en rol eigen traditie. Ten slotte een onderzoekersperspectief op kansen en mogelijkheden.

Gesprekstechnische vaardigheden

Alle geestelijk verzorgers passen basisluistervaardigheden toe, die benoemd konden worden vanuit het theoretisch model van Lang en Van der Molen. Het verhaal van de gesprekspartner staat centraal en er wordt gewerkt aan een vertrouwensrelatie. Soms zijn *gevoelsreflecties* of *parafrases* niet correct, maar dat heeft geen invloed op het gespreksverloop en de gesprekspartner corrigeert dat vaak. Ook nuancerende vaardigheden worden toegepast. Maar ik vond ook een aantal gesprekstechnische interventies die niet met categorieën uit de theorie waren te benoemen. Wanneer de geestelijk verzorger een tegenover positie inneemt, gebeurt dat naast de

verschillende vormen van confrontatie ook in de vorm van de ‘*feedforward*’ vraag, of een *provocatieve* vraag, bijna altijd gericht op hoe verder te gaan met nieuw gevonden betekenis. Daarnaast zijn er ook de *domeinvraag*: de vraag naar bronnen van zin en de *experientiele* vraag: de vraag naar hoe iets voor iemand is, die verder reiken dan een basis luistervaardigheid. Verder valt het gebruik van *beeldspraak* op. Incidenteel wordt, als een variant op psycho-educatie, een uitgebreide toelichting (*catechese*) gegeven bij een religieuze tekst. Het zijn alle interventies waarbij het eigen referentiekader van de geestelijk verzorger in belangrijke mate meedoet. Daarmee wordt het referentiekader van de gesprekspartner uitgebreid.

Bijdrage gesprekspartner

Het is opvallend hoe vaak de gesprekspartner meteen aan het begin of in de loop van het gesprek de existentiële laag aan de orde stelt. Soms expliciet door het existentiële thema te benoemen, soms impliciet, in de vorm van beeldspraak. Naast metaforen komen vaste uitdrukkingen of beeldende taal voor en soms zijn het religieuze bronnen die benut worden. Een bijzondere vorm is het personifiërend spreken over het eigen lichaam of de (zieke) organen. Daarnaast geven gesprekspartners ook interpretaties van hun eigen levensverhaal of religieuze teksten die in hun leven een rol speelden.

Thema's en bronnen

Alle gepresenteerde existentiële thematiek blijkt te verbinden met één van de categorieën uit de existentiële psychologie. Er is één thema dat daarbuiten viel: de prangende vraag naar de nabije toekomst. ‘Hoe zal het verder gaan na mijn ziekenhuisopname?’ Soms wordt de vraag vanuit de ontredde (wanhoop) gesteld, soms vanuit de hoop. Hiermee wordt meteen een onderliggende polariteit zichtbaar.

De existentiële thematiek wordt in een heel aantal cases verbonden met bronnen van zin, zowel uit de dagelijkse zingeving als ook uit de existentiële zingeving. De grens daartussen is diffuus, maar een greep uit het scala: een wandeling, een glas wijn, vrienden, familie, kinderen, de religieuze traditie, gebed. Soms vinden mensen hun bronnen in hun eigen kwaliteiten en eigenschappen. Eén keer wordt de geestelijk verzorger de bron van kracht en troost, van oprechte belangstelling. Soms functioneert een materieel object als bron van hoop.

Pluraliteit en eigen traditie

Hoe om te gaan met een veelheid van levensbeschouwelijke overtuigingen werd door de respondenten als belangrijke vraag onderschreven. Het is dan opmerkelijk dat maar één gesprek als expliciet inter-gelovig te benoemen is (een islamitische

gesprekspartner van de protestant christelijke geestelijk verzorger). Daar verloopt de communicatie moeiteloos. Aanvankelijk heeft de geestelijk verzorger niet eens door dat het om een heel andere godsdienst gaat. Beiden spreken vrijmoedig over God en verstaan elkaar. Diversiteit in spiritualiteit wordt wel zichtbaar in de verschillende gesprekken. Soms doen gesprekspartners expliciet religieuze uitspraken, die niet altijd door de geestelijk verzorger worden gehoord of betrokken in het gesprek. Soms komt de eigen overtuiging van de geestelijk verzorger in beeld bij een gedeelde vraag over de werking van gebed, of over een levenskeuze die gemaakt gaat worden of als een beeld bij de situatie van de gesprekspartner. Waar dit gebeurt, werkt dit nergens belemmerend en eerder ten dienste van de ander.

Kansen en mogelijkheden

Vanuit het voorrecht zo nadrukkelijk te kunnen meekijken met het werk van geestelijk verzorgers constateer ik ook een aantal mogelijkheden om de hermeneutische communicatie nog beter gestalte te geven. Eén van de belangrijkste ontdekkingen is de 'laagwisseling'. Met grote regelmaat blijven geestelijk verzorger en / of gesprekspartner op een laag van cognitie en emotie, waar een benadering op het existentiële of spirituele niveau wel mogelijk is. Regelmatig probeert één van de twee daar echter wel te komen, een fenomeen dat ik benoem als *layerswitch-in*. Wanneer daar van weg bewogen wordt, noem ik dat *layerswitch-ex*. Beiden, geestelijk verzorger en gesprekspartner, maken beide bewegingen. Soms is dat onvermijdelijk, maar het is de vraag of de geestelijk verzorger zich bewust is van dit gespreksmechanisme. Bewustwording zou de hermeneutische communicatie kunnen dienen.

Andere kansen liggen in het vermijden van generalisering, het toepassen van narratieve analyse op de vele biografische elementen die de gesprekspartner naar voren brengt, aandacht voor specifieke religieuze terminologie en subtiel geuite beeldspraak.

Resultaten reflecties

Direct na afloop of in de interviews hebben geestelijk verzorgers gereflecteerd op de gevoerde gesprekken. De uitnodiging was te reflecteren op hermeneutische communicatie, pluraliteit en eigen traditie. Hermeneutische communicatie valt voor de geestelijk verzorgers in belangrijke mate samen met hun taakopvatting: het draait om zin, betekenis. Daarbij kijken zij naar de ondersteunende rol van Bijbelse verhalen of verhalen uit de familietradities. Zij proberen gesprekspartners een ander perspectief te bieden en hun zelfverstaan te verbeteren.

Over pluraliteit worden weinig opmerkingen gemaakt. Eén van hen zegt altijd te vragen naar iemands geloof. Reflecties over de eigen traditie laten zien dat

interventies vanuit de eigen traditie (inbrengen bijbelverhaal, bezorgd vragen naar een aanstaande aansluiting bij een kerk) voortkomen uit een persoonlijke geraakt-
heid of bezorgdheid. Incidenteel ziet een geestelijk verzorger, bij het brengen van
een huisbezoek, zichzelf als vervanger van de lokale pastor.

Resultaten visies

Geestelijk verzorgers bespreken in het interview hun visie op het beroep, her-
meneutische communicatie, pluraliteit en hun eigen traditie. Ze benadrukken dat
hermeneutische communicatie draait om het zoeken naar kracht- en inspiratiebron-
nen in relatie tot actuele gebeurtenissen en andere levensmomenten.

De meeste geestelijk verzorgers hebben geen uitgewerkt diagnostisch model
of duidingsschema paraat. Zij handelen op basis van intuïtie of geïnternaliseerd
model. Sommigen vragen expliciet naar religieuze of spirituele bronnen, anderen
juist niet maar willen goed luisteren naar de signalen van de gesprekspartner op dat
gebied. Zij werken met verbeelding, ritueel ontwerp en andere 'tot de verbeelding
sprekende' instrumenten als gebed en zalving, maar ook viering, kunst, literatuur
en poëzie. Zo proberen zij tot hernieuwde interpretatie te komen van wat er gaande
is in het leven. Een bredere tekst', 'zelfinzicht en nieuwe inzichten', een 'ander per-
spectief', zijn de woorden die zij daaraan geven.

De verschillen in religie of etniciteit vormen meestal geen obstakel. Het gaat
meer over de bespreekbaarheid van thema's. Als alles vastligt volgens Gods wil,
dan wordt het moeizaam communiceren. Tegelijk worden in de ontmoeting met
mensen met een andere levensovertuiging ook momenten van verbondenheid
gevonden. Wel is soms de taal een hindernis.

Voor veel geestelijk verzorgers is de eigen traditie of spiritualiteit een belangrijke
bron voor hun werk. Deze motiveert hen en geeft kracht. Voor sommigen speelt
ook het ambt en de verbondenheid met hun zendende kerk een rol. Zij zijn allen
heel voorzichtig in hun mededeelzaamheid naar de gesprekspartner. Het moet de
ander passen. Een enkele keer wordt traditie of ambt uit strategische overwegingen
gebruikt om beter toegang te krijgen. Tegelijk laten zowel de gespreksverslagen als
de interviews veel ambivalentie zien op dit punt. Hoewel in de visie uitgesproken
terughoudend, zijn er ook veel gesprekken waarin dezelfde geestelijk verzorger vrij-
uit de eigen traditie present stelt en vanuit eigen theologie en spiritualiteit ingaat
op het verhaal van de ander. Als zulke momenten er zijn en aanslaan leidt dit juist
tot diepe tevredenheid bij de geestelijk verzorgers. Hoewel een aantal vindt dat het
pas kan als de ander het heeft aangegeven, zijn er echter ook passages, waarin de
gesprekspartners iets laten zien van hun levensbeschouwelijke overtuiging en de

geestelijk verzorger dat of niet signaleert, of er niet op in gaat. Maar het delen van spirituele bronnen blijkt over het algemeen bevorderlijk voor de communicatie.

Conclusies

Hoe krijgt hermeneutische communicatie gestalte? De aan het begin gestelde onderzoeksvraag beantwoord ik nu als volgt:

Hermeneutische communicatie krijgt, voor wat betreft het proces, vorm in een dialogische relatie tussen geestelijk verzorger en gesprekspartner, waarbij specifieke gespreksvaardigheden worden gebruikt. Naar inhoud vindt het gesprek plaats op een existentiële laag, gericht op concrete ervaringen en steunende bronnen van de gesprekspartner, om betekenis te zoeken.

Hermeneutische communicatie vindt plaats onder de voorwaarde van hermeneutische competentie. Belangrijke elementen van die competentie zijn:

- Het vermogen om de existentiële laag in een gesprek te onderscheiden en, daarmee samenhangend, het vermogen om zingevingsvragen en waarde gerelateerde uitspraken te identificeren.
- Het vermogen om op te merken hoe de gesprekspartner existentiële thema's aan de orde stelt.
- Het vermogen om de focus van het gesprek op de existentiële laag te houden.
- Het vermogen om zingevingsvragen en waarde gerelateerde uitspraken te kunnen adresseren met passende gespreksinterventies.
- Het vermogen om dialogisch de eigen percepties, ervaringen en/of betekenisvolle bronnen en tradities present te stellen ten behoeve van de ander.
- Het vermogen om vormen van verbeelding te herkennen, te ontvangen en te gebruiken.

Het woord 'dialogisch' wijst op de interactie en inbreng van beide partners. Een verrassend resultaat van dit onderzoek is de grote inbreng van juist de gesprekspartners. Daarnaast gaat het bij dialoog om het present komen van beide partners. De inbreng van de geestelijk verzorger, ook ten aanzien van eigen doorleefde spiritualiteit is van belang voor het uitbreiden van de interpretatiemogelijkheden van de gesprekspartner. De woorden 'specifieke gespreksvaardigheden' doelen op het toepassen van met name nuancerende gespreksvaardigheden (Lang & Van der Molen, 2020), uitgebreid met een aantal beroepspecifieke vaardigheden. De aanduiding 'existentiële laag' verwijst naar de lagen van betekenis in het model van Hartmann

(1993). Juist op de lagen van existentie en spiritualiteit vindt het zoeken van de verbinding plaats tussen existentiële ervaringen en zingevende bronnen en tradities.

Tot slot heb ik geconcludeerd dat het model van de vijf existentiële thema's, ontleend aan de existentiële psychologie een bruikbare categorisering is voor de concrete inhoud van hermeneutische communicatie. De 'bronnen van zin' strekken zich uit van wat als zinvol wordt beleefd in het alledaagse leven tot diepe overtuigingen, waarden en (religieuze) tradities.

Verder onderzoek en aanbevelingen

Dit onderzoek richtte zich op een specifiek onderdeel van het werk van de geestelijk verzorger. De vraag dient zich aan of de resultaten ook heuristisch kunnen bijdragen aan andere aspecten van geestelijke verzorging en pastoraat, zoals bijvoorbeeld in een ritueel of in andere vormen die minder talig zijn ingericht. Daar zou nader onderzoek op kunnen worden ingezet. Verder vraagt het gebruik van beeldspraak en verbeelding om voortgezet onderzoek naar het methodisch inzetten daarvan.

In het laatste onderdeel van dit proefschrift doe ik een aanbeveling voor de opleidingspraktijk, gebaseerd op de vraag van studenten. Alvorens daar een concreet model voor te schetsen positioneer ik mijzelf theologisch. In mijn optiek zijn mensen aangesproken. Vanuit dit aangesproken zijn gaan we op zoek naar bronnen van zin in een antwoordend bestaan. Daarbij spreken wij ook elkaar aan als hulp en tegenover. In de veelheid van interpretaties van het bestaan is het christelijk geloof één van de vele stemmen. Een theologie van onderbreking en getuigenis reikt een verantwoorde manier aan om elkaar aan te spreken en voor elkaar van betekenis te zijn. De ontmoeting met de ander rondom het verstaan van tekst, traditie en leven plaats ik in de pneumatologie – het is de Geest die ons op wegen brengt waarin wij elkaar 'langszij' kunnen komen.

Om de ontmoeting met de ander te leren en van betekenis te zijn op diens zoektocht naar zin zijn een model, gebaseerd op de drie eerder genoemde perspectieven (filosofisch-theologisch, pastoraal-theologisch en psychologisch-communicatief) en de interventies als beschreven in dit praktijkonderzoek behulpzaam. Een opleidingsroute waarin systematisch en methodisch deze vaardigheden worden geleerd, geplaatst binnen het kader van de genoemde perspectieven en waarin de dialogische attitude wordt geoefend vormt een antwoord op het wat en hoe van de hermeneutische communicatie. Toekomstige professionals zullen in staat zijn deze communicatie gestalte te geven, wetende op welke laag ze zich bevinden.

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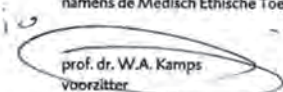
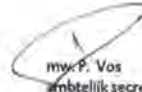

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Appendices

Appendix 1: Copy statement non-WMO research CMETC Groningen

Universitair Medisch Centrum Groningen		Han zeplein 1 Postbus 30 001, 9700 RB Groningen
Medisch Ethische Toetsingscommissie		
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Titel	Hermeneutical communication and hermeneutical competence of protestant chaplains in a plural religious society in the context of a general hospital	
De Medisch Ethische Toetsingscommissie van het Universitair Medisch Centrum Groningen (METc UMCG) heeft het bovengenoemde onderzoek besproken en gezien of het onder de reikwijdte van de Wet medisch-wetenschappelijk onderzoek met mensen (WMO) valt.		
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Appendix 2A: Codes of the conversations – experiences, themes and sources

Step two in the analysis procedure: identifying actual experiences, existential themes and sources and traditions.

P = Patient, Conversation partner

CH = Chaplain

Hermeneutic aspects	
	Existential theme
	Source/tradition/worldview
	Metaphor/symbolic element by P
	Metaphor/symbolic element by Ch
	Clarification of existence P/Ch
	Interpretation of the situation
	Values
	Actual experience
	Religious expression
	Transcendental experience

Appendix 2B: Codes of the conversations – communicative analysis

Step three in the analysis procedure: Communicative analysis. Based on Lang and Van der Molen, Hartmann and Ten Have (conversation analysis).

	Code	Explanation
BNSL *	BNSL nonverbal listening	Small encouragements like mmm, so, a.s.o.
	BNSL verbal following	Repeating last word(s)
	BNSL using silence	
BSL**	BSL informative questioning	Asking questions about situation, facts, in order to get more information.
	BSL paraphrasing	Brief intervention during the conversation, in which the chaplain reflects in his own words what the interlocutor has said in terms of content.
	BSL parroting	Repeating content in the same words the interlocutor used.
	BSL reflecting emotions	Naming of the interlocutor's feelings by the chaplain as perceived by the chaplain.
	BSL concretizing	The skill of getting the interlocutor to narrate as precisely as possible so that the saying becomes concrete. This can involve both content and feelings.
	BSL summarising	The representation by the chaplain, for the interlocutor, of a fairly large amount of information in an orderly and understandable way, possibly on both content and feeling aspects.
BR***	BR Focusing	Give attention to or bring attention back to the issue at stake
	BR Clarifying situation	Comments on the conversational relationship and situation.
	BR Thinking out loud	Thoughts or reflections spoken aloud by the chaplain in relation to what the conversation partner says.
	BR Ending the conversation	Interventions that prepare the end of the conversation.
N****	N Interpreting	Describing and ordering what has been told in a different way. Giving an interpretation.
	N Experiential question	Asking how someone is experiencing their situation.
	N Giving information	In psychological terms: psycho-education, in theological terms catechetical information or explanation.
	N Using differentiated empathy	Naming feelings that are present but not in the foreground. For example: sensing and then naming sadness behind anger. Or nuancing expressions or interpretations.

	N Confronting	Interpretations with a considerable distance from the way the conversation partner sees themselves or speaks about themselves.
	N Relabelling	Positive relabelling
	N Reframing	Very likely to positive relabelling, more focused on context.
	N Self disclosing	The chaplain reveals something of their own inner world, feelings, life experiences or spirituality.
	N Being direct	Remarks about the concrete conversation or on what is happening between the chaplain and the conversation partner.
	Using imagery	Using images, metaphorical or symbolic speech or acts.
T*****	T Attempts by P	Attempts made by the patient.
	T Targeting	Objectives set by P of Ch; related to feedforward question.
	T Evaluating actions	
	T Referring	To colleague (of another tradition or denomination) or to another discipline
	T Ending professional relationship	
Other phenomena	Level switch ex by P	
	Level switch ex by Ch	
	Level switch in by P	
	Level switch in by Ch	
	Experiential question	
	Remarkable silence	At least 6 seconds
	Supporting	
	TT by P	Turn taking initialized by patient
	TT by Ch	Turn taking initialized by chaplain
	Making jokes	
	Existential question	
	Feedforwarding question	Related to targeting.
Afterwards	Domain-question	Question in the area of meaning and worldview, or question about sources.
	Occasionally: validation or acknowledgement	Supportive intervention, that also reveals part of the perception of the chaplain.

*BNSL – Basic non-selective listening skill

**BSL – Basic selective listening skill

***BR – Basic Regulating skill

****N – Nuancing skill

*****T – treatment skill

Appendix 3: Codes of the reflections

Codes of the reflections as found in the interviews:

Perception recorded conversations	Family	Open coding
	quality	Fiddling
	quality	Not predictable
	quality	Connectedness
	quality	Not being able to focus on a theme
	Chaplain's tradition	Self-disclosure
	quality	Best of my profession
	Chaplain's tradition	Oh, the minister! (scornful and ashamed)
	Input biblical material	More or less unconscious use of biblical story
	Chaplain's tradition	Want to give love and acceptance by God
	quality	Following, move with, circling
	quality	Being proud
	quality	We reached the nucleus of his life
	quality	Managed to give attention but could not help him
	quality	Sharing the emptiness and the waiting
	quality	Temptation to make the patient feel comfortable
	Input biblical material	Catechetical information did not work
	Plurality	Afterwards realization what we talked about God from different religions

Appendix 4A: Interview schedule

Area of knowledge	Intended result	Topic	Question
Domain	Articulation of subjective professional view	View on the Profession	Tell me something what your profession is about in relation to other disciplines?
		outcome	What is the output of your profession (as you would tell a manager, e.g.)?
		purpose	What are you aiming at with your conversations?
		Personally happy within the work.	When is it that you are a 'professionally happy' person?
Content of conversations	The interview shows the themes that (may) arise within the chaplain's communication with the interlocutor in the light of hermeneutical competence (being able to clarify questions of meaning and worldview beliefs and habits in relation to the context or situation, and to offer worldview counselling).	content	What topics, themes, things often come up? Are there topics you like to bring up yourself? What do you always ask about?
		Content and hermeneutic competence	if you recall the competence for a moment, or your subject definition, given above, could you be a bit more specific about the topics? What topics do you think belong in this competence?
Process	The interview shows the way the Chaplain works.	Method	How do you actually operate? Do you have a methodology?
	The interview shows on what grounds, due to what factors, it sometimes fails to achieve the intended result.	Borders	What do you consider difficult situations? When, where or with whom does it not work out? Do you have examples of this; what is the specific stumbling block?
Plurality	The interview shows the role plurality plays in the chaplain's work. Dealing with diversity.		In this profession, you meet a wide variety of people. What differences do you notice between you and the other, in the practice of your profession?
	Interview shows the chaplain's handling of diversity.		How do you deal with these differences?

Area of knowledge	Intended result	Topic	Question
Chaplain's tradition / spiritual sources	The interview shows how tradition/spiritual position does or does not function in the contact with the client; this includes the role of spirituality from the client's perspective, if not already addressed in the previous question, but equally the chaplain's own tradition.	Own tradition	You are a Protestant Christian chaplain with an endorsement from your church. Could you sort of self-define when it comes to your own tradition, your own spirituality: how would you describe it?
		Role chaplain's tradition	What role does your own tradition, spiritual position play in connecting with the other?
Reflection on conversations	The interview shows an evaluation by the chaplain of his/her conversations in respect of hermeneutic competence.	Recorded conversations	So how does all this work out in these conversations? Where did you meet your objectives, where did you not? Where is your methodology recognisable in them?
Hermeneutic competence	The chaplain gives his or her own understanding of the term hermeneutic competence and shows through the material whether he or she did (and in what way) or did not (and what caused it) operationalize hermeneutic competence.	Hermeneutic competence	This research is in the context of hermeneutic communication and the hermeneutic competence mentioned by the professional association (being able to clarify questions of meaning and worldview convictions and habits in relation to the context or situation, and being able to offer worldview counselling). What do these words mean to you?
		Operationalisation of hermeneutic competence	When you look at your conversations, in what ways do you give substance to them? Do you find it successful
		Broader perspective	We see a lot in this material. We don't see what is not recorded, other conversations. Suppose we had that too, the totality of your work – what else would we see in the light of hermeneutic competence?
Miscellaneous	What else comes up for discussion	Miscellaneous	What else would you like to add that has been left unsaid? What haven't I asked about, but what you think is important?

Appendix 4B: Codes of the views

In the views on the profession, I distinguished between views on the profession and views on hermeneutic communication (including views on religious plurality and views on role own tradition). The knowledge areas included issues of domain definition and content, processes of counselling and communication, plurality and how it is dealt with it, the significance of one’s own worldview tradition.

In the interviews, respondents also talk about their perceptions of the conversations conducted. The codes of these can be found in appendix three: Coding the reflections.

The following codes were used for the views of the chaplains:

Interview topic	Open coding of expressions	Code families	
Views on profession	Worldview and meaning	Personal view	
	Being attentive companion		
	Spirituality		
	What matters now		
	Psychological tasks		
	Seeing connections between feelings, people, values		
	Co-searching in how to continue life after hospitalization.		
	Broader tasks more than being a church related minister;		
	Searching for source or power		
	Providing space – Constriction – Self-understanding – Without judgment		
	Catharsis		Purpose
	Acceptance		
	Integration		
	Genuine story		
	Patient is relieved		
New possible view			
Space for emotion and soul			
Aim set by dynamic exchange			
Sharing other dimension / secret of life			

Interview topic	Open coding of expressions	Code families
Views on profession	Patient opens up	Prof. happiness
	Chaplain moved too	
	Connecting parts of the patient's story	
	To be of significance	
	Achieving result	
	A daring intervention leading to disclosure	
	Specific spiritual interventions	
	Cooperation in team	
	Patient feels relieved	Effects
	Patient experiences rest, tranquillity, peace	
	Patient becomes quiet	
	Patients being / finding themselves again	
	Patient is changed	
	Content of the conversations	Restriction in the body's radius of action
Limitation of or concerns about future prospects		
Limitation by dependency		
Related to phase of life		
Related to the ward		
Relations		
Trauma stories		
Lost faith		
Hurt by the church		
Longing for what gives meaning		
Children not participating in church/ choosing another way of life		
Crisis in the present (due to intensive care)		
Life choices or moral choices		
What is important now		
Taking stock		
Suffering		
Love		
Religion in broad sense		

Interview topic	Open coding of expressions	Code families
Content of the conversations	Meaning and meaninglessness	Themes found
	Why question as taboo question (especially among Islamic interlocutors)	
	Grief	
	Anxiety	
	Solitude	
	'What happened to me' as starting point	
	Faith, belief	
	Experience of the disease	
	Suddenness (unexpected)	
	Finity	
	Loss	
	The 'why' question	
	Death	
	Cat	Sources
	Grandchildren	
	God	
	Work (business, profession)	
	Knitwork	
	Being able to live independently	
	Taking a stroll	
	A glass of wine	
	A cigarette	
	Relatives	
	Nature	
	Social network	
	Hobbies	
Performance of the profession; respondents' explanation of how they work	Ask through	Method
	To ask about longing	
	Introduction of chaplaincy, but without further explanation.	
	Exploring where to sit	
	Positioning on own chair	

Interview topic	Open coding of expressions	Code families
Performance of the profession; respondents' explanation of how they work	Starting with the question: how are you today?	Method
	Stick to the here and now	
	Using key interventions	
	Inviting, exploring questions	
	Attention to metaphorical language	
	Using appropriate language to come closer	
	The purpose of my job is what I need for myself	
	Following the religious tradition of the patient	
	Ask through by intuition	
	Ask through in case of presumed social appropriateness	
	Reticence in giving advice	
	Personal answer with enough space for the other	
	Not talking about facts	
	Listening to what not is said	
	Not interpreting	
	Making the patient doing their own work	
	Inviting them to speak about themselves in the 1 st person	
	Patient determines the agenda	
	Interrupting when only facts	
	Unprejudiced	
	The patient legitimizes my religious intervention	
	Being opposite in an unconscious way	
	Patient starts with what has happened	
	Clichés offer an opening for deeper conversation.	
	To hear the story	
	Being clear about the reason of the visit	
	Searching for the energy, warmth, anxiety or theme	
	Listening to the problematic, what raises questions, what causes the sigh	
	To delay, to linger	
	To wait, being patient	
Following		

Interview topic	Open coding of expressions	Code families
Performance of the profession; respondents' explanation of how they work	Interpretation with space to reject	Method
	Intuition	
	Referral to a spiritual caregiver of the patient's tradition	
	Seeking an alternative theological position when sharing same tradition	
	(Specific) starting question: what and why is happening to you in hospital	
	Being bold to ask daring questions	
	Carry on	
	Asking for what is strength-giving, what are sources?	
	Patient selection based on duration of hospitalisation	
	Patient selection on nursing referral	
	Introduction	
	Giving attention to feelings	
	Giving attention to meaning	
	Helping to find another or extended perspective	
	Following the spirituality of the patient	
	Former and well now sources and pitfalls in their usefulness for now	
	Asking for (the meaning of) faith	
	Being aware that I am the guest	
	Starting from the patient's perspective	
	Exploring the field and searching for threads	
	Bringing order into the multitude	
	Reframing as part of the method	
	Exploring the spirituality	
	Finding out the relation between spirituality and current events	
	Helping to establish relation between spirituality and current events	
	Self-disclosure within the frame of the patient's story	
	Being with the other really down in the dumps	
	Going through a whole track	
Patient initiates the religious or worldview dimension		
Never asking for faith		

Interview topic	Open coding of expressions	Code families
Performance of the profession; respondents' explanation of how they work	To endure and being present	Method
	Exchanging thoughts to gain new insight	
	Knowledge, expertise	Instruments
	Reflection	
	moral counselling	
	Asking for the opposite (contrasting experiences)	
	The 'grandchildren' test	
	Imagination	
	Making connection by eye and hand contact, introduction	
	Bible	
	Literature	
	Actuality	
	Music	
	The question: what would an important other say to you?	
	Worldview counselling	
	The starting question: what is of your concern	
	Mirroring	
	Acknowledgment	
	Encouragement	
	Steering	
	Summarising	
	Accentuating a word	
	Giving direction	
	Naming what is not discussed	
	Asking for a biblical image	
	Myself as full attention for the patient	
	Rituals	
	Lack of the instrument to be Apple zit	
	My own life and work experiences	
	Protestant tradition	
	Professional suspicion	

Interview topic	Open coding of expressions	Code families
Performance of the profession; respondents' explanation of how they work	Intervening with biblical material	Instruments
	Psycho education	
	Giving advise	
	Catechetical information	
	Confrontation	Diagnostics
	Body language	
	Questioning	
	Contextual pastoral model	
	Theodicy models	
	More or less psychological/psychiatric categories	
	Many models – I don't want to be limited	
	Palliative model	
	'Fitchett'	
	Emotions, feelings	
	Support, source	
	Based on what is happening in the current conversation	
	Inner anamnesis tool	
	Inventory of (life) areas (like relations, God, recreational time)	
	Leget, Diamond model	
	'G' schemes	
Deep in my belly		
Dealing with plurality	Emotional involvement	Borders
	Not be able to make expectations come true	
	Lack of time	
	No language, words	
	If it is taboo to ask the 'why' question	
	Muslims with certain opinions, views	
	People who raise my antipathy.	
	When my personal boundaries are crossed.	
	Religious clichés	
Just being a companion		

Interview topic	Open coding of expressions	Code families
Dealing with plurality	Different language	Borders
	Same tradition but contrasting spirituality	
	Religious or cultural difference not further than making contact	
	Unacceptable social or cultural opinions	
	We don't succeed in sharing the essential	
	Physical or psycho-functional limitations	
	People stuck in their story	
	Taboo subjects	
	Refusal	
	Careful, thoughtful approach	Acting at borders
	Referral when unbridgeable difference in spirituality	
	Trying to overcome language of cultural difficulties	
	City or village	Differences
	Network	
	Believers and non-believers	
	Self-reflective people and opposite	
	Awareness of finiteness and opposite	
	Coping	
	Angry or tranquil	
	Discouraged	
	Religious coping	
	Ethnic and cultural background	
Own Tradition	Bible intervention when appropriate	Tradition Ch
	'Protestant is what I am'	
	Sometimes easier with shared tradition	
	Not a day without an endorsement	
	Being able to be prophetic within the Healthcare institution	
	Power to do what is Impossible	
	(Imagery) Toga symbolizes being carried	
	Generally not intervening with biblical stories	
	Sometimes juxtaposed	

Interview topic	Open coding of expressions	Code families
Own Tradition	Ask for it if there are signals of shared tradition	Tradition Ch
	Using the scope of biblical stories	
	Not familiar in using own religious sources	
	When the patient asks for or mentions	
	Reticence with authentic Christians	
	Intervening with biblical stories does not suit me	
	Ambivalence	
	Authentic in celebrating service, anointing of the sick	
	I am from the Word	
	I like to sell bread with bread not with the Host	
	I am a minister and I do it my way	
	Seeing how people live coram Deo	
	Sharing the words from which we live	
	Viewing people as people of God	
	Offering prayer	
	Biblical dialogue is feeding for myself	
	Not sure. See no difference with a general spiritual caregiver	
	Personal spirituality	
	Attention for Faith and meaning	
	It frames me (negative)	
	In celebration, service	
Relation to local Church, blessing		
If it helps the patient to get the situation clear		
Better appointed afterwards than told in advance		
When people are believing, then I will make myself known		
Practical. It is easy to make a connection to local protestant community		
Authority of the ministry		
Careful in using scripture texts		
View on Hermeneu- tic conversation	Starting with the context or situation	Hermeneutic communication
	Hospital situation colours the understanding of life experiences	
	The pastoral conversation transcends the situation	

Interview topic	Open coding of expressions	Code families
View on Hermeneu- tic conversation	Connection between the here and now and who you were and are at other places and times	Hermeneutic communication
	Seeking meaning and offering another perspective	
	Dialogue with bible, performed in celebrations is hermeneutic	
	Trying to get clear the meaning of this conversation for the patient	
	Attempt to connect her view on relations to the view on God	
	The 'why' question in relation to the story of Job	
	The clarification and interpretation of the relationship between patient and children	
	The patient understands himself according to the longer lines of his life	

Curriculum Vitae

Theo van Leeuwen (Rotterdam, 1958) completed secondary education at CSG Maarten Luther in Rotterdam in 1978. He studied theology at Utrecht University and took courses in clinical psychology at the Free University in Amsterdam. In 1994 he obtained his master's degree in theology from Utrecht University, majoring in pastoral psychology with Old Testament and clinical psychology as minors. His master's thesis concerned the potential of stories in pastoral contacts. He also followed the ministerial training of the Dutch Reformed Church at the same university and was ordained as a minister in 1987. He pursued additional education in pastoral care and counselling. In 2007 he became a supervisor and trainer for Clinical Pastoral Education.

As a minister of the Protestant Church in the Netherlands, Theo served local congregations in Arkel (1987-1993) and Spijkensisse (1993-2008). Since 2005 he works at Windesheim University of Applied Sciences in Zwolle, lecturing on pastoral and existential care. Regularly he is detached as a supervisor to the Protestant Theological University. Since 2013 he conducted his PhD research at the Protestant Theological University, in collaboration with Windesheim University's research group on Theology and Worldview.

Theo is married to Carla Los. They live in Waddinxveen and have three children with partners and three grandchildren.

